

surface may be killed in one or two hours, but those in the deeper layers require a very much longer time. White material is easier to sterilise than black, showing that it is not a question of the warming action of the sun. He concludes that the mode of sterilisation is hardly practicable for clothes. It will be remembered, however, that we possess in the sun one of the most powerful disinfecting agents, and the more refuse is spread over a wide area and the stronger the sun, the more complete is the sterilisation; this was a phenomenon which an observer could scarcely have failed to note during the unusually bright summer of last year.

Sterilisation of Milk at 75° C.—Freeman* has investigated this subject, and finds that a temperature of 75° C. for fifteen minutes, serves to kill, according to his own observations and those of others, the germs of cholera, typhoid, diphtheria, tubercle, and streptococcus pyogenes, staphylococcus pyogenes, bacillus coli communis. He further finds that the size of the curds is not modified by this treatment where the milk is subsequently subjected to the action of the gastric juice.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

SOUTHWICK.

SOUTHWICK (Sunderland) has become a name of reproach in the sanitary world, and its local authority appears to be determined to maintain its reputation. The annual report of Dr. H. Liston is anything but pleasant reading. We hope that its honest statement of evils will lead in the near future to their remedy.

Southwick has had during 1893 outbreaks of small-pox (for which no hospital accommodation was ready), of typhus and typhoid fevers. When the temporary hospital which was hastily erected had done its work for small-pox, the board appear to have refused to provide hospital accommodation for cases of typhus fever.

Dr. Liston draws attention to the occasional delay (in one case five days) in giving an intimation to the medical officer of health of persons leaving a ship in an infected port.

In such a hotbed for the propagation of disease as Southwick, it does not surprise us to learn that there is no efficient and regular inspection of the district, no compulsory notification of infectious diseases, and that privy middens abound.

BOROUGH OF JARROW.

Notification of Measles.—Dr. S. W. Weir makes the following remarks on this subject:—

As far as precautions can be taken against the spread of measles, in default of isolation in hospital, nothing was left undone or left to chance during the past year, and yet in looking over the

record of the past three years, I am regretfully forced to the conclusion that as far as Jarrow is concerned, compulsory notification of this disease has not fulfilled my expectation in limiting epidemics, and the reasons for this in my opinion are—the highly infectious nature of the disease in its pre-eruptive stage: impossibility of isolation in hospital, and the utter worthlessness of so-called isolation at home; the nature of the population, being almost altogether working-class with a high proportion of children; the large proportional number of tenement houses; the aggregation of children in elementary schools; want of universal notification; Jarrow being situated in a thickly populated district is exposed to importation of the disease on every side.

Compulsory notification was adopted in the summer of 1887 when an epidemic was on the wane; consequently, it is only since 1889 that the notification returns of epidemics are trustworthy; indeed, we have only had complete notification since the autumn of 1892, as one or two of the medical men refused to comply with the Act up to that date. These returns are tabulated below with deaths in brackets.

1889.	1890.	1891.	1892.	1893.
613 (28) ...	18 (1) ...	502 (19) ...	1,196 (48) ...	883 (73)

WHITECHAPEL.

From Dr. J. Soane's annual report the following extracts are taken:—

Small-pox Notifications.—During 1893 I received 114 notifications for small-pox; of these 103 referred to persons residing within the district. These cases were removed to the hospitals from places as follows:—From a philanthropic shelter, 1; from a registered common lodging-house, 1; from infirmaries and workhouses, 36; from general hospitals, 25; from the Well Street Home, 1; from the Tower of London, 1; from private houses, 38. A more minute investigation shows that in many of the cases the disease was contracted elsewhere than at the address given on the notification form, and this matter is now being investigated by the Local Government Board. The inquiry must produce useful information, and as it refers to the whole of the metropolis, I do not propose now to further discuss this part of the subject.

The Dead-lock at the Metropolitan Asylums Board.—At various times during the year I was informed by the Clerk to the Metropolitan Asylums Board that the beds at the various hospitals under the care of the managers were occupied, and that cases could only be admitted as vacancies occurred. From correspondence with the Clerk, and from other sources, I became aware that the officials at Norfolk House decided which cases should have priority in removal. It thus frequently happened that cases which I deemed to require immediate attention, were passed over for other less urgent cases. This is a matter for the consideration of the managers, should a block ever again take

* Medical Record, June, 1893.

place. I would suggest that the medical officer should be allowed to know in what order the cases ought to be removed from his district, if any departure has to be made from the plan of removing cases in the order in which the notifications arrive at the office of the Metropolitan Asylums Board. I sincerely hope that never again will so grievous a dead-lock occur. I have no doubt that many will be surprised to learn that our copies of the telegrams and letters, which were sent by the inspectors to the Metropolitan Asylums Board, asking for the removal of cases, show that the application was repeated, in three instances, 21 times; in one case, 18 times; in three cases, 15, 16, and 17 times respectively; and for a less number of applications the following list will prove the loss of time to the inspectors, and the anxiety to the friends of the patients from the delay which so frequently took place in the removal of the cases:— In 5 cases 13 applications were made, in 2 cases 12, in 4 cases 11, in 6 cases 9, in 5 cases 8, in 9 cases 7, in 8 cases 6, in 5 cases 5, in 14 cases 4, in 12 cases 3, in 8 cases 2. As a result, many parents declined at last to have their children removed at all, and I am not certain that the disease would have attacked more persons in this district, had all cases been treated at home. If good is expected to be the outcome of the Metropolitan Asylums Board system of removal, such can only be expected when removal is promptly effected.

SPILSBY.

Dr. F. J. Walker, M.O.H. for the Spilby Rural Sanitary District, draws attention to the not very widely known fact that under the provisions of the Contagious Diseases (Animals) Act, it is the duty of the veterinary inspector on finding a case of anthrax to notify it to the medical officer of health. Nothing is said in the Act as to the duty of the medical officer of health on receiving the notification; but Dr. Walker emphasises the importance of immediate disinfection and burial, or better still, cremation of the carcass.

An interesting example of contamination of water by escape of coal gas from leaky mains is also given.

SCARBOROUGH.

Dr. R. Cuff, in his annual report to the Scarborough Rural Sanitary Authority, draws attention to several isolated cases of small-pox, which led to negotiations with the urban sanitary authority for the reception into their hospital of such cases. The negotiations led to an agreement advantageous to both parties to the bargain. Dr. Cuff adds, "The wandering of such convalescent tramps has not infrequently proved the origin of very serious epidemics of small-pox in various parts of the country, and it is not unlikely that outbreaks of cow-pox which have been termed spontaneous may be due to the same cause."

ANNOTATIONS.

WE are glad to notice the extension of teaching Public Health in the Owens College of the Victoria University, the Council of which has, subject to the approval of the Court of Governors, appointed Dr. Arthur Ransome, F.R.S., Professor of Public Health, and Mr. Charles E. Paget, M.R.C.S., D.P.H., Medical Officer of Health for the Borough of Salford, Lecturer in Practical Hygiene in the College.

THE DURATION OF INFECTION IN DIPHTHERIA.—From some observations of Tézénas Du Monteil, published in *Prov. Méd.* last year, it appears that convalescents from diphtheria may, after apparent recovery, transmit infection by means of a nasal discharge. The above-mentioned observer examined 48 convalescents bacteriologically, and found the Löffler bacillus in the nasal mucus of 10, whose throats were apparently free from it. The discharge was a simple mucous one, usually unilateral, and depended on the presence of the bacilli. A case is mentioned by Lemoine where a child of three years old, who had a nasal discharge after diphtheria, communicated the disease to another child sixty-three days after apparent recovery, and indirectly to two others.

THE ETIOLOGY OF RINGWORM.—In a communication to the February number of the "Ann. de l'Inst. Pasteur," M. Sabouraud has somewhat modified his position as regards the cause of ringworm. It will be remembered that he recently announced that the disease was caused by two distinct organisms, which he called respectively trichophyton megalosporon and microsporon. He now announces that as the result of further researches he has identified the latter with microsporon Audouini, which was described by De Gruby in 1843 as present in "Porrigo decalvans." There seems to be little doubt that de Gruby was accurate in his description, but misnamed his disease, thus causing his observations to be discredited. Sabouraud states now that the organism has quite different characters to the trichophyton megalosporon, and belongs to a different genus. There are three recognised parasitic diseases affecting the scalp—favus and these two kinds of ringworm. In favus the hair is long, discoloured some distance above the orifice, surrounded at its base by a small or large ring of sulphur-colour and plastery consistency. In ordinary ringworm, caused by the "megalosporon," the hair is sparse on the affected patch, each hair being broken short, strongly coloured, and destitute of a sheath. In the other kind, which Sabouraud calls rebellious ringworm, the hairs are fine, greyish, abundant, very near to one another, and often inclined in the same direction. Each one has a grey sheath at the base, like an epidemic pellicle. This form is the true epidemic ringworm of the schools; it is almost exclusively contracted in early infancy, and is rare after eight