

SANITARY CONDITION OF MONAGHAN.

Dr. R. P. McDonnell, medical inspector under the Department of Local Government and Public Health, in the course of a report which was read at the last meeting of the Monaghan Urban Council on the state of the town, said that its sanitary condition was very unsatisfactory. Wretched hovels, inhabited by human beings, without light, without space, and without the ordinary conveniences of a dwelling-house, went to make up the lanes and side streets of the town. In the interests of public health and public decency these dens should be abolished and proper houses built. The byres where the milk consumed in the town was produced were on a par with the slum houses—dark, damp, and dirty. Healthy, clean milk could not be produced in some of the cowsheds visited by him. He called attention to the fact that houses condemned as unfit for human habitation were still occupied, and the sanitary authority was unable to provide suitable houses, as there was not a proper sewerage system. Dealing with the dairies in the town, Dr. McDonnell said that the condition of some of the byres was deplorable. He visited three dairy yards, in two of which the production of clean milk would be impossible. One was particularly bad, the byre being dark, unventilated, and filthy. "I cannot understand," he observed, "any sanitary authority allowing milk to be produced amid such surroundings. I have never seen milk produced under such filthy conditions as those I inspected in Monaghan." Proceeding, he said there was no inspection of the meat and milk supplies carried out in the district. The surroundings of the slaughterhouses in the town were decidedly insanitary. He recommended a municipal slaughterhouse, with a charge for its use, and arrangements for disposal of the blood and offal to some fertilizing manufacturing company, instead of allowing it to run into the sewers. The sewerage arrangements were very bad—only old stone drains; many streets had no sewers. The town might be said to be without any provision for the disposal of domestic sewage. The old sewers were worse than useless, and constituted a grave menace to the public health of the town by reason of their inadequacy to deal with the volume of sewage requiring removal, and the dangers and gross pollution caused by their discharge into an open river which ran close to the town. About a hundred yards of one of the main streets of the town was without any sewerage, several other streets being unprovided for in this respect. Some two hundred dwelling-houses were without sanitary conveniences of any kind. Dr. McDonnell described the lanes and alleys as in an appalling condition. He visited one of the common lodging-houses; it was without any sanitary convenience, the rooms were unclean and untidy, the beds unmade, the windows shut, and the ordinary sleeping room conveniences filthy in the extreme. This house should not be registered until proper sanitary accommodation was provided and until proper arrangements were made for the separation of the sexes.

England and Wales.

JOINT TUBERCULOSIS COUNCIL.

The Joint Tuberculosis Council originated from the co-operation of the Tuberculosis Group of the Society of Medical Officers of Health, the Tuberculosis Society, and the Society of Medical Superintendents of Tuberculosis Institutions. Its first meeting was held in March, 1924, and a report of its activities until December 31st, 1925, has recently been received. Besides assisting the Ministry of Health in the preparation of its memorandum 37/T, dealing with statistical reports, to which we referred on September 26th, 1925 (p. 581), the council has instituted collective research into certain aspects of tuberculosis. The subjects selected were the incidence of non-pulmonary tuberculosis among the contacts of pulmonary cases, the frequency of marital infection, the obtaining of employment for male patients after sanatorium treatment, the influence of marriage, pregnancy, and parturition on tuberculosis, and the fate of young children in tuberculous households. A post-graduate course was organized in 1924, and two

courses in 1925; we referred on March 20th (p. 540) to the projected arrangements for 1926. The problem of the employment of tuberculous persons has been studied systematically and a formal report is in course of preparation. Evidence was given on behalf of the council by Sir Henry Gauvain and Dr. Lissant Cox before the Royal Commission on National Health Insurance, their chief recommendations being the following: The period of sickness benefit should be capable of extension in the case of tuberculous patients, and it should be possible to arrange for diminished sickness benefit during part-time employment; dentistry should be included, special consideration given to deposit contributors, and surpluses be available for financial aid, research work, and after-care. The council is now composed of representatives from various tuberculosis societies, representatives of Government departments interested in tuberculosis problems, and delegates from hospitals, medical schools, and universities. The British Medical Association is represented by Dr. G. B. Hillman and Dr. Arnold Lyndon.

KING EDWARD VII SANATORIUM, MIDHURST.

The annual report of the King Edward VII Sanatorium for the year ending June 30th, 1925, shows that the sanatorium received nearly half of its patients from London and the neighbouring counties. It is suggested that the sanatorium is not sufficiently utilized by members of the professional classes, for whom it was originally intended. The medical superintendent, Dr. R. R. Trail, states that during the year under review 266 patients were admitted and 213 were discharged. Of 203 cases in which the diagnosis of pulmonary tuberculosis was established, 139 were either "moderately advanced" or "advanced," and only 64 were considered to be "early." Of these 203 cases, however, 127 patients were subsequently found to have reached the stage of arrested disease, or to have shown considerable improvement as the result of treatment. It is pointed out that very few patients can afford to prolong their stay beyond four or five months. Artificial pneumothorax was performed in twelve cases. The x-ray department has been almost completely reorganized; protective measures have been adopted to bring all the apparatus up to the standard of the National Physical Laboratory, and the provision of two exhaust fans and the installation of coronaless leads and terminals have tended to lessen the fatigue of the operator. Each patient is examined radiologically within a week of admission to the sanatorium. Research has been carried on in the pathological laboratory to determine the value of the treatment of tuberculous laboratory animals by esters and salts of certain unsaturated fatty acids, including ethyl hydnocarpate.

CORONERS' INQUESTS IN LONDON.

From returns reported by the London coroners to the London County Council it appears that the number of deaths brought to the notice of the coroners in 1925 was 6,758, and an inquest was deemed necessary in 73 per cent. Of the inquests, 87 per cent. necessitated *post-mortem* examinations, and in 104 cases an independent necropsy by a special pathologist was required. A verdict of murder was returned in 29 cases, an increase of 9 over the previous year, 8 verdicts of manslaughter were recorded, and the total number of suicides was 515, an increase of 26. Thirteen deaths occurred from want and exposure; in 17 inquests the verdicts attributed the cause of death to excessive drinking, most of the cases being due to the increasing habit of drinking methylated spirit; deaths from want of attention at birth decreased to 36 from 48 in the previous year; 1,761 persons met their death by accident. A verdict of "death from natural causes" was returned in 2,438 cases, and "cause of death unknown" in 14. Inquests on newly born children numbered 113; there were 5 verdicts of murder of the newly born, and in 55 cases it was decided that the child was stillborn. The cost to the Council of the inquests held in 1925 was £25,335, a reduction in expenditure due chiefly to the abolition of the fees formerly paid to Poor Law medical officers, which accounted for an expenditure averaging about £1,500 a year. The fees paid to special pathologists amounted to £341, and to toxicologists £92.

ANTIVENEREAL MEASURES IN LONDON.

The London County Council is continuing for its next financial year the existing arrangements under the Public Health (Venereal Diseases) Regulations, 1916. The total expenditure for London and for certain adjoining county authorities which participate in the hospital and laboratory facilities available in London is estimated for the coming year at £123,785 (the share of London proper being about 82 per cent.), as compared with £123,205 for the current year. Besides this sum, which is for hospital and hostel facilities, £2,000 is voted for the supply of salvarsan or its substitutes, and £2,000 for publicity and propaganda work. The number of days of treatment of in-patients at the various hospitals in 1925 was 29,313 in the case of male patients, and 73,141 in the case of female, as compared with 31,620 and 70,836 respectively in the previous year. The total number of new cases coming to the clinics in 1925 was 26,182, a slight increase, but of these the unusually large number of 8,680 were found to be not infected, with the result that the number of new venereal cases (17,502) is the lowest figure for the last five years. Of this total number of new cases, those of syphilis accounted for 5,902, those of gonorrhoea for 11,321, and those of soft chancre for 279. It is pointed out by the London County Council that these figures are not the full extent to which venereal diseases come under treatment in London, as a not inconsiderable number of cases receive treatment by general practitioners. The number of attendances at the clinics (646,131) was the highest during the last five years, the figure for the previous year being 589,002, and the number of pathological examinations made for practitioners at hospitals (26,346) again showed an increase.

India.

MEDICAL TREATMENT AND EDUCATION IN THE PUNJAB.

It is satisfactory to be able to record that in the Punjab during 1924 the number of hospitals and dispensaries increased from 626 to 640. At the close of the year there were thirty-one mobile dispensaries, which are greatly appreciated in districts where facilities for medical relief are scanty; they have proved particularly valuable in epidemics. The Government is considering a scheme to provide one dispensary for every 100 square miles or 30,000 of population. At present the average area served by each hospital or dispensary is 147 square miles; in some districts, therefore, patients have to travel very long distances before they are able to reach any institution for treatment. The total number of patients of all classes treated during the year was 5,935,000, of which 109,506 were in-patients. Malaria and cholera considerably increased during the year. In the prefatory note to the *Annual Statements of the Dispensaries and Charitable Institutions of the Punjab* for the year 1924 special attention is paid to maternity welfare and the training of women. On October 25th, 1924 (p. 786), we mentioned the opening of the Lady Reading Hospital for Women and Children at Simla in the previous spring, and referred to the large number of patients who were already receiving treatment. Up to December 31st this number was 6,330, and the provision of this up-to-date hospital was undoubtedly the most notable feature of the year. The Lahore Maternity Hospital, which was opened in February, 1924, with a view to training in midwifery students of the King Edward Medical College, has dealt with 627 patients up to the end of the year, the students performing a considerable amount of the practical work. It is hoped that the proposed new maternity hospital will be completed by 1927. Good progress is reported from the Punjab Medical School for Women at Ludhiana. On February 21st, 1925 (p. 382), we mentioned the opening of the new maternity block; the number of new admissions of students has nearly doubled as compared with the previous year, indicating that the institution is gaining popularity and that the possibility of a medical career for women is being increasingly realized. Research in Indian drugs is proceeding at the King Edward Medical College, Lahore.

HOSPITALS IN BURMA.

During the year ending December, 1924, the number of hospitals and dispensaries in Burma increased from 284 to 289, and the total number of patients treated at institutions other than those belonging to the military police and the railway was 1,990,972, as compared with 1,942,775 in 1923. There was a slight decrease in the patients treated in military police hospitals owing to the closing of a number of outposts, but the work of the railway hospitals increased, and one new dispensary was opened. The most prevalent diseases were malaria, disorders of the digestive system, skin troubles, and diseases of the respiratory system. Malaria is prevalent in most parts of Burma, and reclamation works have been undertaken in various places. Under the supervision of the military police stagnant pools are being drained and filled up, rank vegetation cleared away, and kerosene oil applied to collections of water where removal is not possible. The number of cholera patients was more than double that in the previous year, but the death rate fell from 51 per cent. in 1923 to 36 per cent. in 1924. A slight fall occurred in the number of plague cases, and the rate of mortality was also slightly less. Tuberculosis increased, and goitre remains prevalent in many parts of the country. It is proposed to start a venereal clinic at Rangoon as soon as the additions now being made to the General Hospital building are completed. It is expected that during 1926 a commission on venereal diseases will visit Burma, and also that a special inquiry into beri-beri will be held. The General Hospital at Rangoon accommodates at present 515 adults and 20 children. The number of in-patients in 1924 was 11,075, as compared with 10,363 in the previous year. During the next few months a home for incurables will be built to accommodate a hundred cases, and some of the congestion in the hospital will be relieved. It is hoped also to have a gynaecological department in connexion with the new Dufferin Hospital, with accommodation for nearly a hundred cases. Still more hospital accommodation is, however, urgently required in Rangoon. A diabetic clinic was started at the General Hospital in June, 1924. Post-graduate courses are held twice yearly.

KING EDWARD VII MEMORIAL HOSPITAL, BOMBAY.

The King Edward VII Memorial Hospital, Bombay, was opened on January 22nd by the Governor, Sir Leslie Wilson, thus completing the scheme for the extension of medical relief which was undertaken by the municipality in 1907. Nearly six years has been required for its building, and adjoining it is the Medical College, equally well equipped. Both hospital and college have been designed by Mr. George Wittet, with the co-operation of Mr. Pite, designer of King's College, London. The new hospital is based upon the pavilion principle, and will accommodate 304 beds normally, with ample provision for expansion to 400 without overcrowding. Mr. Joseph Baptista, president of the Bombay Municipal Corporation, in his speech of welcome to the Governor, expressed the hope that a tropical school for medicine would now be created, either by the help of the Government or by private generosity, and that such a school might bear the name of Queen Alexandra. The Governor, in his reply, congratulated the municipality on the valuable teaching facilities provided by the Medical College. He was glad that a policy of an honorary staff for the hospital had been adopted. In the course of the proceedings it was announced that endowments for seven scholarships had been received, a sum of money given to supply annually warm clothing to the hospital patients, and also a set of sixty bound volumes of the *BRITISH MEDICAL JOURNAL* in a cabinet.

VACCINATION IN INDIA.

Annual reports for 1924-25 which have been recently received from various parts of India indicate a gratifying spread of knowledge among the people with regard to the prevention of small-pox. In Madras the number of vaccinations and revaccinations was 2,033,997, as compared with 1,912,565 in the previous year; while in the Central Provinces and Berar 521,116 were recorded—a corresponding increase of 19,718. This improvement is directly attributed to the activities of the district health staffs in supervising the work of vaccinators, the detection of unprotected