

international form, or to work out a new international nomenclature from the various national terms in existence throughout the world to-day. The best, probably the only, chance of success lies in remodelling the B.N.A. according to well-defined principles, most of which can readily be evolved from the methods of the B.N.A. itself. The first principle of international nomenclature is, however, in part at least, absolutely at variance with the B.N.A.—“Every name must be descriptive, and as short and simple as possible.” For this the direct method is essential.

## REPORT OF THE LOCAL GOVERNMENT BOARD FOR 1916-17.

THE forty-sixth annual report of the Local Government Board has recently been issued. With a view to economy it has been still further reduced in size by the exclusion of matter concerning the normal activities of the department, and by the omission of statistical and other tables usually contained in these reports. Part I. gives interesting details of special preventive work for the relief of distress due to war, for the maintenance of internment camps, and for the accommodation of war refugees. Part II. deals with the administration of the several Working-classes Acts, and of the Act of 1909 which relates to town-planning. Part III., with which we are more particularly concerned, relates, *inter alia*, to new work arising out of the war, under circumstances of special difficulty, consequent on serious depletion of the official staff.

### Public Health.

*Tuberculous disease.*—Under the National Insurance Act 291 residential institutions and 370 dispensaries in England and Wales have been approved by the Board, in the former of which 11,883 beds have been set apart for the treatment of tuberculosis. This accommodation, however, has already been proved insufficient, and proposals are under consideration for the provision of additional beds for tuberculous children. In order to meet the needs of tuberculous soldiers and sailors who were about to be discharged from service on account of this infection, provision has been made during the year for their treatment in residential institutions. In addition to the buildings previously taken over by the military authorities for use as tuberculosis hospitals, a considerable number of beds have been devoted to that purpose in the course of 1916. Thus the adult pavilion at the Huddersfield Sanatorium has recently been completed and adapted for use as a temporary war hospital. At Liverpool the Nurses' Home and the Children's Pavilion at the Fazakerley Sanatorium have been placed at the disposal of the War Office. At Leeds the Killingbeck Hospital, with 60 beds, has been made available for the treatment of this disease, and additional accommodation has been provided by the town council at the Seacroft isolation hospital. The Doncaster town council have lent to the military authorities their Balby Hospital for use in the treatment of tuberculosis.

*Venereal diseases.*—Substantial progress has been made in the organisation of measures for the provision of free diagnosis and treatment of venereal diseases. The shortage of medical staff and of accommodation at most hospitals has presented serious obstacles. Nevertheless, about 150 hospitals in this country have already expressed willingness to engage in the present campaign. It is estimated that the arrangements already sanctioned will serve for a population of 18 millions out of a total of 25 millions for which accommodation has been approved. The main features of the schemes for the diagnosis and treatment of venereal diseases in each county and borough will be published in a later report.

*Infectious diseases other than tuberculosis and venereal diseases.*—The notification of the more important common infectious diseases is set forth in a table, from which it appears that, excluding measles and German measles, which only became notifiable in the beginning of 1916, there has been in most cases a decrease in the numbers notified during last year as compared with 1915. This is in some degree attributable to the reduction in the civil population. Especially noteworthy is the material fall in the fever

attacks during 1916. Statistical details of infectious disease in England and Wales will appear in the report of the Board's medical officer to be issued as a supplement to the present report. Having regard, however, to war conditions the account of the work of the Board's medical inspectors, acting under the medical officer's direction, will be much curtailed.

*Maternity and child welfare: Government grants.*—Substantial progress was achieved last year in the development of schemes for safeguarding the health of expectant and nursing mothers, as well as that of their offspring. Provision for home visiting is known to be the most effective element in a scheme of this kind. By the end of last year the councils of nearly all the large towns, and a large proportion of the extra metropolitan county councils, had made some provision for home visiting. The number of health visitors appointed by the local authorities, which had been 600 in 1914, rose to 812 in 1915, and to 1445 by the end of February, 1917. In addition, health visiting has been undertaken on behalf of county councils by about 800 district nurses. At the end of last year the number of salaried health visitors supported by voluntary agencies is reported to have reached 136, but a large additional number is still required in order to provide satisfactorily for the service of the whole country. The maternity and child welfare centres have also increased rapidly—the number up to last Lady-day having totalled 842, of which more than half were voluntary undertakings. During the year 1916 the Local Government Board made grants in respect of maternity and child welfare schemes amounting to £68,000. The work, however, is hampered by the fact that the powers of English local authorities are more restricted than those of other parts of the United Kingdom.

*Medical officers on military service.*—Owing to the increasing demands of the war, and consequent also on the inhumanity of the enemy in sinking hospital ships, there has been a growing demand for medical men for the Army. The number of medical officers released by local authorities in order to take temporary commissions with the forces now exceeds 500.

## URBAN VITAL STATISTICS.

(Week ended Sept. 1st, 1917.)

*English and Welsh Towns.*—In the 96 English and Welsh towns, with an aggregate civil population estimated at nearly 17,000,000 persons, the annual rate of mortality was 10.6, against rates of 10.4, 10.5, and 10.6 per 1000 in the three preceding weeks. In London, with a population exceeding 4,000,000 persons, the death-rate was also 10.6, or 0.1 per 1000 above that recorded in the previous week; among the remaining towns the death-rates ranged from 3.7 in Wallasey, 4.4 in Gloucester, and 4.8 in Ealing to 15.8 in Leeds, 16.2 in Gateshead, and 17.6 in Middlesbrough. The principal epidemic diseases caused 430 deaths, which corresponded to an annual rate of 1.3 per 1000, and comprised 312 from infantile diarrhoea, 41 from measles, 31 from whooping-cough, 27 from diphtheria, 11 from enteric fever, and 8 from scarlet fever. The deaths from diarrhoea, which had increased from 53 to 274 in the six preceding weeks, further rose to 312, and included 95 in London, 26 in Liverpool, 18 in Leeds, and 15 in West Ham and in Manchester. The 622 cases of scarlet fever and 1022 of diphtheria under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital were respectively 8 above and 41 below the numbers remaining at the end of the previous week. Of the 3456 deaths from all causes in the 96 towns, 123 resulted from violence. The causes of 31 deaths were uncertified, of which 7 were registered in Liverpool and 5 in Gateshead, but not one in London.

*Scotch Towns.*—In the 16 largest Scotch towns, with an aggregate population estimated at nearly 2,500,000 persons, the annual death-rate was 11.2, against 11.7, and 10.3 per 1000 in the two preceding weeks. The 253 deaths in Glasgow corresponded to an annual rate of 11.8 per 1000, and included 33 from infantile diarrhoea, 4 from whooping-cough, and 1 each from measles, scarlet fever, and diphtheria. The 58 deaths in Edinburgh were equal to a rate of 9.1 per 1000, and included 1 from diphtheria.

*Irish Towns.*—The 109 deaths in Dublin corresponded to an annual rate of 14.2, or 5.3 per 1000 less than that recorded in the previous week, and included 26 from infantile diarrhoea and 2 from measles. The 94 deaths in Belfast were equal to a rate of 12.5 per 1000, and included 5 from infantile diarrhoea, 2 from measles, and one from whooping cough.

THE name of Mr. H. Morrison Davies was inadvertently omitted from the list of the staff of University College Hospital, London, given in our Students' Number (August 25th). Mr. Davies recently retired from the active staff of the hospital on account of an unfortunate accident to his hand, and was then appointed consulting surgeon.