

projected schemes, and generally to disseminate the knowledge acquired in the different provinces.

The statement attached to the resolution contains details of grants which have been made in recent years from imperial revenues towards sanitation and research. In every province important schemes for the improvement of urban sanitation are now in course of execution. A preliminary survey has been in progress in several provinces, with a view to the preparation of schemes designed to effect the improvement of malarial conditions, and in particular to extirpate, if possible, the *Anopheles* mosquito in selected areas. Projects are now ready in more than one province, and grants are being made for their execution from imperial revenues. The data thus obtained will, it is hoped, be of very great value in planning future preventive measures.

The important questions of controlling and regulating the expansion of growing towns and of strengthening the existing powers of local authorities in dealing with congested urban areas are ripe for consideration and discussion, and the Government of India has recently addressed the local governments on the subject. The scheme, described in the BRITISH MEDICAL JOURNAL of June 22nd, p. 1454, for the general re-organization of the sanitary services throughout India has received the sanction of the Secretary of State, and, with the introduction of a trained staff, a general improvement in the condition of urban sanitation may reasonably be expected. A wide sphere of useful work, therefore, lies before the Sanitary Commissioner as an advisory authority, and the Government of India believe that the appointment under its new conditions will be of increased benefit to themselves and to local administrations.

ROYAL ARMY MEDICAL CORPS (T.F.). EAST ANGLIAN DIVISION.

ON Saturday evening, September 21st, the officers of the Royal Army Medical Corps entertained Colonel G. S. Elliston, C.B., at dinner at Cambridge on his vacating the appointment of Assistant Director of Medical Services in the East Anglian Division. About thirty sat down, Colonel S. S. Hoyland, his successor, being in the chair. Amongst those present were: Colonel J. Griffiths and Major Apthorpe Webb, representing the First Eastern General Hospital; Lieutenant-Colonel Brooks, Lieutenant-Colonel Stacy, and Majors Oldfield, Freeman, Milligan, and Crawford, representing the four field ambulances; as well as a number of captains and subalterns from other units. After dinner the Chairman, on behalf of the officers of the corps, presented Colonel Elliston with a silver tea-tray as a souvenir of his forty years' service in the Volunteer and Territorial Forces. Letters of regret for absence were read from Sir Clifford Allbutt, K.C.B., Honorary Colonel Howard Marsh (Master of Downing College), Professor Sims Woodhead, Major H. A. Ballance (Norwich), Major Fremantle (the sanitary officer), and others away on holiday. Lieutenant-Colonel Brooks and Major Apthorpe Webb acted as honorary secretaries.

Public Health

AND

POOR LAW MEDICAL SERVICES.

INTERCEPTING TRAPS IN HOUSE DRAINS.

THE disconnection of house drains from sewers by means of a trap has been for many years the subject of controversy between sanitary engineers and medical officers of health. The former have maintained that it is all-important to exclude sewer air from buildings, and that this can best be accomplished by placing between the house and the sewer a simple siphon trap, and providing that a portion of the drain between this trap and the house shall be open to the air. This view has been endorsed by the Local Government Board, which has frequently insisted upon a by-law to the effect that there shall be provided within the curtilage of every new building in every main drain or other drain of the building which may directly communicate with any sewer a suitable trap at a point as distant as may be practicable from the building, and as near as practicable to the connexion of the drain to the sewer. In actual practice it has been found by medical officers of health that where these intercepting traps have been placed, a large number of them speedily become blocked, with the resultant blocking of the house drain. As the result of a proposal by the Willesden Urban District Council to adopt a series of by-laws in which the requirement as to the provision of an intercepting trap was to be omitted, to which proposal the Local Government Board refused its assent—a departmental committee was appointed by the Board "to inquire and report with regard to the use of intercepting traps in house drains." The committee, consisting of Dr. Darra Mair (as chairman), Mr. Grenville Malet, M.Inst.C.E., and Mr. H. J. Pearson, A.R.I.B.A., began its inquiries at the end of 1908, and presented a report in December, 1911. That report¹ has just been issued, and is of considerable importance, for it practically supports, with some qualifications, the contention of those who contend that the intercepting trap not only is unnecessary, but is actually harmful.

¹ Report of the Departmental Committee appointed by the President of the Local Government Board to Inquire and Report with regard to the Use of Intercepting Traps in House Drains. London: Wyman and Sons, Limited, 1s. 1d. (Cd. 6359.)

The committee came to the conclusion, as the result of investigations in a large number of districts, that the disadvantages involved by the use of the intercepting trap were substantial and of serious practical importance, and that as the most important of the effects of these disadvantages are concealed from view, they may remain in existence quite unknown to the householder. It is pointed out that although the liability of the trap to become blocked appears to be insuperable, its evil effects can be minimized by constructing the house drain, or at least the lower part of it, of iron pipes, and by closing with a movable cover the usual open channels in the inspection chamber which is provided as means of access to the trap. Apart from the great disadvantage of blocking, the committee considers that the trap does serve as an effectual barrier to the entry of sewer air into the house drain, this being the fundamental advantage claimed for it. The question therefore arises whether sewer air is harmful. The bacteriological evidence placed before the committee went to show that micro-organisms of sewage origin, while very rarely present in sewer air, were present in drain air in large numbers. This difference is attributed to the splashing of sewage which occurs in drains, and which does not usually occur in sewers. The necessity of the intercepting trap on bacteriological and epidemiological grounds has not, in the opinion of the committee, been established. Apart, however, from the presence of bacteria, specific or otherwise, the characteristic of sewer air is its smell, and it was found that this was less perceptible when there was no intercepting trap, owing to the greater opportunity afforded the air to escape entirely at a height above ground. It is conceded that exceptionally this smell may be so offensive that its escape even at a height might be a perceptible nuisance, so much so that it might be necessary to close as many sewer ventilators as possible, whether at the ground level or at a height. The committee advises, therefore, that the question whether, in order to prevent nuisance from smell in such exceptional cases, the intercepting trap is or is not required in any locality is one which will need to be considered and determined by the local authority and their advisers in the light of local conditions.

MILK AND CREAM REGULATIONS.

AS long ago as 1901 a Departmental Committee on Preservatives and Colouring Matters in Food recommended that boric acid or mixtures of boric acid and borax should be the only preservatives permitted in cream, and that these preservatives should not be added in amounts exceeding 0.25 per cent. expressed as boric acid (H_3BO_3). It was also recommended that the amount of such preservative should be notified by a label on the vessel containing the cream. Following the publication of these recommendations, many traders adopted the practice of declaring the presence of boron preservatives in cream supplied by them, and successful action was taken by many local authorities where the proportion of 0.25 per cent. of boric acid was found to have been exceeded in samples taken by food inspectors. In 1909 there was issued a very full report² to the Local Government Board by Dr. J. M. Hamill on the use of preservatives in cream, in which he urged that effect should be given to the recommendations of the Departmental Committee, and early in the present year a further report³ to the Board by Dr. G. W. Monier-Williams was issued on analyses and methods of detection of certain proprietary substances sold as preservatives for milk, cream, etc. The Local Government Board has now made regulations under the Public Health (Regulations as to Food) Act, 1907, which are designed to secure that no preservative shall be added to milk, or to cream containing less than 35 per cent. by weight of milk fat, at any stage from the place of production to that of delivery to the purchaser. Preservatives are defined in the regulations as any substance (other than cane or beet sugar), preparation, or solution which, when added to the milk or cream, is capable of retarding the onset of sourness or decomposition, or is capable of neutralizing acidity (sourness) in milk or cream. In the case of cream containing 35 per cent. or more by weight of milk fat, the only preservatives permissible by the regulations are boric acid, borax, a mixture of boric acid and borax, and hydrogen peroxide, and the amount of these substances when used must be clearly stated on the receptacle containing the cream, while in the case of refreshment rooms, restaurants, etc., where such preserved cream is used, a notice to that effect must be conspicuously displayed. The regulations also prohibit the use in cream of any thickening substance (which is defined as sourate of lime, gelatine, starch, paste), or any other substance which, when added to cream, is capable of increasing its thickness. The regulations come into force on October 1st next, though the operation of one portion is postponed until January 1st, 1913. This provides that in every advertisement, price list, etc., dealing with preserved cream for human consumption, such article shall be clearly described as preserved.

BUILDING BY-LAWS IN RURAL DISTRICTS.

IT is the custom for those who are insufficiently informed on the subject to attribute the lack of cottages in rural districts to the stringency of local building by-laws. However true this may have been in former years when there was little or no

² Reports to the Local Government Board on Public Health and Medical Subjects. (New Series, No. 13.) Price 3d.

³ Reports to the Local Government Board on Public Health and Medical Subjects. (New Series, No. 60.) Price 2d. London: Wyman and Sons, Limited.

differentiation between the needs of urban and rural districts, it is far from being correct at the present time. As long ago as 1901 the Local Government Board compiled a model series of by-laws having special reference to rural districts, and there has of late years been evidence of a desire on the part of the Board to lessen, as far as possible, restrictive regulations. In a circular letter dated August 23th, addressed to both urban and rural district councils, the Board points out that new methods of construction and design almost inevitably demand periodical revision of by-laws, and offers to render assistance to those authorities who may desire to modify their existing by-laws by referring them to clauses which have been embodied in series already adopted, or by such other suggestions as may be practicable. The Board goes on to say that in many parts of the country (and especially in rural districts) there is great need for better cottage accommodation, so that rural district councils should be careful to see that the requirements of their by-laws, whilst prescribing conditions essential to health, are not such as to offer any impediment to the erection of suitable dwellings. It appears that the Board has tentatively framed, for working purposes, a series of by-laws, intermediate in character between the urban and rural model codes, suitable for rural areas which are beginning to assume urban characteristics. This series contains the same clauses with respect to the level, width, and construction of new streets as the urban model, but includes only those clauses concerning the structure of walls, foundations, roofs, and chimneys of new buildings which are the most important for securing stability and the prevention of fires and for purposes of health. It also contains a special clause partially exempting small dwellings, where sufficiently isolated, from the structural requirements relating to walls.

OPERATIONS BY DISTRICT MEDICAL OFFICERS.

IN reply to a correspondent, we may point out that no Poor Law medical officer can be ordered by his Board to perform any operation. If a lawful order be issued by the relieving officer, a medical officer is bound to attend any one residing in his district, but he is the sole judge of the kind of treatment necessary. In the case mentioned he might not think it desirable in the interests of the patient that the operation should be performed at the patient's house, and can recommend his removal for that purpose to the Poor Law infirmary. Again, he may consider it inadvisable to do any operation, and may prefer other treatment.

Medico-Legal.

PERPLEXED.—A registered practitioner possessing the diplomas of M.R.C.S. and L.R.C.P. has the legal right to practise dentistry, and, registered medical practitioners having been exempted from the prohibitory clauses of the Dentists Act, can use any title such as dentist or surgeon dentist. Most of the dental schools admit qualified medical men to a shortened and modified course of instruction, but it would take some time to acquire the requisite knowledge and manual dexterity.

WORKMEN'S COMPENSATION CASES.

Epilepsy or Accident.

IN a case at Salford (May 20th) it appeared that the late husband of the applicant was thrown from his lorry owing to his horse being startled by a motor vehicle. He was picked up unconscious with wounds in one of his legs, and became an in-patient at the Salford Royal Hospital until December 9th, and an out-patient until February 9th, when he was readmitted in a state of unconsciousness due to an epileptic fit. This was followed by a succession of fits, until death occurred ten days later.

Dr. E. W. Archer said that it was extremely rare for persons 34 years of age to have epileptic fits of this kind without any apparent cause. There was one form of epilepsy which might have resulted from the wounds in the leg, or in the fall from the lorry an injury to the head might have set up a cause.

For the defendants, Dr. Tylecote said that a man might have a form of epilepsy unrecognized for many years. The attacks might be very slight, and occur only during the night. Later they might become typical and be recognized for what they really were. He concluded that this was the case with the deceased, as there was nothing to account for his epilepsy. If it had come from the wound it must either have been accompanied by meningitis or been caused by some germ entering the blood through the wounds, and there was no evidence of either.

The judge said that for the non-medical mind it was difficult to resist the feeling that in this case there was some connexion between the accident and the convulsions which resulted in exhaustion and death. But whilst one sympathized with the widow and mother and children, that was not the test the court had to apply. He was bound to give his decision in accordance with the law as expounded in various cases, the result of which was that the applicant had to satisfy him that death was actually due to the accident. Nobody could say definitely that there was any tangible connexion between one and the other, and therefore there must be an award for the respondents.

Medical News.

SIR RICKMAN J. GODLEE, President of the Royal College of Surgeons, will distribute the prizes at the Royal Dental Hospital, Leicester Square, on Tuesday, October 22nd, at 5 p.m.

The course of lectures and demonstrations at the Queen's Hospital for Children, Hackney Road, will commence on Friday next at 4 p.m., when Dr. Sydney A. Owen will give a lecture on heart disease in young subjects.

At the meeting of the Society for the Study of Inebriety to be held on Tuesday, October 8th, at 4 p.m., at the house of the Medical Society of London, Chandos Street, W., Dr. Herbert Rhodes will open a discussion on alcoholism and tuberculosis.

The opening meeting of the thirty-first session of the West London Medico-Chirurgical Society will take place at the West London Hospital on Friday next at 8.30 p.m., when the President, Mr. G. P. Shuter, will deliver an address on the history of nitrous oxide anaesthesia.

THE King has granted permission for the Hammersmith memorial to the late King Edward VII, which takes the form of an endowed cot in the West London Hospital, to be called "King Edward VII Memorial Cot." The tablet to be placed over the cot will be surmounted with the Royal Arms.

THE annual meeting of the Continental Anglo-American Medical Society will be held on Saturday, October 12th, at 4.30 p.m., at the residence of the Honorary Secretary, Dr. Robert Turner, 42, rue de Villejust, Paris. The annual dinner of the society will be held the same evening at the Majestic Hotel, Avenue Kléber, at 7.30 p.m., when the chair will be taken by Sir Bertrand Dawson, K.C.V.O., Physician to the London Hospital. Members intending to be present are requested to communicate with the Honorary Secretary.

THE French Congress of Surgery will hold its twenty-fifth annual meeting in Paris in October (7th to 12th), under the presidency of Inspector-General E. Delorme. The following questions are on the programme of discussions: 1. Diagnosis and treatment of cicatricial strictures of the oesophagus (to be introduced by MM. Guisez, of Paris, and Moure, of Bordeaux). 2. The clinical indications supplied by radiology in surgical affections of the stomach and intestine (to be introduced by MM. Bécèle, of Paris, and Méric, of Toulouse). 3. Coxa vara, its relations with fractures and separations of the epiphyses of the upper end of the femur (to be introduced by MM. Kirmisson, of Paris, and Froelich, of Nancy). During the congress there will be an exhibition of surgical instruments, medical electrical appliances, dressings, etc., in the great hall of the Faculty of Medicine.

IN a pamphlet on *Legislation for the Protection of Women*, Lord Charnwood argues that remedial legislation may scatter injustice and lead to worse evils. Whilst agreeing that the law relating to affiliation orders needs improvement, he recalls that "the benevolently intended provisions of the old Poor Law produced terrible demoralization in many country villages by making illegitimate children desirable assets to a household." Lord Charnwood approves the provision of the "White Slave Traffic" Bill, which gives the police power to arrest offenders without a magistrate's warrant, but thinks that the greatest check to this traffic will be concerted action between different countries. Many countries have special officers to suppress the evil, but it is somewhat discouraging to learn that though some years have been spent in negotiations no concerted action has been adopted for punishing offenders.

A COURSE of lectures on common sense cooking in health and disease, intended primarily for health visitors, nurses, and voluntary health workers, will be delivered at the house of the Society of Medical Officers of Health, 1, Upper Montague Street, Russell Square, W.C., during October. The course will be conducted by Dr. F. S. Toogood, Medical Superintendent of the Lewisham Infirmary, with the assistance of Dr. Reginald Dudfield, M.O.H., Paddington, Dr. R. A. Lyster, County Medical Officer of Health for Hampshire, Dr. Joseph Priestley, M.O.H., Lambeth, and Mr. William Lawton, executive secretary of the society. At the first lecture, on Wednesday, October 16th, at 2 p.m., the chair will be taken by Sir William Collins. On October 23rd a visit will be paid to street markets, the Central Meat Market, and the Fish and Game Markets, under the guidance of Dr. Toogood and Mr. Lawton.