

Annotations.

THE TREATMENT OF JUVENILE OFFENDERS.

The Children's Committee of the Metropolitan Asylums Board, in their report concerning the Remand Homes where children remanded from the Metropolitan Police Courts, instead of being sent as formerly to the workhouse, have been received, say:—

"The important questions in relation to the treatment of juvenile offenders, to which we called attention at some length last year, have since that time received much notice in the Press and from various societies interested in work amongst children. It will be remembered that we pointed out that only a small part of the useful purpose which they might serve was at present being formed by the Remand Homes in securing the removal of the juvenile offender on remand from the workhouses, and that much remained to be done towards the prevention of criminal development in the young by a total separation of the juvenile offender from the police-court environment.

"At present, the young prisoner frequently spends the first night after arrest in a police cell, pending the obtaining of an order from a magistrate remanding him to a home. The journey to and from the home is made in the company of a uniformed police constable, and the time of waiting at the court for the hearing of the case is not unfrequently spent in circumstances which would certainly not tend to the moral improvement of any child.

"A great advance has been made in other places, notably in some of the colonies and in some American towns, as well as in Ireland, in the treatment of the juvenile offender, and we are loth to see the metropolis behind them.

"We have again brought the subject before the Board, and have, with their authority and approval, approached the Home Office and asked the Secretary of State to receive a deputation from us for the purpose of more fully reporting our experience and explaining our views. Up to the present, however, we have not received a reply."

It is pathetic to find, in the table in which the offences with which the children were charged are analysed, that no less than four during the past year were charged with attempted suicide, a strong side light on the weight of woe which presses heavily on the children of this great city whose lives should be sheltered from stress and storm.

Medical Matters.

STAGES OF PULMONARY TUBERCULOSIS.



The Committee on Nomenclature of the American Climatological Association suggests the following classification for pulmonary tuberculosis:—

Incipient.—Slight physical and subjective signs, with history indicative of pulmonary tuberculosis. Sputa, if present,

without bacilli.

First Stage.—Definite physical signs of localised infiltration; total involvement less than half a lobe, whether at one or more points; cough and expectoration with bacilli; constitutional symptoms slight. (In disseminated cases expectoration and bacilli may be absent, with constitutional symptoms more severe.)

Second Stage.—Infiltration of single or multiple areas approaching or equal in amount to one lobe; or smaller area in stage of softening; cough and expectoration with bacilli; constitutional symptoms severe.

Third Stage.—Infiltration in excess of one lobe, or if less in stage of well-developed excavation; more severe constitutional symptoms. They also suggest a classification of results of treatment as follows:—

Progressive.—All essential symptoms and signs continue unabated.

Quiescent.—Constitutional symptoms slight or entirely absent; physical signs improved or unchanged; cough and expectoration with bacilli still present.

Arrested.—Absence of all constitutional symptoms; expectoration and bacilli still present; physical signs may or may not persist; foregoing to have existed for at least three months.

Apparently cured.—All constitutional symptoms and expectoration, with bacilli, absent for a period of two years under ordinary conditions of life.

SOME CLINICAL OBSERVATIONS ON THE CARE OF SEPTIC WOUNDS.

Dr. Arthur L. Chute states in the *Boston Medical and Surgical Journal* that in a septic wound the organisms which are actually doing the damage are in the tissues, and the application of an antiseptic, particularly one like corrosive sublimate, which is precipitated by albuminous substances, has little chance of reaching them. Various clinical phenomena, the writer believes, give reasonable ground for doubting the penetrating power of antiseptics

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