diphtheria, be excluded, the number of such cases, though probably greater among patients more liable to double infection than ours, should not be beyond the isolation resources of most fever hospitals; moreover, absolute isolation does not appear to be essential. At any rate, we consider that the method deserves trial on a larger scale.

Further, we think that some supervision of cases of rhinitis with diphtheria bacilli in the nose should be practised, such as keeping them in bed while the discharge continues; for though these cases do not appear to have given rise at the London Fever Hospital to faucial or laryngeal diphtheria, yet such an occurrence is quite possible.

REFERENCES.—[1]*Münch. med. Woch.*, Bd. 42, 1895 [2]*Epidem. Soc. Trans.*, 1896. [3]*Zeit. f. Hyg. und Infections-Krankheiten*, Band xxix, Hft. 2, 1898. [4]*Met. Asylums Board's Report*, 1895. [5]*Lancet*, May 25th, 1898.

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Professional Secrecy in English Law.—A memorandum of the law of England relating to the obligation of medical practitioners with regard to professional secrecy has been prepared by Mr. Muir Mackenzie, at the request of the General Medical Council. It is declared that "a medical man not only may, but must, if necessary, violate professional confidences when answering questions material to an issue in a court of law." The law of New York is directly contrary to the English law in this respect.

Heat in Hemoptysis.—The literature of hemoptysis is voluminous, a remark that applies to a number of equally urgent symptomatic emergencies, but it has hardly yet attained the dignity of an exact and trustworthy therapeutic gospel. In other words, the logical chain has been weak in one or more of its links, and has not withstood the stream of practical experience. To take an illustration of the lack of knowledge of principle that underlies many of the physician's procedures, take that of the application of cold to the chest, a step that has been time out of mind the sheet-anchor of the medical attendant. What more simple, what more reassuring to the patient and his friends, and we may now add in the light of modern wisdom what more ridiculous and ineffectual measure could be undertaken? Any candid medical practitioner who has had a fairly wide experience of hemoptysis will probably admit at once that he can do little in severe cases even in the way of palliation. The stock remedies are gallic acid, styptics and ergot internally, with hypodermic injections of morphia, rest and the external application of ice. Sooth to say, it is not unlikely that we hitherto have all been wrong, and the proper thing is an application to the chest as hot as the patient can bear it. At any rate, many practical men do not hesitate to say that ice never yet stopped a bad hemoptysis. As the point is one of considerable interest and importance, some of our readers might be good enough to favor us with their particular views and experiences upon the subject.—*Med. Press and Cir.*