

sumption caused 80 deaths, mesenteric disease 5, and cancer 3. One accidental death was registered. In 2 instances the cause of death was uncertified, and in 12 other cases there was "no medical attendant."

HEALTH OF FOREIGN CITIES.—It appears from statistics published in the Registrar-General's return for the week ending the 5th inst., that the death-rate recently averaged 32.2 per 1,000 in the three principal Indian cities; it was equal to 26.6 in Bombay, 32.7 in Calcutta, and 39.9 in Madras. Small-pox caused 86 deaths in Madras, 28 in Calcutta, and 6 in Bombay; and cholera 67 in Calcutta, and 7 both in Bombay and in Madras. According to the most recently received weekly returns, the annual death-rate in twenty-three of the largest European cities averaged 27.0 per 1,000, and exceeded by no less than 7.5 the mean rate last week in the twenty-eight large English towns. The death-rate in St. Petersburg was equal to 32.1, but showed a further slight decline from the higher rate prevailing in previous weeks; the 571 deaths included 34 from measles, 20 from "fever," and 10 from diphtheria. In three other northern cities—Copenhagen, Stockholm, and Christiania—the death-rate did not average more than 22.1, the highest rate being 24.0 in Stockholm; scarlet fever caused 3 deaths in Christiania, and 3 were attributed to croup in Copenhagen. The death-rate in Paris was equal to 22.3, showing a slight decline from the rate in the previous week; the deaths included 39 from typhoid fever, 36 from diphtheria and croup, and 31 from scarlet fever. In Brussels, the rate was 23.6, and 8 of the 192 deaths resulted from small-pox. The 33 deaths in Geneva, including 6 from "fever," were equal to a rate of 24.3. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 28.8, the highest rate being 32.6 in Rotterdam, where 24 of the 104 deaths resulted from measles; measles also caused 11 deaths in the Hague, and in Amsterdam 12 deaths resulted from diphtheria and croup, and 6 from scarlet fever. The Registrar-General's tables include nine German and Austrian cities, in which the death-rate averaged 28.8, and ranged from 21.4 and 22.3 in Dresden and Hamburg, to 38.9 in Prague, and 40.1 in Buda-Pesth. Small-pox caused 15 deaths in Prague, and 3 in Vienna; and diphtheria showed the largest proportional fatality in Berlin, Dresden and Trieste. The mean death-rate in three of the largest Italian cities was 29.3, the rate being 24.6 in Venice, 30.4 in Rome, and 30.7 in Turin; measles caused 23 deaths in Rome, and small-pox 4 in Turin, while diphtheria caused 4 and 6 deaths, respectively, in these cities. The 97 deaths in Lisbon included 3 from small-pox, and 3 from typhoid fever, and were equal to a rate of 24.8. In four of the principal American cities, the mean recorded death-rate was only 21.7, the highest rate being 24.7 in New York. Typhoid fever caused 15 deaths in Philadelphia, and diphtheria showed fatal prevalence both in that city and in New York.

POOR-LAW MEDICAL OFFICERS AND ATTENDANCE AT BOARD MEETINGS.

SIR,—Would you kindly let me know, in the next impression of the JOURNAL, whether a Board of Guardians can compel their medical officers to attend at all their meetings, by simply passing a resolution to that effect? A fortnightly attendance, when one has to travel seven miles to go to the place of meeting, becomes a serious matter, as practically that day is wasted, especially when it is taken into consideration that the annual salary of the medical officer is only £40.

What steps ought one to take? Would you advise referring the matter to the Local Government Board?—Your obedient servant,

A POOR-LAW MEDICAL OFFICER.

* * In answer to our correspondent, we are of opinion that if a Board of Guardians requires the attendance of the district, or workhouse, medical officer, at a Board meeting, it is incumbent on the Board to define, through the clerk, the special business for which such attendance is demanded; and we are further of opinion, that no Board of Guardians would be sustained in an attempt to compel their medical officer to attend all meetings of the Board. In the case referred to us, we believe that it is intended as a means of annoyance. We presume that our correspondent has signed the contract which defines his duties and obligations; if he has not, then the ordinary rules and regulations of the Local Government Board apply, and they are not framed with the object of harassing a medical officer. If the Board, after remonstrating, insists on such attendance, we advise that our correspondent shall lay his undoubted grievance before the Local Government Board.

SUPERANNUATION IN THE SEVENOAKS UNION.

SIR,—I have held the appointment of medical officer for forty years' constant service; and on Wednesday, June 11th, I applied for a superannuation allowance, when the guardians resolved that the application be not entertained.—I am, etc.,

R. MOSTYN RATHILL.

* * * THE case of Mr. Rathill is by no means an exceptional one; indeed, the proportion of cases, where superannuation is granted, to those in which it is refused, stands in the relation of one to four. Unfortunately, Poor-law medical officers are largely to blame for the treatment they receive. We have it on good authority, that very few medical officers supported the movement whereby permissive superannuation was secured; and yet these gentlemen, who never rendered the least assistance, either by petitioning or subscribing to pay the cost of the agitation, are the loudest in complaining of the hard fate which has befallen them. When will the members of our profession know that Providence aids those most who help themselves, and, in so doing, help others?

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Tuesday, July 10th.

THE MEDICAL ACT AMENDMENT BILL.

Mr. GLADSTONE having made a statement with regard to the Bills which would not be proceeded with this session.

SIR RICHARD CROSS asked what was to be done with the Medical Bill? Nothing had been said on the subject.

Mr. GIBSON: A very long and a very important Bill.

Mr. GLADSTONE: With regard to the Medical Act Amendment Bill, I cannot now give a final judgment. It is a Bill of first-class importance, and my right hon. friend (Mr. Mundella) and the noble lord, who have charge of the Bill, are of opinion that they have nearly arranged all the contested points connected with that Bill. It is also a Bill which has made considerable progress, and it is now in Committee, marked with the word "Progress." It is a Bill with regard to which it will be easy for us to discover whether the House is favourable to proceeding with it; and we, therefore, reserve our judgment upon the matter.

Tuesday, July 8th.

Cholera in India and the Salt-Tax.—In answer to Mr. M'CARTHY, Mr. Cross said: I have no reason to believe that want of salt has any connection with cholera in India. It is not the case that vast numbers of the natives are unable to procure sufficient salt. Extension of railway communication and recent reductions in the tax have made salt more plentiful and cheaper than it previously was. Thus, in the north-west provinces, the part of India most remote from the sources of salt-supply, the mean price of salt in the autumn of 1873 was 15 lb. the rupee, or a little over 1½d. per lb. In the autumn of 1883 it was 22 lb. the rupee, or rather over 1d. per lb., a decrease of about one-third. The net revenue from salt is now about 5½ millions sterling, and there is no probability that the surplus will be sufficient to justify the surrender of this large sum.

Quarantine.—In reply to Mr. O'SHEA, LORD E. FITZMAURICE said that Her Majesty's Government had as yet received no reply to the remonstrance against the quarantine regulations imposed by Spain on ships from British ports. Five days' quarantine had been imposed in Portugal on vessels arriving from the United Kingdom, and from British ports in the Mediterranean. Her Majesty's Government had not yet received copies of the measures of precaution adopted in Germany; nor any report as to measures adopted in Spain with regard to vessels arriving from Germany, Belgium, and Holland.

Metropolitan Sewerage System.—MR. GOURLY asked the Secretary of the Local Government Board whether any systematic supervision was exercised by the authorities of the Local Government Board over the cleansing and flushing of the metropolitan sewerage system during the dry and hot seasons of the year.—MR. G. RUSSELL: No such systematic supervision as is suggested is exercised by officers of the Local Government Board over the cleansing and flushing of the metropolitan sewerage system. The officers of the Board have no legal powers in the matter, which is one entirely under the control of local authorities.

EXTIRPATION OF THE LUNGS.—We find in the Lisbon *Correio Medico* the results of numerous experiments made by Dr. Biondi on sheep, dogs, and cats. Partial extirpations, and amongst others that of both apices, were all followed by cure, while total extirpation of one lung was successful in about 50 per cent. of the cases.