much useful information will be found. For example, the section (20) of the Act of 1874 which imposes the obligation to certify upon the registered practitioner is quoted entire, with the reminder that an infraction of the obligation will entail a penalty of £2. Further, there are useful suggestions as to the mode in which causes of death should be returned, and a list of diseases of most common occurrence, compiled from the College of Physicians' Nomenclature, is given with the object of inducing practitioners to adopt that nomenclature as far as is practicable. And, finally, on the back of each certificate, the persons qualified by law to be informants for the registration of a death are set forth, in order that a practitioner may know whether, on an application being made to him for a certificate, the applicant is a person to whom he is justified under the section in giving it. The General Medical Council seems to have been under the impression that the duty was imposed upon the medical attendant of sending the certificate to the registrar or to some other person; but this is a mistake, as the Act simply requires him to give the certificate when applied for. We fear the Council is not well informed when it expresses a preference for the Scotch over the English system of medical certification in respect of the delivery of the certificate. In Scotland, the certificate must be sent by the medical attendant—we beg pardon, the expression in the Scotch Act is "medical person"—to the registrar within seven days, under a penalty of 40s. for default, and if default is made, then the registrar issues a requisition to the "medical person" requiring him to certify the cause of death within three days. Our information is, that competent judges are not of opinion that this plan works so admirably as the Medical Council have been led to suppose. The English system of registration requires that every entry in the register shall be begun and completed at the same time, so as to preserve the strict unity of all parts of the entry as a legal document. But we understand that in Scotland, owing to the peculiar arrangements about medical certificates, the death-register is frequently incomplete for varying lengths of time. And clearly the English system, of the two, entails the less trouble on the medical attendant.

With the three forms of medical certificate for the three divisions of the United Kingdom now before us, and with the Acts regulating the certification also at hand, we have not a moment's hesitation in giving the preference to the new English Form and procedure over those of Scotland and Ireland; and unless there are difficulties in the way of which we are ignorant, we should say decidedly that the English system ought to be adopted uniformly for the whole kingdom.

Correspondence.

"Audi alteram partem."

PYÆMIA.

To the Editor of THE LANCET.

SIR,—Dr. Moxon, in his interesting lecture on Pyæmia, published in THE LANCET November 14th, says that he has not yet found bacteria in the matter from a hitherto unopened abscess in a living person; and also in another place, that if pyæmia occur without any primary sore we are deprived of the embolic theory because there is no showing any source for the emboli. During the last eighteen months I have examined the pus from a considerable number of abscesses occurring in connexion with septicæmia, erysipelas, and necrosis immediately after they were opened, and have at present in one only seen bacteria. This was a

case of acute necrosis of the tibia, and the pus was completely free from putrefactive odour.

CASE 1.—M. C.—, aged three months, was admitted into University College Hospital on May 19th, 1874. After passing through a very critical stage, in which lung symptoms were very prominent, the child recovered.

In this case the bacteria were in very large numbers and of a very definite shape; delicate chains of granules always arranged in multiples of two. I had the advantage of submitting the specimen to Dr. Burdon Sanderson, who gives me leave to say that he was convinced of the authenticity of the observation. I have also drawn them accurately to scale.

Side by side with this it may be well to record two cases of the same sort, in which distinct pyæmic abscesses were developed in the viscera before that in connexion with the local disease was opened.

CASE 2.—A. C.—, aged four years, admitted May 20th, 1871, with acute necrosis of the tibia. The onset of the disease was on May 17th, and the child died on May 22nd, five hours after the abscess connected with the tibia was opened. At the autopsy, extensive pericarditis, and as many as a dozen distinct pyæmic abscesses in the lungs, were found. No other joint or viscus was affected, and no wound or sore could be discovered after most careful search, but the posterior tibial vein was filled with an old decolorised and breaking-down clot.

CASE 3.—M. A. G.—, aged three years, admitted Jan. 6th, 1874, with acute necrosis of the tibia. The disease commenced Jan. 1st, and the child died Jan. 9th. The abscess was unopened. At the post-mortem there were recent right pleurisy and two unmistakable pyæmic abscesses in the middle lobe of the right lung. There was also extensive pericarditis, some endocarditis, and an abscess in the septum between the ventricles. In this case, also, no open wound could be discovered, but here no clotting was found in the veins of the leg.

It is at least interesting that in this disease, which is one of the very few in which secondary embolic abscesses occur, organisms should have been distinctly seen in the pus of the original abscess in the first case. It seems probable that in others there is an "infective" material produced at the part where local changes are going on, and that thus, in acute necrosis, there is really a source for the emboli (as was certainly the condition of the second case), even though there be no wound communicating with the external air.

I am, Sir, yours faithfully,

RICKMAN J. GODLEE.

Henrietta-street, Cavendish-square, Nov. 17th, 1874.

ACCOMMODATION FOR FEVER PATIENTS OF THE MIDDLE CLASS.

To the Editor of THE LANCET.

SIR,—In your issue of November 7th, I observe an article entitled "Infectious Diseases and Middle-class Homes," wherein you call attention to the want of an institution in London to which members of the families of middle-class and professional people can be conveyed when suffering from any form of contagious fever. This want has been supplied by the Committee of the London Fever Hospital for upwards of two years, though comparatively few have taken advantage of it. A portion of the hospital has been divided into rooms for the exclusive use of private patients. The rooms are well appointed and airy, their occupants are each attended by a separate nurse, they are provided with every comfort, and the dietary is unrestricted, save from a medical point of view. They obtain, in fact, their board, lodging, washing, nursing, and medical attendance for the comparatively small sum of £3 3s. weekly.

Moreover the private medical adviser of the patient need not lose sight of him on account of his admission to the hospital, as Dr. Broadbent and his colleague, Dr. Cayley, have, with their usual courtesy, expressed their willingness to meet the medical attendants of such patients in consultation at the hospital.

I should add that the hospital possesses an invalid carriage, which is sent immediately on the receipt of a telegram or message, to convey the patient to the hospital.

Irrespective of the advantages thus afforded to the family of the patient, and to the patient himself, the general adoption of this system of isolation of infectious diseases would limit most effectually the spread of an epidemic. The wisdom of such a course is daily becoming more recognised, and must, sooner or later, be the subject of sanitary legislation.

I am, Sir, yours, &c.,

London Fever Hospital,
Liverpool-road, N., Nov. 17th, 1874.

F. A. MAHOMED,
Resident Medical Officer.

PROFESSOR ESMARCH'S TRIANGULAR BANDAGE.

To the Editor of THE LANCET.

SIR,—Without in the least disputing Professor Esmarch's claim to originality in the application of the triangular bandage during the late Franco-German war, as noticed in THE LANCET of the 7th instant, I beg to remark that I saw the same bandage used as a field dressing thirty-two years ago by Dr. J. A. Fraser, now Inspector-General of Hospitals on half-pay.

Dr. Fraser was at that time (1842) assistant-surgeon in charge of the expedition under Captain Smith, 27th Regiment, which marched from the Cape frontier and occupied Natal, after a vigorous resistance from the insurgent boers; and I quite recollect his calling my attention to the handkerchief bandage, and to the readiness with which it could be applied to wounds on almost all parts of the body.

I remain, Sir, your obedient servant,

J. M. GRANT, M.D.,
Deputy Surgeon-General.

Curragh Camp, November 13th, 1874.

Obituary.

DEPUTY SURG.-GENERAL ALEX. BARCLAY, M.D.

To a large body of medical and other officers, no less than to that inner circle of closer friends and acquaintances by which most men are surrounded, the news of Dr. Barclay's death must have caused unfeigned regret and much surprise. He was at the time of his decease the head of the Statistical Branch of the Medical Department. A very little intercourse with the late officer was sufficient to create an impression in his favour, for he was in every way a fine manly fellow—courteous, outspoken, honest; in fact, a gentleman in the true and not the conventional sense of the term. But to those who knew him well—to those who sought, as so many did, the aid of his strong and sound judgment—to those who were in the habit of applying for his friendly sympathy, of listening to his talk, graphic, hearty, and humorous as it so often was—to those, in short, who knew what was in the man, his loss will be keenly felt. The writer of this notice was privileged to know him well, and to feel that the employment of exaggerated statements in regard to his character, now that he is dead, would have been repugnant to his honest nature. Still it is but to report him truly to say that he was in every way a large man—big of frame, large and generous of heart, sound and capacious of intellect. Spite of his great size of late years, he must have been enormously strong and active when young, and he was always cool, self-possessed, and courageous. He was an enthusiastic and successful sportsman, and to the last he retained his love of fly-fishing. In his house were the trophies of his gun, in the shape of the skins and heads of tigers and wild beasts, and he had the reputation in India of being a splendid shot. Dr. Barclay was a handsome man; a massive head and face indicative of power, with a large dark eye, full of expression and force. He was genial by nature, had seen a great deal, read a great deal, and could talk really well on most subjects. He was open-handed and hospitable, and his professional knowledge was large, and had been well thought out by himself, so that his judgment was always sound, practical, and sagacious. With such qualities he could not fail to be a great favourite, and he was best liked by those who knew him best, for they knew his honesty of purpose, and his hatred of all cant and self-seeking under a disguised name.

Dr. Barclay had been ill for some months, and the nature

of his disease was for some time extremely obscure, and rendered still more difficult of detection by his enormous bulk. It commenced with a series of severe rigors, which mimicked intermittent fever; but very early in his case the suspicion arose that these were but the expression of some deep-seated suppuration. His condition caused much anxiety, while for a long time there were no local symptoms whatever to indicate the nature and seat of his disease. Subsequently, however, there were symptoms pointing to the neighbourhood of the prostate gland, and a very small abscess was evacuated by Sir William Fergusson's aid; but this local affection was disproportionately small to account for the long and severe constitutional disturbance which had preceded it. After a very brief temporary rally, fresh constitutional symptoms of a febrile character followed, and all were agreed as to the probability of there being some pelvic cellulitis present. Some pus was once discharged by the bowel, and ultimately,—after severe pains referable to the cutaneous extremities of some of the nerves of the lumbar plexus, and the formation of an abscess in the left sac of the tunica vaginalis testis,—an obscure swelling appeared in the neighbourhood of the right inguinal region. As he was going from bad to worse, it was determined, with his own entire concurrence, to cut down and explore this part with the view of opening any abscess that might be found. This was done—and the operation was one of much difficulty, requiring the exercise of no little surgical skill—by his friend Dr. Fayrer, with, what was hoped at the time, a good prospect of success, for a large abscess was evacuated. His progress was very satisfactory until the second day after the operation, when, quite suddenly, on the morning of the 13th inst., he died of symptoms of cardiac syncope.

A subsequent post-mortem examination revealed that an abscess, with pelvic cellulitis, had taken place in the space of the recto-vesical fold of pelvic fascia, with two small perforations into the perpendicular portion of the rectum at this part, and localised peritonitis tying down the bowel to the posterior wall of the bladder. The abscess in the prostate was small, and communicated with that of the recto-vesical space behind; and the matter had taken an upward course, owing to the fact that less impediment to its progress existed in that direction, from the absence of adhesions there.

Dr. Barclay was fifty-three years of age at the time of his death, and he leaves a widow and several children to mourn his loss. He was sedulously watched and attended by his many professional friends, and notably by Dr. Wane, Dr. Paul (of Madras), Dr. McNalty, and others; and Sir Wm. Fergusson, Mr. Henry Smith, and ultimately, as we have said, Dr. Fayrer, gave him the benefit of their professional aid.

Deputy Surgeon-General Dr. Barclay took part in the Caffre war of 1846–47, and in that of 1850–53. He accompanied the Saugor Field Division, under Sir George Whitlock, during the years 1858 and '59, and was present during the march from Bangalore to Calpee, which occupied from December, 1857, to June, 1858, the whole distance traversed being 1200 miles. The regiment in which he served lost no men until Nagode was passed in the month of May, 1858. Here dysentery became prevalent, and on entering the plains of Bundelcund sunstroke attacked and killed many of the men. At the foot of the fatal Ghaut of Bismungunge, which took three days to pass, eleven men and two officers of the 43rd were buried. After the operations against Kirwee, Dr. Barclay was attacked with dysentery, followed by diarrhoea, which lasted for three months; but, although much reduced in flesh (2 st.), he refused to leave his post, and was not for one day away from duty. He was subsequently engaged in the operations in the neighbourhood of Calpee, and was for several months in the field during the end of 1858 and beginning of 1859, until the 43rd reached Saugor in the March of the latter year. Here he enjoyed comparative quiet until the end of the year, when the mutiny was quelled.

EDWARD SMITH, M.D., F.R.S.

By the death of Dr. Edward Smith, on the 16th inst., the profession has lost one of its most indefatigable workers and writers. He was a man of altogether exceptional character. As a worker in detail his powers were most remarkable, and his early researches on respiration and urea and