It is refreshing to take up one's morning paper and discover amidst the mass of controversial Bills submitted to Parliament, a measure which cannot but appeal to the sympathies of members of every shade of opinion, as well as of every person who has at heart the welfare of the youth of the country. The legislation which is proposed, and which was introduced to the House of Commons by Mr. Herbert Samuel, is of a comprehensive character, and while it is mainly intended to consolidate and amend the law relating to the protection of children, various new measures are proposed of an important nature.

Shortly stated, it is meant to stop smoking by children under 16; imprisonment of child offenders; cruelty to children; overlaying, and deaths from unguarded fires. With regard to juvenile smoking, it will, we believe, be generally admitted that the interference of the State in this matter comes none too soon. During recent years the prevalence of cigarette smoking amongst young boys, and even girls, must have been apparent to the most casual observer of life, not only in the larger towns, but also in the villages throughout the country. The feeling of consternation and amazement aroused at first by the audacity of the diminutive street arab soliciting the reversion of your cigarette, or greedily dogging your footsteps on the chance of securing a "fag," has passed off. We have come almost to look with equanimity upon children who have scarcely commenced school-life, openly smoking in the public streets, cigarettes which have been as openly purchased in packets of ten for a penny. O tempora! O mores! What a change since the time when we ourselves, almost attaining man's estate, had to exercise Machiavellian devices in order to enjoy the fragrant weed on occasions few and far between. It may well be asked, of what use is all the talk about physical degeneracy, so long as such an obviously deteriorating influence is openly at work? We are glad therefore to note that Clause 37 of the Bill proposes: "If any person sells or gives to a person apparently under the age of 16 years, any cigarettes or cigarette papers, whether for his own use or not . . . he shall be liable, on
summary conviction, in the case of a first offence, to a fine not exceeding two pounds; and in the case of a second offence, to a fine not exceeding five pounds; and in the case of a third or subsequent offence, to a fine not exceeding twenty pounds.” In addition, constables have power to seize tobacco found on a person under 16, while any such young person found smoking or purchasing tobacco is to be reprimanded for a first offence and fined for subsequent convictions.

Deaths from burning and overlaying.—There are two causes of death amongst young children to which almost every day attention is directed, either by public inquiry or through the press. We refer to those sad and frequent cases of little children being left alone in the house and their clothes catching fire either from the overturning of a lamp or from an unguarded fire; and, secondly, to the appalling mortality as a result of infants being overlain.

In regard to both of these causes of death, it has been felt that the absence of legislative preventive measures has been largely responsible for the high mortality, inasmuch as a large proportion of the cases have been the result of culpable negligence, or at any rate of gross carelessness, on the part of those in charge of the children.

With reference to overlaying, there is abundant evidence in support of the contention that it is largely preventable and due to what we must regard as criminal carelessness. There is the fact of the frequency of overlaying amongst persons whose lives afford other indications of neglect of their children and of drinking habits; the large proportion of cases which occur on Saturday nights, and lastly the striking evidence afforded by a comparison with German statistics. In that country there are strict legal enactments whereby a mother not adopting the precautions which common sense should dictate in regard to her infant, may be charged with causing its death by such omission. The Bill we are considering deals with both problems in a manner which will be hailed with general satisfaction. Any person over 16 years of age having charge of child under 7 years of age who allows it to be in a room with an open, insufficiently protected fire-grate, and without taking reasonable precautions, is liable to a fine of ten pounds if the child suffers serious injury. While as regards overlaying, any person causing the death of a child under 3 years of age in this way is rendered liable to a fine of ten pounds, or twenty-five pounds if there is evidence that such person was under the influence of drink, and alternatively to imprisonment for a term not exceeding three months. While we fully sympathise with this latter clause, and believe that it would be administered with justice, yet it is only right to draw attention to a difficulty which may seriously detract from its usefulness. This consists in the medical proof of death from overlaying. In the great majority of charges against parents under this clause the
sole evidence to support it will be of a medical nature, since the parents will tell the usual story in such cases; either frankly admitting that the child was found dead in bed, but stating that it had shown symptoms of illness the previous evening; or they will aver that it had convulsions, etc., and died while being carefully tended in the mother's arms. Unfortunately there is no absolute diagnostic sign of death from overlaying. In rare instances there may be present, externally, marks of pressure on the face, which certainly is strong corroborative evidence, but apart from this, and so far as internal appearances are concerned, there is nothing pathognomonic, and we simply find the signs characteristic of death from asphyxia, more or less well marked, and which may have resulted from numerous conditions other than overlaying. There is, we believe, a tendency to place too great weight upon the post-mortem appearances in substantiating charges of overlaying. They can never be conclusive, and at the most can only be held as supporting a charge of this nature, more or less strongly, in the absence of all other evidence of pathological changes to which death may have been due. But it is exactly in excluding other causes of death that one of the chief difficulties arise, because a little pulmonary congestion, a slight exacerbation of an existing bronchitis, a gastro-enteritis which has given rise to practically no characteristic symptoms, and leaves no traces of its existence, except a few easily overlooked patches of hyperaemic nucous membrane,—these and other conditions, it has been fully proved, often give rise to sudden and unexpected death in infancy. It is well to remember also, that in maternity and other institutions, where young children are kept under the most favourable conditions and in separate cots, and where overlaying is therefore out of the question, sudden deaths occur, and post-mortem examination often fails to disclose the cause of death.

Notwithstanding this difficulty, which may to some extent limit the usefulness of the clause dealing with overlaying, we regard it as one of great importance and value. The portions of the Bill dealing with cruelty to children, and more especially those consolidating the Infant Life Protection Act, deserve the support of all classes; and in connection with the latter Act we trust that the law will be made to apply to cases where only one infant is received for reward. We could adduce many instances where the existing restriction to two or more infants so received has resulted in gross abuses and culpable neglect.

An article entitled "Present-day Surgery in British Hospitals and British Surgeons. An American Criticism of British Hospitals and England and Scotland" has recently appeared in our contemporary, The Journal of the Minnesota State Medical Association. Compiled as it is from notes made on a recent visit to this country by the elder Mayo of
Rochester, it conveys the impressions of a great surgeon and a keen but by no means unfriendly critic. While it is admitted that France and Germany offer great attractions to the American student who is a good linguist, “a short visit to the British Isles readily demonstrates that the former do not contain all that is worth seeing in surgery.” He remarks on the fate of the prophet Lister, who was appreciated in Germany, and became established there, years before his theories were properly understood in the land of his birth; but he grants that to-day “antiseptic and aseptic methods are the rule in Great Britain, and are observed in the breach not more often than occurs at home or in continental Europe; practically all the more advanced surgeons in Britain operate in the most modern fashion, and conduct their operating theatres in every respect as they are conducted in America.”

The opinion that London does not represent British surgery in the way that Paris represents the surgery of France is asserted by our critic, who goes on to say that some of the most modern surgery is to be seen in the provincial towns. He also draws attention to the anomaly that it is nearly impossible for a man who has made a reputation in the provinces, no matter how great his ability, to obtain a position on the staff of any of the London hospitals.

Regarding the administration and finances of the hospitals in this country, it is pointed out that in many instances charity is diverted from its proper channels to the giving of free service to people who can afford to pay, thereby doing great injustice to the doctors who practise in the district concerned. Moreover, no provision is made for the honest man of moderate means, “who must either swallow his pride and accept misplaced charity, or take refuge in a nursing home where the charges are high and the service exceedingly poor. The common people, who have made England what she is to-day, do not receive the care and attention which is given to the tramp and the bar-room loafer.”

It must be confessed that as a nation we are far behind in providing for “the honest man in moderate circumstances.” It is surely reasonable that he should be able to command the best doctoring and nursing in an efficiently equipped hospital for a sum which would be in keeping with an income of, say, from two to five hundred pounds per annum. In Germany this is provided for by one or more pavilions of the public hospital being sacrificed for paying patients; and in America a similar system prevails, or there are private hospitals possessing from one to three hundred beds, in which people of moderate means are received at correspondingly moderate charges. It is true that an attempt is made to provide for this class of patients on a small scale in this country, as, for example, at St. Thomas's Hospital in London and the Chalmers Hospital in Edinburgh; but the meagreness of the accommodation compared to the number to be provided for is
sufficient to show how little attention and real interest has been bestowed on this question. That we are hampered by tradition, and that it is difficult for us to launch out into modern developments, may be freely admitted, but surely a nation which established the nursing of the sick on a proper basis, which showed through Lister how septic diseases might be banished from our surgical wards, which has from the outset led the van in sanitary science, and whose statute book contains innumerable Acts having for their object the amelioration of the conditions of life of the working classes, might devise and carry out a comprehensive scheme for the proper care of people of moderate means when they become the victims of injury or of disease.

Hermann Snellen. It is often surprising and not a little disappointing to find that an oculist, who may have achieved distinction by good scientific work, is on the other hand possessed of few of the practical qualifications of a surgeon. We have known not a few who have been, to say the least, clumsy operators and uncrirical and impractical as regards treatment generally. Practical and scientific qualifications are not always associated in the same individual, as they are and must be in those whose life-work is to be of the greatest use to humanity.

If one were asked for one of the best examples of the scientific and practical ophthalmic surgeon, I think those who knew him, and there are many in all parts of the world, would point to Hermann Snellen. Trained under Mulder and Donders, Snellen had the best opportunities of laying a sound scientific foundation for the more practical work which he was afterwards to do with characteristic straightforwardness and energy.

The well-known test types for determining acuteness of vision which go by the name of "Snellen's types" were the outcome of a consistent application of a scientific principle suited to the requirements of practice. They have often been imitated but never superseded, and are in constant use all the world over. Other less widely known investigations, made either by Snellen himself or by others whom he inspired and encouraged, bear testimony to the interest which he constantly took in the science of ophthalmology.

With a natural aptitude for the more distinctively practical side of his specialty, it was perhaps fortunate that his long association with Donders should have been such as to have afforded him the exceptional opportunities which it did. With Donders he worked first as a student, then as assistant, and afterwards as colleague in the famous Gasthuis at Utrecht, in the direction of which he finally became Donders' successor.

Donders was primarily a physiologist, and had no time for operating. He found it to the advantage of his patients to let Snellen operate on them both in hospital and in private. Because
he had the interest of his patients at heart, Donders acted in this way, while Snellen, actuated by the same motives, adopted an opposite course. He rarely entrusted an operation to any one else, because he felt confident that the patient would not be the loser if he attended to him himself.

As an operator, Snellen was resourceful in the highest degree. He was distinguished perhaps less by any particular brilliancy of technique than by the most thorough, painstaking attention to the smallest detail. For instance, he was most careful as to the way in which the light fell on the eye to be operated on, and as to the means of securing steadiness of the patient and of engaging his confidence and co-operation. To him the ophthalmic surgeon is indebted for not a few useful operations and modifications in the methods of operating.

Of recent years, probably no one attracted so many oculists from all parts of Europe and America as did Snellen to the Gasthuis at Utrecht, and to all he and Mrs. Snellen extended a most generous hospitality. There are many in this country who by his death have lost not only a highly valued teacher but a most esteemed friend.

The New Head of Morningside Asylum. The Directors of the Royal Edinburgh Asylum can have had no easy task in the selection of a successor to Dr. Clouston. We understand that there were comparatively few applicants, considering the importance of the post, and the many advantages, professional, academic, and social, which it carries with it. The candidates were, however, all men of great experience and worthy of the honour to which they aspired. Many thought that success would have fallen to Dr. Lewis Bruce of Murthly, one of the most brilliant of the younger alienists of the present day. The choice of the Directors, however, fell upon Dr. George M. Robertson, Superintendent of the Stirling District Asylum at Larbert, whom we heartily congratulate, and at the same time we venture to express the opinion that his appointment will not only give general satisfaction, but that the traditions and remarkable success which has attended Dr. Clouston's régime at Morningside will be continued. Dr. Robertson has proved himself to be a successful administrator, and to him, if we are not mistaken, is due the credit of being the first to advocate and employ female attendants in the supervision of male patients, an innovation which we understand has been instituted with the best results. Dr. Robertson has also made his mark as a teacher, and in this respect the University is especially fortunate. We wish the new Superintendent the health and strength to carry out the work which lies before him, and which, we do not doubt, his abilities will cause to redound to his own credit as well as to that of the Institution of which he is now the head.