

## HOSPITAL AND DISPENSARY MANAGEMENT.

### LUNATIC ASYLUMS, IRELAND: ANNUAL REPORT.

THE thirty-seventh report on the District, Criminal, and Private Lunatic Asylums in Ireland has just been issued. On December 31st, 1887, the inmates of district asylums numbered 10,499, or an increase of 422 as compared with 1886; while lunatics in workhouses for last year also showed an increase amounting to 120. The normal proportion of the insane as regards the population of England and Ireland, if judged by statistical returns, might be fairly accepted on an average as nearly identical up to the beginning of the present decade, at 2.8 per 1,000; but as during the past ten years in the tide of emigration from this country, not only the physically infirm, but still more the mentally affected, were for the most part left behind, to find a home in the workhouse or an asylum, any pre-existing analogy between the two countries in a lunatic point of view must be materially decreased. The total admissions into district asylums for the past year was 2,863, making a total under treatment in these institutions of 12,940, of whom 620 were relapsed cases. The inspectors draw attention to the irregularities which exist in the committing of dangerous lunatics by magisterial order, and also the disadvantages that little or no information is obtained of antecedents, so as to modify an after treatment. The statute 30 and 31 Vict., cap. 118, being based on the fact that "persons apprehended under circumstances denoting a derangement of mind and a purpose of committing some crime for which, if committed, they would be liable to be indicted," it only remains for the committing justices to call in a dispensary medical officer to certify to their lunacy, although he may have never seen or even heard of the individuals till summoned before the Bench. In reference to the physical causes of the mental disease in the inmates of asylums, 278 were attributed to intemperance and irregularity of living, 163 to cerebral disease, and 291 to bodily injuries and disorders; while as regards moral causes, we learn that 129 were due to poverty and reverse of fortune, 176 to grief, fear, and anxiety, and 84 to religious excitement. When we examine into the social condition of patients in district asylums who were admitted during the past year, we learn that of the total of 2,863, 944 were married, 1,659 single, 149 widowers or widows, and in 111 the social condition was not known. The mortality in district asylums amounted to 857—not quite 7 per cent.—on the total treated, which is about the average for the past three years. Of 857 deaths, the cause was referable in 326 to pulmonary, in 234 to cerebral, in 94 to abdominal affections, and in 148 to old age. The total cost of maintenance of the twenty-two public asylums was £217,217 4s. 4d., the capitation cost on the daily average of inmates amounting to £21 3s. 6d.

### METROPOLITAN ASYLUMS BOARD.

At the meeting of the Metropolitan Asylums Board [held on Saturday last, the Chairman brought forward an important matter relating to the admission of patients suffering from infectious diseases into the managers' hospitals without the order of a relieving officer. A letter was read from the Local Government Board sanctioning the expenditure incurred by the managers of the Metropolitan Asylums District, in respect of the maintenance, during the half-year ended at Lady Day last, of small-pox and fever patients which had been admitted into the asylums of the district on certificates signed by sanitary officers and private medical practitioners without the intervention of the relieving officer. It was added that it was the intention of the President of the Board to introduce a Bill for the purpose of removing any doubt which may exist as to the legality of expenditure of this character, but circumstances had not admitted of legislation being proposed on the subject during the present year.

The Chairman hoped this most important letter would put an end to the carping criticism that they had had so much of from boards of guardians. It was decided to send copies of the letter to the various boards of guardians, vestries, and district boards in the metropolis. A letter was read from the Local Government Board calling attention to serious sanitary defects of Caterham Asylum and to the want of flushing. It was decided, after some discussion, to refer the letter to the Caterham Committee. It was reported that during the last four weeks the cases of fever admitted to the hospitals numbered 298, as against 375 in the previous four weeks, and that there were on Thursday 802 cases of fever (729 of scarlet fever, 68 of enteric, and five of other febrile diseases),

as against 871 of a month ago. There had been admitted to the Board's ships only three cases of small-pox in the four weeks, and in the previous four weeks four cases. Three cases only remained under treatment. The Board adjourned until September 22nd.

## PUBLIC HEALTH

AND

### POOR LAW MEDICAL SERVICES.

#### THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

THE Registrar-General has just issued his quarterly return relating to the births and deaths registered in England and Wales during the second or spring quarter of this year, and to the marriages in the three months ending March last. The marriage rate, although it showed a slight recovery from the exceptionally low rate that prevailed in the first quarter of 1887, was below the mean rate in the corresponding quarters of the ten years 1878-87. The birth-rate and the death-rate were also below their respective averages. The mean temperature of the air during the quarter was below the average, and the weather was favourable to the public health.

The births registered in England and Wales during the three months ending June last were 224,077, equal to an annual rate of 31.4 per 1,000 of the population, estimated by the Registrar-General to be more than twenty-eight and a half millions of persons. This birth-rate showed a further decline from the rates recorded in the second quarters of recent years; it was 2.9 below the mean rate in the corresponding quarters of the ten years 1878-87, and was also lower than that recorded in the corresponding period of any year since the commencement of civil registration in 1837. The birth-rate in the quarter under notice in the several counties ranged from 25.7 in Rutlandshire and 26.1 in Sussex, to 35.8 in Leicestershire, 36.2 in Durham, and 36.7 in Essex. In the twenty-eight large towns for which the Registrar-General publishes weekly returns, the birth-rate last quarter averaged 31.4 per 1,000, ranging from 23.1 in Brighton and 25.1 in Huddersfield, to 37.0 in Sunderland, 39.5 in Newcastle-upon-Tyne, and 40.2 in Cardiff. The births registered in England and Wales during the quarter under notice exceeded the deaths by 99,134; this represents the natural increase of the population during that period. From the Board of Trade returns, it appears that 170,079 emigrants sailed from the various ports of the United Kingdom at which emigration officers are stationed; of these, 58,224 were English, 14,676 Scotch, and 40,622 Irish. The proportion of British emigrants to a million of the respective populations of the three divisions of the United Kingdom were 2,034 from England, 3,638 from Scotland, and 8,479 from Ireland.

During the second quarter of 1888 the deaths of 124,943 persons were registered in England and Wales, equal to an annual rate of 17.5 per 1,000 of the estimated population. This death-rate was 1.8 per 1,000 below the mean rate in the corresponding periods of the ten years 1878-87, and was lower than that recorded in the second quarter of any year since the commencement of civil registration in 1837. Among the urban population of the country, estimated at more than eighteen and a quarter millions of persons, the rate of mortality during the quarter under notice was equal to 17.7 per 1,000; in the remaining and chiefly rural population of about ten and a quarter millions, the rate was 17.2 per 1,000. The urban rate was 1.8, and the rural rate 0.6, below the mean rates in the second quarters of the seven years 1881-87. The rate of mortality among infants under one year of age and among persons aged between 1 and 60 years was below the average; while the death-rate among persons aged upwards of 60 years exceeded the average.

The 124,943 deaths registered in England and Wales during the three months ending June last included 3,059 which were referred to whooping-cough, 1,511 to diarrhoea, 1,255 to measles, 1,150 to scarlet fever, 1,088 to "fever" (including typhus, typhoid, and simple fever), 1,016 to diphtheria, and 310 to small-pox; in all, 9,389 deaths resulted from these principal zymotic diseases, equal to an annual rate of 1.32 per 1,000, the average annual rate in the ten preceding corresponding quarters having been 2.12 per 1,000. The mortality from each of these zymotic diseases, except diphtheria, was below the average. The deaths referred to small-pox, which had risen in the five preceding quarters from 30 to 582, declined to 310 during the quarter under notice, of which 84 occurred in Sheffield, 27 in Preston, 10 in Bristol, 12 in Walsall, 11

in Ashton-under-Lyme, and 9 in Hull. In London only one fatal case of small-pox was recorded during the quarter.

The rate of infant mortality, or the proportion of deaths under one year of age to registered births, was last quarter 121 per 1,000, and was slightly below the average proportion in the ten preceding corresponding quarters. While the rate of infant mortality in London was equal to 125 per 1,000, it averaged 138 in the twenty-seven provincial towns, among which it ranged from 97 in Birkenhead and 108 in Portsmouth to 169 in Salford, 191 in Blackburn, and 193 in Huddersfield.

THE NOTIFICATION OF INFECTIOUS DISEASES.

MR. HENRY E. ARMSTRONG, Medical Officer of Health for Newcastle-upon-Tyne, writes: In the JOURNAL of July 21st you publish an article containing tables by the acting statistic to the General Medical Council, from which it is deduced that in all the large towns of England where notification (and especially by the dual method) of infectious disease has been in operation for a few years, the result has been "enough to condemn the system, which seems to place the towns that accept it under a ban." Amongst other expressions against the system the article states that the effect of the Act has been that in Newcastle the zymotic death-rate has "plunged from 2.9 to 3.6 per 1,000." This is strong language, but it is as false as it is strong—false because it is disingenuous, and because it is inaccurate.

The writer, in comparing the death returns before and after notification, does not (as in fairness he should do) take for comparison different periods of equal duration. On the contrary, he chooses a short period (two years) before notification, and one in which the death-rate was the lowest in the quinquennium, to condemn by contrast the system carried on during a long period (that is, five years) after notification. In doing this, he does not even take the whole of this latter period, but omits from consideration the last year of it, which, as regards the "principal zymotic diseases" notified, shows the lowest death-rate but one in the period. He does not (as in fairness he should do) confine himself to the diseases with which the system of notification deals. On the contrary, he, for the purpose of discrediting that system, makes it responsible for measles, whooping-cough, and diarrhoea, of which notification takes no cognisance, and from which the deaths, since notification, have increased 30 per cent.

In proof of my statements, I submit the following figures:—

Newcastle-upon-Tyne.—Deaths from Seven Chief Zymotic Diseases from the Returns of the Registrar-General.

Year.	Deaths from Infectious Disease Notified.	Death-rate per 1,000 of Small-pox, Scarlet Fever, Diphtheria, and Fever.	Deaths from Infectious Disease Not Notified.	Death-rate per 1,000 from Measles, Whooping-cough, and Diarrhoea.
Before Notification.	1878	327	332	2.3
	1879	343	240	1.6
	1880	175	301	2.0
	1881	129	253	1.7
	1882	210	280	1.9
Average	237	1.6	281	1.9
After Notification.	1883	269	375	2.5
	1884	237	259	1.6
	1885	179	497	3.2
	1886	98	288	1.9
	1887	120	409	2.6
Average	180	1.2	366	2.3

I submit that, if the foregoing tables prove anything, it is that the mortality from notified diseases has fallen, whilst that from zymotic disease not notified has risen—an argument in favour of the extension of the system. As a matter of fact the death-rate from the seven principal zymotic diseases for the periods of five years before and five years after notification is the same, namely, 3.5 per 1,000. They have not increased, as is implied by the writer of the article. A closer comparison of the two periods adopted by the acting statistic of the General Medical Council shows that the deaths from small-pox in Newcastle had fallen 54 per cent., and of typhus 30 per cent., since notification. The mortality of scarlet fever, although showing a higher annual average after notification than

in the two years before it, was last year no less than 57 per cent. lower than the average of the two years selected by the statistician. Last year an outbreak of typhus, numbering some three dozen cases, was nipped in the bud, which, I maintain, it could not have been but for notification of cases. This is no new experience.

The total number of notifications in Newcastle has fallen from 2,032 in 1883 to 1,763 in 1887. To this the statistician may reply that the reduction is due to concealment of cases, and not to sanitary action. This line of argument will not adapt itself to deaths, or even to the cases in highly contagious epidemics, such as those above named, where concealment is impossible, because if in any instance no doctor were called in, the neighbours would cry out.

The writer of the article does not make allowance for variation in mortality owing to change of type of disease—a fact than which there is none more patent in the domain of medicine, but one over which notification can have no influence.

DR. MUMBY, Medical Officer of Health, Portsmouth, sends the following remarks on Dr. Biddle's statistics in the JOURNAL July 21st, p. 160: Dr. Biddle's figures are no safe basis for argument upon the question of the compulsory notification of infectious disease, at any rate as Portsmouth, Manchester, Salford, and Newcastle-upon-Tyne are concerned. It is clear that notification should not be blamed for the occurrence of deaths included in the zymotic death-rate not due to notifiable diseases. I have, therefore, in order to see if there has been any increase of deaths due to these diseases which are notified, separated the death-rates from these diseases and compared them with the death-rates from the same diseases during the decade 1871-1880 for it is manifestly absurd to draw any deductions from the death-rate of one year, as Dr. Biddle has done in the case of Manchester. To compare with the last decade, I have taken the average of the rates for the years since the Acts have been in force.

Towns.	Death-rate of Notifiable Diseases included in Zymotic Death-rate.	Small-pox.	Scarlet Fever.	Diphtheria.	Fever.
Portsmouth, { 1871-1880 ... ..	1.91	0.50	0.55	0.12	0.74
Act 1883, { 1884-1887 ... ..	0.97	0.00	0.16	0.29	0.52
Manchester, { 1871-1880 ... ..	1.93	0.13	1.13	0.10	0.57
Act 1881, { 1882-1887 ... ..	0.90	0.03	0.49	0.09	0.29
Salford, { 1871-1880 ... ..	2.49	0.49	1.19	0.12	0.66
Act 1882, { 1883-1887 ... ..	1.05	0.00	0.59	0.09	0.37
Newcastle, { 1871-1880 ... ..	2.57	0.60	1.28	0.09	0.60
Act 1882, { 1883-1887 ... ..	1.19	0.10	0.57	0.13	0.39

From the above table it will be seen that there has been a very great reduction in the death-rates from notifiable diseases in each of the above-mentioned towns, instead of an increase, as Dr. Biddle's figures would lead us to imagine. The reduction has been in each of the diseases, with the exception of diphtheria, which has increased in two of these towns—Portsmouth and Newcastle. But the reduction of the rates due to notifiable diseases during these years since the Act came into force, compared with the decade 1871-1880 in those very four towns which Dr. Biddle has picked out as examples of the fearful effects of compulsory notification of disease has been to the enormous extent of 53.3 per cent. In Portsmouth the reduction was 48.7 per cent., in Manchester 53.4, in Salford 57.4, and in Newcastle 53.7. Dr. Biddle attributes the increase in the zymotic rate to the effects of the Acts, as I think, without any justification whatever; but I think it may fairly be stated that a very considerable part of this great reduction in deaths due to notifiable diseases may be claimed for the compulsory notification of these diseases. Dr. Biddle further states that another ill effect of the Acts is to prevent persons who are ill from sending for medical advice for fear of their case being reported to the sanitary authority. Last autumn I sent a circular letter to every medical practitioner in Portsmouth, asking them if any such cases had come to their knowledge. I got a fair number of replies, some by letter, some verbally; all the replies



were to the same effect—namely, that no such cases were known. Now, I think if such cases did occur they would be sure to come to the knowledge of medical men sooner or later, and therefore I do not think the Act has any such effect in Portsmouth. I am pleased to say that the notification here works smoothly, with no friction between the medical men and myself, and I believe very greatly to the benefit of the health of the borough.

#### ANNUAL REPORT OF GROSSE ISLE QUARANTINE STATION, 1887.

GROSSE ISLE is the quarantine station for all vessels entering Canada by the St. Lawrence. The quarantine regulations lately adopted, although strict, do not appear to be in any way unreasonable, and involve none of the vexatious delays and annoyances which are still practised under the name of quarantine in many parts of the world. The regulations issued prevent all possible evasion of quarantine inspection on the part of incoming vessels by means of an order that no vessel from outside of Canada can enter the Custom House without first exhibiting its quarantine clearance admitting it to full *pratique*.

Under this system such diseases as measles, scarlet fever, and diphtheria (besides the more usually quarantinable diseases, small-pox, typhus, yellow fever, and cholera), occurring on board inward-bound vessels, can be landed and isolated at quarantine hospitals without any delay to the vessels except that incidental to a thorough process of disinfection, which in the case of those ships provided with hospitals is rapidly carried out. The infected vessels are thoroughly disinfected by means of the "mercuric chloride drench, superheated steam, and fumigation by the sulphur dioxide blast," before being allowed to proceed to Quebec. The regulations also require the vaccination of all steerage passengers on steamships who cannot furnish satisfactory evidence of having been vaccinated within the seven previous years, or of having had small-pox within that period.

Dr. Montizambert concludes his report by detailing the equipments and alterations required to bring the quarantine service, already of the greatest public use and benefit, up to a state of the highest attainable perfection.

#### LOCAL GOVERNMENT BOARD FOR IRELAND: ANNUAL REPORT.

From the sixteenth annual report, which has been lately issued, we learn that the average daily number of persons receiving indoor relief during the year amounted to 45,558, being 331 fewer than in the preceding year. The outdoor lists, moreover, were decreased by 12,735, the average daily number being 65,506. During the year ended January 14th last, the total number of deaths in the various workhouses was 10,187, showing a decrease of 507 deaths as compared with the number in the previous year. Of these, fever caused 383, against 346; lung disease 1,754, against 1,848; and deaths by small-pox 3, against 1 in the previous year. There were, for the twelvemonths ending September 29th, 51,244 admitted into workhouses for sickness, being an increase of 3,248 as compared with the previous year; an increase of 23,396 in the number admitted who were not sick, and of 257 in the number suffering from fever or other contagious disease. In the various dispensary districts the medical officers during the year attended 406,633 new cases at the dispensaries and 173,707 patients at their own homes, or a total of 880,340, and vaccinated 96,489 persons. The vaccination returns show an increase of 1,628 as compared with the year preceding; of these 96,489 persons vaccinated, 80,789 were under one year old when vaccinated, 12,150 above one year, while 3,550 were revaccinations. During the year small-pox caused 3 deaths in workhouses, being 2 more as contrasted with the previous return; and the number of cases of this disease treated in dispensary districts under the Medical Charities Act was 18. As regards fever, there were 5,092 cases attended by dispensary medical officers, being an increase of 47 as contrasted with 1886; also an increase of the cases of scarlet fever by 1,117, the numbers being 3,819 and 2,702 respectively. The medical charities expenditure amounted to £158,376, under which heading is included the cost of medicines and medical appliances, salaries of medical officers and apothecaries, vaccination fees, and other expenses, showing an increase of £264 over that of the preceding year. The Commissioners have sanctioned loans amounting to £83,903 8s. 9d. to various towns in Ireland, principally for sewerage and water-supply, which, added to the pre-

vious sums, constitutes a total of £1,714,297 6s. 2d. for the past thirteen years.

#### POOR-LAW MIDWIFERY FEES.

MR. MATTHEW CARNELLEY (Ruddington, Notts) writes: I notice in the *JOURNAL* of August 26th, page 443, a paragraph referring to the great percentage of extraordinary cases of labour attended by poor-law medical officers. I am totally unacquainted with all the medical officers under the Sheffield Board of Guardians referred to in the notice, but should like, in justice, to make one or two remarks, as the article implies that the reason why the percentage of extraordinary cases is so high is that the higher fee induces officers to treat as extraordinary those which in reality are ordinary cases. Now the cases attended by poor-law medical officers may be divided into three classes, namely:—

1. Those who obtain a parish note for medical help some time before labour is expected, simply because their aversion to seek union relief is not so strong as their desire to have reliable assistance during their confinement. The chances are that nearly all these cases would be ordinary labours.

2. Those who obtain a parish note before labour commences because their previous labours have been bad, and medical assistance has had to be obtained before delivery could take place. Many of these would probably be extraordinary labours.

3. Those who only apply for a parish note when the midwife or neighbouring friends find that, after much anxious waiting, delivery will not take place without other help. All these would probably come under the head of extraordinary cases, as instrumental delivery was necessary.

Now, it is easily seen that the percentage of extraordinary cases depends on the proportion of cases in classes 1, 2, and 3 attended by the medical officer. The following are the figures in my own practice during the last four years:—

1. Parish notes obtained beforehand as in class 1, 18—ordinary cases, 18; extraordinary, 0.

2. Parish notes obtained beforehand on account of previous bad labour, 3—ordinary cases, 1; extraordinary, 2.

3. Parish notes obtained at request of attending midwife, 9—ordinary cases, 1; extraordinary, 8.

That is to say, out of thirty cases attended, ten of them were extraordinary. This comes to nearly the same percentage as that when taking the whole of the cases quoted in your paragraph.

#### PAROCHIAL MEDICAL OFFICERS AND THEIR DUTIES.

PARISH DOCTOR writes: A child brings a note from its mother to my surgery with an order from the relieving officer, describing the mother's symptoms, which are of a very mild form, and asking for some medicine. The note does not contain any wish for the doctor to call, nor does the child express any, but the wording of the order, which is the same for all cases, whether brought by the patient himself or not, is "you are requested to visit and undertake the treatment of, etc." The guardian of the parish in which the woman lives, who is also the parson, finds, on making his parochial call, that the doctor has not been to see the woman, and brings the case before the next board meeting. I am asked for an explanation, and I say that I was not asked or desired by the patient to visit her, and enclose her note as proof; and I, moreover, go to the woman and find that she had expressed no wish to see me, "only Mr. So-and-So, the parson, etc." The Board reply to me that my explanation is not satisfactory, and that in future they hope I shall in all cases visit a patient on receiving an order to do so.

Am I treated fairly, and if not, had I better carry the matter further? I may say that the parson has a personal spite against me.

\*.\* We advise "Parish Doctor" to let the matter drop, and in future to act up to the letter of the order, especially as he has an enemy in the camp.

HEALTH OF ENGLISH TOWNS.—In the twenty-eight large English towns, including London, which have an estimated population of 9,398,273 persons, 4,984 births and 3,174 deaths were registered during the week ending Saturday, August 11th. The annual rate of mortality, which had been 15.8 and 16.0 per 1,000 in the two preceding weeks, further rose to 17.6 during the week under notice. The rates in the several towns ranged from 9.2 in Derby 11.4 in Huddersfield, 12.0 in Portsmouth, and 12.6 in Hull to 19.9 in Leeds, 20.0 in Sheffield, 23.0 in Manchester, and 23.5 in Plymouth. In the twenty-seven provincial towns the mean death-rate was 17.3 per 1,000, and was 0.7 below the rate recorded in London, which was 18.0 per 1,000. The 3,174 deaths registered during the week under notice in the twenty-eight towns included 247 which were referred to diarrhoea, 74 to measles, 61 to whooping-cough, 35 to scarlet fever, 33 to diphtheria, 22 to "fever" (principally enteric), and 5 to small-pox; in all, 477 deaths resulted from the principal zymotic diseases, against 311, 409, and 432 in the three preceding weeks. These 477 deaths were equal to an annual rate of 2.6 per 1,000; in London the zymotic death-rate was 3.2, while it averaged 2.2 in the twenty-seven provincial towns, and ranged from 0.0 in Plymouth and in Oldham, and 0.4 in Sunderland to 3.4 in Manchester, 3.5 in Liverpool, and 4.8 in Leeds. Measles caused the highest proportional mortality in Bradford; scarlet fever in Blackburn; whooping-cough in Manchester; and diarrhoea in London, Preston, Norwich, Liverpool, and Leeds. Of the 33 deaths from diphtheria recorded during the week under notice in the twenty-eight towns, 25 occurred in London and 3 in Nottingham. The 5 fatal cases of small-pox included 3 in Manchester, 1 in Nottingham, and 1 in Preston, but not one in London or in any of the twenty-four other large towns. Only 2 small-pox

patients were under treatment in the Metropolitan Asylums Hospitals on Saturday, August 11th, of whom one had been admitted during the week. These hospitals also contained 757 scarlet-fever patients on the same date, against numbers declining from 811 to 768 in the three preceding weeks; 60 cases were admitted during the week, against 95, 78, and 68 in the three previous weeks. The death-rate from diseases of the respiratory organs in London was equal to 2.2 per 1,000, and almost corresponded with the average.—During the week ending Saturday, August 18th, 5,834 births and 2,954 deaths were registered in the twenty-eight largest English towns, including London, which have an estimated population of 9,398,273 persons. The annual rate of mortality per 1,000 persons living in these towns, which had risen from 15.8 to 17.6 in the three preceding weeks, declined again to 16.4 during the week under notice. The rates in the several towns ranged from 12.9 in Nottingham and in Bolton, and 13.0 in Birmingham and in Birkenhead to 20.1 in Plymouth, 20.6 in Derby and in Sheffield, and 22.8 in Manchester. The mean death-rate in the twenty-seven provincial towns was 16.6 per 1,000, and exceeded by 0.4 the rate recorded in London, which was 16.2 per 1,000. The 2,954 deaths registered during the week under notice in the twenty-eight towns included 486 which were referred to the principal zymotic diseases, against numbers increasing from 311 to 477 in the four preceding weeks; of these, 301 resulted from diarrhoea, 56 from whooping-cough, 53 from measles, 31 from scarlet fever, 23 from diphtheria, 21 from "fever" (principally enteric), and 1 from small-pox. These 486 deaths were equal to an annual rate of 2.7 per 1,000; in London the zymotic death-rate was 3.0, while in the twenty-seven provincial towns it averaged 2.4 per 1,000, and ranged from 0.3 and 0.8 in Hull and in Sunderland to 4.1 in Salford, 4.3 in Leicester, and 5.0 in Sheffield. Measles caused the highest proportional fatality in Bradford; scarlet fever in Blackburn; whooping-cough in Huddersfield and Wolverhampton; "fever" in Nottingham; and diarrhoea in Liverpool, Preston, Salford, Leeds, Plymouth, Leicester, and Sheffield. The 23 deaths from diphtheria in the twenty-eight towns included 13 in London, 3 in Manchester, and 2 in Salford. Small-pox caused one death in Oldham, but not one in London, or in any of the twenty-six other great towns. The Metropolitan Asylums Hospitals contained 3 small-pox patients on Saturday, August 18th, of whom one had been admitted during the week. These hospitals also contained 798 scarlet-fever patients on the same date, against numbers declining from 801 to 757 in the three preceding weeks; there were 62 admissions during the week. The death-rate from diseases of the respiratory organs in London were equal to 2.0 per 1,000, and was slightly below the average.

**HEALTH OF SCOTCH TOWNS.**—During the week ending Saturday, August 11th, 795 births and 395 deaths were registered in the eight principal Scotch towns. The annual rate of mortality, which had been 15.3 and 15.9 per 1,000 in the two preceding weeks, declined again to 15.6 during the week under notice, and was 2.0 below the mean rate during the same period in the twenty-eight large English towns. Among the Scotch towns, the lowest rates were recorded in Leith and Dundee, and the highest in Perth and Greenock. The 395 deaths in these towns during last week included 44 which were referred to the principal zymotic diseases, equal to an annual rate of 1.7 per 1,000, which was 0.9 below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic rates were recorded in Aberdeen and Paisley. The 166 deaths in Glasgow included 8 from diarrhoea, 4 from measles, 3 from whooping-cough, and 1 from "fever". Two deaths were referred to diphtheria in Edinburgh and 3 in Paisley. The mortality from diseases of the respiratory organs in these Scotch towns during the week under notice was equal to 2.0 per 1,000, against 2.2 in London.—In the eight principal Scotch towns, 785 births and 438 deaths were registered during the week ending Saturday, August 18th. The annual rate of mortality in these towns, which had been 15.3 and 15.9 per 1,000 in the two preceding weeks, rose again to 17.3 during the week under notice, and exceeded by 0.9 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns, the lowest rates were recorded in Greenock and Perth, and the highest in Glasgow and Paisley. The 438 deaths in these towns during the week included 43 which were referred to the principal zymotic diseases, equal to an annual rate of 1.7 per 1,000, which was 1.0 below the mean zymotic death-rate during the same period in the large English towns. The 203 deaths registered in Glasgow included

10 which resulted from diarrhoea, 4 from whooping-cough, 2 from scarlet fever, 2 from measles, 2 from diphtheria, and 1 from "fever." The death-rate from diseases of the respiratory organs in these towns was equal to 2.3 per 1,000, against 2.0 in London.

**HEALTH OF IRISH TOWNS.**—In the sixteen principal town districts of Ireland the deaths registered during the week ending Saturday, July 28th, were equal to an annual rate of 18.4 per 1,000. The lowest rates were recorded in Armagh and Londonderry, and the highest in Cork and Kilkenny. The 122 deaths registered in Dublin during the week under notice were equal to an annual rate of 18.0 per 1,000, the rates for the same period being only 15.9 in London and 13.7 in Edinburgh. These 122 deaths included 8 which were referred to the principal zymotic diseases (equal to an annual rate of 1.2 per 1,000), of which 4 resulted from scarlet fever, 2 from "fever," 1 from whooping-cough, 1 from diarrhoea, but not one either from small-pox, measles, or diphtheria.—During the week ending Saturday, August 4th, the deaths registered in the sixteen principal town districts of Ireland were equal to an annual rate of 18.2 per 1,000. The lowest rates were recorded in Dundalk and Armagh, and the highest in Lurgan and Kilkenny. The death-rate from the principal zymotic diseases in these towns averaged 2.4 per 1,000, and was highest in Wexford and Kilkenny. The 143 deaths registered in Dublin during the week under notice were equal to an annual rate of 21.1 per 1,000, against 19.4 and 18.0 in the two preceding weeks. These 143 deaths included 21 from the principal zymotic diseases (equal to an annual rate of 3.1 per 1,000), of which 11 were referred to whooping-cough, 6 to "fever" (principally enteric), 3 to scarlet fever, 1 to diarrhoea, and not one either to small-pox, measles, or diphtheria.—In the sixteen principal town-districts of Ireland the deaths registered during the week ending Saturday, August 11th, were equal to an annual rate of 16.9 per 1,000. The lowest rates were recorded in Galway and Wexford, and the highest in Lurgan and Armagh. The 131 deaths registered in Dublin during the week under notice were equal to an annual rate of 19.4 per 1,000 (against 18.0 and 21.1 in the two preceding weeks), the rate for the same period being only 18.0 in London and 14.8 in Edinburgh. The 131 deaths included 12 which were referred to the principal zymotic diseases (equal to an annual rate of 1.8 per 1,000), of which 4 resulted from diarrhoea, 3 from scarlet fever, 3 from whooping-cough, 2 from "fever," and not one either from small-pox, measles, or diphtheria.—During the week ending Saturday, August 18th, the deaths registered in the sixteen principal town districts of Ireland were equal to an annual rate of 17.0 per 1,000. The lowest rates were recorded in Lisburn and Armagh, and the highest in Sligo and Waterford. The death-rate from the principal zymotic diseases in these towns averaged 1.5 per 1,000. The 123 deaths registered in Dublin during the week under notice were equal to an annual rate of 18.2 per 1,000, against 21.1 and 19.4 in the two preceding weeks. The 123 deaths included 13 from the principal zymotic diseases (equal to an annual rate of 1.9 per 1,000), of which 5 were referred to diarrhoea, 3 to "fever," 3 to whooping-cough, 1 to scarlet fever, 1 to diphtheria, and not one either to small-pox or measles.

#### REPORTS OF MEDICAL OFFICERS OF HEALTH.

**BATH** (Population, 52,000).—*Longevity: Diminishing Infant Mortality: Good Influences of Crèches.*—Dr. Brabazon had a very favourable return to make in respect of the mortality during 1887; the death-rate, 17.7 (or duly corrected, 16.4) per 1,000, being much below the average of the past five years. The principal factor in the mortality was heart disease, causing 103 deaths. Next came bronchitis, causing 102 deaths. Among constitutional diseases phthisis headed the list with 66, and cancer with 64, the former being below and the latter above the quinquennial average. The mortality from diseases of the respiratory organs—149, the lowest recorded for the past five years—affords practical evidence of the generally mild character of the climate during the year. The small zymotic mortality is also a subject for congratulation, being as low as 0.3 per 1,000. A brief diphtheritic wave passed over the town, causing nine deaths; and four others were caused by typhoid fever. Dr. Brabazon again calls attention to instances of longevity in Bath, 97 deaths being recorded of persons aged over 80, many having nearly approached a "century" of existence. Speaking of the consecutive diminution in infant mortality during the past five years, a high tribute is paid to the workers in



*crèches*, to whose influence is attributed much of the preservation of infantile existence.

**CHELtenham** (Population, 43,910).—*Enteric Fever caused by use of Water from Polluted Shallow Wells: Such Wells condemned.*—Surgeon-General Roch had to report an extensive prevalence of infectious disease during 1887, which, though not increasing the death-rate to any great extent, was such as to cause great anxiety and labour. Certainly the most important, because affecting the character of the town as a health-resort, has been an epidemic of typhoid fever, which, though not of a severe type, was wide-spread and lasted into the first quarter of 1888. Mr. Roch considers the mildness of the cases was influenced by the mode of introduction into the system, as by far the greater number of cases were traced to polluted water in the shallow wells of the low lying part of the town. A prolonged drought aggravated existing pollution, and by lowering the water in the wells gave a concentrated dose of the poison to persons drinking it. The use of these wells should certainly be prohibited, since an unimpeachable supply of water is now at the disposal of the Corporation. The mains have only to be extended in order to obviate another such outbreak. Small-pox, scarlatina, diphtheria and measles all presented themselves at various seasons of the year. The spread of small-pox was prevented by the prompt measures taken to isolate the two cases in the Delancy Hospital, both families being placed in seclusion, revaccination enforced, and houses and clothing, etc., thoroughly disinfected. Four cases of diphtheria came under notice, three of them being attributed to sleeping in rooms where there was an escape of sewer gas, and the fourth to sleeping in a damp room, the wall of which was covered with a layer of greenish-blue mould. The death-rate for the year was 17.1 per 1,000, which is about the average for the past ten years, and taken in conjunction with the high mortality among children and the prevalence of typhoid fever and measles, may be considered satisfactory.

**JARROW** (Population 83,000).—*Compulsory Notification of Measles: New Infectious Hospital.*—There appears to have been an exceptional prevalence of infectious diseases in the borough during 1887, although, as Dr. Campbell Munro explains in his annual report, the excess is to some extent more apparent than real. The year 1887 was the first entire year in which the notification of measles was general, and the increase in the number of cases reported was chiefly due to that disease. No fewer than 565 cases of measles, attended by 43 deaths, came under notice within the year. In June the holidays of the infant department of the Ellison schools—to which at that time the outbreak seemed to be particularly confined—were prolonged. But the step did not appear to affect the progress of the epidemic, which reached its highest prevalence in July. No cases of small-pox occurred. Scarlet fever caused 14 deaths, 173 cases of that disease being notified. The death-rate for the year was 19.8 per 1,000, as against 20.7 for 1886. The district has at last the valuable defence afforded by a new permanent hospital for infectious diseases.

**MERTHYR TYDFIL** (Population, 57,000).—*Prevalence of Scarlet Fever: Typhus Fever Outbreak in Doullais.*—Infectious diseases were rife in this district during 1887, though the fatality from them was by no means as great as in the previous year. Mr. T. J. Dyke reports that scarlet fever was again the chief cause of the zymotic mortality, 107 deaths, chiefly those of young children, being attributed to it. Many cases of measles were under treatment, and 11 deaths were registered. Diphtheria was fatal to 2 persons. Enteric fever was debited with 26 deaths, a very unusual number during late years: the increase was due to the outbreak of this fever in the Gellideg division. In September, 17 cases of typhus fever were reported in five cellar dwellings in Plough Court, Dowlais. These places of abode were unventilated, damp, and overcrowded. The sick were at once removed to the fever hospital, the houses vacated, disinfected, and cleansed, and the malady did not spread. One death was attributed to small-pox, the patient being unprotected by vaccination. Tubercular diseases caused no less than 133 deaths, 10 per cent. of the total deaths, or 14 per 10,000 of the people. Great as is the loss of life occasioned by these maladies, it is comparatively small when contrasted with the proportionate death-rate due to phthisis in the days when no sanitary improvement had begun—namely, 38 per 10,000. The general death-rate for the year was 21.7 per 1,000, of which the zymotic proportion was 3.4.

**SALTLEY** (Population, 7,550).—*High Infant Mortality.*—The high rate of infant mortality which Mr. W. G. Cresswell reports for 1887 detracts somewhat from an otherwise favourable record. Of 110 deaths at all ages, 62 took place under five years of age, while of children under one year no fewer than 41 died, or 148 per 1,000 of the registered births. The district was absolutely free from small-pox throughout the year. Diphtheria was also absent, and croup nearly so. A few cases of scarlatina occurred in the autumn. Whooping-cough, however, was exceedingly rife throughout the autumn and winter months, and the end of the year brought a few cases of measles. Diarrhoea and dysentery were not marked by any epidemic character, notwithstanding the comparatively large number of 11 deaths under this head. Mr. Cresswell inclines to the belief that many of the cases were not truly zymotic in their origin, but were produced in the very young by improper feeding. Excluding, therefore, these 11 deaths from the zymotic list, the actual known number would be only 10, and the rate per 1,000 only 1.3, instead of 2.7. Sanitary matters seem to be satisfactorily attended to.

## UNIVERSITY INTELLIGENCE.

### ROYAL UNIVERSITY OF IRELAND.

At a public meeting of the Senate of this University held August 3rd, 1888, the degree of Bachelor in Obstetric Science was conferred on George R. Young, M.D., Ch.M.

## OBITUARY.

### FREDERICK MASON, L.R.C.P. EDIN., M.R.C.S. ENG.

It is with a feeling of profound regret we announce the death of Mr. Frederick Mason, of Bath, which occurred on August 29th, at his residence, Belmont, after a few weeks' severe illness. Mr. Mason was born in Bath in 1823, and received his early education, with many other citizens of Bath, at Lo Studio, kept by Mr. J. E. Sturges. After leaving school he was articled to Mr. Harries, surgeon, of Walcot Parade, and subsequently studied at University College, London. He became a Member of the Royal College of Surgeons and a Licentiate of the Apothecaries' Hall in 1847, and in 1859 a Licentiate of the College of Physicians of Edinburgh. On returning to Bath, he established himself in practice on the Paragon (then Axford Buildings).

His skill as an oculist has long been recognised, and since 1863 he occupied the post of Surgeon to the Bath Eye Infirmary. Mr. Mason was elected on the Committee of Council of the Association when it met at Manchester in August, 1877, since when he has always been most regular in his attendance and a most assiduous member of Council as representative of the Bath and Bristol Branch. He was also a member of the Journal and Finance Committee of the Association. He was President of the Bath and Bristol Branch in 1847, and was a member of the Ophthalmological Society.

Since April 30th Mr. Mason had experienced some difficulty in swallowing, which had increased considerably during the last month. During the last week of his life his weakness was exceedingly distressing, and he passed quietly away. *Post-mortem* examination showed epithelioma of the cardiac end of the oesophagus about two inches in extent, with ulceration at the margin of the stomach. His reputation had extended far and wide. He made many friends both in and out of the profession, to whom his kindly and gentle manner had endeared him, and to whom his death has brought feelings of great regret.

### BENJAMIN TOWNSON, M.R.C.S. ENG., L.S.A., Liverpool.

We regret to record the death of Mr. Benjamin Townson, which took place on August 21st at his residence, Adelaide Parade, Waterloo. Mr. Townson obtained his qualifications in 1837, and for many years carried on practice in Shaw Street. He was well known in Everton and Kirkdale, and was intimately associated with many social and philanthropic movements. He was interested in many charitable institutions, especially in the St. George's Industrial Schools, West Derby Road. He was a member of the Society of Friends, and a well-known advocate of the temperance cause. He was for many years attached to the General Post Office as medical officer, an appointment he resigned on his retiring from practice a few years ago. He was 74 years of age.