A SHORT time back we pointed out a serious and dangerous defect in the condition of the Shoreditch Workhouse. In consequence of the want of adequate mortuary accommodation, decomposing bodies were frequently brought into proximity with the wards of the infirmary, thereby endangering the health of the patients. Last week the matter was brought before the notice of the House of Commons, when Mr. Selater-Booth, in reply to a question, stated that arrangements were now being made which would obviate any further difficulties in this respect. It should be known that one of the provisions of the Public Health Bill, now passing through Parliament, confers on the Local Government Board the power of compelling local authorities to provide mortuaries where necessary. There are crowded districts in the metropolis and the country where the need of mortuaries is most urgent. We trust the forthcoming Act will effectually remedy such grievances.

It has been notified to us that two scholarships, of the annual value of £80 each, tenable for four years during residence, will be awarded in October next at Exeter College, Oxford, for proficiency in Natural Science. There is no limit of age for these scholarships. The examination will be in biology, chemistry, and physics, and candidates will be expected to show proficiency in two at least of these subjects. The scholars elected will be expected to read for honours in biology in the School of Natural Science. Candidates who are already matriculated members of the University must have passed Responsions, or the equivalent examination of the Oxford and Cambridge Schools Examination Board.

A GROWING feeling of the need of hospital accommodation more proportionate to the size of the town of Wakefield than that which has hitherto been supplied by the Clayton Hospital and Wakefield General Dispensary has culminated in the passing of a resolution, at the annual meeting last week of the friends of the institution, to secure a site which has just offered whereon to erect a new building. The idea seems to have awakened considerable enthusiasm amongst the more wealthy residents of the town, and £1500 was raised towards its realisation before the meeting broke up.

THE death of Dr. Peter Mere Latham is announced, at the advanced age of eighty-seven. The deceased was Physician Extraordinary to the Queen, and formerly one of the physicians to St. Bartholomew's Hospital. He was a son of Dr. John Latham, a former president of the Royal College of Physicians, and also physician to St. Bartholomew's Hospital. Dr. Latham graduated at Oxford, and took his M.D. degree in 1809. He was elected a Fellow of the Royal College of Physicians in 1818, and has filled most of the offices in that institution.

DR. INGLIS has formally resigned his office as one of the honorary physicians of the Worcester Infirmary in consequence of being censured by the executive committee for on one occasion not getting a colleague to see his outpatients when he himself was called to the country, but leaving them to be seen by the resident house-surgeon. If this action of the executive committee is not disavowed by the general body of governors, so much the worse for the future of Worcester Infirmary.

THE Vestry of Kensington at their last meeting, by a unanimous vote, raised the salary of their medical officer of health, Dr. Dudfield, from £300 to £400 per annum, with expressions of approval of that gentleman's services, creditable to themselves, and which must have been peculiarly gratifying to their officer.

THE following appears in the *Glasgow Herald* of July 26th. As this is the first occasion for many years on which Glasgow University has recognised an extra-mural lecturer, it seems worthy of insertion. "The Glasgow University Court have agreed to recognise, as qualifying for graduation in the University, the course of lectures on Systematic Surgery to be delivered by Dr. Hector C. Cameron in the Glasgow Royal Infirmary."

THE prevalence of scarlet fever in Warrington has induced a member of the Town Council to urge upon his colleagues the necessity of erecting in the borough a hospital for the reception and treatment of infectious diseases. Alderman Burgess, in advocating the adoption of this course, stated that one medical man in the town had under his professional care no fewer than twenty-five patients suffering from scarlet fever.

WE understand that the Town Council of Liverpool have decided to erect a cholera hospital in the Mersey, and have applied to the Local Government Board for authority to borrow £15,000 for the purpose. Last week Colonel Cox held an inquiry in the town on behalf of the authorities at Gwydyr House, when evidence demonstrating the necessity of such an institution was given.

THE medical officer of health for Wolverhampton, Mr. J. H. Love, in his annual report of the condition of the town during the past quarter, states that puerperal fever was very prevalent in the period. The death-rate of children under five years of age was high, and the mortality from chest affections seems to have been above the average.

CHOLERA appears to be increasing at an alarming rate in Syria. The latest weekly return approximately gives the number of persons attacked in that period as 500, a large proportion of whom died.

THE bust of Dr. Hughes Bennett, by Mr. W. Brodie, will be presented to the Senatus of the University of Edinburgh by Dr. Andrew Clark, on behalf of the subscribers, on Monday, August 2nd, after the graduation ceremony.

Correspondence.

"Audi alteram partem."

PUERPERAL FEVER.

To the Editor of THE LANCET.

SIR,—In your leader of the 24th inst. on the late discussion on Puerperal Fever you made a practical and, I think, most useful suggestion—"That this discussion should be supplemented by the record of carefully investigated local epidemics or series of cases, or even *isolated cases*, arising under circumstances that admit of precise analysis and estimation in their bearing on cause, nature, and treatment." You even infer the weak point of the debate was the want of practical experience of the speakers, and regret that more general practitioners did not take part in the discussion, and respond to Mr. Wells's invitation and desire which he expressed in his opening remarks, when he said his object was "even to elicit rather than to impart information; to call forth the stores of knowledge now latent in the Society; to ask for the result of observation." The following facts it was my intention to have communicated to the Society on the last night of the debate, and my name was given as one of the intended speakers. An urgent professional engagement frustrated my intention. In response to your suggestion I send you the following brief notes of two cases of puerperal fever occurring in my practice

in 1870 and 1871. The first case bears on Dr. Hicks's statement, who said:—"My observations have gone to show that in certain cases there is no rash, and that there are none of the prominent symptoms of scarlatina, in cases of puerperal fever where scarlatina has been unquestionably mixed up." The second case proves beyond all doubt the nurse was the origin of infection, and shows the connexion between erysipelas and puerperal fever, and again confirms what is now, I believe, a universally accepted fact—the danger and liability of conveying puerperal fever if exposed to, or suffering from, erysipelas. A friend of mine, a hospital surgeon, told me his father died from erysipelas shortly after having attended two fatal cases of puerperal fever which had caused him very considerable anxiety.

On Monday, June 27th, 1870, I was sent for to attend Mrs. D—, aged thirty-one, in her fourth labour. On my arrival I found the child born; the labour had been both quick and easy, but the placenta was slightly adherent. She progressed satisfactorily up to the fourth day, when she complained of pain under the heart and distressed breathing, and expectorated a little red-coloured sputa. The abdomen was not at all tender, and no fever. She had a small thready pulse, and suffered intensely from thirst. The symptoms gradually increased in severity, especially the distressed breathing, which amounted the last day or two to violent attacks of orthopnoea. She died on Sunday, July 3rd, the seventh day of her confinement. The leading symptoms were great difficulty of breathing, anxious countenance, intense thirst, small, feeble pulse, acute pain under the left nipple, violent palpitation of heart, slight distension *but no pain of abdomen*. She had a little cough and a little phlegm, which was once or twice slightly tinged brown. This case occurred in a school. Scarlatina had been in the house off and on for months. Her little boy was ill at the time she was confined, and died on the 18th of July, from scarlatina maligna, the twenty-fourth day of illness. On July 2nd (the day before Mrs. D— died) I attended Mrs. G— in her fifth labour, which was more tedious and painful than usual. On the second day she had scarlatina anginosa, and on the twenty-second acute rheumatism. The attack of scarlatina was rather severe, the rheumatic fever very so. The former in no way differed from the usual course; the rash was bright scarlet, and was followed by free desquamation. The throat was troublesome the first week. She had one or two alarming attacks of syncope while suffering from rheumatic fever, and auscultation discovered cardiac murmurs; but these were functional, as they disappeared as convalescence was established. Her recovery was delayed for two or three months. I have since attended her in three labours, which were natural, and she made a good and early recovery from each. I would add I certified in good faith that Mrs. D— died from pleuro-pneumonia, pericarditis, four days, seven days after a natural labour. Subsequent painful experience has left not a doubt in my mind that the case was one of true malignant puerperal fever, and that scarlatina, being in the house, was the probable cause. I attended several other women during the same time, without a bad symptom, excepting Mrs. G—, who contracted scarlatina, probably, I fear, conveyed by myself from Mrs. D— or her child, the latter at that very time ill with scarlatina of malignant type. Mrs. G—'s baby and all her children (three in number) caught the disease, but not until after the rash had appeared for some days on my lying-in patient; the baby and also one other child dying after a few days' illness. The eldest child recovered. For some time I believed, what I tried to convince the mother, that although the disease showed itself first in her, yet it was her children from whom she caught the disease; the scarlatina poison was first in their blood, and it was the peculiar condition pertaining to the puerperal state that caused the rash to appear first in herself. I ought also to mention that Mrs. D— was seen by two other medical men, who diagnosed her case as one of low typhoid, and *not* puerperal fever, and neither did I think it was until some months afterwards.

On Monday, about 2 A.M., Feb. 13th, 1871, I was summoned to attend Mrs. S— in her third labour. On my arrival I found the child born, and the nurse exultingly showed me the placenta in chamber, saying at the same time, "You need not have brought your newspaper, as all your work is done for you." I found the pulse good, uterus

contracted. I bandaged her and returned home in about half an hour. I had not attended any case of puerperal fever that year, nor was I attending at that time any infectious case. Mrs. S— progressed satisfactorily until the third day, when the disease was ushered in with a severe convulsion, and she died on the eleventh day, Feb. 23rd, 1871, from puerperal peritonitis. The prominent symptoms were, an attack of convulsions lasting about an hour, on the third day; great pain in the uterus, which was enlarged and very dull on percussion; retching and vomiting of at first green, and latterly coffee-ground-like matter; countenance pinched and anxious; lost all interest in baby; milk arrested; lochia natural and not offensive; pulse was quick, but until the last two days not thready, as in other case; the respirations were short and hurried, latterly very quick. She complained of less acute but more continued pain as death approached, and was conscious almost to the last. There was not much fever; temperature never exceeded 100°. The nurse who delivered this woman was taken ill after the first week, and had to go home and was attended by the parish doctor, Mr. Spurgin, who kindly wrote to me stating that he had attended Mrs. C—, the nurse who delivered my patient who died from puerperal fever, and that she (the nurse) died from erysipelas on Feb. 28th, five days after the death of the woman she had delivered, and whose death was caused by puerperal peritonitis. Mr. Spurgin, in his letter to me, states that he attended Mrs. C— from Feb. 24th till her death on the 28th. I was also consulted a short time afterwards by a poor woman who was suffering from phlegmonous erysipelas of arm and hand, and who said she thought she had poisoned her hand through washing the linen and diapers of the poor woman I attended who died in her confinement.

It has fallen to my lot to have seen several cases of puerperal fever, and in almost all I have at some trouble investigated the probable cause of infection, and the result of my experience, observation, and thought is that puerperal fever is in nine cases out of ten of zymotic origin, and that each case may be regarded as one of blood-poisoning, and the only treatment that appears successful confirms this conclusion. To quote the words of Mr. Graily Hewitt, I believe, "It is impossible to escape the conclusion that puerperal fever consists in nothing more or less than an injection into the general circulating fluid of a poisonous material of animal origin, that it is a form of pyæmia, for the production of which the minutest portion of the morbid agent may prove sufficient." But I am also led to think that there are two forms of this so-called fever, which Dr. Barnes aptly terms "heterogenetic" and "autogenetic," and that one may be more contagious than the other. "The former arises from causes outside the patient's body; the poison *has been carried to her and has been put in her*. The latter autogenetic, in which all the conditions of the fever exist or arise in the patient's system, with which infection or contagion has nothing to do."

Apologising for the length of my communication,
I am, Sir, yours truly,

FREDK. H. ALDERSON.

Southerton House, Hammersmith,
July 26th, 1875.

THE HEALTH OF THE TROOPS AT THE AUTUMN MANŒUVRES.

(From our Special Correspondent.)

WITH the face of the heavens the type of prevailing disease must change. Accordingly, while during the manœuvres of 1874 so much care was needed to protect the men from undue exposure to, or exertion in, the heat of the day, and the wildest rumours were circulated of the ravages of sun-stroke, on this occasion not a single man was incapacitated from the effects of the sun, but in its stead the various kinds of rheumatism took precedence. Catarrhs and affections of the chest, such unfailing visitants of the inhabitants of houses in wet weather, are comparative strangers in the equable temperature enjoyed by the dwellers in tents. The proportion of diarrhoea amounted to about one-sixth of the total cases sent from the field.

Another condition also which has always existed on the