University. After the reading of the address Sir C. Cameron proposed a vote of thanks to the President, who said he had admirably summarised our knowledge "up to date." Sir T. Crawford seconded, and it was carried with acclamation.

Mr. F. Oldfield followed with a paper on Tuberculosis; or, Does Consumption arise from Flesh Eating? Sir C. Cameron said the paper was really a lecture on Vegetarianism, and pointed out that animals such as cows, which were strictly vegetarians, suffered most severely from tuberculous diseases. He also added that we might as logically cease to drink water because it occasionally induces cholera or typhoid fever. The Irish poor, who eat very little meat, suffer greatly from phthisis, whilst the rich, who consume animal food largely, do not suffer nearly to the same extent. He advocated the abolition of private slaughter-houses and more efficient supervision of public ones. Mr. Washington Lyon described what is done in the London abattoirs. Dr. Armand Ruffer said, as the result of post-mortem examinations of over 1000 cases in adults in not five cases had he been able to say that the disease was due to the ingestion of the bacilli into the alimentary tract. In children the contrary is the case, and yet they eat little or no meat, but, on the other hand, they are large consumers of milk. The danger from eating meat is very slight, but the danger to children drinking milk of tuberculous animals is very great. The poisonous products of the bacilli when taken into the stomach are practically inert. Even tuberculous meat when properly cooked is free from danger. Where one person dies from ingestion of meat a hundred are directly infected from their relatives or friends. Sir T. Crawford concurred entirely with Dr. Ruffer's observations and emphasised the great importance of an abundance of fresh air as shown by the army returns. Dr. Sykes and Dr. Thresh having also spoken, Mr. Oldfield replied, insisting upon "flesh food" being a more important cause of tuberculosis than was usually supposed, and that as it was often impossible to detect bacilli in flesh, it was best to desist from eating all flesh. The views of the writer did not appear to meet with the support of any medical member of the Congress present. The Chairman suggested, and Mr. Oldfield proposed, that "in the opinion of this meeting the total abolition of private slaughter-houses in towns is an urgent necessity." This was duly seconded and carried *nem. con.*

Captain F. Smith then read his paper on How long does Vaccination confer Immunity from Small-pox? Dr. Sykes thought the public might infer from the paper that because a person could be reinoculated in a few months after vaccination, he therefore was again susceptible and that vaccination affords only a very brief protection. This is a fallacy, as proved by the statistics of every epidemic which had been carefully investigated. Small-pox is not naturally acquired by inoculation, therefore it did not follow that because a person could be revaccinated at such an early period he was susceptible to the disease from ordinary exposure to infection.

Mr. Washington Lyon moved that "The execution of the Vaccination Acts be transferred from the Board of Guardians to the sanitary authorities." This was carried unanimously.

MORTALITY OF CHILDREN IN DUBLIN.

Sir C. Cameron, after luncheon, read his paper on the Mortality of Children in Dublin. Dr. Sykes said the adult mortality in Dublin being high, the infantile mortality by comparison was low, but if calculated upon the basis of age-population probably the result would be different. Mr. Kemble pointed out the effect of social position—the lower the social status of the population the higher the infantile mortality, and *vice versa*. Sir T. Crawford regarded the improper feeding of children as one of the greatest, if not the greatest cause of the excessive mortality amongst children, and referred to the habit of Irish mothers sleeping with children in their arms as an objectionable one. Mr. Trevor Fowler (Epping) dwelt upon the difficulty of obtaining milk in many rural districts, especially in the neighbourhood of large cities. In replying, Sir C. Cameron said he had given statistics on various bases and contended that he had proved that in Dublin children under one year of age had a better chance of life than in any other large town with which he was acquainted. There being few factories in that city a much larger proportion of Irish mothers nursed their own children.

DISPOSAL OF THE DEAD.

In the absence of the Rev. F. Laurence the secretary read his paper on the Disposal of the Dead, advocating the

system of earth-to-earth burial. Sir C. Cameron did not regard the burying of bodies in the earth as likely to be a cause of nuisance or injurious to health, whether in well-conducted cemeteries near towns or in village churchyards. He had never detected any vitiation of the air in burial grounds, and he had found very little organic matter in the water drained from cemeteries. Dr. W. Cousins contended that since many diseases were due to specific microbes, and since these could possibly multiply in the earth and ultimately become disseminated, earth-to-earth burial was not so safe as other methods of disposing of the human body which have been suggested. Dr. Axford dwelt on the difficulty and cost of obtaining suitable land for cemeteries as at Portsmouth. Such land would be unnecessary were cremation adopted, and could be used for other and better purposes. He advocated the greater care in the filling in of death certificates. Cremation he regarded as a more natural sanitary method of disposing of the dead. Sir T. Crawford said in Benares cremation did not decrease the risk from cholera. The Moslems bury one body in one grave, and he had never known disease to be spread through the graveyards. He did not think there was any danger of buried infected bodies disseminating disease. Dr. Notter drew attention to the fact of there being earth which could not be considered "living earth," and that too dry, sandy soils were unsuitable for human burial since they were almost destitute of micro-organisms.

Dr. Warner being absent, Dr. Sykes read his paper on the Physical Condition of Children.

VISIT TO WATERWORKS.

Many of the members during the afternoon visited Portsmouth Castle; others at the conclusion of the meeting took train for Havant, where carriages were in waiting to drive them to the Portsmouth Water Company's works. At Havant, and at Bedhampton close by, a number of springs in the chalk supply the whole of the borough and the dockyard. The group of springs at Havant rise into shallow reservoirs covering some three or four acres. At Bedhampton there are also several springs, one of which, the "blue hole"—so called on account of the beautiful tint of the water—yields from two to three million gallons of water per diem. The pumps at the two stations raise on an average five and a half million gallons of water daily into a reservoir of from 7,000,000 to 8,000,000 gallons capacity, situated on Portsdown Hill, some three miles nearer the town, from which it flows by gravitation to supply a population of about 160,000. This gives 34 gallons per head per diem. Portsmouth is a watercloseted town, the number of closets being 44,000. From Portsdown the water passes through four mains of 10 in., 12 in., 20 in. and 24 in. diameter respectively to supply the town. There is also an extra 12 in. main which supplies the dockyard only. All the above mains are laid in duplicate. The supply is constant. The estimated cost of the works is £400,000 and the company pays the maximum dividend of 10 per cent. The Corporation have contemplated the purchase of the works, for which the company ask £1,100,000. Colonel Owen, the vice-chairman of the company, and Mr. R. W. Ford, the secretary, conducted the visitors over the works and gave the fullest possible information. Refreshments had also been thoughtfully provided at the Bedhampton works. The members thanked Colonel Owen and Mr. Ford for their kindness and returned to Portsmouth in time for the Mayor's reception and conversazione.

HOUSE SANITATION IN HEALTH RESORTS.

By A. P. SHERWOOD, M.D., L.R.C.P.
(EASTBOURNE.)

WITH the exception of a pure water-supply there is no condition of more importance to the health of a community than the state of its house sanitation; and in towns where speculative building is the rule rather than the exception it becomes a very anxious and difficult task for the sanitary authority to secure such a state of perfection as modern science has proved to be necessary. Even the provisions of the Public Health Act or of Local Improvement Acts are very difficult to enforce without arousing a great deal of bitter personal animosity, and the natural reluctance of town councillors to put

the law in force against a fellow townsman—not infrequently a member of the corporation—leads them to put off the unpleasant duty until faulty materials and workmanship have become largely used, and the officials, disheartened by the disregard of their reports, cease to make them, and interested parties carry on their work unchecked. But in health resorts, where the competition between lodging-house keepers and persons who sublet their furnished houses is so keen, there is always a desire to show a good sanitary condition, and this, if taken advantage of by the sanitary committee, can be used as a powerful lever and a vast amount of sanitary work accomplished without exciting any personal animosity and without putting the provisions of the law in force. In this way not only can the old bad work be replaced by good, but builders know that their work will be tested and so a good condition of all new houses is secured.

By establishing a voluntary register of sanitary houses the Corporation of Eastbourne has made an attempt to take advantage of this competition between the lodging-houses, and the scheme has met with such a measure of success as to prove that there is a desire on the part of willing owners to have their property made sanitariously sound, whilst the unwilling follow their example in their own interest. The system as carried out at Eastbourne is entirely voluntary, and no house can be registered, and no certificate is given, till every requirement is strictly complied with. This presses sometimes very hardly upon the owners of old houses, but if any departure were allowed from the standard fixed upon the certificates would inevitably lose their value, and it has been found that ingenuity can overcome obstacles at first almost insuperable when the owner sincerely desires to improve his property.

The register contains a full description of the sanitary appliances in each house, the position and fall of the drain, a description of the watercloset, sinks, dustbins and water-supply, with the names of the builder, owner and occupier. It forms a useful book of reference both for officials and owners. The register is not signed till everything is perfect, and until it is thus signed by the examining inspector no certificate is given. The certificate is not a vague one, leaving room for opinion as to what is or is not sanitary, but sets forth certain requirements which the examining inspector has to certify are duly complied with. This saves the inspectors from much badgering, gives them a definite responsibility and renders their work more easily supervised. Moreover, the corporation is protected against extravagant expectations, as anyone reading the certificate can see how far it goes. The certificate as at present issued does not give quite all the requirements which are insisted upon, but a new issue will have them set forth. It runs as follows :

I HEREBY CERTIFY that on the day of 189, the above-named premises were duly and properly examined and inspected and the drains tested, when it was found that the undermentioned requirements were duly complied with.

Dated this day of 189.

REQUIREMENTS.

1. There must be an efficient intercepting trap between the house drains and the sewer.
2. All the drains must answer any test applied by the examining inspector.
3. All openings in the drains must be outside the house and properly trapped.
4. All waterclosets must be of good pattern, with separate water-supply, sufficient flush and the soil pipe efficiently ventilated.
5. A separate water-supply for drinking purposes.
6. A properly covered or removable dustbin.

.....
Chief Inspector of Nuisances.

N.B.—This certificate will be withdrawn if, at any time, the sanitary arrangements are found in a faulty condition or badly kept, or any alterations are made without the approval of the inspector of nuisances.

The further requirements are : under (1) an easily accessible means of inspection ; under (2) efficient ventilation of the drain by inlet and separate up-shaft if the soil pipe is not at its highest point ; under (3) all “wastes” must be trapped as well as disconnected ; under (4) soil-pipe carried up full-bore well above the eaves and away from windows. “Pan” and “long hopper” waterclosets and bell traps are not passed and the drains must stand the water test below the ground and the smoke above. The inspection is made, advice given and the tests applied free of cost to the applicant for a certificate, but all work is done at his expense by workmen employed by him, and it must be done to the satisfaction of the buildings’ surveyor, medical officer of health, and the inspector who signs the register.

The system is new as yet and will no doubt be modified

and improved as time goes on ; but it has passed through a storm of opposition, stirred up by the interested and fomented by the timid, and now the demand for certificates is so steady that its usefulness will soon be unquestioned. The first certificate was issued in the spring of 1890, and by the end of that year only fifty-six had been granted ; the number, however, has now reached 225, and there have been for some time about eight new houses certified every month. The number at present issued forms about 15 per cent. of the whole number of houses concerned—viz., lodging-houses, schools, hotels and private houses of a rental above £50 per annum. Although the great bulk of the cottage property and most of the private residences could easily obtain certificates it is found that the owners do not apply for them. As to the future, the council cannot now withdraw from the good work it has commenced. Visitors are beginning to require certificates before taking houses, and a house agent bitterly complains that the sanitary committee is “ruining the town” in consequence. It is easy to prophesy therefore that the ruin will be averted and owners find the value of their property increased, whilst the reputation of Eastbourne as a safe health resort and place of residence cannot fail to be enhanced.

CONGRESS OF OBSTETRICS AND GYNÆCOLOGY AT BRUSSELS.

(FROM A CORRESPONDENT.)

IN spite of adverse circumstances, I presented myself at Dr. Jacobs’ clinique, where Dr. Segoud of Paris was to operate at 8 o’clock. Dr. Jacobs’ hospital is situate quite on the confines of the city, almost in the country. There were about sixty present at the operation, of whom only about a dozen were able to see anything. The room was not very light ; perhaps the crowd obscured it. The case operated upon was one where a pyo-salpinx or ovarian abscess was diagnosed behind the uterus. Dr. Segoud, in his observations before the operation, insisted that a vaginal operation was better than abdominal section, safer and more easily carried out. The operation was the removal of the uterus per vaginam *morcellement* in order to cure inflammations of the appendages. He cut round the mucous membrane front and back, pulled down the uterus and snipped off pieces as he went on, stripping off the peritoneum until he finally shelled out the whole uterus ; he then opened the abscess behind the uterus, evacuated the pus and washed out the cavity. Fourteen pairs of forceps were left on the various bleeding points, with their handles variously gilt, so as to be the more easily recognised. Two sponges dipped in iodoform were placed one in front and the other behind the bundle of forceps to sustain the vaginal and peritoneal wall and to prevent subsidence of the intestines. To many of us the operation seemed a roundabout way of doing what English operators prefer doing by abdominal section. We prefer the short and direct way of getting at the diseased ovaries and tubes and the resulting abscesses, and have as yet had no experience of removing the uterus in order to cut off the source of infection. I have just heard that in this particular case the disease was set up by gonorrhœa, and so, the uterus being itself also diseased, there was perhaps some *primâ facie* reason for this method of procedure. There will, however, be a discussion on the subject during the Congress.

At 2 P.M., or rather 2.30, Dr. Kuffrath, the President, opened the session in the absence of the King. The King, however, intends to be present at the meeting to-morrow (Thursday) afternoon, and afterwards, at 3.30, is going to receive all the members of the Congress at the Palace. All the delegates were in full—i.e., evening—dress.

After the President had sat down he called on Dr. C. Jacobs, the general secretary, to speak. He gave a short account of the initiation of the movement by the Société Belge de Gynécologie et d’Obstetrique, and gave a list of the cognate societies that had sent delegates to the Congress, heading the list of thirteen with the British Gynæcological Society. He also referred to the gracious act of the King, who had accepted the position of patron, to M. de Bruyn, Minister of Public Works, Industry and Agriculture, and to the Minister of Railways, who had carried all exhibits for half price (a hint for our own railway companies under similar circum-