

Owens; T. F. Pugh, Univ.; P. A. H. Radcliffe, Yorks.; A. Ramsbottom, Owens; S. Reushaw, Owens; E. E. Roberts, Univ.; J. H. Sutcliffe, Yorks.; R. W. Taylor, Yorks.; T. Tierney, Owens; C. R. Willans, Yorks.; T. B. Williams, Owens; F. P. Wilson, Univ.; J. D. Windle, Owens; W. A. B. Young, Owens.

FIRST EXAMINATION.—The following candidates have satisfied the examiners:

Part II. Biology.—R. Appleton, Yorks.; P. W. Ashmore, Yorks.; F. H. S. Ashworth, Owens; J. B. Barnes, Owens; J. H. Battersby, Owens; H. M. Berry, Univ.; C. H. Booth, Yorks.; N. Bradley, Univ.; S. B. Brentnall, Owens; R. N. Butterworth, Yorks.; W. H. Canter, Yorks.; J. B. Cook, Owens; A. Cran, Owens; E. N. Cunliffe, Owens; S. W. Davies, Univ.; A. M. Deane, Yorks.; T. Eastham, Owens; J. E. Floyd, Owens; F. W. Gatenby, Owens; G. W. Gelderd, Univ.; P. H. Green, Owens; J. W. Greenwood, Owens; P. T. Harding, Owens; F. W. Hayes, Yorks.; G. Heathcote, Owens; R. Heathcote, Owens; J. P. Henderson, Univ.; A. G. Jackson, Univ.; S. J. C. Johnson, Owens; C. J. Lapage, Owens; C. Mackay, Owens; H. C. McManus, Univ.; C. T. Matthews, Yorks.; H. Maxfield, Owens; J. S. W. Nuttall, Univ.; G. G. Parkin, Owens; R. T. A. Patchett, Owens; H. D. Pearson, Yorks.; S. Platts, Yorks.; M. B. Potts, Yorks.; H. H. Rayner, Owens; A. Richmond, Owens; W. Rotherham, Univ.; E. Savill, Yorks.; F. E. Sawdon, Owens; G. H. Shaw, Owens; W. F. Shaw, Owens; S. W. Swindells, Owens; H. G. Tansley, Owens; J. C. Teasdale, Yorks.; M. G. L. Walker, Yorks.; H. C. Waterhouse, Owens; A. Wharton, Owens; R. G. Wills, Univ.; B. M. Wilson, Owens; J. G. Woolham, Owens; F. W. B. Young, Univ.

DIPLOMA IN PUBLIC HEALTH.—The following candidates have satisfied the examiners:

J. H. Ashworth, H. P. Butterworth, W. E. Davies, T. W. H. Garstang. The following degrees have been conferred:

Bachelor of Medicine and of Surgery.—W. H. Bateman, Owens; *J. E. Dutton, Univ.; *W. Graham, Univ.; *A. S. Griffith, Univ.; *H. Hartley, Owens; *D. G. Hurter, Univ.; *C. H. Moorhouse, Yorks.; *J. H. Sheldon, Owens; *R. Sutherland, Univ.; M. Aungier, Univ.; T. F. Bamford, Owens; R. W. Bollans, Yorks.; J. J. Butterworth, Owens; J. B. Clarke, Owens; F. Darlow, Yorks.; P. H. Fearnsides, Yorks.; H. M. Henderson, Univ.; A. T. Lakin, Owens; J. R. Lambert, Yorks.; A. Lawson, Owens; J. H. Mason, Yorks.; J. Mooney, Owens; A. McL. Pilcher, Owens; F. S. Pitt-Taylor, Univ.; J. Prestwich, Owens; F. Pritchard, Owens; A. L. Rhind, Owens; A. Wightwick, Owens; J. H. Willett, Univ.

* Second Class Honours.

CONJOINT BOARD IN SCOTLAND.

The following candidates have passed the respective examinations as under:

First Examination: Five Years' Course.—J. M. Morton (with distinction), J. L. Stephenson, J. McIntyre, R. D. Duff, Rona Lockhart, R. Wardlaw, A. McMillan (with distinction), W. H. Duncan, P. M. Dewar, Charlotte M'Crear, M. F. Cusack, E. J. Evatt, K. P. Chatterjee, J. O'Connor, J. J. Lynch, J. C. Galloway, J. E. Cooper, C. H. Nash, S. V. T. Barr.

First Examination: Four Years' Course.—C. A. R. Hall, D. C. Blair, R. Roberts, A. C. Turner, J. Graham, G. A. Thomson.

Second Examination: Five Years' Course.—O. F. McCarthy, W. J. Buckmaster, E. M. M'Swiney, D. Fyfe, C. M'Donnell, J. N. Meade, J. T. Bradley, W. Ogilvy, W. A. Benson.

Second Examination: Four Years' Course.—H. R. Battiscombe, R. C. Reid, T. E. Saxby, J. Robertson, G. A. Thompson, J. T. Farren, T. W. Colthurst.

Third Examination.—J. M. Inverarity, R. Stewart, A. J. Wilson, W. M'Farlane, J. Ross, J. Dunlop.

Final Examination, and admitted L.R.C.P. and S.E. and L.F.P.S.G.—J. K. Riddell, R. H. Fleming, A. Ross, R. S. Elvins, R. H. Munro (with honours), G. H. A. Taylor, A. C. Adderley, J. Dunlop (with honours), G. L. Jones, T. E. Saxby, J. Elliott, A. Emlin, J. Sanderson, J. A. Campbell, W. G. Silvester, D. M'Gregor, D. A. Chalmers, E. F. L. de Jersey, T. S. Ross, E. H. Sheldon, D. C. Rowlands, T. D. Waddell, G. B. Simpson.

ERRATUM.—In the BRITISH MEDICAL JOURNAL of August 7th, page 349, in the list of those who were granted the diploma in Public Health of the Royal College of Physicians conjointly with the Royal College of Surgeons, the third name was misspelt; it should have been Robert Erskine.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

The Registrar-General has just issued his 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 during the three months ending March last. The marriage-rate was equal to 11.7 per 1,000 of the population, and corresponded with the average rate in the same quarters of the ten preceding years.

The births registered in England and Wales during the three months ending June last numbered 226,345, and were equal to an annual rate of 29.2 per 1,000 of the population, estimated by the Registrar-General to be rather more than thirty-one millions in the middle of this year. This rate was below that recorded in the corresponding quarters of any of the ten preceding years, during which the birth-rate averaged 31.4 per 1,000. The birth-rates in the several counties ranged from 21.4 in Rutlandshire, 22.0

in Sussex and in Westmorland, and 23.4 in Surrey to 33.4 in South Wales, 34.0 in Monmouthshire, 34.2 in Staffordshire, and 35.0 in Durham. In thirty-three of the largest English towns, including London, the birth-rate last quarter averaged 30.0 per 1,000, and exceeded by 0.8 per 1,000 the general English rate. In London the birth-rate was 29.1 per 1,000, while it averaged 30.6 in the thirty-two large provincial towns, among which it ranged from 22.2 in Halifax, 23.0 in Brighton, and 23.3 in Croydon to 33.9 in Salford, 34.0 in Preston, 34.2 in Liverpool, and 35.9 in Gateshead.

The births registered in England and Wales during the quarter ending June last exceeded the deaths by 100,267; this represents the natural increase of the population during that period. It appears from returns issued by the Board of Trade that 57,128 emigrants embarked during last quarter, for places outside Europe, from the various ports of the United Kingdom at which emigration officers are stationed. Of these, 21,063 were English, 3,771 Scotch, and 16,366 Irish, while 15,977 were of foreign origin. Compared with the averages in the corresponding periods of recent years, the proportion of emigrants from each of the three divisions of the United Kingdom showed a considerable decline.

During the second quarter of the current year the deaths of 126,078 persons were registered in England and Wales, equal to an annual rate of 16.3 per 1,000 of the estimated population; this rate was 1.8 per 1,000 below the mean rate in the corresponding periods of the ten preceding years. The lowest county death-rates last quarter were 11.1 in Middlesex, 12.5 in Surrey, 12.6 in Sussex, and 12.6 in Rutlandshire, while the highest rates were 18.0 in Warwickshire, in Cheshire, and in South Wales, 19.6 in Lancashire, and 21.4 in North Wales. In the urban population of England and Wales, estimated at rather more than twenty-one millions, the rate of mortality during the quarter under notice was equal to 16.6 per 1,000; while in the remaining and chiefly rural population of nearly ten millions the rate was 15.6 per 1,000. These rates were respectively 2.1 and 1.3 per 1,000 below the average rates in the corresponding quarters of the ten preceding years. Among thirty-three of the largest English towns the mean death-rate was 16.9 per 1,000, or 0.6 per 1,000 in excess of the death-rate in the whole country. In London the rate was 15.5 per 1,000, while it averaged 17.0 in the thirty-two large provincial towns, among which the rates ranged from 11.7 in Croydon, 13.0 in Brighton, 13.3 in West Ham, and 13.4 in Swansea to 21.8 in Liverpool, 22.7 in Manchester, 23.4 in Bolton, and 25.5 in Salford. In sixty-seven other large towns, with an estimated aggregate population of about three and a half millions, the mean death-rate was 15.8 per 1,000, or 1.1 per 1,000 below the rate in the thirty-three great towns.

The 126,078 deaths from all causes registered in England and Wales during the three months ending June last included 3,065 which resulted from whooping-cough, 2,905 from measles, 1,427 from diphtheria, 1,418 from diarrhoea, 673 from scarlet fever, 673 from "fever" (including typhus, enteric, and ill-defined forms of continued fever), and 3 from small-pox; in all, 10,414 deaths were referred to these principal zymotic diseases, equal to an annual rate of 1.36 per 1,000, against an average rate of 1.74 in the corresponding quarters of the ten preceding years. The mortality from diphtheria showed a very slight excess last quarter, but that from each of the other principal zymotic diseases was below the average. Only 3 fatal cases of small-pox were recorded in England and Wales during the quarter under notice, of which 2 occurred in London and 1 in Rotherham.

The rate of infant mortality in England and Wales last quarter, or the proportion of deaths under 1 year of age to registered births, was equal to 124 per 1,000, and was slightly below the mean proportion in the corresponding periods of the ten preceding years. In London the rate of infant mortality was 112 per 1,000, while it averaged 139 in the thirty-two provincial towns, among which it ranged from 88 in Croydon, 100 in Portsmouth, 105 in Swansea, and 108 in Huddersfield to 167 in Preston, 168 in Burnley, 174 in Bolton, and 194 in Salford.

The mean temperature of the air during last quarter at the Royal Observatory, Greenwich, was 53.1°, and was 0.7° above the average in the corresponding quarters of 1896 years; it was 0.2° below the average in April and 0.3° in May, but showed an excess of 2.7° in June. The rainfall during the quarter amounted to 4.80 inches, and was 0.82 of an inch below the average.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 5,760 births and 5,666 deaths were registered during the week ending Saturday last, August 7th. The annual rate of mortality in these towns, which had risen from 14.7 to 22.9 per 1,000 in the five preceding weeks, further increased to 26.9 last week. The rates in the several towns ranged from 12.0 in Halifax, 12.3 in Huddersfield, 13.9 in Gateshead, and 16.1 in Sunderland to 34.2 in Nottingham, 35.1 in Sheffield, 41.3 in Liverpool, and 46.2 in Preston. In the thirty-two provincial towns the mean death-rate was 27.7 per 1,000, and exceeded by 2.0 the rate recorded in London, which was 25.7 per 1,000. The zymotic death-rate in the thirty-three towns averaged 9.5 per 1,000; in London the death-rate was equal to 8.1, while it averaged 10.5 per 1,000 in the thirty-two provincial towns, among which the highest zymotic rates were recorded in Sheffield, Nottingham, Liverpool, and Preston. Measles caused a death-rate of 1.8 in Birmingham, 2.2 in Manchester, 2.4 in Wolverhampton and in Blackburn, 4.2 in Salford, and 19.9 in Preston; whooping-cough of 1.1 in Oldham; and diarrhoea of 10.5 in Leicester, 11.9 in Birmingham, 12.3 in Portsmouth, 13.3 in Sheffield, 14.5 in Liverpool, and 16.3 in Nottingham. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 62 deaths from diphtheria in the thirty-three towns included 42 in London and 4 in Leicester. One fatal case of small-pox was registered in London, but not one in any of the thirty-two large provincial towns; and one small-pox case was under treatment in the Metropolitan Asylums Hospitals on Saturday last, August 7th. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had increased from 2,380 to 3,706 at the end of the fourteen preceding weeks, had further risen to 3,239 on Saturday last; 376 new cases were admitted during the week, against 381, 306, and 360 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, August 7th, 926 births and 612 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.5 and 18.2 per 1,000 in the two preceding weeks, rose again to 20.5 last week, but was 6.4 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 12.8 in Aberdeen and 18.2 in Paisley to 24.2 in Dundee and 26.3 in Leith. The zymotic death-rate in these towns averaged 4.6 per 1,000, the highest rates being 6.0 in Glasgow and 14.5 in Leith. The 200 deaths registered in Glasgow included 65 from diarrhoea, 13 from whooping-cough, 3 from measles, and 2 from scarlet fever. Four fatal cases of measles were recorded in Edinburgh, and 12 in Leith.

MIDDEN PRIVIES AND ENTERIC FEVER.

FROM time to time, and in certain cases with praiseworthy persistency, we find health officers taking up the cudgels in favour of water carriage systems of excrement disposal and removal, as against that monstrosity the midden privy. The strange tenacity with which man hoards up his excreted filth near his back door has again and again been shown to have results seriously detrimental to health, and is indeed not seldom provocative of fatal disease. The ease with which infectious diarrhoeal maladies can be spread by means of the privy has been demonstrated in only too many instances, and where, as is not infrequently the case, many privies have one midden in common, the danger is the greater by reason of infection of many household privies by untreated excreta voided by fever patients being cast into the general receptacle. A simple and yet very conclusive demonstration of the causal relationship of privies and enteric fever has been traced on record by Dr. Boobyer in his report to the Corporation of Nottingham for 1896, wherein he tabulates the data for enteric fever attacks during the ten years 1887-96, according as the attacks occurred in houses having waterclosets, pailclosets, or privies. The results are most striking. Taking the year least favourable to watercloset houses, we find that in 1893 the ratio was one case of enteric fever in each 280 of such houses, and one in each 31 houses with privies, whilst houses having pail closets had one case in each 92. In the next year there was one case in each 25 privy houses, one in each 133 pailcloset houses, and one in each 700 watercloset houses. Taking the aggregate of the ten years, we find that pailcloset houses had one case in each 120 houses, privy houses one in each 37, and watercloset houses one in each 358. Thus the proportional incidence of enteric fever attacks was more than three times as great upon privy houses as that upon pailcloset houses; the incidence upon the latter was over four times greater than that upon watercloset houses; whilst privy houses suffered an incidence fourteen times greater than did houses having a water carriage system. That privies have had an undue influence in the spread of enteric fever cannot be doubted; but how far privies may have been the determining factor in Nottingham Dr. Boobyer leaves for discussion in an elaborate report now in preparation on the subject of enteric fever in the borough during the past ten years.

TRAINED NURSES IN IRISH WORKHOUSES.

THE relations existing between Dr. Cochrane, the medical officer of Longford Union, and his Board of Guardians have for a long time been anything but amicable. They disagreed first over the nursing question when Dr. Cochrane insisted upon their providing a sufficient staff to enable him to dispense with pauper nurses. In this respect the doctor carried his point, and he then directed his attention to the so-called "ambulance," which he described as "a bacon box on two wheels, a vehicle in which the patient could neither sit up nor lie down." The guardians utterly refused to provide a new ambulance, and the doctor had inquiries held upon the patients whose deaths were hastened by their removal in it. The guardians denounced their medical officer in unmeasured terms, and the doctor returned blow for blow, until at length the Local Government Board had to interfere. Now comes the absurdity. The Local Government Board could not denounce the medical officer for trying to obtain for the poor people under his care those requisites which their own inspectors again and again recommended, and they were not prepared to coerce the guardians, and so they contented themselves with patching up an undignified truce, in which the guardians and the doctor mutually withdrew any aspersions they had made upon each other. Probably there was too much temper on both sides, but it is characteristic of Poor-law administration that the medical officers of workhouses have to engage in such contests at all and employ such extraordinary means to wring from the guardians bare justice for the poor.

ATHLONE UNION AGAIN.

IT will be remembered that two years ago the Board of Guardians of the Athlone Union were dissolved by the Local Government Board, owing to their refusal to appoint a trained night nurse for the infirmary. After the Union, much to its advantage financially and otherwise, had been administered by paid guardians for a year, the local guardians were reinstated. It would not appear that their views upon the nursing question have very greatly altered, for we observe that the Superintendent of the nursing institution in Dublin from which they have obtained a temporary night nurse threatens to withdraw the nurse owing to "the inadequacy of the attendance provided for her, and pointing out that one nurse was not able to attend seventeen fever patients, thirteen of whom were delirious." The medical officer states that the pauper inmates refused to coffin those who had died of fever, but this is nothing new. We have often known cases in which this last office had to be done by the medical officer and the nurse, owing to the natural disinclination of paupers to risk their lives without pay. In this case we are of opinion that it was the duty of the medical officer to requisition the master to procure for him as many nurses as he required, the Local Government Board having recently imposed upon medical officers the duty and responsibility of procuring in this manner adequate nursing for their patients. The fairness to patients and doctors of throwing this responsibility, which in most cases they must exercise in opposition to the

wishes of the guardians, upon the shoulders of medical officers is open to question. Some men will have the courage to use these powers to the full for the benefit of their patients, but we fear many will shrink from incurring the hostility of their employers, and in such cases it is the poor who will suffer. The wonder is that so many workhouse medical officers in Ireland are ready and willing to brave the bitter enmity of those on whom they are dependent for their means of livelihood for the sake of their hospital patients.

THE GUARDIANS AND MEDICAL OFFICERS.

THE guardians of the Hartley Wintney Union, Hants, seem to be very desirous of acquiring additional power over their medical officers, and they appear to hold the opinion that all these officials should be subject to annual re-election, and they are determined, if possible, to have their own way on this point, and to defy the Local Government Board. Under regulations now in force an appointment now vacant in this union will, when filled up, be for life, but this the majority of them will not consent to, and one guardian does not hesitate to express his opinion that "they can always get what they want from the Local Government Board if they stick to it." It is to be hoped that on this point the Local Government Board will insist on its own regulations being strictly observed, and that the appointment now vacant, when filled, shall be for life, should the successful candidate be eligible to hold it on such a condition. We apprehend that it will be useless for these Hampshire guardians to offer any opposition to this. It must be evident that if they wish to secure an efficient medical officer they must elect him without any such exceptional conditions.

SIMPLIFIED STATUTORY NOTICES AS TO NUISANCE
REMOVAL, ETC.

THE matter of statutory notices under the nuisance and other clauses of the Public Health Acts in cases coming into the police-courts has received much attention it would seem at the hands of Mr. Foot, the chief Sanitary Inspector of the parish of St. Matthew, Bethnal Green. Not only so, but Dr. Faddock Bate, the health officer of the parish, is enabled to state in his annual report for 1896, that the attention thus bestowed has resulted in the saving of much time by a simple method of procedure whereby tedious clerical labour is avoided. Mr. Foot has contrived a notice form, which has been in use now for many months, and which has satisfied magistrates and property owners alike. The form, in place of necessitating the usual writing out of the particular requirements *in extenso*, is so framed that the notice served bears on its face merely a reference to numbered paragraphs printed at the back; and so successful have been the proceedings taken that in 147 instituted last year not a single summons was dismissed, and all costs, with the exception of 6s., were recovered. The scheme, the method, the care, and the result alike call for congratulation. Notices are issued only as a last resort in Bethnal Green, after repeated preliminary proceedings have failed to secure abatement of nuisances, or conformity to by-laws, regulations, and the like.

NOTIFICATION OF MEASLES.

AN UNSEASONABLE PROCEDURE.

THE difficulties in the way of compulsory notification of measles seem to be increasingly in evidence. Just now the matter is exercising the minds of the Town Council of Pontefract, on the primary score of expense apparently. Attempts have failed to obtain from medical practitioners in the town a concession in the sense of full certification fee in respect of first cases only in a house, or along similar lines. The Council have determined to seek the consent of the Local Government Board to the exclusion of measles from the operation of the Infectious Disease (Notification) Act in Pontefract. Not only is there absolute compulsion on the part of a local authority to pay the statutory fees, but there is, we assume, no means by which practitioners can legally contract out of an Act which lays upon them a specific duty. It has been suggested that it would be well to give to local health authorities power to require the notification of measles in interepidemic periods, and to arrange for cessation of certificates during times of special prevalence, when the disease has attained such dimensions as to point to the inability of the authority's officers to cope with it. But in the case of Pontefract, the Council have arrived at their decision for the exclusion of measles at a time when the disease is almost absent from the town, and at a time, therefore, when early knowledge of individual attacks may lead to limitation of the malady to the initial patients. It will always be easier to control a few cases, and limit their spread, than to remain ignorant and inactive until diminished school attendance or other fact acquaint the authority of the presence of epidemic.

THE DIAGNOSIS OF DIPHTHERIA.

THE excellent system of supplying culture outfits for the diagnosis of diphtheria has been adopted by the health department of St. Pancras. Every medical practitioner is supplied with a diagnosis box containing two sterilised tubes. When charged in accordance with the directions enclosed in the box, it is forwarded to the medical officer of health, and an uncharged box is returned in exchange. A report of the bacteriological examination is sent within twenty-four hours, Sundays and holidays excepted.

BIRTHPLACE IN RELATION TO PUBLIC VACCINATION.

PUBLIC VACCINATOR.—The fact that "Public Vaccinator" has vaccinated a child born in another district does not of itself render the act one of contravention of any statute or regulation. Place of birth, *per se*, does not affect the question of a public vaccinator's right to vaccinate a child, but place of present residence alone governs the matter. The law on the subject finds expression in Section XI of the Vaccination Act, 1867. If locality of birth determined a child's right to gratuitous vaccination, the public vaccinator of the place of nativity would alone be in question, and the present Acts rendered nugatory. Only in the exceptional circumstances referred to in the clause just named, however, can a public vaccinator lay claim to fees in respect of the vaccination of children "resident" outside the area of his district.