

Working Classes Act, with regard to a number of dwellings unfit for habitation. One of these had been empty for upwards of two years, but it was stated in evidence that the owner had some intention of repairing it for occupation. Another group of houses, however, which had been unoccupied for eighteen years were held to be exempt from the operation of the Act. The Bench expressed the opinion that where there was long disuse and no prospect of future occupation the premises were not to be regarded as inhabited houses within the meaning of the Act. It was thought that the section which empowers the court to issue a closing order, even if the house be unoccupied, bore reference merely to a temporary cessation of tenancy. It does not appear that any notice of appeal was given, but the decision is one which, if generally accepted, must hamper the action of public authorities in dealing with insanitary portions of their districts. The "closing order" is a necessary preliminary to the "demolition order," according to the Act, and the Bradford ruling would leave the worst houses standing, while affording facilities for the removal of the less bad.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 5,930 births and 3,949 deaths were registered during the week ending Saturday, October 5th. The annual rate of mortality in these towns, which had risen from 19.3 to 21.0 per 1,000 in the three preceding weeks, declined to 19.4 last week. The rates in the several towns ranged from 13.2 in Croydon, 14.2 in Huddersfield, and 14.4 in Brighton to 30.3 in Salford, 32.3 in Bolton, and 37.2 in Blackburn. In the thirty-two provincial towns the mean death-rate was 21.9 per 1,000, and exceeded by as much as 6.0 the rate recorded in London, which was only 15.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 4.2 per 1,000; in London the death-rate was 2.6 per 1,000, while it averaged 5.5 in the thirty-two provincial towns, and was highest in Oldham, Salford, Bolton, and Blackburn. Measles caused a death-rate of 2.0 in Salford and 6.9 in Blackburn; scarlet fever of 1.1 in Gateshead and 1.2 in Wolverhampton; whooping-cough of 1.7 in Bolton and 3.6 in Wolverhampton; "fever" of 3.4 in Sunderland; and diarrhoea of 6.3 in Salford, Oldham, and Burnley, 9.2 in Bolton, and 10.2 in Blackburn. The 71 deaths from diphtheria in the thirty-three towns included 44 in London, 4 in West Ham, and 4 in Salford. One fatal case of small-pox was registered in London and 1 in Oldham, but not one in any other of the thirty-three towns. There were 198 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, October 5th, against 307, 271, and 234 at the end of the three preceding weeks; 17 new cases were admitted during the week, against 42, 23, and 21 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 2,507 to 2,807 at the end of the six preceding weeks, was 2,802 on Saturday last, October 5th; 252 new cases were admitted during the week, against 365, 344, and 339 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, October 5th, 894 births and 537 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.5 and 17.5 per 1,000 in the two preceding weeks, rose again to 18.3 last week, but 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 16.5 in Edinburgh to 21.1 in Paisley. The zymotic death-rate in these towns averaged 3.3 per 1,000, the highest rates being recorded in Aberdeen, Leith, and Paisley. The 246 deaths registered in Glasgow included 27 from diarrhoea, 10 from whooping-cough, and 3 from scarlet fever.

EAST END WATER SUPPLY.

THE report of the managers of the Poplar and Stepney Sick Asylum gives many details regarding the working of the institution, but the matter of greatest interest at the present moment is the account given of the difficulties entailed upon the management in consequence of the imperfections and irregularities of the water supply. From a letter written to the secretary of the East London Water Company last January it appears that great inconvenience had been felt in consequence of the failure to get sufficient water to warm the buildings. The managers had at a very large expense fitted up a hot water service, and at the very moment when it was most required the service was frequently of little or no avail, because of the lack of water. This trouble also was no exceptional affair, but usually arose as soon as the least frost made its appearance; so soon as the time arrived when the apparatus was required to perform the work for which it was intended, it became almost inoperative on account of the lowness of the pressure. Nor was the trouble confined to winter only, for in summer also it was found that the pressure was often insufficient, so that the lavatories and waterclosets became very offensive through want of water to flush them. In addition to paying upwards of £45 per annum specially for the high water service, the managers had caused a pump to be attached to the engine for the purpose of aiding the pressure from the company's mains, but even this was of little or no avail for want of water to pump up. The result of this may be imagined when it is considered that the institution contains between 700 and 800 inmates.

LEICESTER AND HER MEDICAL OFFICERS OF HEALTH.

DR. JOSEPH PRIESTLEY has commenced his duties as medical officer of health for Lambeth, and the Town Council of Leicester at their last meeting elected as his successor Mr. H. E. H. Monk, M.R.C.S., L.S.A.,

D.P.H., M.O.H. Scarborough. The Town Council have presented Dr. Priestley with a testimonial, in which they specially compliment him on the way he stamped out the small-pox epidemic; whilst at their last meeting they also resolved to apply for a loan from the Local Government Board for the conversion of the remaining pails and privies into waterclosets at an estimated cost of £25,000. Dr. Priestley advised this change in his last annual report, and brought the matter well home by means of some carefully worked-out statistics, by which he showed the Council the greater incidence of typhoid fever on pail over watercloset houses. The Town Council have also decided to appoint a female sanitary inspector on the suggestion of their late medical officer of health, Dr. Priestley.

FEE FOR ASSISTANCE GIVEN TO WORKHOUSE MEDICAL OFFICER.
X. writes as follows: At the request of the workhouse medical officer I administered an anæsthetic and assisted at an urgent case requiring an operation. Am I entitled to a fee from the guardians and should I send in a claim to them? I should think one guinea would be reasonable.

. We question whether our correspondent has any legal claim on the guardians as he appears to have given his services at the request of the workhouse medical officer, but if he puts in a claim for the fee of one guinea the guardians doubtless have the power to pay it if they decide on doing so, and this will of course depend on the votes given for or against the resolution, if it should be proposed and seconded.

THE PROTECTIVE VALUE OF VACCINATION.

THE following letter appeared recently in the *Star* and *Echo*:

THE VACCINATION FAD.

SIR,—“F. H.’s” is a very useful letter. It should be noted that the Local Government Board issue instructions under authority of an Order in Council which public vaccinators do not carry out. Light should be let in upon the practice of vaccination on every side. I have had within the last day or two a significant instance of the protective value of vaccination. Mr. L., of Greenwich, and his wife were well vaccinated in infancy, as “small-pox was about.” The husband yielded to persuasion and was revaccinated this year. In July last both he and his wife contracted small-pox, and were taken to the Long Reach Small-pox Hospital. *Verbum sapientibus satis.*—Yours, etc.,
H. S. SCULTRESS YOUNG.

16, Queen Anne’s Gardens, Bedford Park, W.

We have made inquiries at the Metropolitan Asylums Board’s hospital ships at Long Reach, and we are informed that the patients to whom Mr. Young refers were, it is believed, admitted to the ships at the end of May and beginning of June and not in July, as he says. The woman, aged 25, was admitted on May 25th, the fourth day of her rash. She had been vaccinated in infancy and had three small non-foveated scars; she had never been revaccinated. Her husband, aged 26, was admitted on June 6th, his rash having appeared on the fourteenth day after that of his wife. He had been vaccinated in infancy and had four non-foveated scars. He was revaccinated on May 28th, that is on the seventh day after the appearance of his wife’s rash and on the eighth day before the appearance of his own rash. One would not expect that vaccination performed so late in the incubation period would have the effect of entirely preventing an attack of small-pox. Both these patients had very mild attacks of the disease.

The following facts may be interesting as affording some evidence of “the protective value of vaccination”: The infant son of the above parents, aged 6 months, was allowed to come to the ships with his mother, although he was not suffering from small-pox. He had been vaccinated when younger and was not revaccinated after admission. Although he lived for more than three weeks in a small-pox ward he did not contract the disease.

INDIA AND THE COLONIES.

THE CALCUTTA MEDICAL COLLEGE.—It is the practice in this institution to hold in each class at the close of each session a “test and honour” examination, which has been hitherto compulsory for lady and military students, and optional for the rest. The option has been exercised by the majority of students to evade it. It has now been resolved to make this examination a real test of progress for all students, and to dismiss those who do not obtain a moderate percentage of marks. This rule, which has obtained the sanction of the Director of Public Instruction, has raised quite an agitation among the students and their friends and in the native press. The circumstances of medical study in India are quite peculiar. A large proportion of students who enter on the course of study relinquish it on account of want of means, want of capacity, diligence, and application, and from other causes. Many of those who persevere do not succeed in obtaining a qualification, and set up in practice, regular or irregular, without one. Many of those who obtain a qualification do so by a painful process of repeated efforts and passing by instalments spread over six, seven, eight, or nine years. The new rule is intended to filter out incompetents during the early stages of the curriculum and demonstrate to them practically that they have mistaken their calling and had better turn their attention to some other mode of obtaining a livelihood. It is also calculated to stimulate the capable but indolent to greater diligence and closer application. A rule of this kind obtains in some Scottish universities and English public schools. It is not enforced in medical colleges and schools in this country because it is not needed. But, looking to the conditions of medical study in India which we have mentioned, the practice seems likely to be a salutary one, provided that it is carried out with discretion and kindness. The so-called test examinations in Indian medical colleges have hitherto been to a large extent a sham. The object is to make them real and helpful to students by showing them whether they understand and accomplish their work.