ELLESMERE, SALOP.

Wet Feet and Sore Throats.—Dr. Thursfield states: "In your district a large proportion of the children walk a considerable distance to school, and the wet feet and exhaustion which sometimes ensue are conditions which specially pre-dispose children to catch any infection they may be brought in contact with, especially diphtheria. A tired child, with a slight sore throat, is in the most likely condition to take diphtheria that could possibly be imagined. For these reasons, and because it is impossible in scattered country districts to say for certain during epidemics where there may not be mild cases of infection, I never hesitate, when I see due reason, to encourage managers to voluntarily close the schools, and of the numerous cases of school closure with which I have been concerned I have never been connected with any other form of school closure, and no difficulty about the grant has ever arisen with the Education Department after my certificate. If the strict letter of the code is to be complied with, and no school to be closed until after a meeting of the members of the sanitary board, I feel sure that the undoubted benefit of prompt closure, when there is good reason apparent, will be much discounted."

ISLINGTON.

Diphtheria and the Sanitary Arrangements of Schools.—Dr. A. E. Harris says: "For several years cases of diphtheria had been constantly recurring in the Yerbury Road Board School, and apparently without any cause, so that at last I determined that the drainage system of the school should be thoroughly examined. This was done, with the result that very serious defects were discovered, through which it was possible for sewer air to enter the school. The School Board were then required by the Vestry to execute certain works, so that the drainage might be made perfect. They demurred to some of the demands, so that finally the case came into court. Several times during its hearing it was suggested that there was no proof that the conditions which were discovered had been the cause of the disease, and the Vestry and myself personally were challenged to prove it. The challenge was not accepted, but on the contrary the Vestry counsel, knowing the difficulty of such proof, and that medical authorities differed on the subject, stated again and again that the Vestry did not allege that the diphtheria had been due to the school drains."

"This was 15 months ago; but to-day I stand on different ground, and I have no hesitation in affirming now that the school drains had been the cause of the constantly recurring cases, because from the date of the completion of the work the disease ceased to recur, and the school, which had the worst health record in Islington, may now lay claim to the best."

"The Yerbury Road Board School, from the sewer air theory point of view, holds a unique position, for undoubtedly it proves, albeit negatively, that sewer gas can, and does, convey the germs of diphtheria into the interior of our dwellings, through defective sanitary appliances, and that these are consequently a real, and not an imaginary, danger to the persons living therein, more especially to those who, in consequence of their youth, are most susceptible to this very terrible and fatal disease."

THE VENTILATION OF SEWERS.*

By Sir CHAS. A. CAMERON, M.D.

No sanitary subject has been so debated of late as that relating to the ventilation of sewers and drains. From a health point of view we may regard a perfectly open sewer as obviously less objectionable than one which is open at a limited number of points. From my own experiments on air pressure in the Dublin sewers, I have come to the conclusion that it is extremely slight when the weather is calm; if there is a strong breeze, then the pressure increases, because large volumes of air are blown into the sewers through the ventilating openings. Bristol is, perhaps, the only one of the large towns in which the sewers remain unventilated. As they discharge their contents into a tidal river, and therefore are sealed for some hours daily, it might be supposed that the backing up of the sewage would cause pressure upon the air in the sewers. The medical officer and city surveyor are, however, quite satisfied to allow them to remain as they are, and deprecate every proposal to ventilate them into the streets. As typhoid fever is the disease which is, as asserted, the most likely to be produced by sewer emanations, Bristol ought to have more than an average amount of the disease if the sewer ventilation theorists are correct. In 1892 I collected statistics which showed that the mean death-rate from enteric fever in the period 1887-91, in 50 large British and Irish towns, was 21.3 per 100,000. In Bristol the rate was 12.6. The highest rate was in Belfast—namely, 53.6; the lowest in Plumstead, 7.3. Five towns had smaller rates than Bristol, and 44 had higher rates. If Bristol has made a mistake in not ventilating its sewers, it has not paid apparently any penalty, for in the period 1881-90 only one of the large towns had a lower zymotic death-rate. I should feel disposed to adopt the Bristol plan were it not that there might be difficulty, in some towns at least, in cleansing the sewers. In Dublin, before they were ventilated, great care had to be taken in allowing the men to enter them, as the air was sometimes found to be mephitic.

* From Sir C. A. Cameron's Address in Public Medicine, B.M.Assocn., Bristol, 1894.

THE NOTIFICATION OF CASES OF DIARRHOEA.

THE circular recently issued by the Local Government Board raises the important question of the temporary inclusion of diarrhoea among notifiable diseases: "In those localities (in this country) where cholera made some headway it was found that there had been antecedent diarrhoea, generally quite excessive in amount, often choleraic in type, the existence of this unusual diarrhoea being only discovered when diarrhoea was, under section 7 of the Infectious Diseases (Notification) Act, 1889, added to the diseases notifiable under that statute. But notification of diarrhoea was rarely, if ever, adopted until after the advent of cholera, when the information to be derived from it could not be utilised to prevent that disease from gaining a footing while in its least recognisable form. Under these circumstances, the Local Government Board have thought it desirable to remind sanitary authorities that the utmost vigilance should be exercised within their respective districts to control any diarrhoea which may be suspicious either in character or in amount during the present forthcoming season. And, with a view to facilitating action in this direction, the Board would give favourable consideration to any applications that may be addressed to them for their approval to add diarrhoea to the list of notifiable diseases until the termination of the current quarter. In making any such application each sanitary authority will doubtless consider how far it may be desirable, in the first instance, at least, to limit notification of diarrhoea to attacks occurring over one year of age."

AN INSANITARY VILLAGE.

A RECENT house-to-house inspection made by Dr. Seaton in the village of Shalford, near Guildford, shows, he is obliged to say, "that the state of things revealed by this inquiry was such as to discredit local sanitary administration." The inquiries related to 435 houses. "A very large proportion of these require systematic attention on account of sanitary defects of varying importance. A certain proportion require immediate attention on account of defects, which must be characterised as dangerous to the public health. I refer especially to the cases in which water supplies, which are obviously liable to contamination by the soakings from privies, are permitted to be used, notwithstanding that a good and wholesome water supply is ready to hand. When we see a large loosely bricked vault containing accumulated excremental and liquid filth close alongside of a shallow well, also loosely bricked, the privy and the well being separated by only a few feet of porous earth, we cannot ignore the fact that the

potential causes of typhoid fever are before us. In such cases it would be an unnecessary waste of time and money to resort to elaborate chemical analysis, the fact of pollution can be shown in a way that would assuredly disgust anyone; while the danger of pollution, which at any time may carry the seeds of typhoid or cholera, is well known, and was unfortunately demonstrated afresh last year in the case of the terrible outbreak of typhoid fever at Worthing."

SCHOOL ATTENDANCE AND INFECTIOUS DISEASES.*

By W. N. THURSFIELD, M.D., etc.,
County Medical Officer of Health for Salop.

NOT only is measles in itself a most serious disease on account of the mortality directly due to it, but also on account of what is really more important, viz., the lowering of the average standard of health of the community, as measles leaves the sufferer in many cases specially predisposed to contract various forms of lung disease, and not unfrequently with some impairment of the special senses, as of hearing. Far too little account is taken of measles, which is frequently deliberately allowed to run through schools which are often only closed in the name of measles when the average has fallen so low that it does not pay to keep the school open. Frequently if an examination is imminent or fixed, the attendance of children at the school is considered of far more importance than the attempts to prevent the spread of the disease, or to give convalescents a necessary period of rest. Of such instances I could furnish ample documentary evidence.

As regards scarlet fever and diphtheria in their epidemic form, it is my experience that in the case of fully 90 per cent. of the houses infected with these two diseases in rural districts, the infection has been introduced by school agency. Diphtheria is a disease to which children in scattered rural districts are specially prone, and is, in my opinion, the disease which, so far as it is legitimate to speculate about such a matter, may be expected in the future to give the most trouble to sanitary officers in rural districts. It is a disease which in rural districts is, in the majority of cases, exceedingly mild, but even in the mildest cases is liable to be followed by various forms of paralysis and other affections of the nervous system, especially if the brains of the children are worked too soon. I have notes of numerous cases where a child convalescent from diphtheria has returned to school, and has become temporarily blind in the course of a few days. In some cases I have been

* From Dr. Thursfield's Annual Report to the County Council of Salop, 1893.