made in the corneo-scleral line with a keratome, the iris is then drawn away from the knife by a hook and the incision is completed. Testing the sight immediately after operation is strongly advocated to allay the anxiety of the patient; if the sight is then found defective the hyaloid membrane is at once divided with a cystotome to avoid the necessity of dealing with the thickened hyaloid by a secondary operation. Where soft cortical matter remains behind the patient is put upon a course of grey powder and iodide of potassium. Coming to results there are 90.6 per cent. of successes, 6.6 per cent. of accidents and complications, and 2.8 per cent. of suppurations. No visual results are given so that it is not possible to estimate the actual degree of success, but the author has not found it necessary to perform a secondary operation in any case.

Mnemonik der Receptologie. Von Dr. Med. C. Th. HÜETLIN. (Wiesbaden: J. F. Bergmann. 1895. Cr. 8vo, pp. 22. M.1.)—In this little work an attempt has been made to overcome the difficulty which the medical student finds in learning and remembering the doses of medicines. The mnemonical method employed is an exceedingly simple one, and although it is in this book only applied to doses less than a gramme, it is capable of being extended to those above that amount. The vowels *a, e, i, o, u* are made to represent respectively the figures 1, 2, 3, 4, 5. The mnemonical word contains two vowels, distinguished by being printed in black type; the first vowel stands for cyphers, the second for figures. The word *ascariden*, for example, is given for *santonin*, the first *a* represents one cypher, the second *a* the figure 1, and since the cypher before the decimal point is counted, the dose of *santonin* is 0.1 gramme. The word containing the vowels refers generally to the medicinal action or some special property of the medicament. *Argenti nitras* is *Stein der Hölle*, the vowels in the word *stein* (*e = 2, i = 3*) giving 0.03 grains as the dose. The author, on the whole, has succeeded in finding very suggestive words and phrases, which no doubt will assist the German medical student in remembering the maximum doses of the most potent drugs.

The Cruelties of Civilisation. Edited by H. S. SALT. (Humanitarian League's Publications. London: William Reeves. Cr. 8vo, pp. 40. 1s.)—The pamphlet consists of a series of essays, setting forth with much vehemence the cruelty of the law, the small relation between punishment and offence, the horrors of penal servitude, the treatment of prisoners awaiting trial, the evils of the imprisonment of children, and the hardship of the legal definition of moral responsibility. The distressful state of women workers, the lowness of their wages, the conditions of their work, the dangerous trades in which they are engaged, are all described, and finally the humanising of the Poor Law is insisted on. For the aged the almshouse or cottage-home system started by the guardians of the West Derby (Liverpool) Union is advocated, and for the children it is shown that the breaking up of the large workhouse schools is necessary for many reasons. In fact the recommendations go further than this, for it is advised that the education of the children should be taken out of the hands of the Poor-law authorities altogether. It is a great pity that the book is published without a date, for it is very difficult to make sure whether one is reading modern or ancient history; the different articles, moreover, are of very different value, but the tendency of the book is good.

Manuel de Percussion et d'Auscultation. Par le Dr. SEMON. (Paris: Félix Alcan. 1895. Cr. 8vo, pp. 256. Fr.4.)—This book deals with percussion and auscultation not only as applied to the examination of the chest, but to that of any organ of the body. These subjects, discussed both in their theoretical as well as their clinical aspects, are first treated of in relation to the lungs, then to the heart and great vessels. Abdominal percussion and also obstetrical auscultation are fully dealt with. Under Auscultation of the Digestive Organs, the subject of auscultatory percussion is mentioned. This method of determining the outlines of some of the abdominal organs has recently promised to find a more extended application. The chapter on auscultation of the head contains little

of any real practical value. The descriptions given in this book are clear, the order logical, and theoretical considerations are wisely reduced to a minimum; but whether it is altogether expedient to separate percussion and auscultation from other methods of physical examination, thus multiplying books, may be open to some doubt.

Notes on First Aid. By J. F. SUTHERLAND, M.D., (Glasgow and Edinburgh: John Menzies and Co. 1894. 32mo. pp. 16. Two illustrations. 2d.)—These notes contain a large amount of information in a small space, and may prove useful to many who have some knowledge of the subject. We think, however, that pupils should be encouraged to store this sort of knowledge in their brain, as valuable time may be lost whilst the *vade-mecum* is being consulted.

REPORT ON VACCINATION AS A BRANCH OF PREVENTIVE MEDICINE.

By ERNEST HART, D.C.L.,

Chairman of the Parliamentary Bills Committee of the British Medical Association.

(Concluded from page 711.)

IV.

SANITATION IN RELATION TO SMALL-POX.

It will be useful to glance at some of the main arguments advanced by antivaccinators, in their struggles to explain away this accumulating mass of evidence. Those arguments, being oftentimes very plausible and arrived at by deliberate suppression of important considerations, have, unfortunately for the community, already misled a large number of worthy people who are not ready or perhaps able to make more than a superficial study of the subject, and who do not therefore see how many vital considerations are wilfully withheld from them by their antivaccination teachers. Thus we are seriously asked by Dr. A. R. Wallace and others to regard the fact that the small-pox mortality in this country has fallen enormously since the introduction of vaccination, as merely a "casual coincidence." The improved sanitation of modern times, the change for the better which has taken place in our habits as a nation, the introduction of a much larger supply of fresh vegetables and fruit, the extended "use of tea and coffee," the better drainage and more cleanliness; these and such-like beneficial influences are held up as the real enemies of small-pox. This is one of the trump cards played by the opponents of vaccination, but in playing it the remarkable and indisputable change which has taken place in the age incidence of small-pox is deliberately ignored. We have it on the Registrar-General's authority that whilst the general death-rate in this country has decreased 9 per cent., that of small-pox has fallen as much as 72 per cent. We also have it on the same authority that this decline in the small-pox mortality has been entirely limited to persons under 15 years of age, there being actually an increase at every age above 15 years. But how can such a marvellous change in the age incidence of the disease be, with any consistency, attributed to the improvement in sanitation by which all ages alike are affected? We find no such changed incidence in the case of the "filth diseases," which long have been proved to be amenable to good hygiene. The decrease in the fever mortality, as we should naturally have expected, has been common to all age periods; it has not been restricted to children. Further, if we take those diseases—scarlet fever, measles, whooping-cough—which are favoured by conditions that favour small-pox, we find that, unlike small-pox, the share of the mortality which is borne by children is practically identically the same now as it was half a century ago. In the case of no other disease has there been such a lessened incidence on children at the vaccination age as in the case of small-pox.

Then, again, apart from vaccination, there is no reason why small-pox should be affected to a greater extent by sanitation than, say, measles or whooping-cough. Yet, during the same period that small-pox has declined 72 per cent., measles has only fallen 9 per cent., and whooping-cough little more than 1 per cent.

It is an undisputed truism that all insanitary unwholesome conditions, all circumstances which lower the vitality of the individual, operate for evil and retard the recovery of the sick, and in the case of those infections, such as small-pox and scarlet fever, which are aërially conveyed, overcrowding would specially tend to spread an epidemic. An instance of this is furnished by the report on the recent Walsall epidemic. But, beyond this, it is contrary to the experience of all competent observers throughout the world that small-pox should be affected by sanitary conditions.

Some very direct evidence on this point is to be found in some of the reports on recent outbreaks of small-pox. Thus, Dr. Ainley, the health officer of Halifax, reports that during the epidemic in that town in 1892-93 special record was kept of the sanitary condition of every house in which the disease occurred, with the result that 56.7 per cent. of the houses were in a cleanly condition, 29.4 per cent. were in a fair state, and only 11.1 per cent. were dirty; or, in other words, upwards of half of the invaded houses were clean and sanitary, nearly a third were very fair, and only a ninth were dirty.

Dr. Niven, again, reports that in Oldham, during the epidemic of 1892, the disease mainly occurred amongst the better class of artisans, and singularly spared the worst parts of the town. That was, no doubt, in great measure an accident, for it was not so in the previous epidemic. But what occurred in 1892 shows the fallacy of the contention that small-pox is a "filth disease" in the true sense of that term. At Warrington "there is a great deal of bad property, dating from the period when the place was remarkable for the large population stowed away in a very small area, and was notoriously unhealthy." Yet it was observed, during the small-pox epidemic of 1892-93, that the disease showed no special prevalence in those parts. Further, out of 2,424 persons inhabiting 397 houses invaded by small-pox, 22.4 per cent. were attacked by the disease and 2.3 per cent. died. Of these persons 2,313 were vaccinated and 20.7 per cent. of them were attacked and 1.3 per cent. died; whilst of the remaining 112 unvaccinated, 57.1 per cent. were attacked and 21.4 per cent. died. Of 606 vaccinated children under 10, 2.9 per cent. were attacked and 0.16 per cent. died; whilst of 57 unvaccinated children under 10, 57.8 per cent. were attacked and 22.8 per cent. died. All this is quite inconsistent with the theory that sanitation governs the distribution of the disease. Here it is seen, that of a mixed population of vaccinated and unvaccinated in invaded houses in the same area, exposed to precisely the same sanitary conditions, the incidence of the disease was vastly heavier on the unvaccinated than upon the vaccinated.

Leicester on this point also furnishes evidence. A particular group of 54 houses had their drainage arrangements individually examined with the smoke test. Nine of these 54 houses had been invaded by small-pox, and although 4 of them showed some sanitary defects, 5 of them showed no defects. The remaining 45 were not invaded by small-pox, and yet 9 of these showed sanitary defects.

OBJECTIONS TO DIVISION INTO "VACCINATED" AND "UNVACCINATED."

Another antivaccination argument, and one which has no more foundation than that just referred to, is that the separation of the vaccinated from the unvaccinated is not a fair separation; as, to use Dr. Wallace's description to the Royal Commission (Q. 7421), "the unvaccinated would be necessarily to a very large extent of the very lowest class, including the tramps and the criminal classes, and also children who were too delicate to be vaccinated, and children who got small-pox before they were vaccinated." Much the same point was urged by Mr. A. Wheeler, another leader amongst the antivaccinators. Referring to the difference in the mortality amongst the vaccinated and the unvaccinated, he said he "should expect the vaccinated to come off better in cases of small-pox than the unvaccinated." He "should be surprised if they did not, because they are a selected population; whereas the unvaccinated include the whole of the poor children who are rejected as unfit for vaccination, and they include all the postponed because not being totally unfit they are to a certain extent unfit, and those form a considerable

portion of a minority of the population, of a small minority according to the Government account."

This is a very ingenious way of trying to account for a very remarkable set of facts; but what does it all amount to? If the unvaccinated are such a feeble, sickly lot, they ought to suffer from other infectious diseases than small-pox to a greater extent than the vaccinated. But no evidence of anything of the kind is forthcoming. When asked to furnish some evidence in support of his assertion, Mr. Wheeler bravely referred to the "Sheffield Report," and on being pressed further he "opened it at page 48." What does that page show? That out of 22 fatal cases of small-pox (20 of whom had never been vaccinated, 1 had been vaccinated only one day, and the other only five days before the appearance of the small-pox eruption), the previous health of 1 is recorded as "very good," of 12 as "good," and of only 5 as "delicate." In only 3 of the cases had ill-health been the cause of the neglect of vaccination. Six of the cases were under 1 year, and 7 others were under 10 years of age. The same kind of record is to be found on page after page of the Sheffield Report. On pp. 198 and 199 Dr. Barry has summarised the results of his personal inquiry with reference to the fatal cases of small-pox which occurred in Sheffield during 1887 and the first three months of 1888. He there shows that out of 246 deaths among the vaccinated class, the previous health of the deceased was satisfactory in 129 instances, and unsatisfactory in 79 cases; whilst out of 343 deaths amongst the unvaccinated class, the previous health of the deceased was satisfactory in 210 cases, and unsatisfactory in only 77 cases. In only 52 of the 343 fatal unvaccinated cases had "ill-health" been given as the reason for the non-vaccination. It is needless to remark that if these facts are the kind upon which Mr. Wheeler's argument is based, it entirely falls to the ground.

KELLER'S "CELEBRATED" STATISTICS.

Dr. Wallace, in support of his assertion, appealed to "the celebrated statistics of Dr. Keller in Austria." Dr. Wallace was apparently not aware that those "celebrated" statistics had been exposed as false and partly fabricated, but such is the fact. These statistics related to some 60,000 officials and workmen employed on the Imperial Austrian State railways, and as set out by Keller they told strongly and strangely against vaccination; but the result was so extraordinary and so altogether contrary to all other experience, that Keller's figures were looked upon with suspicion. Other reliable inquirers went over the same ground, and got results totally different from those of Keller; and in 1887 Herr Körösi found that Keller had directly falsified the returns originally supplied to him by the various railway surgeons so as to serve his antivaccination ends, figures having been altered, such as 68 to 38. At the International Medical Congress at Washington in 1887 a committee was appointed to thoroughly examine Keller's statistics, and eventually reported that all the returns submitted to them were, without exception, "falsified in such a manner as to raise the mortality from small-pox amongst the vaccinated, while that of the unvaccinated was lessened." These statistics are certainly "celebrated," but in a sense very different from that which Dr. Wallace meant when he first so confidently referred to them.

RISKS OF VACCINATION.

There remain to be considered the alleged risks connected with vaccination. The importance of this branch of the subject is obvious, and if half the contentions of the antivaccinators as to vaccination itself being the "cause of disease and death" could be maintained, there would be much justification for the position they have taken up. In that case, however, the crusade would be unnecessary, for the practice would not be countenanced by the medical profession. In the early days of the present century Jenner's opponents prophesied a fearful future for the vaccinated human race. One cannot read without amusement the wild predictions of these early prophets of evil, and their extravagant descriptions of the fairyland cases which they professed to have met with. In one instance, the face of a vaccinated boy was "in a state of transforming, and assuming the visage of a cow." In another, a child had its former natural disposition absolutely changed to the brutal, so that it ran upon all fours

like a beast, bellowing like a cow; and so on from one absurdity to another. Later on diarrhoea, cholera, enteric fever, scarlet fever, puerperal fever, bronchitis, and one malady after another was laid at the door of vaccination, with usually no stronger proof than the fact that it occurred after the vaccination instead of before. Any marked increase of mortality from a disease was attributed to vaccination. The latter day antivaccinators, however, have dropped one disease after another out of their list of the maladies whose prevalence and mortality are alleged to be affected by vaccination, until at the present time the only diseases which need to be at all seriously considered in this connection are syphilis, cancer, and erysipelas.

The average mortality from syphilis in England during successive five-year periods, between 1850 and 1879, is given by Dr. Wallace as 37, 51, 64, 82, 81, 86 per million, and it is alleged that the rise here shown is attributable to vaccination. But without going deeper into the question, the fallacy of the contention is readily seen by a comparison of the statistics of Scotland and England. In Scotland, vaccination is not compulsory until 6 months of age; and yet, taking the three years 1882 to 1884, we find that in that country 43.8 per cent. of the total deaths from syphilis were in children under 3 months of age, 21.3 per cent. between 3 and 6 months, and 11.6 per cent. between 6 and 12 months; that is to say, 65 per cent. of the deaths occurred before the expiration of the vaccination age. In England, on the other hand, 3 months is the limit after which vaccination is compulsory, and we should, therefore, expect to find a greater share of syphilis mortality in this country within that period, or at all events within 6 months of age, if vaccination had any influence on it. Yet, taking the same three years, we find the proportions practically identical with those of Scotland; 42 per cent. of the mortality occurred in children under 3 months, 22.5 per cent. in children between 3 and 6 months, and 11.3 per cent. between 6 and 12 months. As Sir Walter Foster stated during the last important debate on vaccination in the House of Commons on May 13th, 1893, the increase shown in recent years in the prevalence of infantile syphilis is a matter of improved diagnosis. Deaths from syphilitic diseases of the brain, liver, etc., are now diagnosed as syphilis, which twenty or thirty years ago were not so classed. The apparent increase of deaths from syphilis is in great measure thus satisfactorily accounted for.

Further, if syphilis and vaccination are at all associated, we should expect to find in some large community, where infantile vaccination has been in abeyance, a lower syphilitic death-rate amongst children than elsewhere. Leicester is such a community, yet, as a matter of fact, we find that whilst the syphilitic death-rate amongst infants has gone up some 25 per cent. in England and Wales generally in the last twenty years, it has risen as much as 69 per cent. in Leicester. Neglect of infantile vaccination in Leicester, therefore, has not arrested increase in its infantile syphilis death-rate.

That it is possible to inoculate syphilis in vaccination is not disputed, but the risk of its being so inoculated in actual practice, with the most ordinary precautions, is so infinitesimal as to scarcely need consideration, and, as recommended by the German Vaccination Commission of 1884, could be altogether avoided by the use of calf lymph.

As regards cancer, we find that the increase has been altogether in the later years of life, the mortality under 5 years of age having actually diminished from 22 per million to 13 per million, and that the increase of mortality has been much greater among males than among females. It is therefore obviously unjust to lay at the door of vaccination any of the increase which in fact is, to a great extent, more apparent than real, being due to improved diagnosis and more careful statement of cause on the part of medical men.

Erysipelas following vaccination stands on a somewhat different footing, being almost invariably the result of improper treatment of the vaccine vesicles, which could and ought to be avoided by the use of reasonable care and proper antiseptic methods. Speaking of this matter, Sir George Buchanan has pithily remarked: "I find from the last published annual report of the Registrar-General that 974 children under 1 year old were suffocated in a twelvemonth by bed-clothes; the fact gives a reason for care in the use of bed-

clothes, but gives no reason for going without them." So in regard to vaccination and the occasional occurrence of post-vaccinal disease.

Considering the millions of vaccinations that have been performed, if evil results after vaccination were a rule rather than the rarest of exceptions it ought to have been a comparatively easy task to collect such an imposing array of disasters as would have condemned vaccination for ever. Yet after travelling throughout the world in search of such disasters, a very poor collection, comparatively speaking (judging at least from the evidence already published), has been laid before the Royal Commission on Vaccination. What the Commission think of that evidence remains yet to be seen; but antivaccinators cannot at all events complain that they have not been allowed the freest of hands in the presentation of their case.

CONCLUSION.

The evidence in favour of vaccination has been by no means exhausted in this report. The space at command has not admitted of more than an indication of the chief arguments for and against. But sufficient has been given to show the overwhelming nature of the evidence in favour of vaccination, and the comparative thinness, as well as the frequent untrustworthiness and exaggeration, of the arguments on the other side. Speaking broadly, it has been shown that, taking the whole population, small-pox is no longer the scourge of infancy that it formerly was; but it has at the same time been seen that the unvaccinated children of to-day suffer in the presence of an epidemic as severely as such children ever did, and that the decrease both of attack and of mortality is confined to the vaccinated. It has been shown that efficient infantile vaccination protects almost absolutely from death and from severe attack, and, with comparatively few exceptions, from small-pox attack of any kind during the first ten years or so of life, but that after that age its protective power gradually wears off unless the vaccination be efficiently repeated. It has further been shown that, notwithstanding the gross exaggerations and distortions of the antivaccinators, the risks attending vaccination properly performed are, when compared with the gigantic saving of life, health, and beauty which vaccination has effected, so infinitesimal that they may be disregarded, excepting so far as they should accentuate the care to be taken by medical men in performing the operation. It is urged by some people, with some show of plausibility, that, however beneficial vaccination may be, to have it generally compulsory is an intolerable infringement of the liberty of the subject. These good people overlook the fact that the proved benefits of vaccination affect specially the helpless infantile portion of the community, who have as yet no voice in the matter, and that a person who neglects to avail himself of the means of protecting himself against small-pox is a serious menace, nuisance, and indirect cause of expense to the community in which he resides. Others, again, think that, as in the "Leicester system," the proper substitute for vaccination is compulsory "quarantine" for ten or twelve days, forgetting, apparently, that even Leicester, the parent of this Utopian system, still finds it absolutely necessary to protect its small-pox hospital staff, etc., by vaccination. Most people will agree, after looking seriously at the question, that a quarantine of ten or twelve days is a form of compulsion vastly more costly, dangerous, "leaky," and individually irksome than that of vaccination. I happen to have before me a copy of a report of an outbreak of small-pox last year in a Midland village of some 1,300 inhabitants, from which it appears that on the introduction of the first case, the house in which the patient had taken up her quarters was "barricaded all round," no one being allowed to go near it, and all food, etc., being placed at a distance by a person appointed by the local authority, and left there until some of the inmates of the house could fetch them. This reminds one of the plague in the Middle Ages rather than the closing years of the 19th century. Proper vaccination and revaccination would have effected the desired object much more humanely and cheaply. As it turned out, the unfortunate healthy inmates of this house caught the disease in due course.

In conclusion, I would urge upon the general public not to accept, without careful investigation and full proof, any

assertion or contention against vaccination, and not to allow a natural dislike to a temporary sore on a child's arm to prejudice them against an operation which has been shown to be otherwise beneficial. Upon the Legislature I would urge that revaccination, as well as primary vaccination, should be made compulsory, as in Germany; and medical practitioners I would strongly urge not to vaccinate in any case except in the most efficient manner. If these suggestions were acted upon, vaccination would soon be completely vindicated.

REPORTS ON THE NURSING AND ADMINISTRATION OF PROVINCIAL WORKHOUSES AND INFIRMARIES.

SPECIAL COMMISSION OF THE "BRITISH MEDICAL JOURNAL."

XLII.—AYLSHAM, NORFOLK.

THE workhouse belonging to this Union presents a palatial appearance; it is a modern red brick building, with two wings and a central block, standing in well kept gardens, and, as seen from the railway, might easily be mistaken for the residence of a county magnate. It was built in 1846 to accommodate 600 inmates, but the largest number that has sought its shelter of late years is 130. There were about 100 inmates when we visited the house. The Medical Officer, Dr. Morton, having furnished us with an introduction we were shown round the house by the master.

THE SICK AND INFIRM

are lodged in the main building on the first floor. A sick house was built a few years ago at some little distance from the house, but the master prefers to use some of the empty rooms in the house for the sick, keeping the detached building for infectious cases. The interior of the house is disappointing; the passages are narrow and dark, and the staircases also are narrow and enclosed; the inside might be twice as old as the outside.

THE WARDS

for the men hold nine beds in two rooms; the smaller ward for four beds is not occupied at the present time. Two men were in bed; one with paralysis of the bladder and the other a case of old age; the rest of the patients were seated in the armchairs about the room, among them a little boy suffering apparently from rickets, who had been brought in from the nursery to have the more thorough nursing of the infirmary. There is no day room, but the master said that the men used the empty ward, and they also have the use of the airing courts, which are the gardens in the recess formed by the projection of the wings.

THE FEMALE WARDS

are in the same part of the building, the nurse's room forming the division between their quarters and those of the men. The women's room is much larger; there are eight beds in it, and of these, five were occupied by patients; a young woman of 18, to all appearance in an advanced stage of phthisis, an older woman with the same disease, the mother of the child with rickets in the men's ward, two cases of senility, and one of paralysis; the other patients were up. There is a small unoccupied ward which can be used as a day room if required. The bedding is straw or flock, except in the case of the paralysed man; he was on a mattress.

FIRE ESCAPE LIFT.

In the passage communicating with the wards the master showed us a fireproof lift working outside one of the windows, which would, he felt, be of the utmost service in rescuing the helpless patients in the event of a fire. It seemed to us that this lift would be of more service in moving the sick than the staircase.

THE LYING IN WARD.

We were not so well pleased with this department. The ward is at some distance from the nurse's quarters, and was the drying room before it was adapted to its present purpose.

It accommodates two beds, has two windows, and is warmed by a stove with a long iron chimney. There are no separate offices, and it is deficient in the appliances for its work. We doubted the possibility of regulating the heat and ventilation, and consequently the sanitariness of the room. There are about four confinements a year.

THE NURSERY

is on the ground floor; it is a stone-paved room, large and dreary, with a couple of benches by the fire, and at a little distance two large wooden boxes on rockers, capable of holding three or four babes together. There were two infants in charge of an old pauper, whom the master praised highly for her care and skill in rearing the young children. Two younger women were nursing the babes. We suggested that a little matting or old sacks on the floor would be an improvement, but the master said that these had been found unsatisfactory in practice; this was presumably because the paupers in charge have no idea of disciplining and educating the infants. We understood that there was a proposal to move the nursery upstairs, to a room with a south aspect and a boarded floor; the fireplace of the proposed room being adapted to this purpose.

THE SANITARY APPLIANCES.

There is a watercloset on each landing for the male and female wards, with a good flush; hot and cold water is drawn from taps on the landings; movable baths are in use as there are no bath rooms.

AN OLD MARRIED COUPLE

are living together in a room at the end of one of the wings, and the guardians, with thoughtful consideration, are preparing a piece of ground as a little garden for them to cultivate.

THE NURSE

is not a certificated midwife, nor is she trained, but she has had long experience in the work. The present nurse has only recently been appointed, succeeding a similar officer. Paupers help in the nursing of the patients, making the beds, washing and attending to the sick. There is no night nurse, nor are any of the inmates on duty at night. The nurse stated that there was no feeding at night, and that the patients helped each other if necessary.

RECOMMENDATIONS.

The weak points in the arrangement of this house appeared to be the lying-in ward and the nursery. If the room shown to us as the labour ward is the only one available, we would suggest an open fireplace of a good size, with a spacious chimney, and a small boiler added to it would be found most useful.

As the nursery is to be moved we have nothing to say about the present room, but in furnishing the new one we would suggest cradles instead of the insanitary old boxes, and boat-shaped bottles instead of the tube feeding bottle.

THE BATH WORKHOUSE INFIRMARY.

THE guardians at Bath have received a report of their hospital committee recommending various changes in the structure and management of the workhouse and the infirmary. In regard to the latter it will be remembered that in a previous report of this committee the guardians were recommended to limit the nursing staff to a superintendent and six nurses, but on the repeated statement of the Local Government Board, contained in a letter of February 25th, 1895, and on the advice of the medical officer, the committee now recommend that the full complement of nine be at once engaged. The Bath guardians, however, are not to be judged of by their hospital committee, and when this proposal was brought forward they promptly vetoed it by passing the following resolution:

"That the nursing staff be at present a superintendent nurse and six nurses, and that the hospital committee be empowered to advertise for these and recommend suitable persons to the Board for election; and that the consideration of that part of the report of the committee which recommends the immediate engagement of nurses, making up a complement of nine, be deferred until the committee shall report further."

So far, therefore, as the nursing is concerned, with the exception of the appointment of a superintendent, the policy of the Board appears to remain unchanged. Much will depend on the choice of a superintendent.

As to the structural alterations which it is proposed to make in the infirmary, it is impossible to speak definitely until we see the plans. So far as we can judge, however, the inclination seems to be in favour of doing as little as possible. The report admits that the present building