other children on the beach, etc. M.O.H. therupon called at the house, and the child in the same state. During this practice, the officer asked M.O.H. to call him on the same subject, which he did. During this interview F. entered the room (not the sick room) in which M.O.H. and F. were consulting, accused the M.O.H. of unprofessional conduct, and demanded to know what right he had to visit the first seeing M.O.H., that it was no reason why the healthy child should not go on the beach, but that it is the practice.

"Two points arise: First, as to the degree of quarantine which should be enforced for healthy members of the implicated family, and second, as to the relationship in this matter of the M.O.H. (also a practitioner) and the family practitioner. Both of these points involve some latitude according to the special circumstances of each individual case, and they illustrate the importance of so carrying out the regulations as to permit disinfection as a preliminary to rechecking the family as a part of the family practitioner. On the first point it is the duty of the M.O.H. in accordance with the Local Government Board regulations, to 'advise the persons competent to act as to the measures which may appear to him to be required to prevent the extension of the disease.' It is also clear that if the attendants on scurial patients maintain their household, and 'infuse the habit into the sick room,' as is stated to have occurred in this case, the child in question is liable to carry infection, and should not allow other children to go on the beach or heath. This being so, it was the duty of the M.O.H. to warn the parents against permitting this. On the other hand, in view of the necessity, not only for the protection but also to an efficient securing of the extension of the disease, of avoiding all jealousy on the part of a brother practitioner, it would have been much better if the points to quarantine of the healthy child had been settled at the first consultation of M.O.H. and F. and if failure of this consultation had left with F. on the question of whether P. persisted in taking a more lax view on this point than M.O.H., it might then have been necessary independently to give strict official instructions as to the quarantine of the child. It must be pointed out, however, that to prove a case under Section 185 of the Public Health Act, 1875, more evidence would be needed than might otherwise be expected to be available in this case.

**SURREY.**

The population of the County of Surrey is estimated at 1,258,599. The birth-rate in the year 1904 was 28.6 per 1,000 births. Dr. Scott, the medical officer of health, remarks that the prevalence of the cowpox has been a matter of considerable interest, and that in contradistinction to 1903, which was that by following Nature's saving methods, and keeping down the nuisance from flies and dust when the earth temperature is high, a great saving of infants may be expected. The condition of dwellings, the cleanliness of the milk supply, and the proper methods of infant feeding are given as factors in reducing the infant mortality. In an efficient disinfection, of avoiding all jealousy on the part of a brother practitioner, it would have been much better if the points to quarantine of the healthy child had been settled at the first consultation of M.O.H. and F. and if failure of this consultation had left with F. on the question of whether P. persisted in taking a more lax view on this point than M.O.H., it might then have been necessary independently to give strict official instructions as to the quarantine of the child. It must be pointed out, however, that to prove a case under Section 185 of the Public Health Act, 1875, more evidence would be needed than might otherwise be expected to be available in this case.

**NOTTINGHAMSHIRE.**

In his annual report for the County of Nottingham for 1904, Dr. C. E. Patey estimates the total population at 233,847. The birth-rate was 28.6, the death-rate 13.7, and the infant mortality-rate 16 per 1,000 births. In the county there were in 1904 43 cases of rickets, 30 cases of scurvy, and 2 cases of scrofula, with 3 deaths. It is stated that the county has few cases of typhus fever, and that the percentage of scarlet fever was 1.2 per cent. There were in the county in 1904 1,773 cases of enteric fever, or 2.5 per 1,000 of the total population. The death-rate for enteric fever in the county was 13.8 per 100,000 of the population, and the death-rate for smallpox was 3.4 per 100,000 of the population. The death-rate for typhoid fever in the county was 2.2 per 100,000 of the population, and the death-rate for diphtheria was 2.9 per 100,000 of the population. The death-rate for poliomyelitis in the county was 2.8 per 100,000 of the population, and the death-rate for measles was 2.9 per 100,000 of the population. The death-rate for whooping cough in the county was 2.0 per 100,000 of the population, and the death-rate for scarlet fever was 3.6 per 100,000 of the population. The death-rate for diphtheria in the county was 2.9 per 100,000 of the population, and the death-rate for whooping cough in the county was 2.0 per 100,000 of the population. The death-rate for smallpox in the county was 3.4 per 100,000 of the population, and the death-rate for diphtheria in the county was 2.9 per 100,000 of the population. The death-rate for typhoid fever in the county was 2.2 per 100,000 of the population, and the death-rate for smallpox in the county was 3.4 per 100,000 of the population. The death-rate for whooping cough in the county was 2.0 per 100,000 of the population, and the death-rate for diphtheria in the county was 2.9 per 100,000 of the population. The death-rate for smallpox in the county was 3.4 per 100,000 of the population, and the death-rate for diphtheria in the county was 2.9 per 100,000 of the population. The death-rate for typhoid fever in the county was 2.2 per 100,000 of the population, and the death-rate for smallpox in the county was 3.4 per 100,000 of the population. The death-rate for whooping cough in the county was 2.0 per 100,000 of the population, and the death-rate for diphtheria in the county was 2.9 per 100,000 of the population.