

ination (1865), *History of Inoculation in Massachusetts* (1867), *Vital Statistics of the United States* (1872), *Contributions to the Study of Yellow Fever in the United States; its Distribution; with Weather Maps* (1874), *Water Supply of Cities* (1876), etc. Dr. Toner was a marvel of industry. He was the leading medical practitioner in Washington, and yet found time for laborious literary research. He made a point of always verifying every reference himself, and he was known to librarians as the "fact hunter." He was a man of great social as well as professional influence.

WE regret to have to record the sudden death of Mr. JOHN HUGH HARRICKS, L.R.C.P., M.R.C.S. Eng., formerly of Liverpool, which occurred in July last, at Maryborough, Queensland, after twenty years' residence and practice in that town.

WE regret to announce the death of Mr. JOHN WILLIAM WOLFENDEN, L.R.C.P., L.R.C.S.I., of Tutbury, Staffordshire, which occurred suddenly on Sunday, August 30th, at Evenlode Rectory, at the age of 56. Mr. Wolfenden was one of the sons of a clergyman at Miltown Malbury, Ireland, three of whom entered the medical profession. He commenced his medical career as assistant to Dr. Toherick, then of Sudbury, in Derbyshire, and on his marriage removed across the Dove to Tutbury in order to manage an outlying division of the practice. Later he succeeded to the Tutbury practice, which he carried on for 25 years.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns 6,342 births and 3,619 deaths were registered during the week ending Saturday, August 29th. The annual rate of mortality in these towns, which had declined from 24.8 to 18.8 per 1,000 in the five preceding weeks, further fell to 17.4 last week. The rates in the several towns ranged from 11.0 in Norwich, 12.4 in Croydon, and 13.1 in Leicester, to 23.3 in Gateshead, 23.7 in Plymouth, and 24.8 in Hull. In the thirty-two provincial towns the mean death-rate was 18.3 per 1,000, and was 2.1 above the rate recorded in London, which was 16.2 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.0 per 1,000; in London the rate was equal to 2.3 per 1,000 while it averaged 3.3 in the thirty-two provincial towns, and was highest in Sheffield, Hull, and Derby. Measles caused a death-rate of 2.0 in Derby and 2.1 in Gateshead; scarlet fever of 1.0 in Birkenhead; whooping-cough of 1.1 in Sunderland and 1.2 in Hull; "fever" of 1.4 in Sheffield, and 1.5 in Derby and in Sunderland; and diarrhoea of 3.2 in Preston, 3.5 in Plymouth, 3.6 in Wolverhampton, and 4.3 in Bolton. The 59 deaths from diphtheria in the thirty-three towns included 32 in London, 4 in West Ham, and 4 in Birmingham. No fatal case of small-pox was registered either in London or in any of the thirty-two large provincial towns. There were 16 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, August 29th, against 22 and 18 at the end of the two preceding weeks; 6 new cases were admitted during the week, against 5, 2, and 4 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital, which had been 3,368 and 3,467 at the end of the two preceding weeks, had declined to 3,443 on Saturday last; 333 new cases were admitted during the week, against 366, 378, and 416 in the three preceding weeks.

In thirty-three of the largest English towns, including London, 5,950 births and 3,432 deaths were registered during the week ending Saturday, September 5th. The annual rate of mortality in these towns, which had declined from 24.8 to 17.4 per 1,000 in the six preceding weeks, further fell to 16.5 last week. The rates in the several towns ranged from 9.3 in Croydon, 10.8 in Derby, and 11.6 in Swansea to 21.0 in Manchester, 21.1 in Wolverhampton, and 21.7 in Bolton. In the thirty-two provincial towns the mean death-rate was 17.2 per 1,000, and exceeded by 1.8 the rate recorded in London, which was 15.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.6 per 1,000; in London the rate was equal to 2.4 per 1,000, while it averaged 2.7 in the thirty-two provincial towns, and was highest in Wolverhampton, Manchester, Preston, and Hull. Measles caused a death-rate of 1.0 in Manchester, 1.4 in Nottingham, and 1.7 in Hull; scarlet fever of 1.5 in Oldham; whooping-cough of 1.8 in Preston; "fever" of 1.2 in Wolverhampton and 1.8 in Preston; and diarrhoea of 2.2 in Brighton, 2.3 in Bristol and in Preston, and 2.6 in Sheffield. The 76 deaths from diphtheria in the thirty-three towns included 49 in London, 6 in Birmingham, and 6 in Liverpool. No fatal case of small-pox was registered either in London or in any of the thirty-two large provincial towns. There were 16 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, September 5th, against 22, 18, and 16 at the end of the three preceding weeks; 2 new cases were admitted during the week, against 2, 4, and 6 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 3,370 to 3,443 at the end of the three preceding weeks, had further risen to 3,610 on Saturday last; 484 new cases were admitted during the week, against 416 and 333 in the two preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, August 29th, 887 births and 476 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.1 and 16.5 per 1,000 in the two preceding weeks, declined again to 16.3 last week, and was 1.1 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.6 in Aberdeen to 20.5 in Perth. The zymotic death-rate in these towns averaged 3.2 per 1,000, the highest rates being recorded in Greenock and Paisley. The 246 deaths registered in Glasgow included 22 from diarrhoea, 12 from measles, 8 from whooping-cough, 4 from "fever," and 2 from scarlet fever.

During the week ending Saturday, September 5th, 866 births and 528 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.5 and 16.3 per 1,000 in the two preceding weeks, rose again to 18.1 last week, and exceeded by 1.6 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 11.5 in Aberdeen to 22.5 in Leith. The zymotic death-rate in these towns averaged 3.1 per 1,000, the highest rates being recorded in Glasgow and Leith. The 264 deaths registered in Glasgow included 25 from diarrhoea, 12 from measles, 6 from "fever," 2 from whooping-cough, 3 from scarlet fever, and 3 from diphtheria. Five fatal cases of scarlet fever were recorded in Leith.

### OVERCROWDING IN FACTORIES AND WORKSHOPS.

IN the Annual Report of the Chief Inspector of Factories considerable satisfaction is expressed at the fact that the Act of 1895 provides a fixed minimum of 250 cubic feet of space for each worker. What the manufacturers object to above all things is indefiniteness. Their desire is that, when they take a room, they should know how many persons they may employ there, and this want is met by the necessary cubic space being fixed by Act of Parliament.

A difficulty of interpretation, however, has already arisen, namely, as to the height which is to be included in estimating the cubic space. In Birmingham, for example, the local officials do not count anything above 10 feet from the floor in measuring the workshops under their jurisdiction; but it appears that, according to the words of the Act, this is not a proper interpretation, so that where the rooms are high, as in foundries where the roof may be 20 feet from the ground, the object of the Act may be very largely defeated. Several of the inspectors also, while glad to find a definite cubic space per worker fixed by law, think that some allowance of space should also have been insisted on for every gas burner used, the air of the workroom often becoming very foul in consequence of the amount of gas used during the winter months.

### A MILK TYPHOID EPIDEMIC.

THE *Medical Press* reports that after continuing from the middle of May the epidemic at Kirkcaldy may be said to have at length subsided (or been subdued). 181 cases in all have been reported, and of these 19, or 9 per cent., have died. The first case occurred on May 17th, and investigation showed that it and subsequent cases arose from contaminated milk supplied by one dairy. Further inquiry revealed the presence of illness in this dairy, and a case of typhoid fever was notified from it on May 26th. The milk supply from the dairy was stopped, the patient removed to hospital, and the premises disinfected. Unluckily the sale of milk from it was shortly afterwards allowed again, only to be again prohibited on June 13th. It is quite possible that many of the cases which occurred during June and later received the virus from the milk thus sold. It is concluded, from the strict investigation which took place, that the milk was directly contaminated by the hands of the milkers. The males affected during the epidemic were more seriously attacked by the poisonous products of the bacilli than were the females, some of them showing grave cardiac lesions and others violent delirium.

### THE SANITARY NEEDS OF KESWICK.

MR. R. BROATCH, Clerk to the Keswick Urban District Council, writes: Adverting to some comments upon the action of this Council with reference to the provision of an isolation hospital which appeared in the *BRITISH MEDICAL JOURNAL* some weeks ago, and to which the attention of my Council has only very recently been called, I am desired by the Council to inform you that there have been no cases of infectious disease within this area for many weeks. For the quarter ending June 30th the general death-rate was 13.3, which is much below the average, and makes the death-rate for the half-year 12.5, which is much lower than it has been for years. Under these circumstances the Council feel that Keswick as a health resort is fully maintaining its name, and that a somewhat erroneous impression as to the sanitary condition of Keswick may have unintentionally been caused by the remarks in your columns to which I have referred.

### ANNUAL REAPPOINTMENT TO MEDICAL DISTRICT.

G. W. writes as follows: A. has for many years held a Poor-law district, in which he does not reside, and has consequently to be re-elected annually, but without advertisement. B. comes to live in this district. In the event of his being offered the appointment, is there not a moral obligation on him to refuse it, and would not his acceptance of it constitute an act of unprofessional conduct?

\*There is some difference of opinion as to this question, but we should certainly regard any attempt of A. to deprive B. of his appointment as being unneighbourly and unprofessional.

### SUPERANNUATION ALLOWANCES.

PALINURUS.—A Poor-law medical officer still "in good working order," but not yet 60 years of age, will not be entitled to a retiring allowance under the Poor-law Officers' Superannuation Act until that age be attained, unless incapacity or infirmity or some other of the exceptional circumstances set forth in the Act in the meantime come about.