

I decline to give a certificate. The coroner states he sees no reason for an inquest, there being no suspicion of foul play, etc. I write to the registrar of deaths, enclosing the coroner's letter and my own explanation. He writes to me simply, "You can certify you believe he died of bronchitis." Can I give any certificate legally receivable by the registrar? Can the registrar register the death without any certificate? Cannot the coroner issue a certificate to the registrar, or is there no choice between a doctor's certificate of attendance and an inquest?—Yours truly,

QUERIST.

\*\* As no registered medical practitioner was in attendance during the deceased's last illness, it is clear that no one can give a legal certificate of the cause of death; and, as the coroner deems an inquest to be unnecessary, it becomes the duty of the registrar to register the death, and to insert in the register the best information he can obtain as to the cause of death, which will remain uncertified.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### VESTRIES AS SANITARY AUTHORITIES.

THE Vestry of St. Saviour's, Southwark, has petitioned the Asylums Board to allow the Vestry of that parish to contract with the Board to make use of the accommodation erected and provided for patients with infectious diseases of the pauper class, for whom the Board has to provide, for the non-pauper patients for whom the Vestry is bound to provide, but for whom it has not got a bed. Formerly, the guardians used to provide ambulances, so it is complained, which that vestry could borrow, and could then send the non-pauper to the paying hospitals, that in the Liverpool Road for fever, and that at Highgate Hill for small-pox; but now the Board provides patients' ambulances, and this "Sanitary Authority" has not the means of moving the patients with whose welfare they are charged. The reason the Board took over the ambulances is, that the parish authorities did the work of conveying the sick very badly. The "ambulances" of this parish were old coaches, which, when they had discharged the duty of conveying the small-pox or fever patients to the hospitals, were placed under railway arches, where children used to play at hide and seek in and out of them, a game which ended in many of the children and other persons being hidden for ever from mortal eyes.

The parish, however, "saved" the provision of a proper ambulance, and the Asylums Board had to take this duty off the parish hands.

The Asylums Board could not assent to giving the Vestry the accommodation provided for the pauper poor, and it was stated that many of the non-pauper poor had been sent to the asylums as paupers, because the local authority had failed to obtain other provision in non-epidemic periods.

### MEDICAL OFFICERS AND RELIEVING OFFICERS.

STR.—In reply to the complaint of "M.R.C.P.," in the *JOURNAL* of November 10th, who states that the relieving officer of his union district "acts as his master," etc., I should like to point out to him that he has a powerful remedy always at hand, which will force most relieving officers and boards of guardians to consider very carefully the recommendations of their medical officer with regard to the requirements of the sick poor. This remedy is public opinion. I once made short work of a relieving officer of the kind which worries your correspondent. I was taking charge of a practice in Sussex for three months, and, during this period, attended the sick of three union districts. In one of these districts, the incumbent of the practice had been annoyed by the high-handed proceedings of the relieving officer. He began to treat my recommendations in an unsatisfactory manner. The very first case which presented a plain issue, I selected for challenge; it was that of a man who had not been a very temperate or careful person, but who was far advanced in phthisis; and it was in the month of March. He lived with his wife, whose whole time nearly was occupied in attending upon him. They had but little food, and that was purchased by the sale of a few posies of wild violets, which the woman collected in the woods. I prescribed suitable medicine, saw him frequently, and ordered a pint of milk daily. I need not say my order was disregarded. I wrote a private note to the relieving officer, requesting him at once to supply the man with nourishment, as his strength was fast ebbing from want of food. No reply came to me, and no relief was given to the patient. I then wrote a note to the clerk of the guardians, briefly stating that this person was dying of consumption; and that, as his death was being plainly accelerated by the neglect of the board to supply him with the modest amount of food I had ordered, it was my intention to refuse a certificate of death from natural causes; and an inquest would be held. The required food was given early on the following day. The relieving officer came to me in a very angry mood, and informed me that I did not know as much about these cases as he did. I refused to discuss the matter, and stated that, if a similar occasion required it, I should act in a precisely similar manner. I had no more trouble. If "M.R.C.P." will write for a plain straightforward case, and act firmly, he will probably save himself future annoyance. In the event of a coroner declining to hold an inquest, there are few villages without a sufficiently benevolent person to take up the matter in the interests of the poor, and make public the scandal. The conviction once established in the minds

of the board of guardians and their subordinates, that their medical officer is not to be trifled with, except at too great a risk to themselves, will be the best guarantee of circumspection, when respect for his office, or the defects of their own education and manners, fail to ensure his considerate and gentlemanlike treatment.—Yours truly,  
F. J. DRIVER, M.D., M.A.  
1, Victoria Gardens, Southsea, November 10th.

### IRISH POOR-LAW MEDICAL SERVICE.

STR.—The letter of Surgeon-Major Ewart of August 11th, and those of Irish dispensary medical officers since published, induce me to place before your readers a scheme which seems to me likely to meet the requirements of the Irish Poor-law Medical Service.

I would make the Poor-law Service a Civil Service, and amalgamate with it the Sanitary and Lunacy, as well as Registration and Jail Services, making length of service and competency sure of recognition; the salaries of all officers to be fixed by the State, and allowing retirement on full pension after thirty years' service.

The area of taxation for the service should be as large as possible, embracing the whole country, as the cloaking of epidemics of famine or disease in a locality would then be likely to lose its hold on the avaricious or needy, by removing the dread of increased local taxation; and those things could be dealt with at the most effective time, namely, soon after their invasion, and necessary reforms be at once inaugurated, a thing at present barred by divisional or townland rating.

The workhouse medical officers should be made resident medical superintendents, as at present in lunatic asylums, all other officers to be subordinate to them. The staff might consist of a steward, clerk, schoolmaster (who might also be storekeeper), porter, shoemaker, and tailor and ward-men; the females being matron, schoolmistress, nurse, and ward-maids. The duties of each should be fixed, the medical superintendent taking care they were performed in a proper manner.

Sufficient land might be taken around each workhouse to allow all applying for admission to be taken in without entailing any loss, making a law that those obtaining admission to the workhouse could not leave without permission of the board, treating pauperism as a disease proper, and making an able-bodied pauper seeking admission to the workhouse feel that he must earn his support. All special and rarely used instruments, and stocks of medicines, should be kept at the workhouse for the use of dispensary, as well as workhouse, medical officers.

I would provide each dispensary medical officer with a residence at his dispensary, having, in connection with the dispensary, nurses' apartments, also a ward with a few beds, in case emergency required speedy action, and removal to workhouse was not possible. The salary of the medical officer should be sufficient to allow his keeping male and female servants, also a horse and trap, and devote his whole time, if necessary, to his dispensary duties.

The duty of dispensary medical officer should include, beside the present duty, the certifying for dangerous lunatics, attendance at coroners' inquests, consultations with one another and with the workhouse superintendent, attendance to registration and vaccination, and sanitary matters. The post of workhouse superintendent should, when vacant, be filled by election from the senior dispensary medical officers, vacancies in the lower branches of the service to be filled by competition as they arose.—Your obedient servant,  
LAURENCE KENIGAN, L.R.C.S.I.  
Mullingar, Ireland, October 25th, 1883.

### CENSURE OF MEDICAL OFFICERS.

STR.—Attentive perusal of the ominous heading "Censure of a Medical Officer," in the *Standard* of November 21st, so fully vindicates the unfortunate victim of a self-exculpatory board, that common fairness may claim attention to the facts narrated.

Mr. Deacon, summoned at 9 A.M., attends soon after 10; a promptitude entailing censure. A second visit at 2 P.M. brings but censure for lack of entry, or report to his superior, when apoplectic unconsciousness precluded possible recovery. One would naturally ask, could more prompt attention have been rendered? Could more have been effected than was done for this pauper, whose shade might reverse a verdict ignoring service while defaming character. *Fiat justitia!*—Yours obediently,  
H. VEASEY, F.R.C.S.  
Aspley-Guise, Woburn, November 21st, 1883.

### PAYMENT BY CASE.

MR. R. N. INGLE (Cambridge) asks: Are there any unions which pay the parochial medical officers "per case?" and what unions?

\*\* We would refer our correspondent to the Local Government Poor-law Medical Service in the Appendix of the *Medical Directory for England and Wales*. A careful perusal would probably afford him all the information he desires. In order to simplify his examination thereof, we would point out that, in the Royston Union, Herts., such a system exists, as may be found on reference.

E. T.—A churchwarden is *ex officio* an overseer of the poor, and, in virtue thereof, can give an order for the attendance of a district medical officer on a parish patient. He cannot, however, do so except under urgent circumstances; therefore, if our correspondent feels himself aggrieved, and can show that there was no necessity for his immediate attendance, he has his remedy in making formal complaint thereof to the board of guardians.

HEALTH OF FOREIGN CITIES.—It appears, from statistics published in the Registrar-General's return of Nov. 17th, that the annual death-rate was recently equal to 22.8 in Bombay, and 46.4 in Madras; small-pox caused 45 deaths in Madras, and cholera 4 in Bombay, while "fever" fatality was nearly twice as great in Madras as in Bombay. In twenty-two of the large European cities, the mean annual rate, according to the most recent weekly returns, was equal to 23.4 per 1000, which but slightly exceeded the mean rate last week in the twenty-eight large English towns dealt with in the

Registrar-General's return. The rate in St. Petersburg was equal to 23.7, and showed a further decline from the rates in recent weeks; the 423 deaths included 16 from diphtheria and 9 from scarlet fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the mean death-rate was but 18.8, the lowest being 14.5 in Christiania; typhoid fever and diphtheria both caused 2 deaths in Copenhagen, and scarlet fever 4 in Stockholm. The rate in Paris was 22.3, the 762 deaths including 30 from typhoid fever, and 5 from small-pox. The 177 deaths in Brussels, of which 5 resulted from small-pox, were equal to a rate of 22.2. In Geneva, the rate was exceptionally high, and equal to 29.0. The mean rate in three of the principal Dutch cities—Amsterdam, Rotterdam, and the Hague—was 28.3; the rate ranging from 30.5 in Amsterdam to 23.2 in the Hague; in Amsterdam 7 more deaths were referred to diphtheria, besides 28 to croup. The Registrar-General's table includes eight German and Austrian cities, in which the death-rate averaged 24.0, and ranged from 21.4 and 21.8 in Hamburg and Vienna, to 25.4 and 31.7 in Dresden and Prague. Diphtheria showed fatal prevalence in most of these German cities, especially in Dresden; small-pox caused 19 more deaths in Prague. In three of the principal Italian cities, the rate averaged 20.5, and was 21.1 in Rome, 19.2 in Turin, and 21.5 in Venice; in Rome 6 deaths were referred to malarial fever and 3 to typhoid fever, and 5 fatal cases of typhoid fever were reported in Turin. The 120 deaths in Lisbon, including 3 from typhoid fever, were equal to a rate of 30.2. In American cities, the rate was 19.6 in Philadelphia, and 21.8 in Baltimore; typhoid fever caused 18 deaths in Philadelphia, and 4 in Baltimore.—From the weekly return of the 24th ult., it appears that the annual death-rate was recently equal to 21.8 in Bombay and 26.0 in Calcutta. Cholera caused 35 deaths in Calcutta, in which city "fever" fatality was nearly twice as great as in Bombay. According to the most recent weekly returns, the average annual death-rate in twenty-three large European cities was equal to 23.6 per 1000 of their aggregate population. This rate was 0.9 above the mean rate last week in twenty-eight of the largest English towns. In St. Petersburg, the rate was equal to 25.3, and the 450 deaths included 22 from diphtheria and 12 from scarlet fever. In three other northern cities—Copenhagen, Stockholm, and Christiania—the mean death-rate did not exceed 18.1, the highest rate being 18.3 in Stockholm, where the deaths included 4 fatal cases of scarlet fever. In Paris, the death-rate was 22.4, 38 deaths resulting from typhoid fever and 3 from small-pox. The 281 deaths in Brussels were equal to a rate of 24.7, and included 9 from small-pox. In Geneva, the 24 deaths were equal to a rate of 17.9. In the three principal Dutch cities—Amsterdam, Rotterdam, and the Hague—the mean death-rate was 25.5; the highest rate was 28.7 in Amsterdam, where 13 more fatal cases of diphtheria were reported. The Registrar-General's table includes nine German and Austrian cities, in which the death-rate averaged 24.7; it ranged from 18.3 and 21.4 in Hamburg and Buda-Pesth, to 23.1 and 29.8 in Dresden and Prague. Small-pox caused 26 deaths in Prague and 4 in Buda-Pesth; diphtheria showed fatal prevalence in Berlin, Dresden, and Trieste. In three of the principal Italian cities, the mean rate was 20.9, the highest rate being 22.6 in Venice; the 128 deaths in Rome included 10 from malarial fever. In Lisbon, the 118 deaths were equal to a rate of 30.8. The mean death-rate in four of the principal American cities was 20.1, the highest rate being 20.9 in New York. Typhoid fever caused 15 deaths in Philadelphia, and diphtheria showed more or less fatal prevalence in each of these American cities.

## OBITUARY.

JOHN MACNAUGHT, M.D., F.R.C.P. ED.

WE have to record the recent death of a venerable and highly esteemed member of the medical profession and of the British Medical Association, Dr. John Macnaught, of Liverpool, who expired on the 3rd ultimo, at the residence of his son, Warwick Gardens, Kensington, London, whither he had moved in June of the present year. Dr. Macnaught was born in 1798; he took the degree of M.D. King's College, Aberdeen, and became Licentiate of the Royal College of Surgeons of Edinburgh in 1815. In the same year he sailed for Jamaica, landing on that island on the very day on which the battle of Waterloo was fought. Dr. Macnaught practised in Jamaica for twenty-five years, where by his high personal character and medical skill, he earned for himself a distinguished social and professional position. On his return to England, Dr. Macnaught, ever desirous of keeping in the van of the most recent scientific know-

ledge, recommenced, as it were, his student life, and attended numerous courses of lectures in the medical schools of London. He then settled down to practise as a physician in Liverpool, where, coming at his time of life as a stranger among strangers, he experienced unusual success. He rapidly acquired a good professional status in the city of his adoption, upholding always the honour and dignity of his art, and winning no less by his kindly disposition and courteous manners, than by his shrewdness and ability, the confidence of his patients and the esteem and respect of his medical brethren. The latter fact is demonstrated by his election in 1865 to the office of Vice-President of the Liverpool Medical Institution, and subsequently to that of President for a period of two years. Dr. Macnaught took a deep and affectionate interest in the School for the Indigent Blind in Liverpool, and for twenty-five years gave his assiduous and valuable services as honorary physician to that institution, in recognition of which he was presented by the members of the committee with a very handsome piece of plate on his retirement from office in 1874.

Dr. Macnaught was in many respects a remarkable man. To few members of the medical profession has been given the power, as well as the energy, to continue in actual practice as he did—though possessed of very ample private means—for the long period of sixty-five years. The fact is significant of his physical and intellectual activity, and of his ardent devotion to his calling. He retained his mental faculties clear and vigorous to the day of his death; and when, a few years ago, the impairment of his sight by cataract disabled him for the active duties of his profession, he continued to maintain a keen and lively interest in all matters relating to medicine, nothing affording him greater pleasure than to learn what was going on in the medical world, or to discuss scientific topics with some of his younger brethren, for whom his long experience, varied knowledge, and retentive memory rendered his company and conversation alike entertaining and instructive.

John Macnaught has passed away at the ripe age of ninety years, leaving behind him the long record of an honourable and active lifetime, and a rare example of the oft-quoted words of Horace—*"Mens sana in corpore sano."*

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, November 22nd, 1883.

Foley, Charles Nicholas, Denbigh Place, S.W.  
Hehir, Patrick, London Street, Paddington.  
Smith, Edward John, Charing Cross Hospital.

The following gentleman also on the same day passed the Primary Professional Examination.

Loftus, Arthur Smith, Charing Cross Hospital.

**KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.**—At the usual monthly examinations for the Licences of the College, held on Monday, Tuesday, Wednesday, and Thursday, November 5th, 6th, 7th, and 8th, the undermentioned candidates were successful:

*For the Licence to practise Medicine and Midwifery.*—J. J. Buggy, Kilkenny; A. Cole, Dublin; C. S. Cronin, Cork; R. J. D'Arcy, Kingstown, co. Dublin; C. H. P. D. Graves, Cookstown, co. Tyrone; M. J. McCartan, Ros-trevor.

*For the Licence to practise Midwifery only.*—J. MacMahon, M.D.R.U.I., Cork; J. Meek, M.D.R.U.I., Belfast; J. Mitchell, M.D.R.U.I., Desertmartin, co. Down; W. L. Symes, L.K.Q.C.P., Dublin.

The following Licentiates in Medicine of the College, having complied with the by-laws relating to membership, pursuant to the Supplemental Charter of 1878, have been duly enrolled Members of the College, viz.:

T. G. Kerans, Lic. Med. 1869, Northwich, Cheshire; C. W. McCarthy, Lic. Med. 1872, Clonmel; J. W. Kennedy, Lic. Med. 1873, Lisburn; W. H. Owen, Lic. Med. 1877, Liverpool.

## MEDICAL VACANCIES.

The following vacancies are announced:

**ADDENBROOKE'S HOSPITAL, Cambridge.**—Resident House-Surgeon. Salary, £265 per annum. Applications by December 11th.

**BALLYMAHON UNION, ABBEYSHRULE DISPENSARY.**—Medical Officer. Salary, £120 per annum, and Fees. Applications by 18th instant to G. H. Miller, Honorary Secretary, Lenamore, Edgeworthstown.

**BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Acting Physician. Applications by December 5th.