

Annotations.

THE MANSION HOUSE COMMITTEE.

The Committee for the purpose of considering the extension of St. Bartholomew's Hospital has been composed as follows:—

NOMINATED BY THE LORD MAYOR:

Lord Sandhurst, G.C.S.I.
The Hon. Alban Gibbs, M.P.
The Right Hon. Sir William Hart-Dyke,
M.P.

Sir Savile Brinton Crossley, Bart, M.P.

Mr. R. B. Martin, M.P.

Sir William Emerson.

Sir Thos. Jackson.

Dr. Pye-Smith, F.R.S.

Mr. Arthur Hill.

NOMINATED BY THE GOVERNORS OF ST.

BARTHOLOMEW'S HOSPITAL:

Sir William Church, K.C.B.

Mr. Alderman Alliston.

Alderman Sir William Treloar.

Mr. B. L. Cohen, M.P.

Mr. J. C. Lovell.

Mr. F. M. Fry.

The Lord Mayor is Chairman, and Sir Trevor Lawrence an *ex-officio* member of the Committee, which is appointed to consider and report:—

(1) Whether it is desirable in the public interest and on financial grounds to retain St. Bartholomew's Hospital on its present site;

(2) In the event of such retention, whether any better scheme of rebuilding than that suggested by the Governors can be devised; and

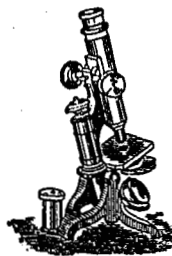
(3) Upon any other matters affecting the hospital that the Committee may think it desirable to inquire into.

THE EXTREME PENALTY OF THE LAW.

The execution of Amelia Sach (the proprietress of a Nursing Home) and of Annie Walters, her confederate, in connection with the murder of infants, draws attention to the urgent need for placing institutions of this kind under legal supervision. As we have already stated, neither of the two women who paid the extreme penalty of the law on Tuesday last had received any hospital training, and it is time that the Legislature enforced a strict supervision of homes run for gain by unqualified women. We could wish that it was "infamous conduct in a professional respect" for medical practitioners to attend patients in homes where the proprietors are untrained persons. This would put at end at once to many of the evils which at present exist.

Medical Matters.

MIXED INFECTION.



In an article in *Medical News* Dr. Frank S. Meara remarks that malaria and typho-malaria are commonly mistaken for typhoid fever, and *vice versa*. Typho-malaria, if it means anything at all, means a mixed infection; or, to use Woodward's definition, "it is used to denote any obscure febrile affection which offers diagnostic difficulty." Proof seems to be accumulating that there is a disease which resembles typhoid clinically, and in such a case bacilli have been cultivated from the blood which morphologically resemble Eberth's bacillus, but differ in some respects. A mild attack of typhoid, though usually running to a successful issue, is by no means to be looked upon with unconcern. The rule that a patient should be carefully restricted until the temperature has been for some time normal holds for light cases as well as severe ones. Little recrudescences may be due to various causes, *e.g.*, a too liberal diet, constipation, or nervousness. A starvation temperature is also to be remembered, and one is prone to allow a patient convalescing from a light typhoid to resume his occupation too early, presuming on the rapid gain made in convalescence. The respiratory tract in typhoid forms a chapter in itself; in many cases there is a bronchitis of varying intensity and far more rarely a pneumonia. This last may occur early in the disease, and so dominate the picture that the typhoid is recognised late or not at all; or it may occur later and produce so little change in the temperature curve as to be overlooked, unless routine examinations of the chest be made. It is always a serious lesion, and may be lobar, lobular, or of the so-called hypostatic variety, and the organism present may be the micrococcus lanceolatus or Eberth's bacillus. Crises do occur in typhoid, but they are rare, and relapses after mild initial attacks are more common than after severe ones. Auto-intoxication plays an important rôle in relapses, and the action of typhoid toxins is heightened in virulency in the presence of other toxins, even those of the normal inhabitants of the intestinal canal, *e.g.*, bacillus coli; and in turn other organisms, specially the bacillus coli, increase in number and virulency in the presence of the bacillus typhosus. Conditions which encourage the

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