

under five years of age, diseases of the lungs being a prominent factor in this mortality. Zymotic diseases were fatal in 20 cases, 8 of which were from diarrhoea, and three from small-pox. A total of 20 cases from this last disease occurred in the early part of the year, the disease being introduced into the district by two tramps in search of work. Dr. Cameron's minute researches into the infesting agency in each of the cases of zymotic disease coming under his note deserve a word of praise.

WILLESDEN.—Dr. G. Danford Thomas, the recently elected coroner for Central Middlesex, gives an excellent account of his stewardship, as health-officer for Willesden, in his annual report for 1880. He reports the occurrence of 967 births and 471 deaths, which, based upon an estimated population of 27,397, represent rates of 38.3 and 18.6 per 1000 respectively. Of the 471 deaths, 277 were of children under five years of age—a number considerably in excess of that recorded in the previous year, being equal to 50.8 per cent. of the total deaths, as compared with 44.4 in 1879, and 55.7 in 1878. The principal causes of deaths amongst children were: measles 19, scarlet fever 15, whooping-cough 25, diarrhoea 27, tubercular diseases 40, diseases of the nervous system 21, and of the respiratory organs 60, while 13 deaths were attributed to "special diseases of children". The fatal prevalence of infantile diarrhoea is a subject to which Dr. Thomas has devoted considerable attention, and his experience teaches him that the disease is more prevalent and fatal amongst artificially fed children than amongst those who are entirely nursed by their mothers. From zymotic diseases 119 deaths were registered, no fewer than 100 occurring in children under five years of age. Alluding to the main-drainage question, Dr. Thomas records, regretfully, that no progress has been made, although, in each of his annual reports, he has spoken in no measured terms on the subject. The summarised statement of the mortality, during 1880, in the kingdom generally and in the metropolis, is a useful feature of the report.

#### DISEASES DANGEROUS TO HEALTH?

SIR,—I have lately been requested to visit and report on cases of persons suffering from itch, and children stated to be infested with lice. The complaint has been made by a non-professional, and in no case have the persons complained of been under medical treatment.

These cases do not appear to me to come under the class of "dangerous to health" mentioned in the instructions; and, if they are to come under the supervision of the medical officer of health, I should like to know where he is to stop. Is the medical officer to inspect all supposed cases of parasitic skin-diseases, as the various forms of ringworm, pediculi capitis, corporis, and pubis, and possibly the various species of the flea-tribe? Would venereal diseases come under his notice in the contagious stage of their existence? I presume the necessary remedies, the "bug-powder", and the "syringe" or "white precipitate", would be supplied by "the local authority", and possibly the inspector of nuisances might be entrusted with the application thereof.

Seriously, it becomes a matter of much importance to me if I am to be hurried off on a journey of twenty-five miles to inspect a case of this character. If it be my duty to inspect such cases, who would be responsible for the treatment? and must I visit and report on cases of ringworm or itch in the families of the well-to-do? or only in the case of poor persons?—Yours, etc.,

#### MEDICAL OFFICER OF HEALTH.

\* \* \* A medical officer of health is not required by the Public Health Act or the Instructions to report upon cases of itch, or other skin-disease, or in persons infested with lice. The disease on which he has to report must be dangerous to life. The following are those ordinarily inquired into by a medical officer of health, viz., small-pox, scarlet fever, diphtheria, typhus and typhoid fevers. If he were called upon to report upon an endemic of measles, whooping-cough, or diarrhoea, he would not be justified in refusing, although, except the last named disease, he is rarely required to do so. A medical officer of health is in no case required to treat persons affected with disease, unless by special contract; indeed, it has been decided by the Local Government Board that he is not justified in going into a patient's room to verify the diagnosis of another medical practitioner, except at the request of the patient or practitioner.

#### NOTIFICATION OF INFECTIOUS DISEASES IN EDINBURGH.

SIR,—In your impression of November 26th, Dr. Littlejohn says: "I regret that your correspondent did not mention a note which appeared in the *Scotsman* newspaper, in which I said that the sanitary inspector was not sent to me" a diagnosis, but to ascertain the name of the medical attendant, to whom I at once wrote. The evidence I received from that gentleman was the basis of the prosecution—not any evidence afforded by the sanitary official." I here send the note referred to, with another note from me which appeared in the *Scotsman* of the following day. He dare not venture a reply. He likewise errs in saying I gave him evidence which formed the basis of the prosecution. He wrote me on the 20th of October the following letter:

"Dr. Bowie, Dear sir,—I am informed of the existence of fever at 6, Caledonian Crescent. You are, I understand, the medical attendant. By the late municipal Act, you are bound to report all such cases at this office. Will you inform me why you did not send a report?"

I answered to the following effect: "Dr. Littlejohn, Dear sir,—I am not aware that medical practitioners are bound by any Act of Parliament to report to you all cases of fever occurring in their practice. Kindly inform me where I may see the Act, or send a copy of the Act, which compels physicians to do as you say. I have many reasons for not communicating all such cases to the medical officer of health, but if the law of the land makes it obligatory, I shall do so, but not unless.—I am, truly yours, JOHN BOWIE."

The next epistle I received was a summons, dated November 1st, to answer for contravening the Edinburgh Municipal and Police Act, 1870. None of the patients suffered from typhoid fever. The two children had an eight days' "simple continued fever", the mother suffered from erysipelas of the head and face. Dr. Littlejohn never visited the patients until they were convalescent, yet affirmed in the witness-box that they had typhoid fever. Nay, more, he stated in evidence that all fevers are infectious; that the term fever is synonymous with an infectious disease. I appealed to the judge not to believe such statements. The sheriff: "I am not a medical man and knowing about medicine; but inasmuch as Dr. Littlejohn assures me that all fevers are infectious, I must find you guilty".—I am, etc., JOHN BOWIE.

SIR,—Kindly give me your opinion on the following. I am at present attending, as parochial medical officer, a pauper belonging to another parish, but residing in my parochial district. The medical officer of the pauper's parish visits the pauper, without my knowledge, to satisfy a whim of the inspector of poor of the parish. Firstly, Is it legal for him to do so? Secondly, Is it medical etiquette?—Yours, ENQUIRER.

\* \* \* Under the circumstances detailed in our correspondent's letter, we are decidedly of opinion that the medical officer of the pauper's parish has been guilty, not of any illegality, but of a breach of professional etiquette in visiting the patient without apprising the medical attendant of his intention so to do. We think that the wisest course to follow is to ignore the procedure.

## MILITARY AND NAVAL MEDICAL SERVICES.

### THE NAVAL MEDICAL SERVICE.

SIR,—If you would allow the following to appear in your paper, perhaps some naval surgeon would kindly take the trouble to enlighten me, and at the same time other young medical men who have no opportunity of getting any other information about the service beyond what is contained in the warrant. I should be glad to know: (a) What amount of leave a naval surgeon gets in the course of the year. Is there anything equivalent to the army two months' leave? (b) What mess does he belong to on board ship, and when on hospital duty ashore? And generally, what position does the junior surgeon take among other officers? (c) Is there any roster or principle regulating service in unpleasant stations or in small ships? And what proportion of land (naval hospital or dockyard) service may a medical officer expect to get? (d) What, roughly speaking, are a surgeon's duties on board ship: (1) when he is the only medical officer; (2) when he is under a senior medical officer?

I trust this is not trespassing too much on your space. I think there are a good many men who would be glad to get some definite information on the above points from the right source, as one hears such conflicting statements from the half-informed. I enclose my card, and remain, yours obediently, TEREDO.

## UNIVERSITY INTELLIGENCE.

### CAMBRIDGE, DECEMBER 22ND.

THE following have passed the second part of the third examination for the degree of Bachelor of Medicine:—Class 1. Burgess, M.A., Corpus Christi; Griffiths, M.A., Trinity; Hill, M.A., Downing. Class 2. Bagshaw, M.A., St. John's; Bernays, B.A., non-collegiate; Coutts, B.A., Emmanuel; W. Foster, B.A., St. Johns; J. E. Howe, B.A., Clare; G. S. Johnson, M.A., Gonville and Caius; Lane, B.A., St. Johns; Marshall, B.A., Clare; Roe, B.A., Downing. Examiners, G. E. Paget, M.D., Caius, Regius Professor of Physic; Reginald Edward Thompson, M.D., Trinity.

PRESENTATION.—An interesting ceremony took place at Colney Hatch Asylum on Friday evening, December 23rd. This consisted in the presentation, by the committee and staff of the asylum, to Dr. Edgar Sheppard, medical superintendent of the male department, of six silver candlesticks in a handsome oak case. The latter also contained an album, in which was inscribed an address to Dr. Sheppard, signed by the two hundred and fourteen contributors to the testimonial. A beautiful hand-painted fan was at the same time presented to Mrs. Sheppard. The presentation was made by Sir William Wyatt, chairman of the Committee of Visitors, in an eloquent and appropriate speech, in the course of which he alluded to the admirable manner in which Dr. Sheppard had conducted his department during the twenty years of his service, and expressed the unanimous regret of the staff at his approaching retirement. Mr. Marshall, medical superintendent of the female department, and the Rev. H. Hawkins, chaplain to the asylum, also spoke in similar terms. Dr. Sheppard, who was evidently much moved, replied in feeling terms, and, while bearing testimony to the support he had received from the committee and the other officers of the asylum, congratulated his hearers that they possessed in his successor, Dr. Seward, a man who would, with experience, make a better superintendent than himself. The presentation took place in the presence of the great majority of the staff and about a thousand of the patients during the interval between the first and second parts of a miscellaneous entertainment, which was provided in the recreation-hall.