

lepto-meningitis with tendencies to undue adhesiveness of the pia mater and to decortication on stripping the pia-arachnoid membrane; a diffuse cerebral gliosis or overgrowth of the fibrous neuroglia cells is often present.

A FATAL STING.

THE folly of neglecting trivial accidents is fortunately seldom emphasised with such severity as it was in a case reported in the lay papers this week under the heading of "Death from Acute Blood-Poisoning." A man while employed in some printing works complained of being stung over the left eye. Although the accident happened in the morning he did not seek medical advice until the following day and he died in the same afternoon. At the inquest it was found that "death was due to acute blood-poisoning, caused by a sting, probably that of a wasp." We have no guide as to what evidence led to the suspicion of a wasp. Unless such evidence is strong the probability is rather in favour of the sting having been delivered by one of those flies, numerous in some localities, which are capable of perforating the epidermis and which are more likely than wasps to be the purveyors of virulent septic material. However, the poison was introduced, and wherever it came from it must obviously have been of a high degree of virulence to have caused death so rapidly. The site of infection, close to the loose tissue of the eyelid, was unfavourable for the patient, and should have led to such medical measures being sought as might have prevented the untoward issue of the case. Strong antiseptics applied early might have controlled, if not counteracted, the poison, and the rapid spread of inflammation in the cellular tissue could most probably have been at least considerably diminished by suitable applications. We are never anxious to encourage people in making a mountain of anxiety out of every molehill of accident, but in such cases as those of a sting it is better to pay a visit to a medical man, though it afterwards turns out to have been unnecessary, than to risk disaster which might be prevented by such a visit.

THE DISTRIBUTION OF PLAGUE.

A TELEGRAM from the Governor of the Cape of Good Hope received at the Colonial Office on Sept. 5th states that for the week ending August 31st the cases of plague in the Cape Peninsula numbered 0. At Port Elizabeth the cases were as follows: coloured persons, 2; Chinamen, 1; natives, 1; total, 4; all other places 0. The deaths from plague were as follows: Cape Peninsula, 0; Port Elizabeth, coloured persons, 1; Chinamen, 1; natives, 1; total, 3; all other places, 0. The area of infection remains unchanged. The cases of plague in persons under Naval and Military control number 1, a native from the remount camp at Port Elizabeth. For the week ending Sept. 7th the report is as follows: Cases of plague in the Cape Peninsula, 1—a European; cases in Port Elizabeth and all other places, 0. The deaths are as follows: Cape Peninsula, 1—a European; Port Elizabeth, 1—a native; all other places, 0. The area of infection remains unchanged and there were no cases in persons under Naval and Military control. As regards the Mauritius, a telegram from the Governor received at the Colonial Office on Sept. 6th states that for the week ending Sept. 5th there had occurred 4 fatal cases of bubonic plague. As regards plague at Hong-Kong, a telegram from the Governor received at the Colonial Office on Sept. 9th states that for the week ending Sept. 7th there were 6 cases of bubonic plague with 6 deaths. As regards Egypt: during the week ending Sept. 1st 7 cases of plague have been reported throughout Egypt, all among natives; of these 5 died. No further cases have occurred at Zagazig since August 9th. 4 cases have been found at Mit

Ghamr and 3 cases at Port Said. The attention of the sanitary authorities having been specially directed to Mit Ghamr for some time past, energetic measures were immediately applied on the appearance of the first case there, and little fear is entertained of any serious spread of the disease. The general health of the country is good.

PUBLIC BODIES AND TUBERCULOUS FOODS.

IN a leading article we comment upon the admirable promptitude with which the appointment of a Royal Commission has followed upon Professor Koch's views on the relation of human to bovine tuberculosis. It is equally satisfactory to notice that public bodies are alive to the fact that while such a question is still *sub judice* there is every reason to guard against any remission of that vigilance which has hitherto been strongly held to be desirable. The Local Government Board have issued to the councils of the metropolitan and other boroughs, and of urban and rural districts, a circular setting out the $\frac{7}{2}$ points raised by Professor Koch and at the same time impressing upon the local authorities that "pending the investigations and report of the Royal Commission there should be no relaxation on their part or on that of their officers in the taking of proper measures for dealing with milk from tuberculous cows and with tuberculous meat which may be intended for the food of man. It is, in the opinion of the Board, of much importance that these measures should continue to be taken, and they rely on this being done." Having received representations that the action of local officers in seizing tuberculous meat is not uniform, the Board also state in their circular the conclusions with regard to this matter arrived at by the previous Royal Commission on Tuberculosis, and strongly urge the local bodies to direct their meat inspectors to act in accordance with the principles laid down by that Commission. The danger that Professor Koch's theories might lead to indifference in the matter of tuberculous food-stuffs has induced the medical officer of health of Finsbury to issue a memorandum to the Public Health Committee of the Finsbury borough, in which the arguments for continued care are admirably urged. No doubt other medical officers of health have taken similar action.

MEDICAL STUDENTS AND THE POOR.

IN another column we publish a letter from the Warden of the Bermondsey Settlement in which he refers to the fact that medical students can be accommodated in the Settlement as residents, a fact which will enable them to gain an insight into the social conditions of the poor. We consider that the acquirement of knowledge of this description would be an admirable thing for many medical students. The practice of by far the greater part of medical men, at all events at the beginning, lies very largely among the poor, and for the most part upon leaving the hospital the newly qualified man is perfectly ignorant of the social conditions of the poor, except for the little insight into their life which he has gained by attending a small number of midwifery cases. The consequence is that he often makes, or appears to his patients to make, mistakes in manner or behaviour which act and react disagreeably for both himself and his patient. The really poor are rarely, if ever, rude with that studied insolence which may be seen among the higher classes of society. It is true that if they are attended by the medical officer of a charitable dispensary nothing will at first convince them that he is not paid out of the rates and so is in a way their servant, or, more odious still, that he is in league with the School Board. But when these initial difficulties have been got over the practitioner will find his poor patients wonderfully grateful to him and extraordinarily kind to one another.

The medical man fresh from the hospital is apt to order expensive drugs unnecessarily and to have ideas on the subject of diet which are quite incompatible with a wage of 25s. per week and a wife and six children. But if he has had experience of the poor in their own homes, of their difficulties, their limitations, and their sometimes actual heroism, he will be able to sympathise with them and will win a golden name among them. For these reasons we emphasise the opportunity proffered by Mr. Scott Lidgett.

"THE NEW CHIEF MEDICAL OFFICER FOR CAPE COLONY."

WITH reference to an annotation published in our issue of August 24th (p. 539), under this title, we have received a letter from a relative of Dr. A. J. Gregory in contradiction of the statements made in *Greater Britain* from which we quoted. Our correspondent writes: "Some time ago I received a copy of a newly launched paper called *Greater Britain*. It contained an exceedingly venomous letter signed 'Old Colonist' and dealt with Dr. Gregory's appointment. There are one or two statements contained therein with which I should like to deal particularly. Firstly, then, Dr. Gregory went out to the colony 10 years ago, and not three, as stated by 'Old Colonist.' Secondly, his work on the census was of a medical nature. Dr. Gregory has, indeed, spent the last 10 years in a branch of the Colonial Office, as stated by 'Old Colonist'—namely, the Local Government and Health Branch, which department he himself organised and of which the M.O.H. for the colony is head. Then, again, apart from anything else, he has been assistant M.O.H. for the colony for the past five years, during most of which time he has also been acting for the M.O.H., Dr. G. Turner, who has been largely employed on rinderpest and other special work. I think, therefore, that it must be conceded that there was hardly likely to be a man more 'up to the work,' either here or in the colony than Dr. Gregory. Referring to the latter portions of the letter, it is unnecessary to say that the statement that he was clerk to a brewer's establishment is absolutely untrue." We have also received a copy of the *Cape Times* of June 22nd, 1901, which gives an account of the work in connexion with the public health of the colony which has been performed by Dr. Gregory. From this article it would seem that the choice of Dr. Gregory for the post which he now occupies was a particularly happy one. We are glad to learn that Dr. Gregory has qualifications for his office which do not appear to have received proper prominence in the article which appeared in *Greater Britain*, while he possesses the Diploma of Public Health of the Royal College of Physicians of London and Surgeons of England, although in the current Medical Directory and the recent issues of the South African Medical Directory no mention is made of the fact.

THE death is announced on Sept. 7th of Dr. J. L. W. Thudichum. He was of German nationality and graduated M.D. at the University of Giessen in 1851. Having settled in this country he became M.R.C.S. in 1854 and in 1878 was elected a Fellow of the Royal College of Physicians of London. He did much work in pathological and physiological chemistry, and conjointly with Dr. Dupré published in 1871 a treatise dealing with the chemistry, origin, and nature of the various kinds of wine.

THE annual dinner of the past and present students of Charing-cross Hospital will be held on Wednesday, Oct. 2nd, at the Hotel Cecil. The chair will be taken by Mr. Charles Gibbs, F.R.C.S. Eng., late senior surgeon to the Langman Hospital, South Africa.

THE SANITARY STATE OF THE CITY OF BOMBAY.

THE sanitary condition of the municipality of Bombay has for a long time been in an unsatisfactory condition. Dr. John A. Turner has recently been appointed executive health officer to the city, and we have received the report which he has made for the first quarter of the year 1901. The difficulties of carrying out the duties which Dr. Turner undertook in accepting the office which was offered to him are made evident in his first report, and they have been further emphasised in speeches made at meetings of the Bombay Medical and Physical Society, at the sittings which were devoted to a discussion on a paper read by Dr. Turner on the system of registration of births and deaths and the notification of infectious diseases in Bombay. The general problems of the sanitation of Bombay will perhaps be most conveniently considered as two distinct questions. 1. What are the weak points in the present administration? 2. How will the defects be best remedied?

THE PRESENT SANITARY ADMINISTRATION OF BOMBAY.

Dr. Turner has devoted two months to the task of making himself acquainted with the working of the Health Department of the city, and during the time he made a survey of the municipality accompanied by the divisional health officers. He has embodied the results of his observations in a letter to the Municipal Commission, the following being his summary of the principal points to which he directed attention:—(1) the amendment of the Public Health Act of 1888 (Dr. Turner has written a special report on those sections of the Act affecting the public health); (2) provision of by-laws (Dr. Turner has already held a conference with the Commissioner on these and made certain suggestions); (3) the registration of births and deaths; (4) infant mortality; (5) the notification of infectious diseases; (6) the provision of free medical relief; (7) the registration of dairies, cowsheds, and milkshops and inspection of milk-supply; (8) the improvement of the method of water-supply; (9) surface and sub-soil drainage; (10) the relaying of storm-water drains and disconnecting house-drainage therefrom; (11) the drainage of districts at present undrained and house-drainage connexions; (12) the overcrowding of rooms, houses, and factories; (13) the ventilation of houses, streets, drains, and sewers; (14) improvement in the present system of night-soil disposal and scavenging; (15) the control of all infectious diseases and hospitals for infectious diseases; (16) municipal police duties to be extended so that they may assist the Health Department; (17) the provision of camps on open spaces for people ejected from overcrowded houses; (18) the provision of houses for employes of the municipality and of houses for the working-classes; (19) the consideration of the method of disposal of the dead and the provision of open spaces for recreation; and (20) the reorganisation of the Health Department. A programme designed to alter all the things mentioned in the report may, indeed, as Dr. Turner suggests, appear to be ambitious, but, supported by the strength of his convictions, he insists that he will not hesitate to urge these matters until they are brought to a successful issue. This is the spirit in which reforms should be attempted, and we hope that Dr. Turner may have the help of the Municipal Commission and that he may have the health and strength necessary to enable him to carry out the arduous work which he has undertaken.

At the present time there are in Bombay no really reliable data from which statistics can be obtained concerning even such elementary facts as the number of the births and the causes of the deaths which occur in the city. For example, during the first quarter of the year 1901, of 24,068 deaths only 569 certificates were received from qualified medical men (421 from private practitioners and 148 from hospitals). In addition to these 2599 death certificates were received from the hospitals for the treatment of infectious diseases. The remaining deaths were not certified by medical men. In the deaths the causes of which are not certified by qualified men an attempt is made to ascertain the nature of the diseases from which the patients died by means of inquiries made from the relatives of the deceased by cemetery clerks and karkoons at the burial-grounds. It is needless to point out that information obtained in this way