

education for a short time was scarcely worth the money expended upon it. It was also very well to tell the working man that he should go into a better house, but how was it possible for poor people to take all the necessary precautions against the spread of consumption? It was a question whether they should have a colony where patients could do useful work, but there again the friendly society stepped in, and said that if the patient was to do work which could have been given to the unemployed, the sick benefit allowance would be cut off. He thought open-air schools might yet be required for teaching children affected with phthisis. Dr. Templeman said the expenditure of a large amount of capital was quite unnecessary, and a much cheaper, simpler, but quite as effective kind of sanatorium could be erected for municipal purposes than had yet been done. Municipalities could do great good by opening dispensaries. Dundee was the only place in Scotland where there was a municipal dispensary, and he could speak of the excellent results obtained there during the last eighteen months.

## Ireland.

[FROM OUR SPECIAL CORRESPONDENT.]

### THE ANNUAL REPORT OF THE REGISTRAR-GENERAL FOR IRELAND.

THE Registrar-General's report contains many items of interest; perhaps the diminution of the population is the most striking. The birth-rate for 1907-8 was 23.2 and the death-rate 17.7 per 1,000, but as 39,344 persons emigrated, it left a nett loss in the population of 14,674, and this does not take into account the still larger number of persons who emigrate to the big manufacturing towns of Scotland and the North of England, and who seldom return, if at all, until they are past work.

Except in Belfast and Dublin the marriage-rate in Ireland is very low, being only 3.2 per cent. in Galway and Roscommon and 5.4 for the whole country. A custom prevailing in many rural districts may to some extent account for this. The eldest son of a small farmer cannot marry until he can find a bride with sufficient fortune to pay the marriage portions of his sisters, and he cannot get such a bride until either by the death of his father or by a gift from him he obtains possession of the farm. Hence he is seldom in a position to marry until well on in years, a condition which may also explain the very low birth-rate. Yet considering this the illegitimate rate is on the whole low. In Ulster it is 3.3 per cent., but in poor Connaught only 0.6 per cent., which is certainly an indication of a high moral code in the most impoverished part of the island.

A very instructive table shows in graphic form the death-rates from the various diseases. Tuberculosis easily heads the list with a black column reaching the top of the page, 11,500 deaths. Old age, heart disease, and bronchitis are nearly equal, about 9,000 each, but experience leads us to believe that the stated mortality from heart disease is swelled by the inclusion under that head of many cases of senile atrophy, and that many of the cases registered as deaths from bronchitis are really due to senile tuberculosis, which is very prevalent.

When it is considered that 24.9 per cent. of the deaths are registered as uncertified, it can easily be understood how untrustworthy these statistics must be. In Ireland no certificate of death is required for burial, and the over-worked dispensary doctor is seldom called upon to visit old people in their last illness; were it otherwise his work would be doubled.

The deaths from typhus fever, which in 1870 numbered 745, fell last year to 56, and it is now seldom found outside a few counties on the western seaboard, where the conditions of existence are at their lowest. The deaths from enteric fever only numbered 631, and of these 89 occurred in Belfast and Lisburn, and 41 in Dublin. Indeed, the death-rate from infectious fever would have been exceptionally low were it not for the outbreak of cerebro-spinal fever in Belfast and Lisburn; out of the total mortality of 631, the disease claimed 512 victims in that area.

On the whole Ireland must be regarded as a healthy country. The prevalent ailments are those due to bad feeding and bad housing.

## India.

### THE BOMBAY MEDICAL CONGRESS.

THE Indian Medical Congress to be held in Bombay next year has now been fixed for February 22nd to 25th, when the weather will be still fairly cool, and visitors from Europe will be able to enjoy fine summerlike weather. The programme of the different sections appeared in the JOURNAL of June 6th, and the final programme has now been arranged. The subcommittee for selecting original authors has drawn up a list of those to be invited to contribute papers, which includes the names of well-known writers on tropical diseases in England and the Continent. In the section on hygiene from thirteen to fifteen names have been chosen in each subject, so if a good response is received the debates should be of great interest. Among others, Sir Lauder Brunton will be asked to contribute a paper on snake poisons; Colonel Kenneth McLeod on elephantiasis; Dr. Loos on parasites; Dr. Axel Holst on beri-beri, which he studied in Burmah and the Straits Settlements several years ago; Messrs. Kruse and Keserich on dysentery; Professor Thayer on malaria; Lieutenant-Colonel Keegan and Lieutenant-Colonel Freyer on vesical and renal calculi; and Dr. A. Balfour on cholera. A pathological museum is also being organized, and a series of short lantern demonstrations will be given on one evening. Altogether, the programme is very attractive, and does great credit to the organizers. Leave will no doubt be freely given to medical officers in India for the occasion, so that a large gathering may confidently be expected.

### DIPLOMA MILLS.

The steps taken by the medical graduates of the Calcutta University and by the Calcutta medical societies to bring to the notice of the Government the scandalous increase of bogus medical diploma mills in India have not been taken a moment too early. News has now been received of attempts to start similar institutions in Lahore and Bombay, the former, it is reported, being under the patronage of a recently-exported secessionist. In Dacca, the capital of Eastern Bengal, another is hard at work selling parchments after the merest smattering of teaching. The Bengal Government has decided to move the Government of India to take action in the matter, so there appears to be some prospect of the question being dealt with before much further harm is done. A curious example of the dangers of these colourable imitations of the university medical degrees occurred recently. A well-known trading firm employed a Bengali as medical officer of one of the boats trading with Hong Kong, but on the arrival of the vessel at that port the authorities found his diploma was not legal, and the firm was heavily fined for breach of the regulations requiring a qualified medical officer to be carried. If this can happen, how are the general population to be expected to distinguish between true and bogus practitioners? An amusing correspondence has been going on in the columns of the *Englishman* recently, from which it is obvious that the principal defender of the bogus medical colleges was not even a qualified medical man, such gross ignorance did he display of medical education.

### THE MONSOON.

The monsoon has been above the average, and well distributed with slight exceptions. The famines in the United Provinces may now be considered to be at an end, as those still remaining on the relief works will soon be returning to their homes to reap the new crops. Certain districts of Behar, however, have had practically no rain until quite recently, when it is too late to transplant the rice, and a local famine will result, as these districts suffered last year from excess of rain. On the whole, however, the prospects are good, while bumper crops will be obtained in many parts, especially in the Punjab.

### THE ARDASEER HORMASJI WADIA PARSII OPHTHALMIC HOSPITAL, BOMBAY.

The trustees of a fund bequeathed by the late Seth Ardaseer Hormasji Wadia for charitable purposes resolved to establish tentatively for one year, under Dr. K. N. Karanjia, an ophthalmic hospital for Parsees. The experi-

ment has proved successful, and the eye hospital is to be permanently attached to the Parsee General Hospital. Dr. Karanja's report gives evidence of good work; but a regrettable disposition to associate charitable work with private business is indicated by the following-extract from the report: "As this hospital is intended for poor Parsis only" (Why?) "and the accommodation therein is very limited, several Parsis intimated to me their willingness to be admitted for treatment under me elsewhere on payment of a reasonable fee. . . . With a view to meeting this demand . . . I have recently opened a separate hospital on a small scale at Tydhowni for middle-class Parsis and persons of other communities."

## Melbourne.

### THE UNIVERSITY BACTERIOLOGICAL LABORATORY.

THE report for the year 1907 of Dr. R. J. Bull, Director of the Bacteriological Laboratory of the University of Melbourne, is a record of increased work and increased usefulness. For the Board of Public Health 2,856 cases were examined, a larger number than in any previous year. Of 1,141 swabs from sore throats 269 proved to be diphtheria. The examinations made for the Women's, Children's, Eye and Ear, and other hospitals, and for medical practitioners, numbered 3,368, and included microscopical and bacteriological investigations in cases of human anthrax, plague, pneumonia, tetanus, actinomycosis, leprosy, diarrhoea and dysentery, cerebro-spinal and other forms of meningitis, puerperal and septic conditions, skin diseases, various forms of tumours and other diseases of the eye, hydatids, parasites, blood diseases, and other pathological conditions. In addition, numbers of sponges and ligatures were tested for sterility.

Good results were obtained in cases of gastro-enteritis and diarrhoea of infants by the use of lactic acid bacilli isolated and cultivated in the laboratory. The possible utility of these cultures in other directions from a public health point of view, especially in the treatment of "germ-carriers," was suggested by Dr. Bull and proved of practical use in a case of chronic diphtheria.

In addition to the courses in practical bacteriology for medical and dental students, a post-graduate class in clinical bacteriology was attended by 36 medical practitioners. A class for the diploma in public health was also held, as well as one for butter factory managers. Medical practitioners have been encouraged personally to conduct investigations in the laboratory. Vaccines for the treatment of various diseases were prepared and used with encouraging results, and the estimation of the opsonic index proved useful. Research work and sanitary investigations were carried out in connexion with the following subjects: Actinomycosis, rat leprosy, sterilized water for hospital purposes, fate of typhoid and allied organisms in sawdust filters, micro-organisms of milk, pure cultures for ripening of cream, certain diseases of fish and poultry, experiments on "opsonins" and "vaccines," in the treatment of human diseases, experiments on the serum diagnosis of certain diseases; the presence and significance of micro-organisms in fruit, etc.

## Gibraltar.

### PUBLIC HEALTH.

THE state of the public health in Gibraltar during 1907 was excellent. The death-rate, 15.2 per mille, was the lowest recorded for twenty years, and there was a remarkable freedom from epidemic disease, thanks to the efforts of the Sanitary Commissioners, who form the only public board existent in Gibraltar. The Colonial Hospital treated 9,251 out-patients and 691 in-patients, the cost per bed of the latter being £116. There was a reduction in the civil population of nearly 4,000 persons, bringing the total number of civil and military at the beginning of the year to 23,651. This has been brought about by a strict application of the Aliens Act, and the completion of the harbour works causing the departure of the labourers and their families. The temperature in 1907 gave a mean for

the year of 65.1° F., agreeing with that of the previous year; though the absolute minimum (on February 3rd) reached 26.8° F., an unusual cold, and nearly 5° lower than in 1906. The total annual rainfall was 30.4 in.

## Orange River Colony.

THE *Government Gazette* of the Orange River Colony for July 25th contains the text of the new ordinance by which it is proposed to regulate the labelling and sale of certain preparations containing poison, and of proprietary medicines, and to impose a revenue duty on the latter. The bill provides that medicines containing poison be labelled as such; that proprietary medicines bear a label specifying the ingredients, except in cases of patented medicines or medicines the specifications whereof have been filed; and that proprietary medicines bear a revenue stamp, except in case of medicines prepared and sold by a registered chemist. This new measure, however, is, in the present state of feeling in the colony—one opposed to regulating anything or anybody—by no means certain to pass. It was very promptly brought under consideration at a special meeting of the Pharmaceutical Society in Bloemfontein, and its terms discussed in very wrathful fashion. Finally it was decided to advise the Chamber of Commerce that the proposed ordinance was an unwarrantable interference with trade which called for its immediate action, for not only the chemists but every storekeeper throughout the colony would be seriously affected by it.

## The Falkland Islands.

THE vital statistics of such isolated regions as the Falkland Islands are of especial interest, and, though the Colonial Office Report allows but a limited space to them, it furnishes certain details worthy of note. Thus it seems that diphtheria spontaneously appeared in East Falkland in a family of which five members were affected and two died. We do not remember any previous mention of the occurrence of this disease in the islands, which must surely form the most southerly limit of its distribution. Whooping-cough, on the other hand, is often seen; it was very prevalent in 1890, and attained the proportions of an epidemic last year, the children known to be affected numbering 279, or more than one-tenth of the entire population, though there were many other cases not medically attended. Five cases of beri-beri occurred, but these were imported, being Canadian sealers who had been living on damaged rice and salt fish. The population of the colony is estimated at 2,266; the birth-rate was 23.8 per mille, and the death-rate 9.2, so that the islands are exceptionally healthy. The rainfall is very scanty, the yearly amount recorded at Stanley being only 20.7 in., but it is distributed over a very large number of days, rain falling on no less than 204.

## Special Correspondence.

### PARIS.

*Vital Statistics of France for 1907.—The New Edition of the French Codex.—The Last Vestiges of the old Hôtel-Dieu.—Annual Meeting and Dinner of the Continental Anglo-American Medical Society.*

THE *Journal Officiel* has recently published the vital statistics of France for the year 1907. The excess of deaths over births during the year reached the unprecedented number of 19,920. There were 32,878 fewer births and 13,693 more deaths than in 1906; 10,025 more deaths than in 1905, and 8,968 more than in 1904. The year thus shows a fall in the birth-rate and an increase in the death-rate.

In 1907, 773,969 births were registered of infants alive at the time of the declaration; there were also 36,760 stillbirths or infants who died before the declaration of the birth—a total of 810,729 births. The proportion, calculated on the census of 1906, is 207 per 10,000 inhabitants; lower than 1906, when it was 215;