PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

ENGLISH URBAN MORTALITY IN 1884.

In an accompanying table will be found summarised the vital and mortal statistics issued by the Registrar-General in his weekly returns for 1884, relating to twenty-eight of the largest English towns. Weekly summaries of these statistics have already been published in these columns.

During the year 1884, 308,153 births were registered in the twenty-eight towns, equal to an annual rate of 34.6 per 1,000 of their aggregate population in the middle of that year, estimated at rather more than eight and three-quarter millions of persons. In London the birth-rate did not exceed 33.7 per 1,000, whereas in the twenty-seven provincial towns it averaged 35.4. The birth-rate in these large towns showed a slight decline from the rate recorded in 1883, which was 34.7 per 1,000. Since 1876, when it was as high as 38.1 per 1,000, the birth-rate in the large English towns has continuously declined. The lowest rates last year in the twenty-eight towns were 28.3 in Brighton, 29.2 in Bradford, and 29.5 in Halifax and in Huddersfield; the highest were 39.9 in Nottingham, 42.4 in Cardiff, and 42.6 in Sunderland.

The 192,237 deaths in the twenty-eight towns last year were equal to an annual rate of 21.6 per 1,000 of the population, and corresponded with that in the preceding year 1883, which was lower than in any year on record. The marked improvement in the health of the country generally, and especially in that of the urban population, in recent years, was fully maintained during the past year. During the ten years 1871-80 the rate of mortality in the large towns dealt with by the Registrar-General averaged 24.0 per 1,000. During the past four years of the current decade the death-rate has not exceeded 21.8 per 1,000. This reduction in the death-rate implies that nearly 74,000 persons in the twenty-eight towns survived the last four years whose deaths would have been recorded had the mean rate of mortality prevailing in the preceding decade been since maintained. It may be here noted that the saving of life during the same period of four years in England and Wales, as the result of the reduction of the general death-rate of the country, is estimated at no less than 213,000. The rate of mortality in London last year was equal to 20.3 per 1,000; while it averaged 22.7 in the twenty-seven provincial towns, among which it ranged from 18.0 in Brighton, 18.4 in Bristol and in Derby, and 19.4 in Portsmouth, to 24.5 in Oldham, 25.2 in Liverpool, 26.4 in Manchester, and 27.3 in Preston.

During the year under notice, 31,147 deaths were referred to the principal zymotic diseases, equal to 16.2 per cent. of the total deaths, and to a rate of 3.5 per 1,000. In the preceding ten years, 1874-83, this zymotic rate averaged 3.8 per 1,000. The lowest zymotic death-rates last year were 1.7 in Brighton, 1.8 in Huddersfield, and 2.0 in Plymouth; while the highest were 4.8 in Cardiff, 4.9 in Leeds, and 5.2 in Preston. These 31,147 zymotic deaths included 10,809 which resulted from diarrhœa, 5,692 from whooping-cough, 5,349 from measles, 3,961 from scarlet fever, 2,565 from "fever" (principally enteric), 1,508 from diphtheria, and 1,264 from small-pox. The death-rate from diarrhœa was equal to 1.21 per 1,000, and exceeded that recorded in any year since 1880; this disease showed excessive fatality in several provincial towns, the rate being equal to 1.92 in Blackburn, 2.43 in Leicester, and 2.88 in Preston. The rate of mortality from whooping-cough was equal to 0.64 per 1,000; this disease was considerably more fatal in London than in the aggregate of the provincial towns, among which the highest death-rates from this disease were recorded in Sunderland, Liverpool, and Bolton. Measles was more fatally prevalent during 1884 than in the preceding year, and caused a rate of 0.60 per 1,000; among the twenty-eight towns, the highest measles death-rates were returned in Portsmouth, Wolverhampton, and Oldham. The rate of mortality from scarlet fever did not exceed 0.45 per 1,000, which was little more than half the average rate in the ten preceding years, and was lower than that recorded in any previous year for which these statistics are available. In London the mortality from this disease was lower than in any year since 1873; among the provincial towns, however, the scarlet fever death-rate was excessive in Cardiff, Leeds, and Sheffield. The rate of mortality from "fever" (principally enteric) was 0.35 per 1,000, and showed a further decline from those recorded in the two preceding years; this disease was proportionally most fatal in Salford, Derby, and Blackburn. The death-rate from diphtheria slightly exceeded that recorded in the preceding year; the fatality of this disease in London considerably exceeded that in the provincial towns, among which the rate was somewhat excessive in Portsmouth and Cardiff. During last year, 1,264 fatal cases of small-pox were registered in the twenty-eight towns; 913 occurred in London, and 351 in the twenty-seven provincial towns.

Public Health Statistics relating to Twenty-eight Large English Towns, for the Year 1884.

Towns.	Estimated Population middle of 1884.	Births.	Deaths.	Annual Rate per 1,000 Living. Births.	Deaths.	Principal Zymotic Diseases.	Deaths from Principal Zymotic Diseases.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Fever.	Diarrhœa.	Rate per cent. of Uncertified Deaths.	Deaths of Children under one year of age to 1,000 Births.
28 Towns.	8,762,354	308,153	192,237	34.6	21.6	3.5	31,147	1,264	5,348	3,961	1,508	5,692	2,565	10,809	2.4	168
27 Provincial Towns.	4,742,993	170,658	109,187	35.4	22.7	3.6	17,518	351	3,063	2,517	535	2,504	1,520	7,028	3.3	178
London	4,019,361	137,495	83,050	33.7	20.3	3.3	13,629	913	2,285	1,444	973	3,188	1,045	3,781	1.3	155
Brighton	112,954	3,251	2,060	28.3	18.0	1.7	197	1	10	29	15	36	17	89	1.6	147
Portsmouth	133,059	4,719	2,616	34.9	19.4	3.0	403	—	168	9	42	9	62	118	0.9	128
Norwich	90,410	3,138	1,948	34.2	21.2	3.1	285	—	58	4	13	23	31	156	1.7	187
Plymouth	75,509	2,454	1,612	32.0	21.0	2.0	153	—	50	2	9	17	27	48	1.0	150
Bristol	215,457	6,888	4,024	31.5	18.4	1.8	402	—	50	40	19	97	49	147	2.4	143
Wolverhampton	78,367	2,752	1,863	34.6	23.4	3.8	304	5	96	36	5	18	12	132	3.8	189
Birmingham	421,258	15,055	9,145	35.2	21.4	3.9	1,662	63	332	128	44	291	81	723	1.5	174
Leicester	132,773	4,921	2,978	36.5	22.1	4.0	544	—	54	62	13	69	18	328	1.9	226
Nottingham	205,298	8,329	4,780	39.9	22.9	3.8	795	—	145	37	39	129	68	377	2.0	196
Derby	87,608	3,077	1,636	34.6	18.4	2.3	201	2	36	13	1	21	47	81	1.3	145
Birkenhead	90,870	3,509	1,808	38.0	19.6	2.2	204	11	44	28	7	10	24	80	4.5	140
Liverpool	573,202	20,503	14,691	35.2	25.2	4.5	2,613	106	621	201	82	553	206	844	4.9	194
Bolton	108,968	3,683	2,668	33.3	24.1	4.3	478	—	112	15	4	106	35	206	2.4	194
Manchester	388,296	12,426	9,071	36.2	26.4	3.6	1,235	5	200	231	19	212	79	489	2.8	183
Salford	197,153	7,129	4,468	35.6	22.3	4.2	851	—	101	139	19	128	94	370	4.3	184
Oldham	122,676	4,409	3,050	35.4	24.5	3.5	430	—	197	33	5	38	25	132	6.8	183
Blackburn	110,498	4,182	2,701	37.3	24.1	4.0	449	—	110	45	2	2	74	216	3.0	187
Preston	99,481	3,919	2,756	38.8	27.3	5.2	521	—	61	83	11	33	42	291	3.9	222
Huddersfield	86,004	2,579	1,708	29.5	19.6	1.8	153	—	15	7	4	59	11	57	3.7	163
Halifax	76,479	2,219	1,814	29.5	23.4	2.4	188	—	56	31	2	34	26	39	6.0	176
Bradford	209,564	6,291	4,286	29.2	20.1	2.4	518	—	103	33	9	58	54	261	2.6	181
Leeds	327,324	11,564	8,034	34.8	24.2	4.9	1,620	1	219	487	67	165	145	536	2.0	184
Sheffield	300,563	11,272	6,882	36.9	22.4	4.2	1,273	34	19	458	11	128	93	530	5.2	172
Hull	181,225	6,960	3,887	37.8	21.1	3.6	654	18	89	45	28	64	77	333	5.6	169
Sunderland	123,204	5,331	2,887	42.6	23.1	3.5	433	85	8	46	15	94	28	157	2.9	166
Newcastle-on-Tyne	151,325	6,072	3,552	39.5	23.1	3.2	496	12	16	153	15	83	57	160	2.9	156
Cardiff	93,468	4,026	2,312	42.4	24.4	4.8	456	8	98	122	35	27	38	128	2.2	184

including 106 in Liverpool, 85 in Sunderland, 63 in Birmingham, 34 in Sheffield, and 18 in Hull. The fatality of small-pox in London showed the greatest excess during the last two months of the year. The number of small-pox patients under treatment at the Metropolitan Asylum Hospitals, which was 98 at the beginning of the year, gradually rose to 1,368 by the beginning of July; it afterwards declined to 471 in September, but was 1,013 at the end of the year.

Infant mortality, measured by the proportion of deaths of infants under one year of age to births registered, averaged 168 per 1,000 in the twenty-eight towns during last year. Owing to the excessive fatality of summer diarrhœa, this rate exceeded the average. In London it was equal to 155 per 1,000, but it averaged 178 in the twenty-seven provincial towns, among which it ranged from 128 and 140 in Portsmouth and Birkenhead, to 196 in Nottingham, 222 in Preston, and 226 in Leicester.

RURAL SANITATION IN INDIA.

SLOWLY but surely sanitation is making progress in the great presidency towns of India; attention is being paid to drainage and a pure water-supply, the first two requirements of all cities; and in Calcutta the tanks of stagnant sewage are, one after another, being filled up. When, however, we turn to the rural districts, to the village communities, we find that, with here and there an exception, little has been done. As our readers know, we have been diligent students of the reports of the sanitary commissioners of the different provinces of India, and have highly appreciated their labours; but, in common with some of our lay contemporaries in India, we should be glad to see some fruit as the outcome of all. We have made it our practice to look carefully at what, in official language, is known as the "Government Order on the Report," which is either prefixed or appended to all reports by the sanitary commissioners. These "orders" are usually drawn up by one of the secretaries to the local government of the province or district to which the report refers. There is a notable sameness in the purport and tone of the various writers. There is generally, but not always, a stiff acknowledgment of the work done, a summary of some of the leading facts, a little fault-finding when some small error in details has been hit; and, as a rule, that is about all. Sometimes, when the duty of preparing the Government order falls to the lot of a smart young "competition wallah," the opportunity is taken to indulge in a few sneers at the work he is set to review, or to joke in a dull way over matters which, to people who are not "competition wallahs," are questions involving life or death to whole communities. We have before us a Government order which is in some respects a wholesome exception to the above; the writer is Mr. Webster, Chief Secretary to the Government of Madras. We notice in this document that, in the matter of vaccination, Mr. Webster pitches his expectations in a high key; after expressing dissatisfaction with the results for the year under notice, he declares "that the minimum outturn of work which can be accepted in future as satisfactory, must represent an equilibrium between the number of successful primary cases and the number of births." Happy will it be for India when such results can be obtained.

If Mr. Webster had to report on the vaccination statistics of Leicester, where would he find language sufficiently strong to characterise the successful labours of Mr. Peter Taylor, M.P., and those whose happiness it is to be represented by that legislator in Parliament? In happy Leicester, at the present time, 5,000 parents are under summons for point-blank refusing to have their children vaccinated at all. We can assure Mr. Webster, while wishing him more success than he is likely to attain in his vaccination-results, that in no part of England with which we are acquainted, even under the operation of a compulsory Vaccination Act, has such a "minimum outturn of work" been obtained as he expects to see in Southern India. At the same time, we rejoice over the vigorous manner in which Mr. Webster chastises the neglect of certain "local fund" authorities for not doing their duty in the work of vaccination, and others, "20 per cent. of whose allotment for sanitation was unspent in 1882-83." It strikes us, with our experience of our own home difficulties in the way of sanitation, that little will be done in India until the minds of "local fund boards" there are enlightened as to the meaning of sanitation. Until they are made to understand the inestimable value of pure air and pure water, of cleanliness of house, person, and surroundings, all the reports of sanitary commissioners and orders of Government thereon will avail nothing. They must be taught that a death-rate of 1.2 *per mille* of the population from cholera, rising to 3.8 in towns, of 1.2 *per mille* from small-pox, and 7.1 *per mille* from fevers, is not an inflexible law of God, but the outcome of human ignorance and stupidity. We do not know that we can put the simple requirements of Indian village sanitation in plainer words than those used by a writer in the *Englishman*, which, if carried out, would plainly be worth a cart-load of "reports;" in one word, it is now action, and not mere talk, that is needed to diminish the yearly harvest of death.

"It is by doing something year by year, by precept and example, by educating people to see the uses and necessities of proper sanitation, whereby the health of themselves and their children is improved and life prolonged; it is by such measures that district sanitation can and will be carried out. From the chief civil authority of each province, down to the latest joined civilian fresh from his competition examination, and lately appointed to a district, we must look for the proper carrying out of proper sanitary laws. A little carried out, year by year, in the shape of drains, not the shallow trenches that are now supposed to act as such, and which as a rule lead nowhere: the filling in of all holes and small kutcha wells and tanks that abound in every basti: the imparting to the inhabitants the necessary knowledge that cleanliness means health, and health means wealth: the supplying them with good and pure drinking water—they will gladly take it, and prefer it when they can get it to the living filth they drink now—these and such like matters, gradually but steadily kept in view, will do much to render life healthier, and do away with the annual terrible heavy bill of mortality, that is a disgrace to us as a civilised nation, and one reigning over the people of India. Educate the people to know that bad drainage, or none at all, is and must be detrimental to health; that bad ventilation and bad water mean disease; that, in the event of an epidemic of disease—cholera, for instance—breaking out in a house, and that if not thoroughly disinfected, it must spread and break out again; that the very food they have stored up and which they possibly lie over, if not on, must become impregnated with the germs of disease, and so go on causing the propagation of the disorders. Teach them all this by degrees, and they will soon learn, and the bill of mortality will lessen year by year. Above all, let it be that the Sanitary Commissioner and his own particular staff, namely, the district civil surgeons, are to be *de facto* the authority from whom should emanate suggestions as to what should be done, and insist that these recommendations be carried out loyally and thoroughly."

POOR-LAW MEDICAL OFFICERS AND THE MEDICAL REGISTER.

AT a meeting of the Council of the Poor-Law Medical Officers' Association, held at their Rooms, 3, Bolt Court, Fleet Street, March 3rd, attention was drawn to the case of Mr. H. C. Linden, District Medical Officer of the Bingham Union, Notts., who applied for and obtained a Poor-Law medical appointment, his election to which was annulled by the Local Government Board on account of his name not appearing in the *Medical Register* through his not apprising the Medical Council of his change of residence; proof having subsequently been given to the board of guardians that his name had been restored to the *Register*, he was re-elected; but on his applying for his quarter's salary, he was told by the clerk that the Local Government Board had declined to sanction the payment. We are requested to state that the Council of the Poor-Law Medical Officers' Association desires to express its opinion that a great injustice has been done to Mr. Linden, and that he is entitled to the sympathy and support of the profession, and it also wishes to impress upon Poor-Law medical officers the importance of immediately informing the Medical Council of any change of residence.

HEALTH OF ENGLISH TOWNS.—In the twenty-eight large English towns, including London, dealt with in the Registrar-General's weekly return, which have an estimated population of 8,906,146 persons, 5,937 births and 3,660 deaths were registered during the week ending the 28th ultimo. The annual rate of mortality, which had declined in the four preceding weeks from 24.5 to 20.5 per 1,000, rose again last week to 21.4. The rates in the several towns, ranged in order from the lowest, were as follow:—Portsmouth, 13.9; Huddersfield, 14.3; Hull, 15.7; Halifax, 16.9; Leicester, 18.4; Oldham, 18.6; Bradford, 18.7; Birmingham, 19.4; Brighton, 19.6; Leeds, 19.7; London, 20.0; Birkenhead, 20.2; Wolverhampton, 20.4; Blackburn, 21.3; Sheffield, 21.8; Derby, 22.1; Nottingham, 23.9; Bristol, 24.4; Manchester, 24.6; Bolton, 25.6; Liverpool, 25.7; Salford, 26.8; Plymouth, 26.8; Norwich, 29.2; Sunderland, 29.6; Newcastle-upon-Tyne, 30.3; Cardiff, 31.7; and Preston, 32.2. In the twenty-seven provincial towns the death-rate averaged 22.6 per 1,000, and was 2.6 above the rate recorded in London. The 3,660 deaths registered in the twenty-eight towns last week included 377 which were referred to the principal zymotic diseases, against 398

and 384 in the two preceding weeks; of these, 113 resulted from whooping-cough, 102 from measles, 44 from scarlet fever, 32 from "fever" (principally enteric), 31 from diphtheria, 31 from diarrhœa, and 24 from small-pox. These 377 deaths were equal to an annual rate of 2.3 per 1,000. In London the zymotic rate did not exceed 1.8 per 1000, while it averaged 2.5 in the twenty-seven provincial towns, among which these zymotic rates ranged from 0.0 in Derby and Halifax, and 0.4 in Portsmouth, to 5.7 in Norwich, 9.1 in Cardiff, and 14.2 in Sunderland. The deaths referred to whooping-cough, which had increased from 104 to 117 in the three previous weeks, declined to 113, and showed the highest proportional fatality in Bristol, Wolverhampton, Preston, and Norwich. The fatal cases of measles, which had been 53, 91, and 92 in the three preceding weeks, further rose to 102, and caused the highest death-rates in Cardiff and Sunderland. The 44 deaths from scarlet fever showed a slight further decline from those recorded in the two previous weeks; this disease was proportionally most fatal in Preston. The 32 deaths from "fever" were 4 less than the number in the preceding week, and showed the greatest prevalence in Norwich. Of the 31 deaths from diphtheria in the twenty-eight towns, 16 occurred in London, 3 in Liverpool, 3 in Nottingham, and 2 in Leeds. Of the 24 fatal cases of small-pox in the twenty-eight towns, 18 occurred in London (exclusive, however, of 19 deaths of London residents from this disease registered in the Metropolitan Asylum Hospitals situated outside Registration London), 2 in Birmingham, 2 in Sunderland, 1 in Liverpool, and 1 in Brighton. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 1,223 and 1,141 at the end of the two preceding weeks, further declined to 1,103 on Saturday last; 170 new cases were admitted to these hospitals during the week, against 255 and 163 in the two preceding weeks. The death-rate from diseases of the respiratory organs in London was equal to 4.9 per 1,000, and was again considerably below the average. The causes of 79, or 2.2 per cent. of the 3,660 deaths registered last week in these twenty-eight towns were not certified, either by registered medical practitioners or by coroners.

HEALTH OF SCOTCH TOWNS.—In the eight principal Scotch towns, having an estimated population of 1,269,170 persons, 830 births and 600 deaths were registered during the week ending the 28th ultimo. The annual rate of mortality, which had been 25.0 and 23.1 per 1,000 in the two preceding weeks, rose again last week to 24.6, and exceeded by 3.2 per 1,000 the average rate for the same period in the twenty-eight large English towns. Among these Scotch towns, the rate was equal to 13.3 in Perth, 16.0 in Edinburgh, 20.5 in Leith, 21.1 in Aberdeen, 24.7 in Greenock, 26.2 in Dundee, 29.0 in Glasgow, and 35.2 in Paisley. The 600 deaths registered in these towns included 82 which were referred to the principal zymotic diseases, against 95 and 81 in the two preceding weeks; of these, 31 resulted from whooping-cough, 17 from scarlet fever, 15 from measles, 11 from diarrhœa, 6 from "fever" (principally enteric), 2 from diphtheria, and not one from small-pox. These 82 deaths were equal to an annual rate of 3.4 per 1,000, which exceeded by 1.1 the average zymotic death-rate last week in the large English towns. The zymotic death-rates in the Scotch towns ranged from 0.9 and 1.9 in Aberdeen and Edinburgh, to 4.5 and 6.6 in Glasgow and Perth. The 31 fatal cases of whooping-cough showed a further slight increase upon those recorded in the two previous weeks, and included 13 in Glasgow, and 6 in Edinburgh. The deaths from scarlet fever, which had been 12 and 9 in the two preceding weeks, rose last week to 17, of which 14 were returned in Glasgow, and 2 in Paisley. The 15 fatal cases of measles showed a decline from recent weekly numbers, and included 12 in Glasgow, and 2 in Dundee. The 6 deaths from "fever" corresponded with the number in the preceding week; 3 were recorded in Greenock. The 2 fatal cases of diphtheria were returned in Glasgow. The mortality from diseases of the respiratory organs in these Scotch towns exceeded that recorded in the corresponding week of last year, and was equal to 5.1 per 1,000, against 4.9 in London. The causes of 71, or 11.8 per cent., of the 600 deaths registered last week in these Scotch towns were uncertified.

HEALTH OF FOREIGN CITIES.—It appears, from statistics published in the Registrar-General's return for the week ending the 28th ultimo, that the annual death-rate averaged 36.0 per 1,000 in the three principal Indian cities; it was equal to 24.7 in Bombay, 34.9 in Calcutta, and 57.6 in Madras. Cholera caused 4 deaths in Bombay, 16 in Calcutta, and 37 in Madras; small-pox 3 both in Calcutta and in Bombay, and 1 in Madras; and "fever" mortality showed the greatest excess in Madras. According to the most recently received weekly returns, the annual death-rate in twenty-two of the largest European cities averaged 28.1 per 1,000, and exceeded by 6.7 the mean rate last week in the twenty-eight large English towns. The death-rate in St. Petersburg was equal to 33.5, showing a decline from the still higher rate in the previous week; the 595 deaths included 22 from diphtheria, and 13 from typhoid fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate did not average more than 25.0, and ranged from 20.7 in Copenhagen to 32.0 in Stockholm; scarlet fever and diphtheria showed fatal prevalence in Stockholm and in Christiania, and the 106 deaths in Copenhagen included 4 from diphtheria, and 1 from small-pox. The death-rate in Paris was 26.6, and showed a further decline from the high rates in recent weeks; 38 deaths resulted from diphtheria and croup, 35 from measles, and 27 from typhoid fever. In Brussels the 202 deaths included 9 from croup and 4 from scarlet fever, and were equal to a rate of 23.5. The 38 deaths in Geneva gave a rate of 27.7. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the death-rate averaged 27.7, the highest rate being 28.5 in Rotterdam; the deaths in Amsterdam included 7 from measles and 6 from scarlet fever, and 2 fatal cases of scarlet fever occurred in Rotterdam. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 27.8 per 1,000, and ranged from 22.8 in Buda-Pesth, and 23.7 in Berlin, to 31.9 in Trieste, 32.0 in Munich, and 36.0 in Prague. Small-pox caused 13 deaths in Vienna, 12 in Trieste, and 2 in Prague; diphtheria caused the highest mortality in Dresden and Trieste. In three of the largest Italian cities, the mean death-rate was 32.4, the rate being 27.8 in Rome, 33.9 in Venice, and 35.3 in Turin. Small-pox caused 19 deaths in Turin, 9 in Rome, and 4 in Venice; 7 fatal cases of typhoid fever occurred in Turin, and 3 in Rome. The usual returns from Madrid and Lisbon do not appear. In Alexandria the 155 deaths, including 5 from whooping-cough and 3 from diphtheria and croup, were equal to a rate of 34.8. In four of the principal American cities, the mean recorded death-rate was 24.4, the several rates ranging from 24.0 in Brooklyn, to 26.0 in New York. Diphtheria showed more or less fatal prevalence in each of these American cities; measles caused 41 deaths in New York, typhoid fever 16 in Philadelphia, and scarlet fever 13 in Brooklyn.

HEALTH OF IRISH TOWNS.—During the week ending February 14th, the number of deaths registered in the sixteen principal town-districts of Ireland was 509. The average annual death-rate, represented by the deaths registered, was 30.7 per 1,000. The deaths registered in the several towns, alphabetically arranged, corresponded to the following annual rates per 1,000: Armagh, 0.0; Belfast, 26.4; Cork, 30.5; Drogheda, 21.1; Dublin, 34.1; Dundalk, 21.8; Galway, 40.3; Kilkenny, 38.1; Limerick, 25.6; Lisburn, 24.2; Londonderry, 37.4; Lurgan, 35.9; Newry, 17.6; Sligo, 19.2; Waterford, 48.6; Wexford, 29.9. The deaths from the principal zymotic diseases in the sixteen districts were equal to an annual rate of 3.0 per 1,000, the rates varying from 0.0 in Galway, Newry, Kilkenny, Drogheda, Dundalk, Sligo, Lisburn, Lurgan, and Armagh, to 25.5 in Waterford; the 21 deaths from all causes registered in the last named district comprising 11 from measles. In the Dublin Registration District, the deaths registered during the week amounted to 236. Twenty-three deaths from zymotic diseases were registered, being 2 over the number for the preceding week, but 8 under the average for the sixth week of the last ten years; they comprised 10 from measles, 3 from scarlet fever, 2 from whooping-cough, 3 from enteric fever, etc. There were but 46 deaths from diseases of the respiratory system registered in Dublin during last week, against 83 for the preceding week; they comprised 37 from bronchitis, and 4 from pneumonia. The deaths of 28 children under five years of age (including 20 infants under one year old) were ascribed to convulsions. Five deaths were caused by apoplexy; 9 by other diseases of the brain and nervous system (exclusive of convulsions); and 9 by diseases of the circulatory system. Phthisis caused 34 deaths, mesenteric disease 5, and cancer 5. One accidental death and one case of suicide were registered. In one instance, the cause of death was "uncertified," and in 34 other cases there was "no medical attendant."

WE are glad to learn that the Vestry of Lambeth have decided to accept the offer of the Metropolitan Public Garden, Playground, and Boulevard Association of the gift of £100 towards planting trees in the principal thoroughfares of the parish, to which we alluded in the JOURNAL of February 7th. We understand that the money was presented to the Association by one of its members, who does not wish his name to be made public.

THE EPIDEMIC OF TYPHOID FEVER AT MARKET WEIGHTON.

SIR,—As an old subscriber to the BRITISH MEDICAL JOURNAL, may I ask for a little space for comment upon the paragraph in the JOURNAL of February 14th, with the heading above named. You are perfectly accurate in stating that we have suffered severely from what is well known to be a preventable disease. My colleague, Dr. Jefferson, has had a great many cases, and I have myself now reached my seventieth, and we have had four deaths; but when you proceed to say that this state of things reveals an amount of ignorance, etc., little less than culpable, I think I ought, in vindication of the rural sanitary authority, to ask you to state that the very inspector from the Local Government Board (Mr. Arnold Royle, C.B.) whose investigation you name, speaks in a very different strain, he having, in most eulogistic terms, praised the continued and persevering efforts of the authority, whose work has been from the outset uphill and arduous.

Market Weighton is, as you say, a small town, dependent entirely upon agriculture, and is so small as to have suffered in an almost unprecedented manner from the recent depression. For many years back, it has been my duty to point out the "dangers ahead" from faulty drainage and an unsafe water-supply, and with unmitigated zeal the authority have, to the utmost of their resources, responded to my call; but, as ours is only one out of forty small parishes with which they have to deal, they have unfortunately been hampered in their work by having to consider not only the cure, but the cost. I am quite aware that this is a false argument; but in rural districts, at any rate, hygienic progress must necessarily be gradual, as people are slow to believe even such apparent truths.

And now, sir, as to the vicar and leading parishioners of the place, whom you accuse of "ignorance and intolerance." What have they done to merit such an accusation? They have, in spite of unparalleled poverty, subscribed to and formed a waterworks company, and this by no legislative compulsion, but from a private conviction of the inevitable "Nemesis of the neglect of scientific law," of which you deem them so profoundly insensible. That there have been black sheep in our flock I am bound to admit, and I would fain believe it is to them that your remarks refer; as I feel sure that, after inquiring into the matter with your usual justice, you would be the first to acknowledge that it has been from no lack of knowledge, or apathy, on the part of the authorities that sanitary reforms have been so slowly brought about; and before leaving this subject, may I take up cudgels for our worthy vicar, who has, as you justly remark, made himself conspicuous, not only in Cambridge, but in Market Weighton, and not only by his conscientious scruples upon vivisection, but by his fearless and eloquent appeals in all social reforms. If one man more than another has deserved well of his fellows in this affliction which has visited us, it has been our parson. He has been not only the first to visit, to assist, and comfort the sufferers, but he has been an active member of our local committee, and one of his sermons is now being printed by the special request of his parish; and, although I entirely disagree with his "vivisection theories," I must in justice confess that I believe it is mainly due to his exertions that we have arrived at the happy consummation of Mr. Royle's visit, who, if asked upon this subject, would, I am confident, corroborate my statements; and if, Mr. Editor, you had known the man, you would have been the last to talk of touching the conscience, awakening the sympathies, or enlightening the intelligence, of the late Hulsean Lecturer.—

Yours very faithfully, ALFRED JACKSON, Medical Officer of Health, Market Weighton.

*** It is satisfactory to know that the rural sanitary authority is making great efforts to prevent the recurrence of such an epidemic in the future, but this does not annul responsibility for supineness in the past. The censure expressed in the paragraph referred to did not, of course, apply to the medical officers of health, who will have the warmest sympathies of their colleagues for the arduous work which has been done and must yet be done. The epidemic of typhoid fever at Market Weighton has been, unquestionably, very extensive. An epidemic of similar magnitude in a large town would excite an universal chorus of condemnation. In Manchester, for instance, it would mean that over twenty thousand people would be prostrated by the disease at the same time. Market Weighton received severe lessons when the cholera visited it in 1849 and 1866; there has, therefore, been plenty of time to effect the necessary improvements had the inhabitants understood their importance.

The sermon which we have received contains some sensible advice, which shows that the vicar, who had witnessed the last epidemic of cholera, has now learnt some of the rudiments of sanitary science. The sermon is founded on a passage in Deuteronomy which contains the regulations with regard to the disposal of excreta laid down for the guidance of the Israelites. The excellence of the sanitary regulations contained in the Mosaic law has been universally recognised by recent writers on hygiene. Dr. Gueneau de Mussy, the well known Parisian physician, has just published an *Etude sur l'Hygiène de Moïse*. But an intelligent comprehension of the broad principles which underlie his enactments is necessary, in order to apply these principles to the altered circumstances of modern life. The fact that Moses considered it part of his duty as a religious leader to give minute attention to the physical well-being of the people whose religious welfare was committed to his care, contains an obvious moral. That the preacher who, in an University containing a medical school remarkable for its scientific excellence, made use of a public occasion, when reply was impossible, to deliver an assault upon the methods of scientific medicine—methods of which he understood neither the nature nor the uses—should be the same man as had been for twenty years or more vicar of the town in which this severe epidemic of a preventable disease has been raging, seemed to be worthy of note. It was the vicar, not his parishioners, who was accused of intolerance.

PRESENTATION.—A presentation of a handsome dressing-case was made to Dr. Henry Tomkins by the nurses and others of the staff at the Monsall Fever Hospital, Manchester, on his resignation of the appointment of resident medical officer to that institution, which post he has held for upwards of six years.

MEDICO-LEGAL AND MEDICO-ETHICAL.

UNFOUNDED ACCUSATION AGAINST A MEDICAL MAN.

MEMBERS of the medical profession are specially exposed to have unfounded charges brought against them. Such charges, imputing the improper use of drugs, etc., are easy to make, and not always easy to disprove. They are of serious importance to the men against whom they are made, though the persons who make them may often have no character which is materially affected by their being either substantiated or broken down. Any legal proceeding in which such charges are in issue is, therefore, one in which a professional man fights at a disadvantage. He may lose much by the result, and is nearly certain in any event to have to incur considerable expense. He must, however, face out any charge publicly made, and cannot, for the sake of peace, agree to any compromise of the litigation, however unprofitable it may be. If he win, he is only left in the position in which he was before his character was wantonly assailed; and if he fail to win, he must remain subject to an imputation which will be certain to interfere with his professional success.

The truth of the above remarks has long been well recognised; but from time to time instances occur which call attention to it again. An action, "Parker against Whitefoord," was recently tried in the Queen's Bench Division. In it, the plaintiff, an old woman, whose position seems to have been that of partly lodger and partly charwoman, sued Mr. C. C. Whitefoord for assault, and for trespass, in turning her out of his house, in which she occupied certain rooms. She admittedly was addicted to drinking, and evidently was a most undesirable person to have as an inmate of any respectable house; though the jury found that Mr. Whitefoord had exceeded his rights in the means which he took to get rid of her. The case was, however, a trumpery one, and Mr. Whitefoord, if he could have done so, would have been well advised to settle it in the first instance by making the woman some small payment; but she and her friends rendered this course impossible by asserting that he had "passed something across her face to make her insensible." Such a charge must either be withdrawn or negatived in open court, and the action had consequently to be tried. The plaintiff successfully resisted an attempt to relegate it to a county court, and the parties had consequently to incur the expenses incident to a trial in the High Court. At the trial, the charge against Mr. Whitefoord, which alone made it necessary to try the action at all, broke down utterly, and both judge and jury said that it ought never to have been brought. The plaintiff had a verdict for £10—she might have had at least that much without bringing the action at all—and, we are glad to say, the judge refused to allow her any costs. The result, as far as she is concerned, is that she (or her solicitors, if they were kind enough to take up her case) is considerably out of pocket by the action which she nominally won. Mr. Whitefoord has succeeded in clearing his character from an unfounded charge, and has been put to considerable expense and anxiety in so doing. We can only congratulate him on having had the courage and determination to meet such an imputation as it should be met, and hope that the failure of the plaintiff to get any costs may act as a deterrent to persons who are disposed to make serious imputations against professional men without any evidence to support them. The people who make such imputations are usually impecunious, and it is not worth while to take proceedings against them. Knowing that they have nothing to lose, they become bold from their impunity. When, however, these charges are made into grounds of action, they become serious; and it is a matter of importance to the profession, and the public generally, that such actions should fail, as this has done.

THE MUTUAL RELATIONS OF PRACTITIONERS.

J. G.—One or two cases, clearly stated, of the alleged unethical conduct of Dr. T. would have enabled us to discharge the function of ethical assessors with less difficulty, and greater effect, probably, than the series of imperfectly defined charges, extending over several years, submitted for comment by Dr. G.

A critical examination, however, of the more salient points of the correspondence between Dr. T. and Dr. G. leaves no doubt upon our mind that the former has, in more than one instance, failed in his professional duty to the latter; and, moreover, by "issuing circulars or cards, of a decidedly business-like character, to the public," has committed an act incompatible with the honour and dignity of the profession, and inimical to his own true interest.

We may further note, in passing, that if Dr. T. will refer to pages 27, 35, 36, and 37 of "the little book recommended by Dr. G. for his careful study," rules will be found by which his professional conduct should have been governed in the several cases to which exception has justly been taken. At the same time, we think that Dr. G.'s notes of remonstrance would have had greater weight with his erring medical colleague if a more conciliatory tone had happily pervaded them.