

fashion is so strong. But we do trust that wherever the carrier case is called in the full circumstantial as well as bacteriological evidence will be furnished, because there is undoubtedly a great deal yet to be learnt both about the chronic carrier and the carrier whom the Germans term the "acute" carrier—i.e., a person who has been in contact with a case of enteric fever and who without manifesting any symptoms of the disease may carry and excrete enteric fever bacilli. Dr. Davies's account of the outbreaks referred to is accompanied by some useful diagrams.

Borough of Lewisham.—We have referred on several occasions recently to measures taken, notably in France, for diminishing the loss of child life through instruction and help to pregnant mothers, and we are interested to see that in Lewisham Miss Duncombe (one of the Grey Ladies) has established what is practically a school for mothers during the antenatal period. Not only are advice and instruction given but also in needy cases almost free meals. Dinners are also provided for nursing mothers, every inducement being made to the mothers to breast-feed their offspring. Where breast-feeding is not possible and poverty prevents the purchase of milk orders for a free supply are given. Mr. A. Wellesley Harris speaks highly of the value of this movement, which is, we are glad to see, likely to be copied in other places. There are also in Lewisham three crèches which are performing admirable work in connexion with this question of infantile mortality. Mr. Harris reports that he has encountered considerable difficulty in obtaining the disinfection of schools after cases of infectious disease had occurred amongst the scholars attending such schools. The attitude of the education committee of the London County Council would seem to be, if not actually obstructive, at least lacking in that spirit of coöperation and assistance which should characterise its dealings with the London sanitary authorities if the ratepayers are to be properly protected and to obtain some return for the enormous expenditure to which they are put in supporting the numerous authorities concerned in the government of London. Apparently the education committee of the London County Council had, without informing the borough medical officers of health, instructed schoolkeepers not to allow any disinfection of the school premises without sanction from the education office, a procedure which is certainly not in the interests of the public health. Even after the difficulties of the position had been pointed out by Mr. Harris consent seems to have been very grudgingly given to the effect that "those medical officers who use formalin spray may be allowed to disinfect before or after school hours without sanction from the office." This attempt to place the borough medical officers of health in an altogether subordinate position by practically dictating to them how they shall do their work seems to us an undesirable procedure and not one which is calculated to promote good relations between the London County Council as a whole and the local authorities.

County Borough of Oldham.—Dr. J. B. Wilkinson, the medical officer of health, is, we are glad to see, taking steps to deal vigorously with the smoke nuisance not only of Oldham itself but also of the surrounding towns, and there is a prospect of the formation of a smoke board comprised of representatives for Oldham and other places near. Dr. Wilkinson supplies data which show, as he says, that there are appliances on the market which can do away with black smoke almost entirely, one of such appliances being cheap, trustworthy, and inexpensive to work. So much so is this the case that he regards it as "the duty of every mill owner who considers in any way the welfare of the town and its inhabitants to take steps to prevent the emission of black smoke from his mill in the future." We cordially endorse this sentiment and we have hopes of the smoke board. The fact that so many of the members of local authorities in manufacturing districts are themselves smoke producers renders it very difficult to get much done through local influence, but if for smoke administrative purposes a non-smoke producing area could be combined with a smoke area useful work might, we think, be carried out.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In 76 of the largest English towns 8895 births and 4682 deaths were registered during the week ending August 15th.

The annual rate of mortality in these towns, which had increased during the four preceding weeks from 11·1 to 13·2 per 1000, further rose to 15·0 in the week under notice. During the first seven weeks of the current quarter the death-rate in these towns, notwithstanding this recent increase, averaged only 12·4 per 1000, and in London the rate during the same period did not exceed 11·5. The lowest annual death-rates in these 76 towns during the week under notice were 4·7 in West Hartlepool, 6·0 in King's Norton, 6·6 in Leyton, and 7·6 in Norwich; the rates in the other towns ranged upwards, however, to 26·3 in Merthyr Tydfil, 26·5 in Stockport, 27·2 in Middlesbrough, and 32·9 in Rhondda. In London the death-rate during the week did not exceed 13·2. The 4682 deaths from all causes in the 76 towns showed a further increase of 577 upon the low numbers returned in recent weeks, and included 1132 which were referred to the principal epidemic diseases, against numbers steadily increasing from 299 to 726 in the six preceding weeks; of these 1132 deaths, 927 resulted from diarrhoea, 62 from measles, 61 from whooping-cough, 34 from scarlet fever, 32 from diphtheria, and 16 from "fever" (principally enteric), but not one from small-pox. The deaths from these epidemic diseases last week were equal to an annual rate of 3·6 per 1000, against rates increasing from 1·1 to 2·3 in the four preceding weeks; in London the death-rate from these epidemic diseases did not exceed 2·7 per 1000. No death from any of these epidemic diseases was registered last week in Hastings, Brighton, Bournemouth, or in four other smaller towns; the annual death-rate from these diseases ranged upwards, however, to 8·4 in Bootle, 10·6 in Middlesbrough, 11·8 in Aston Manor, and 18·0 in Rhondda. The deaths attributed to diarrhoea in the 76 towns, which had steadily increased during the nine preceding weeks from 63 to 506, further rose to 927 in the week under notice, and caused in these towns annual death-rates ranging upwards to 6·9 in Burnley, 7·6 in Bootle, 10·1 in Middlesbrough, 11·8 in Aston Manor, and 15·7 in Rhondda. It is noticeable that the marked increase in the death-rate during recent weeks has been almost entirely due to diarrhoea, mainly infantile. The 62 fatal cases of measles showed a decline, while those of whooping-cough were somewhat more numerous; measles was proportionally most fatal in West Ham, Stockport, and Rochdale, and whooping-cough in Wolverhampton, Walsall, Southampton, and Stockton-on-Tees. The 34 deaths from scarlet fever corresponded with the number in the previous week, and showed the largest proportional excess in Swansea and West Bromwich. Of the 32 deaths from diphtheria, 10 occurred in London and its suburban districts, three in Liverpool, three in Manchester, and two in Great Yarmouth, which were equal to an annual rate of 2 per 1000. The 16 deaths referred to "fever" showed a decline of seven from the number in the previous week. The number of scarlet fever patients under treatment in the Metropolitan Asylums and the London Fever Hospitals, which had increased in the four preceding weeks from 2573 to 2761, had further risen to 2808 on August 15th; the number of new cases of this disease admitted to these hospitals during the week under notice further declined, however, to 343, from 423, 363, and 358 in the three preceding weeks. The deaths in London referred to pneumonia and other diseases of the respiratory organs, which had steadily increased from 104 to 132 in the four preceding weeks, declined to 128 in the week under notice, but exceeded the corrected average number in the corresponding week of the five years 1903-07 by seven. The causes of 37, or 0·8 per cent., of the deaths registered in the 76 towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were again last week duly certified in Leeds, Bristol, West Ham, Bradford, Newcastle-on-Tyne, and in 63 other smaller towns; six uncertified causes of death were, however, registered during the week in Liverpool, five in Sheffield, four in Sunderland, and three in Birmingham.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in eight of the principal Scotch towns, which had been equal to 14·3, 13·5, and 12·8 per 1000 in the three preceding weeks, rose again to 13·4 in the week ending August 15th. During the first seven weeks of the current quarter the annual death-rate in these eight towns averaged 13·2 per 1000, and exceeded by 0·8 the mean rate during the same period in the 76

English towns. Among the eight Scotch towns the death-rates during the week under notice ranged from 5·2 in Paisley and 10·0 in Aberdeen to 15·2 in Glasgow and 19·3 in Perth. The 471 deaths in the eight towns showed an increase of 21 upon the low number in the previous week, and included 79 which were referred to the principal epidemic diseases, against 61 and 73 in the two preceding weeks; of these 79 deaths, 48 resulted from diarrhoea, 18 from whooping-cough, five from "fever," three from measles, three from diphtheria, and two from scarlet fever, but not one from small-pox. These 79 deaths were equal to an annual rate of 2·2 per 1000, which was 1·4 below the mean rate from the same diseases during the same week in the 76 English towns. The deaths attributed to diarrhoea in the eight towns, which had been 30 and 47 in the two preceding weeks, were 48 in the week under notice, and included 36 in Glasgow, six in Dundee, three in Edinburgh, and two in Leith. The fatal cases of whooping-cough increased again to 18 from 18 and 15 in the two previous weeks. The five deaths referred to "fever" included two certified as enteric and three as cerebro-spinal meningitis; two were returned in Glasgow, two in Edinburgh, and one in Paisley. All the three fatal cases of measles were returned in Glasgow; and of the three deaths from diphtheria, one each occurred in Glasgow, Aberdeen, and Greenock. The deaths referred to diseases of the respiratory organs in the eight towns, which had been 41 and 54 in the two preceding weeks, declined again to 45 in the week under notice, and were three below the number returned in these towns in the corresponding week of last year. The causes of nine, or 1·9 per cent., of the deaths registered in the eight towns during the week were not stated or not certified; in the 76 English towns during the same week the proportion of uncertified causes of death did not exceed 0·8 per cent.

HEALTH OF DUBLIN.

The annual rate of mortality in Dublin, which had been equal to 16·8 to 18·5 per 1000 in the two preceding weeks, further rose to 20·9 in the week ending August 15th. During the first seven weeks of the current quarter the death-rate in Dublin averaged 18·5 per 1000; the mean rate during the same period did not exceed 11·5 in London and 12·3 in Edinburgh. The 158 deaths of Dublin residents during the week under notice showed a further increase of 18 upon the numbers returned in the two preceding weeks, and included 43 which were referred to the principal epidemic diseases, against numbers increasing steadily from 11 to 23 in the six preceding weeks. These 43 deaths were equal to an annual rate of 5·7 per 1000; the rate during the week from the same diseases did not exceed 2·7 in London and 1·0 in Edinburgh. Of the 43 deaths from these epidemic diseases in Dublin last week, 37 resulted from diarrhoea, three from measles, and one each from diphtheria, whooping-cough, and "fever," but not one from scarlet fever or from small-pox. The deaths attributed to diarrhoea, which had been 12 and 18 in the two preceding weeks, further rose to 37 in the week under notice; and the fatal cases of measles also showed an increase upon the numbers in the two previous weeks. The 158 deaths from all causes during the week included 57 of infants under one year of age, and 30 of persons aged upwards of 60 years; the deaths of infants showed a further marked increase, and considerably exceeded the number returned in any previous week of this year. Nine inquest cases and eight deaths from violence were registered, and 46, or 29·1 per cent., of the deaths recorded during the week occurred in public institutions. The causes of seven or 4·4 per cent., of the deaths registered were uncertified; the causes of all but one of the 1126 deaths in London last week were duly certified, as were the causes of all the 90 deaths in Edinburgh.

THE SERVICES.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments are notified:—Staff Surgeons: E. S. Reid, lent for duty at Landguard range, temporary; L. Kilroy, to the *President*, additional, for Yarmouth Hospital, temporary; R. M. Richards, to the *Bulwark*,

on recommissioning; and S. H. Woods, to the *Skipjack*. Surgeons: W. C. Carson, to the *Duncan*, on recommissioning; H. G. T. Major, to the *Spanker*; W. Bastian to the *Bulwark*, on recommissioning; J. D. Keir, to the *Sapphire*, additional, for *Sapphire II.*; C. Ross, to the *Irish*, additional, for disposal; D. H. Vickery, to the *Albemarle*, on recommissioning; and J. R. A. Clarke-Hall, to the *Illustrious* (appointment to the *Albemarle* cancelled).

ROYAL ARMY MEDICAL CORPS.

Captain William Byam is seconded for service with the Egyptian army (dated July 24th, 1908).

The undermentioned Lieutenants to be Captains (dated July 31st, 1908):—Charles P. Thomson, George W. Heron, Robert J. B. Buchanan, George S. Wallace, William S. Nealor, Richard G. Meredith, Frederick E. Roberts, Arthur A. McNeight, Thomas H. Gibbon, James E. Hoar, Ernest B. Booth, Richard J. C. Thompson, Cecil D. M. Holbrooke, Ernest G. R. Lithgow, Pierce Power, James S. Pascoe, Charles W. O'Brien, George G. Tabuteau, John M. B. Rahilly, Richard E. Humfrey, William G. Maydon, Garfield Ormrod.

The undermentioned Lieutenants are confirmed in that rank: Colin Cassidy, John James, Alfred C. H. Suhr, John E. Ellcombe, Gerald J. Keane, Harold H. Blake, Robert M. Dickson, Frank Worthington, Frederick H. Bradley, Alexander L. Stevenson, Bernard Varvill, Joseph W. Houston, Arthur Shepherd, Wilfred J. Dunn, Frank B. Dalgliesh, Malcolm Leckie, Charles E. L. Harding, Falkiner M. Hewson, Arthur L. Foster, Claude M. Rigby, Alan G. Wells, Alexander E. G. Fraser, Walter H. S. Burney, Thomas S. Eves, Leo Murphy, Arthur H. T. Davis, John S. McCombe, William J. Tobin, and Campbell McQueen.

THE TERRITORIAL FORCE.

Royal Army Medical Corps.

Eastern Mounted Brigade Field Ambulance: Major Edmund Frederick Bindloss (Brigade Surgeon-Lieutenant-Colonel, Senior Medical Officer, Bedford Volunteer Infantry Brigade), from the Bedford Bearer Company, Royal Army Medical Corps (Volunteers), to be Lieutenant-Colonel (dated, April 1st, 1908). Surgeon-Captain Edward John Cross, from the 4th (Hunts) Volunteer Battalion, the Bedfordshire Regiment, to be Captain, with precedence as in the Volunteer Force (dated April 1st, 1908). Oliver Smithson to be Lieutenant (dated May 6th, 1908).

South-Eastern Mounted Brigade Field Ambulance: Lieutenant Percy Charles Burgess, from the Eastern Command, Maidstone Companies, Royal Army Medical Corps (Volunteers), to be Major (dated April 1st, 1908). Frederick Boileau Treves to be Lieutenant (dated April 1st, 1908).

1st South Midland Mounted Brigade Field Ambulance: Surgeon-Lieutenant-Colonel and Honorary Surgeon-Colonel William Henry Bull (Brigade Surgeon-Lieutenant-Colonel, Senior Medical Officer, South Midland Volunteer Infantry Brigade), from the 1st Bucks Volunteer Rifle Corps, to be Lieutenant-Colonel with the honorary rank of Colonel, with precedence as in the Volunteer Force (dated April 1st, 1908). Captain Charles John Deyns, from the Home Counties Bearer Company, Royal Army Medical Corps (Volunteers), to be Captain, with precedence as in the Volunteer Force (dated April 1st, 1908). Douglas William Anderson Bull to be Lieutenant (dated May 13th, 1908). Alfred William Moore to be Lieutenant (dated May 13th, 1908). Gurney White Buxton to be Lieutenant (dated May 13th, 1908).

South Wales Mounted Brigade Field Ambulance: Captain and Honorary Major Francis Henry Thompson, from the Welsh Border Bearer Company, Royal Army Medical Corps (Volunteers), to be Lieutenant-Colonel (dated April 1st, 1908). Captain James McKean Harrison, from the Welsh Border Bearer Company, Royal Army Medical Corps (Volunteers), to be Captain, with precedence as in the Volunteer Force (dated April 1st, 1908). John Robert Isaac Raywood (late Surgeon-Captain, 5th Volunteer Battalion, the South Wales Borderers) to be Captain (dated May 27th, 1908). Albert Willis Warren Swettenham to be Lieutenant (dated May 27th, 1908).

1st South Western Mounted Brigade Field Ambulance: Major Henry John Mackay, from the Wilts and Dorset Bearer Company, Royal Army Medical Corps (Volunteers), to be Lieutenant-Colonel (dated April 1st, 1908). Surgeon-Major George Rodway Swinhoe, from the 2nd Volunteer