

and verbose tongues have wagged loudly and long, on the horrors of the Hamburg traffic in women, and the terrible immorality which it testifies. We heartily sympathize in the horror, but we do not partake in the astonishment. The vast extension of prostitution in all the towns and cities of England is a matter of patent notoriety. The pruriency of the vice which haunts all our great cities has not permitted concealment for many a day. It is idle to affect astonishment at the perversity of the unfortunates who consent to transfer their shame to St. Petersburg, or at the peculiar wickedness of those who guide the traffic. It is yet more idle to waste words in an ineffectual expression of sympathy, unless there exist a determination to apply the remedy. How many thousands of prostitutes and procuresses ply their trades in this great city we are afraid and ashamed to state. But it is the duty of honest men to say, that while numbers of the latter thrive under the very eyes of the police, and, as it were, invite their connivance and expect protection, and while hundreds of the former perish for want of a helping hand—repent and call for aid, and yet are thrust back into the darkness amid which they cry for salvation,—there should be no sympathy with the laudations of the activity that perforce hunts down here and there a criminal, or with the philanthropy that is deaf to heart-rending appeals, which are unheeded because of every-day frequency, and yet melts at the sadness of a merely novel grief. It is a solemn fact, that six hundred fallen women have been sent from the doors of the Rescue Society during the last year for want of funds! The city missionaries find themselves compelled to avoid certain localities inhabited by fallen women where they are known, because there are so many who apply to them for help, and they can give none; for the institutions are full, and their coffers empty. Of those six hundred outcasts, who might have been brought from out their atmosphere of sin and degradation, one hundred and eighty-two were orphans, and one hundred and eighty-four were under twenty years of age. But there were no funds, and “it is well-known that an ‘unfortunate,’ under such circumstances, feels compelled to return to a life of sin, under the conviction that no one cares for her.” It is idle, then, to talk of philanthropy when this great want remains unsatisfied—this social cancer unsalved. What a heedless talk of police activity in the capture of two women pointed out by letter, when there exist in the immediate vicinity of the Haymarket a score of houses where similar bargains are completed, where this sin is pampered, and flourishes under the inspection of the police, who perform a hollow mockery of visitation at stated hours after midnight, and stalk through assemblages of prostitutes with eyes that will not see the offences which it is their duty to punish and prevent! Once a quarter, an excise prosecution and a few penalties of fifty pounds serve only to indicate the vast profits of the proprietors, and to afford a scale for measuring the price at which impunity is purchased. It cannot be said that at this moment public charity is active to save the sinner, or public justice to punish the offender and to prevent the crime.

#### PHYSICAL DEVELOPMENT IN GREAT CITIES.

THE investigation of the circumstances affecting the physical development of the population of large towns is an inquiry of the first importance. This is a task which the physicians of the Clinical Hospital of Manchester have set for themselves. Dr. Whitehead has published a report containing some of the results of these labours during the last year, which already possess some practical worth. The method pursued is laborious. Each case in the hospital, belonging to whatever class of society, was impartially investigated, “both as to its history and every available collateral circumstance, the patient being kept constantly under notice until an issue is determined.” The proportion of illegitimate births was very low—only  $1\frac{1}{2}$  per cent., while in similar institutions on the Continent it frequently

amounts to 20 or 25 per cent., and in some stands higher. Of causes of disease incidental to unavoidable misfortunes or culpable practices on the part of the patients, out of 2584 children, 87 were in a state of extreme uncleanness, 109 were orphans, and 88 deserted by their fathers. Superstitions and prejudices exercise, according to the opinion of Dr. Whitehead, a most detrimental influence over infant life and health. When a child is seized with fever or other severe malady, its parents are apt to conclude that it has received the “death stroke,” and from that moment they cease to seek remedial measures beyond their own resources, quietly awaiting the child’s death. Of the 2584 patients, the physical development was considered good in only 1030. In 79 per cent. of the children of good development the teething process had fairly commenced before the eighth month was past; in children of bad development, only 37 per cent. cut their first teeth before the completion of the eighth month. A variety of such facts are adduced, which are of no small interest to the medical statist.

## Correspondence.

“Audialteram partem.”

### QUARANTINE.

To the Editor of THE LANCET.

SIR,—As Honorary Secretary to the Quarantine Committee of the Public Health Department of the National Association for the Promotion of Social Science, I have the honour to inclose to you a copy of the Queries, &c., which have just been drawn up for circulation, and to solicit the favour of your giving them insertion in the columns of THE LANCET, in order that they may be made widely known to the profession, and with the view of inviting co-operation in an inquiry of great medical as well as general interest, and one which at the same time stands much in need of authentic and accurate information. I may state that, on the application of the Earl of Shaftesbury, President of the Public Health Department of the Association, the Foreign and the Colonial Secretaries of State have undertaken to transmit officially copies of the queries to all British consuls abroad, and to all the governors of our colonies, and thus to bring them under the direct cognizance of these gentlemen. Other influential channels of information are now being applied to by the committee.

I have the honour to be, Sir, your most obedient servant,  
GAVIN MILROY, M.D.

National Association for the Promotion of Social Science,  
3, Waterloo-place, April 18th, 1859.

#### QUERIES, &c.

*Drawn up by the Sub-Committee, for transmission to Governors of Colonies, British Consuls in Foreign Countries, and others.*

1. What, if any, are the countries or ports from which arrivals in the port of \_\_\_\_\_ are at all times, or in certain seasons of the year, subject to quarantine, whether the Bill of Health from the place of departure be clean or foul?

2. What are the diseases which render all arrivals, without exception, whether sick or well, from a place or country where such diseases are existing, subject to quarantine in the port of \_\_\_\_\_?

And what are the quarantines imposed?

3. What are the other diseases which, from having occurred during the voyage or transit, render individual arrivals only subject to quarantine, irrespective of the Bill of Health from the last place of departure?

And what are the quarantines imposed?

4. Can you procure a tabulated list of all the vessels put in quarantine in the port of \_\_\_\_\_ during the last three or five years, (or, if not for so long a period, during the last twelve months,) specifying—

(a) Whence the vessel came, the length of voyage, and the date of arrival.

(b) The Bill of Health, whether clean, suspected, or foul.

(c) The cause of detention in quarantine.

(d) The length of quarantine imposed.

(e) The number of crew and passengers on board.

(f) Cargo, the nature of.

(g) Whether any, and how many, cases of disease, and of what nature, had occurred during the voyage.

(h) Whether any, and what, disease occurred on board during the detention in quarantine?

5. Is any difference, as the quarantines imposed, made in favour of vessels having a medical officer on board?

Is any difference made between men-of-war or private yachts, and merchant vessels?

And is any exception in the performance of quarantine made on the arrival of royal personages, ambassadors, or high military and naval authorities, couriers, &c.?

6. When a disease, which renders all arrivals from an infected or suspected place liable to quarantine, has been officially certified to have ceased, and when clean Bills of Health are issued by the local authorities, what period, if any, must elapse before free pratique is granted to arrivals from the place in the port of \_\_\_\_\_?

7. Is there a lazaret at or near the town or port of \_\_\_\_\_?

Is it floating, or on shore? Please to describe its position—distance from the nearest inhabited dwellings—construction and accommodation—its sanitary condition, and that of its environs—means of exercise for the inmates—means of supply of food and other necessary requirements.

Is there a tariff of charges for accommodation, food, &c.?

8. State the number of persons received into the lazaret during the last three or five years at least.

9. Have any diseases occurred amongst the persons received? If so, what diseases? How many cases, and when?

10. What number of deaths, if any, have occurred in the lazaret amongst the persons received into it, or amongst the officials of the quarantine establishment, during the last three or five years; or, if possible, for a much longer period—say twenty or thirty years?

And from what diseases, and when?

11. Have any instances occurred in recent years of the spreading of a disease from persons or from goods, undergoing quarantine, to other inmates of the lazaret, or to the officials of the establishment, or to the inhabitants of the nearest dwellings?

If so, please to give the dates and other particulars briefly.

12. Are cargoes sent to the lazaret? If so, what cargoes or articles of merchandize are considered to be "susceptible"? And what means are used for their purification?

13. When sickness occurs in a vessel while undergoing quarantine, and there is no medical officer on board, how is medical assistance provided, or to be obtained? Is medical assistance provided at the public cost?

14. When a vessel arrives from a suspected port, or in a sickly condition, rendering her subject to quarantine, is any inspection then made of her state as regards cleanliness and ventilation? And if found filthy or badly ventilated, what means are taken to remedy such defects? Is any record kept of the sanitary condition of vessels put in quarantine?

15. When a clean Bill of Health is given to a vessel on leaving the port of \_\_\_\_\_, is she previously inspected by any officer to ascertain her sanitary condition, and that of the crew and passengers? And is any certificate of such inspection given to the captain?

16. Have any of the diseases for which quarantine is liable to be imposed in the port or town of \_\_\_\_\_ occurred amongst the inhabitants of the place or neighbourhood during the last ten, fifteen, or twenty years? If so, under what circumstances?

It is very desirable that the exact dates of the earliest cases, and other authentic particulars respecting the origin or development of the disease, should be stated in a narrative of the circumstances.

17. Have instances of the evasion or infraction of quarantine in the town or port of \_\_\_\_\_ come to your knowledge? Have they been of frequent occurrence? And what penalties have been inflicted for the offence?

18. What, if any, quarantine measures by land, such as sanitary cordons, &c., have been adopted, or are considered advisable, in the town or port of \_\_\_\_\_ against the introduction of pestilential diseases, or for arresting their progress?

If such measures have been of recent years employed, what have been the results?

#### Observations.

Please to append a copy of the Quarantine Act and Regulations at present in force in the town or port of \_\_\_\_\_.

Also of any annual or other Reports illustrative of the working and results of quarantine there, or containing evidence elucidatory of the importation or non-importation of the diseases for which quarantine is imposed.

And to add any remarks thereon from yourself, and from any resident medical officer or other gentleman acquainted with the subject, with suggestions for the amendment of quarantine regulations and practice in general.

Information is likewise very desirable on the following points:—

(a) The general sanitary state of the town, and of the port or harbour, docks, &c., of \_\_\_\_\_, and of the diseases mostly prevalent on shore and amongst the shipping.

(b) The general sanitary state of the vessels frequenting the port of \_\_\_\_\_, and the hygienic condition of the crews, as to their accommodation on board, their food and drink, &c.

(c) The average annual number of vessels arriving from abroad in the port of \_\_\_\_\_.

(d) The average amount of dues or fines levied on vessels and individuals while in quarantine, and the estimated annual amount of charges imposed.

## NEW REGULATIONS OF THE UNIVERSITY OF EDINBURGH.

To the Editor of THE LANCET.

SIR,—I take the liberty of requesting your insertion of the following explanations in your next number as to the design of the Edinburgh College of Physicians in their new regulations for the licence. These regulations were, unfortunately, published in a form which has given rise to much misconception, and the publication of which is, therefore, to be regretted. But I speak from intimate knowledge of the intention of the College, when I say that its proceedings have been most completely, though no doubt unintentionally, misrepresented in your leading article of last week.

What the College intends to do, under its new regulations, is this: it intends to recognise as licentiates for one year from this time all regular practitioners of medicine who shall not derive a "profit from the sale of drugs or medicines," and whose qualifications and character shall be such as to command the votes of two-thirds of the College. (The clause which appeared to admit irregular practitioners was intended to be exercised only under the advice of the Council of Medical Education, and was meant to meet a few special cases of good foreign qualification. It was, however, incautiously expressed, and had been expunged long before your article was published.)

In other words, the College intends for one year to license the regular "family doctor," by a simple ballot, as a security for character, and subject to the condition that the applicant is not to be a trader in drugs or medicines. What is there in this to merit the hard terms that you have bestowed upon the conduct of the College? I had ventured to hope, from your remarks a few weeks ago, that even the exclusive English College had at last determined upon admitting the general practitioner to its licence. Surely it would be better for the profession that this should be done than that the mass of the profession should be left in the grasp of the Apothecaries' Company!

From THE LANCET—the constant advocate of the general practitioner—I had expected a more generous and correct interpretation of the conduct of the Edinburgh College than appears in your last journal. I am, however, very sensible that there were passages in the original regulations liable to misconception, and, therefore, venture to hope that you will give immediate insertion to these remarks as a simple act of justice.

I am, Sir, your obedient servant,

A FELLOW OF THE ROYAL COLLEGE OF  
Edinburgh, April, 1859. PHYSICIANS OF EDINBURGH.

## APPOINTMENT OF VACCINATORS BY POOR-LAW AUTHORITIES FOR THE SERVICE OF THE COMMUNITY.

To the Editor of THE LANCET.

SIR,—Perhaps there is no one feeling more natural or more readily embraced by men than the possessory feeling. We find it prevalent and manifested even in the child, who by his own exertions has placed a chair near a comfortable fire, when he contends for the just and rightful possession of that chair. We reasonably expect to find it in mature age. If a farmer, by continued toil and industry, produces an improved soil, he naturally and justly requires that the fruits of such industry shall in fairness be reaped by himself. And again, this very natural affection must be, and really is, entertained by the medical practitioner, who, after many years spent in the practice of his profession, marked by a life of integrity, and by the application of science, for the service of those who, as a conse-