

Annotations.

"Ne quid nimis."

THE TROOPS IN CYPRUS.

THE accounts received from Cyprus are still very meagre, but they are not more satisfactory as regards the health of the troops. Some rain has fallen, and the excessive heat has in some degree abated, but as yet without any apparent effect on the prevalence of fever, except at Larnaca, where it is stated to be decreasing rapidly. Any great change, however, could scarcely have been expected yet. The men are still suffering from the effects of solar exposure, and some time must elapse before the influence of the reduced temperature is felt. We observe that the first instalment of huts for the troops has at last arrived, and is to be given over to the Royal Engineers and 71st Regiment. We trust the remainder of the huts may not be far off, as one of the most likely means to improve the health of the men will be to house them comfortably in a well-selected station. The information which has as yet come to hand does not enable us to say whether the necessary attention has been paid to the sanitary arrangements, so far as these can be carried out with the means at hand in the island, but we trust that the authorities may be able to show that this important matter has not been overlooked, and that the recommendations of the medical officers have not, as on too many former occasions, been systematically ignored.

URBAN AND RURAL FATALITY OF ENTERIC FEVER.

IN a paper recently published in these columns, Dr. Thursfield called attention to the fact that in England and Wales the local fatality of diphtheria occurs inversely to that of enteric or typhoid fever; in other words, that, while diphtheria is most fatal in rural districts, urban districts suffer most from enteric fever. Dr. Russell, of Glasgow, who has devoted much attention to the incidence of these two diseases in Scotland, came to the same conclusion as Dr. Thursfield with regard to the greater fatality of diphtheria in rural districts; but, with respect to enteric fever, he asserts that this disease, like diphtheria, is more fatal in rural than in urban populations. It is of course possible that, whereas enteric fever is essentially an urban disease in England, the reverse may be the case in Scotland. It would be easy, however, to supplement Dr. Thursfield's figures, which are in the main trustworthy, with others corroborative of the undoubted fact that in England and Wales enteric fever is far more fatal in urban than in rural populations. There are one or two reasons why Dr. Thursfield's figures somewhat understate his case. In the first place, enteric fever shows a still greater fatality in small new urban aggregations in mining and manufacturing districts than in the largest English towns; and in the second place, Dr. Thursfield has somewhat overstated the fever-rate in his ten rural counties by having taken their populations as stationary since 1871, which they undoubtedly have not been. There is one point in Dr. Russell's attack upon Dr. Thursfield's figures which is worth noticing. He urges that the figures for the Registrar-General's "fever" (including typhus, enteric or typhoid, and simple continued fevers) cannot be accepted as a basis for the calculation of the relative fatality of *enteric fever* in different populations. Now it is true that the deaths from enteric fever in large towns bear a smaller proportion to the total deaths from fever than they do in rural districts. This is owing to the fact that typhus is almost exclusively an urban disease. Taking the year 1876, however, as an example, being the most recent for which the Registrar-General has published his

detailed annual report, we find that the death-rate referred to enteric fever averaged 31.1 per 100,000 persons living in England and Wales, 29.3 in the registration districts containing the twenty largest towns, and only 22.1 in the second, third, fourth, and fifth registration divisions, the population of which is mainly rural. One or two useful conclusions may be drawn from these figures. As the death-rate from enteric fever in the twenty large towns is below the average rate in the whole of England and Wales, and as the rate in four mainly rural divisions is very considerably lower still, it follows that the death-rate from this disease must show a marked excess in the urban population living in the smaller towns. It should also be borne in mind that, if it were possible to exclude from calculation all the urban population in these four mainly rural divisions, the comparative immunity from enteric fever enjoyed by purely rural English populations would be still more conspicuous. Although not so exclusively as typhus, enteric fever is in England an essentially urban disease, and we doubt very much whether an opposite conclusion can safely be drawn from Dr. Russell's own figures for Scotland.

ANGLO-INDIAN AFFAIRS.

THOSE of our readers who take any interest in Indian affairs will remember the trial and eventual deposition of the Guikwar of Baroda, on a charge of attempting, three years ago, to poison Colonel Phayre, the British Resident. One of the immediate results was the appointment of Sir T. Madden Row, K.C.S.I., as Minister of the British Government, who, among other reforms, initiated a regular medical service in the State, modelled on that in the surrounding British territory. Dr. T. Cody has had entire charge of the scheme under the title of Durbar Physician and Chief Medical Officer, his services having been lent to the Government for five years for the purpose of developing and completing the system. Two years have now elapsed since the work commenced, and twenty hospitals and dispensaries are already opened, the daily attendance of sick at which is somewhat over 1300 persons. The yearly grant for the work is £15,000, besides a large sum allotted for building purposes. One hospital is already built at the capital for the use of the State troops, which will accommodate eighty inmates, as well as a hospital and dispensary for the civil population. Vaccination is progressing, and 10,000 persons have been operated upon during the current year. A special scheme of water-supply is also elaborated for the city, as well as one of conservancy for the other chief towns in the State. The area of the Durbar of Baroda is 4399 square miles, with a population of 2,000,225 souls, and a gross revenue of about a million and a quarter sterling. Under the rule of the Guikwars, native hakims only were employed, but the Minister has pensioned off all these officers, and only Europeans are now appointed to responsible positions.

THE CONTAGIOUS DISEASES ACTS.

A VERY short Parliamentary paper has recently been published at the instance of Mr. Stansfeld, containing a copy of the replies of the Rev. E. P. Grant, vicar of Portsmouth, to the questions addressed by Convocation to the clergy, as to the operation of these Acts. The questions and replies published are but fourteen in number, and their tenour must have greatly disappointed the right honourable gentleman who asked for them. According to the witness the Acts have been most beneficial in diminishing prostitution: for in 1856 there were 789, and at the end of December, 1876, 476 prostitutes on the register at Portsmouth; the brothels in 1865 being 263, and in 1876, 133 in number. Question 6 drew the reply that the number of private houses, as distinct from brothels, in which prostitutes lodge or are received,

has diminished from 160 in 1865 to 115 in 1876, and there are now only nine indiscriminate houses. As regards men, Mr. Grant believes that they are in a much better state of health (soldiers and sailors are specified), and, therefore, not only less expensive to the country, but able to do their work better than before. As regards loose women, in addition to the diminution in their numbers, they are, according to the vicar, more orderly in their conduct, and "no such instances of extreme degradation as formerly existed are now brought before the magistrate's notice." As to the deterrent effects of the Acts, in 1874 there was only one at fourteen years of age on the register (whereas girls of twelve were sometimes formerly found there), in 1875 only one again at fourteen, at the end of December none under sixteen, and only two at sixteen and seventeen years of age. As to the population generally, "less immorality, less disease, and, consequently, less infliction of a most hateful curse upon an undeserving population." In proof of this it appears that 7.30 is the percentage of disease existing among women already on the register, whereas it is 26.58 per cent. among those newly registered, and is actually as high as 74 per cent. if the calculation be made of those who come from unprotected districts. Mr. Grant considers that the repeal of the Acts would cause to Portsmouth a sure and sudden relapse "to that fearfully sad state of immorality from which it (Portsmouth) has for the last ten years been slowly but most perceptibly emerging."

Surely evidence from such a quarter must appeal forcibly to the common sense of Sir Harcourt Johnstone and his ill-advised supporters. Mr. Stansfeld could not have done a better thing at the end of July and at the close of the session than ask for this brief but telling record of barely three pages, which is worth reams of the inflammable material that has from time to time been produced on the same subject, much of which was maudlin in sentiment and disgusting in detail.

THE SANITARY STATE OF THE RUSSIAN ARMY.

THE *Journal de St. Petersbourg* of the 24th August gives the following information as to sickness in the Russian army, on the authority of a telegram from San Stefano to the *Voice*. The forces to the south of the Balkans had 13,784 sick; the forces to the north 2481; the forces in reserve 4411; making a total of 20,676. Of this number 2643 had been sent to South Russia, leaving 18,033 with the troops in the field. From the month of April to the month of July 10,461 sick had been sent to South Russia by way of the Danube.

As early as the beginning of August it had been found practicable to diminish the military hospitals and the ambulances of the Red Cross Society by one half, and to dispense with the greater portion of the females who had volunteered their assistance in the hospitals and ambulances. Some anxiety was felt respecting that section of those volunteers who were not connected with any of the regularly organised sisterhoods, and great efforts were being made by the Red Cross Society to provide homes and resources for such as might need them on their return to Russia. The Empress has issued a general address to the Red Cross Society, thanking them in the warmest terms for the help given to the army during the war.

The means of precaution taken to prevent the introduction of infectious sickness into Russia by the troops returning from the seat of war are not confined to the sick from infectious diseases, but are extended also to the clothing of the healthy. The first detachment of troops from the south of the Balkans landed at Sebastopol consisted of four infantry regiments. These, in the first instance, were encamped outside the city at some distance, and their clothes were subjected to a process of disinfection under the super-

vision of a special military commission. Two methods of disinfection were practised—one, very simple, by ignited sulphur, the other more complicated. On the Lwow-Sebastopol Railway six closed luggage-waggons were stationed. These waggons were padded inside with felt, and all the apertures made to close tightly. In these waggons were suspended the clothes of the soldiers, company by company; then in each waggon were ignited four disinfecting cartouches of the sort invented by the academician Trapp, and the doors carefully closed. After an interval of forty-five minutes, steam from a locomotive engine was poured into the waggon by means of a copper-tube, with valve, fitted in the floor, and the temperature of the anterior of the waggon raised to 125° R. The waggon remained closed for twenty-five minutes after this operation, and then the clothes were withdrawn.

THE MEDICAL CONGRESS AT PISA.

THE "National Association of Parochial Practitioners," and the "Italian Medical Association," which, by a wise arrangement, hold their periodical congresses simultaneously, met at Pisa on the 22nd in the Great Hall of the University. There was a large attendance—upwards of five hundred—including many of the first names in Italian medicine. France, Germany, and England were also represented on the occasion. Opening addresses were delivered on the part of the Medical Association by Professor C. Minati, of Pisa, and on behalf of the Association of Parochial Practitioners by Dr. Achille Ballori. These, which were each applauded heartily, were followed by speeches from Dr. Ratti, of Rome; Dr. Castiglioni, the Rector of the University; the Syndic, and the Prefect—the three last-named pledging themselves to spare no effort to uphold the renown of Pisa as a genial and time-honoured abode of science.

The business of the Congress begins on Monday, and concludes on Saturday. The papers announced for discussion are numerous, and several of them on highly important questions in surgery and medicine. One of the most interesting features of the Congress is its Medical Exposition, which has been organised with much care, and which represents the most recent accessions to the resources of the healing art.

THE BURY UNION INFECTIOUS DISEASE HOSPITAL.

THE Bury Union has recently opened a hospital for infectious diseases in connexion with the workhouse, the plans for which are described by the responsible officers of the Local Government Board as "excellent in themselves, and greatly in advance of anything of the kind hitherto attempted." The architect who has designed the plans upon which this exceptional praise has been bestowed is Mr. L. Booth, of Manchester, and, so far as we can judge from a written description, they well deserve it. The hospital is placed on a site which is situated between the workhouse buildings and the cemetery, and is very open on three sides. The patients will be accommodated in four several and distinct blocks, each one of which is fitted up complete in itself as a separate hospital. The only connexion between the blocks is a wide handsome covered way, open at the sides, supported by ornamental iron columns, and covered by a wide projecting roof, affording sufficient protection in all sorts of weather. By this arrangement any one block can be used for a distinct kind of fever, and for either sex, without interfering with the proper and safe use of the other departments in any way. Each ward contains eight beds, and there is provided in connexion with it a spacious and cheerful day-room for the convalescent patients. There is a kitchen, nurses' room, linen-closet, bath-room, lavatory, store-room, larder, water-

closet, sink for ward slops, and store for patients' clothing in every block. The wards are built on the pavilion principle, one storey in height, with windows on two sides and opposite to each other. The windows are made to open to their fullest extent, and there are "hit-and-miss" girds on a level with the floor, also hoppers for ventilation over the head of each window, and convex ventilating-shafts from the ceilings. The wards and day-rooms are warmed with Shillets and Shorland's "school-grates," which in their action are intended to keep up a copious supply of warm fresh air in every part of the room. The kitchens are supplied with proper hospital cooking-ranges, having gas hobs for occasional use. In addition to the hospital buildings there is a detached residence for the matron, and one for the porter. The building, substantially constructed, is faced entirely with stone, the walls of the wards within covered with Parian cement to a height from the floor of 4 ft. 6 in., the remaining portion being plastered, and the kitchens, passages, store-rooms, &c., have tiled floors.

INCREASE OF RECORDED LUNACY IN ENGLAND AND WALES.

THE thirty-second report of the Lunacy Commissioners contains a table showing the ratio of lunatics, idiots, and persons of unsound mind to the population, in each of the twenty years 1859-78. It appears that the ratio of all persons recorded to be of unsound mind to 10,000 persons living has increased during this period from 18·67 in 1859, to 27·57 in 1878. Measured in this way, the increase of lunacy has been equal to 48 per cent. during the twenty years. The gravest difficulty, however, stands in the way of determining how much, if any, of this increase is really due to the increase of lunacy, and how much to the more liberal interpretation of the term "lunacy" in recent years. It may be noted that the increase of private lunacy in the twenty years did not exceed 24 per cent., while that of pauper lunacy was equal to 52 per cent. With the recent steady decline of pauperism in England and Wales, the proportion of pauper lunatics to total paupers has largely increased. In 1859 only 3·7 per cent. of the total paupers were classed as lunatics, whereas in 1878 this proportion had increased to 8·1 per cent. It should be remembered that the total lunatics and idiots dealt with in the Lunacy Commissioners' report consist of three classes—those in asylums, those in workhouses, and those residing with relatives and others. For instance, on the 1st January last 63 per cent. of the pauper lunatics in England and Wales were in asylums, 27 per cent. in workhouses, and 10 per cent. were residing with relatives and others. After making due allowance for increase of population, the ratio of pauper lunatics in asylums has, during the past twenty years, increased by 69 per cent.; those retained in workhouses have also increased by 62 per cent.; while the decrease of lunatics living with relatives and others did not exceed 15 per cent. Thus the large increase of asylum accommodation in the past twenty years has done little more than keep pace with the large increase of persons returned as insane; and on the 1st of January last no less than 22,479 insane persons were retained in workhouses, or were living with relatives and others. With regard to this large number of insane, however (of whom 4406 were in the Metropolitan District Asylums), it should be borne in mind that they have never been formally certified as lunatics, that their classification as such is completely arbitrary and has no approach to scientific accuracy, and that they are not under the control and superintending care of the Lunacy Commissioners. More knowledge of the actual mental condition of insane paupers not confined in asylums is absolutely necessary to the formation of a sound opinion as to the truth of the asserted large increase of lunacy in England. It is

satisfactory to know, however, that the rate of increase of recorded existing cases of lunacy is a declining rate of increase. Dividing the period of twenty years covered by the Lunacy Commissioners' reports into four quinquennials, we find that, after due allowance for increase of population, the annual rate of increase declined from 2·6 to 2·4 per cent. between the first and second, and the second and third quinquennials, while between the third and fourth quinquennials the annual rate of increase fell to 1·6 per cent.

FRIENDLY SOCIETIES MEDICAL ASSOCIATIONS.

AMONGST the questionable new ways of getting medical service on low terms is the device of those Friendly Societies which club together and engage a medical man to attend the members and their families at a fixed yearly salary, with a very inadequate and undignified allowance for each midwifery case. A case in point has just occurred at Scarborough. The salary to be paid is at the rate of £200, together with 5s. 3d. (*sic*) for every midwifery case attended by him, and "a vaccination fee of 1s. charged by the association." These terms may tempt a very young man, who has an uncertain future before him. But there is another term, which should bid even him to pause: "In the event of leaving the service of the Association, he will not be allowed to practise in Scarborough for two years, under a penalty of £200." This is a terrible interference with the right to practise in any part of the Queen's dominions conferred by Act of Parliament, and one of which we take leave to question the legality. The whole complexion of the terms is such as to lead us to advise medical men who respect themselves and their profession not to entertain them. Respectable Friendly Societies should devise more liberal things if they want to be well served.

SANITATION AT TORQUAY.

WANT of space has hitherto prevented any notice of the completion of drainage works at Torquay, which for comparative simplicity and general completeness should, we suppose, bear comparison with any seaside sewerage scheme in the kingdom. The necessity for some reform on this head was seen and publicly acknowledged more than ten years ago, when the local authorities consulted Sir Joseph Bazalgette, and obtained afterwards the advice of Mr. Netten Radcliffe, who was sent down officially by the Local Government Board. Between 1867 and March, 1875, no less than six distinct plans were sketched by Sir Joseph Bazalgette, and one by Mr. John Little. After much discussion, chiefly of a financial character, the work was commenced under the personal superintendence of Mr. George Phillips as resident engineer, and the plan has proved more successful than that usually adopted—viz., having the work performed by contract. The general plan comprises a high level intercepting sewer of about three miles and a half in length, varying in size from 2½ ft. by 1 ft. 8 in. to 7 in. diameter, two miles of which is tunneled through limestone-rock and shale. The inclinations vary from 300 at the upper to 1177 at the lower end of the tunnel. The sewer receives directly at least nine-tenths of the sewage of Torquay. The remainder is pumped into it from the low level district, which comprises about one mile and a half of sewer, varying in size from 9 in. to 3 ft. in diameter, with an inclination of from 1 in 11 to 1 in 500 ft. The practical result is that the waters of Torbay henceforth will, at least should, be quite pure and free from sewage contamination. And in this case we may perhaps join with Sir Joseph Bazalgette in congratulating the inhabitants that they are free from the manipulation of their own sewage "by irrigation, precipitation, or other chemical works, which in so many places are now a source of annual cost, and sometimes

the cause of very serious nuisances." This observation is good for Torquay, but not for all places in the kingdom; and we must remember that the writer is the apologist, as well as the architect, of the metropolitan main-drainage system. This by the way. Meanwhile, the invalids who are thinking to winter at Torquay will read this summary with great satisfaction, and it would be well if other places in Devon, Cornwall, and generally on the south coast, would, by such means, secure their visitors, as well as the residents, from attacks or epidemics of zymotic diseases, so as to be classed by physicians among recommendable watering-places.

EPIDEMIC SCARLET FEVER IN BIRMINGHAM.

SCARLET FEVER has been for some time exceptionally and fatally prevalent in Birmingham, and since the beginning of July the deaths from this disease within the borough have averaged 23 per week. In the first and second quarters of this year the deaths from scarlet fever were 98 and 156, and in the past twelve weeks of the current quarter the fatal cases have further increased to 278. Since the beginning of the year, therefore, 532 deaths from scarlet fever have been registered in Birmingham, equal to an annual rate of 1.91 per 1000 persons living. In the twenty large English towns now dealt with in the Registrar-General's weekly return, the annual death-rate from scarlet fever during the eight years 1870-77 averaged 0.90 per 1000. In Birmingham the average rate from scarlet fever in the same period was 1.01, and ranged from 0.37 in 1871 to 2.06 in 1874. Scarlet fever was continuously and severely epidemic in Birmingham during the three years 1872-3-4. In the three following years the disease was comparatively quiescent, whereas the scarlet fever death-rate of the present year seems to threaten to exceed that which prevailed in 1874. The sanitary authority of the borough, however, now possesses good hospital accommodation for the isolation and treatment of infectious diseases, and it will be discouraging if with this means of controlling the epidemic its fatality should ever equal that of previous epidemics. Judging from the reports of the medical officer of health, the Birmingham Borough Hospital for infectious diseases is at present but little used; in order, however, that such hospitals may answer the purpose for which they are intended much popular prejudice has to be overcome, and above all is it necessary that all cases of infectious disease should be systematically reported to the medical officer of health.

QUARANTINE.

THE Local Government Board have during the past week issued a circular order to all port sanitary authorities in England and Wales calling their attention to the extensive epidemic now raging in America, and urging the immediate provision of hospital accommodation, means of isolation, and generally the completion of preparations that will enable them to co-operate with the Customs in preventing a definite importation of the disease. The authorities at Rio de Janeiro have recently issued a revised code of regulations respecting their own port, which will mitigate in several important respects the inconvenience and miseries formerly experienced by those who had the misfortune to arrive when yellow fever—or, indeed, any other contagious or infectious disease—was epidemic at other ports. The working hours of the crew are limited to from 5 to 10 in the morning and from 4 to 6 in the evening, so that the scorching heat and the dangerous dews are thereby avoided, and the presence of an officer in each lighter sent to the Custom House with goods is dispensed with. These are great boons, and will be appreciated very fully by all concerned.

The Egyptian Government have recently issued a new code of regulations that will affect the pilgrim-carrying

trade considerably. One of these indicates that all ships coming from Morocco or any of the ports of Northern Africa will be forbidden to enter any Egyptian port, irrespective of any conditions of the bill of health. But the pilgrims may be transhipped provided the steamer receiving them guarantees to leave the port twenty-four hours after they are on board, and provided also that the transshipment does not exceed three days. This is considered for Egypt as a great concession, for the Egyptian Government are, in all matters relating to quarantine, most despotic, and have not at present in these matters taken any foreigners into their counsels.

THE HOSPITAL SUNDAY FUND AND PROVIDENT DISPENSARIES.

THE study of the awards of the Metropolitan Hospital Sunday Fund, so far as that is possible from the imperfect data given by the Council and the Distribution Committee in their reports, would seem to show that the Committee of Distribution is increasingly disposed to help provident dispensaries by looking on the payments of enrolled members, at least partly, as charitable payments. The amounts apportioned to provident dispensaries have been generally maintained, if not increased, whereas those to strictly free dispensaries have been considerably reduced. We should have to know a great deal more of the work and working of these respective dispensaries before we could express an opinion as to whether the Committee of Distribution is acting well in this respect. Public opinion is certainly in favour of providence as well as charity in the matter of dispensaries. And we are disposed to think that the Committee is acting in accordance with public opinion, more so than with its original view of provident payments, which estranged one of the best provident dispensaries of London. By the laws of the Fund it has full discretion in this matter.

LUNACY IN SCOTLAND.

THE twentieth annual report of the Commissioners in Lunacy for Scotland states that on the 1st of January, in the present year (1878), there were under official cognisance in Scotland 9097 persons, of whom 4218 were males, and 4879 females. 7473 were paupers (3396 males and 4077 females), and 1569 private patients (783 males and 786 females). The Royal and district asylums contained 5449, the private asylums 208, the parochial 1092, the lunatic wards of work-houses 644, and 1493 were in private dwellings. The lunatic departments of the general prisons include 55, and the training schools 156. The Commissioners note that "during the three years 1875, 1876, and 1877, the whole increase of registered lunatics was 853, and these consisted of 764 paupers and 89 private patients. During the previous three years (1872, 1873, 1874) the whole increase of registered lunatics was 366, consisting of 290 paupers and 76 private patients." And they add: "These figures show that during the last triennial period the increase was considerably greater than during the three years which went before."

YELLOW FEVER.

THIS calamitous outbreak seems to have almost spent its force, in some places the decline of the epidemic being due to a lowering of atmospheric temperature, and in others, sadly enough, because no more victims remain. A telegram from New Orleans, dated the 23rd inst., records 44 deaths as having occurred in that day, with 134 new cases. This, it appears, raised the list in the city to 7972 cases and 2514 deaths since the commencement of the epidemic. Six deaths only occurred on the 24th at Vicksburg.

It seems that the report as to an outbreak of the disease at Jamaica is not without foundation. The *Standard* reproduces a private telegram announcing that cases have occurred

both at Kingston and Port Royal. These were, however, promptly isolated, so it was hoped no further extension of the disease would occur. The death of Surgeon F. W. Laslett, R.N., of Jamaica Hospital, from yellow fever, is announced by an Admiralty telegram from Commodore the Hon. W. J. Ward.

A correspondent who has seen much of the disease during a long term of service in the Navy, writes:—"From my personal knowledge I think there are two, if not three, different diseases known as yellow fever, but very different in some particulars, notably in contagious virulence. These have been jumbled up by the systematic writer, because they (the varieties) are all marked by yellowness of skin and black vomit, as if one were to confound small-pox with scarlet fever or measles, because all are characterised by skin eruption; and there is the usual fight between contagionists and non-contagionists, as in cholera, when they are treating of totally different things."

We shall take an early opportunity to discuss the various theories respecting yellow fever, when this epidemic can be reckoned among things of the past.

The latest advices, dated the 25th inst., say that on the preceding day 58 deaths had occurred at New Orleans and 3 at Vicksburg, and that there were 64 deaths at Memphis on Monday last.

THE PROVIDENT DISPENSARY MOVEMENT IN BIRMINGHAM.

THE committee appointed at a public meeting for the purpose of establishing self-supporting dispensaries have, in face of much opposition, completed a scheme, which places the management in the hands of the members, while the medical department is under the control of the surgeons, who are five in number. Suitable premises, comprising a consulting-room, dispensary, and waiting-room, have been obtained, and work is to begin on October 1st. The institution has a guarantee fund of £600, but the promoters believe that it will be entirely self-supporting.

A number of medical men on the south side of Birmingham have started an analogous institution, but they propose to keep a greater share in the management, while in the west district there is a strong probability of a third dispensary being started, on the same principle as that in the south district. The provident dispensary movement seems suddenly to have found favour in quarters where it has hitherto met with but few friends or supporters.

FOLKESTONE, one of the most popular watering-places in England, is, according to one of its own local journals, published on the 31st ult., much afflicted with pigs and their habitations, as well as a superabundance of ill-regulated slaughter-houses. A memorial has been presented from several residents and owners of property in the town to the urban sanitary authority, urging that steps may be taken to abolish the nuisance. The same sort of nuisance has occurred at Wandsworth, but has been summarily and promptly dealt with under a summons issued at the instance of the Board of Works for the district. Vested interests are, as a rule, in sanitary matters less tenderly dealt with in metropolitan and suburban than in genuine urban and rural districts.

AT the Guildford meeting of the urban sanitary authority a discussion occurred on the ventilation of sewers, which plainly showed that the members of the Board had very little acquaintance with the elementary principles of drain ventilation. It appears that though stack-pipes are properly enough used in many places to ventilate the Guildford sewers, they are built so low that in some cases the upper ends are on a level with the bedroom windows of the houses against

which they are raised. It is thus that a common-sense and very efficient system falls into disrepute, and committees on these occasions, particularly in the provinces, discuss these matters in a fragmentary way, and arrive at no practical conclusion, whereas five minutes' conversation with the engineer or medical officer of health would clear the matter up easily and completely. The same sort of discursive conversation is reported by the *Surrey Advertiser* as having occurred at the Wimbledon Board last week. It appears that in this district, although new drains are made and utilised, some houses still continue to send their refuse into the old sewers, which are interrupted by gully holes, and so cause a serious nuisance. An engineer could have advised the Board how to act in a very short space of time. But here again the committee prefer to spend an hour in discussing a matter of which they are profoundly ignorant, leaving the subject very much as they found it.

IT would appear that more care ought to be exercised in removing invalids from Hong Kong to a more genial climate. Under date of July 28th, it is reported that H.M.S. *Shannon* brought home from Hong Kong Hospital a number of patients specially ordered away by the medical officers for speedy transmission to the more comfortable sick quarters of Yokohama. These patients were suffering chiefly from dysentery, but they, as well as other patients in various ships of the squadron, were kept waiting day after day for a Queen's ship to take them in, although paddle-boats belonging to the Japanese mail service were leaving frequently for the required port of destination. Meanwhile one of the sick officers died. The invalids were eventually sent in H.M.S. *Charybdis*, which was so ill-fitted for the work that she was compelled to put into some out-lying harbour through stress of weather, the unfortunate patients, officers and men, being accommodated in some roughly built, miserable shanties placed under the ship's bridge. The treatment to which these men have been subjected has caused great indignation among the fleet in China.

THE death-rate of London last week was 18·2—a lower rate than has been recorded in any week since the corresponding one of last year. The 1250 deaths included 4 from small-pox, 2 from measles, 24 from scarlet fever, 10 from diphtheria, 43 from whooping-cough, 30 from different forms of fever, and 80 from diarrhoea. These 193 deaths from the seven principal zymotic diseases were 94 below the corrected average number.

THE General Medical Council will meet on Thursday, the 17th of October. The Executive Committee will assemble on the preceding day. Though the Council will probably have but a short sitting, it will doubtless take into consideration its duties, not only under the new Dental Act, but under the unusual circumstances of the question of suspended medical legislation.

THE Honiton Urban Sanitary Authority would appear to be determined to hold out against measures for the improvement of the drainage and water-supply of the town and that in defiance of the Local Government Board. Typhoid fever is reported to have again broken out among the unfortunate community.

PROFESSOR LISTER, F.R.S., has accepted the invitation of the Council of the Midland Medical Society to deliver the opening address of the ensuing session.

CHOLERA has broken out at Indore, and in consequence the 17th Regiment has been removed to Asigairah. Only two cases ended fatally.