open rivers when they got to private cisterns they met with conditions that enabled them to thrive—i.e., absence of light with the presence of organic matter.

Dr. REGINALD DUDFIELD was inclined to attribute the contamination of water to the defective state of drains and sewers.

Mr. DEFRIES did not agree with Dr. Rideal that it would be practicable to leave the filtering of the water to individual consumers.

Mr. SHIRLEY MURPHY said that the difficulty underlying the whole of this question was that human nature was not always to be relied upon and remedial measures had to be designed so that human nature might be less capable of inflicting injury. Water ought not to be supplied for profit whether by companies or by sanitary authorities. Water was a necessity for the community and the moment it was made a trading interest difficulties commenced. That was an important point and one to which the attention of the Legislature might be directed.

A vote of thanks having been heartily accorded to Dr. CHILDS for his paper the proposals which he had placed before the meeting were seconded by Dr. PARKES and it was unanimously agreed to submit them to the Council of the Sanitary Institute.

THE INDIAN FRONTIER CAMPAIGN AND ITS FIELD HOSPITAL SERVICE.

As medical journalists questions of policy do not concern us and we need therefore do no more than allude to Lord Roberts's vigorous vindication in the House of Lords of the so-called "forward policy." One thing, however, appears certain. From a political and financial point of view the question is likely to solve itself. It is practically impossible to prosecute this policy at the present time. The Indian exchequer could not bear the drain of a war of subjection to be followed by the cost of the maintenance of the requisite military force for holding the conquered country. The plague in India is probably at the present time the most serious matter that can engage the attention of the Indian Government. The number of deaths from plague in Bombay is increasing and the virulence of the disease shows no abatement, while there is a serious state of unrest and opposition among the natives—Hindus and Mahomedans—to the Government measures for its repression.

As regards the frontier war, the latest news from India is of a much more hopeful character. The Akka Khels are submitting and surrendering their rifles and it is expected that their action will be followed by the Kambar Khel section, in which case the war will be practically over. The plan and conduct of the late campaign in Tirah will no doubt give rise to a good deal of consideration and criticism, for while the courage, discipline, and conduct of the troops have been beyond praise some serious questions still remain to be answered. Sir William Lockhart's dispatches, so far as these have been published, have raised several points regarding the conduct of the operations and the appointments of the military staff which will have to be cleared up. Be this as it may, however, the medical department of the Army has, we have good reason to believe, done extremely well throughout the operations on the frontier; the sick and wounded have been well cared for, regard being had to the exceptionally trying conditions of the campaign, and the sanitation of camps and the health of the troops have been properly supervised. When all the facts have been collated and the medical and surgical history of the war has been compiled it will, we believe, be seen that the results attained have been eminently satisfactory. The frontier war has been the biggest one since the Kabul campaign of 1878-80. Thirty-six field hospitals and two field medical depots have been mobilised and some 3000 beds were provided in general hospitals. A few facts connected with Indian army medical organisation and administration may be of interest to our readers at the present time. There are some 68 British and native field hospitals ready packed and distributed between the several military districts in proportion to the strength of the garrison. These field hospitals are regularly exercised during peace manœuvres; and in order to prevent deterioration

their stock and equipment are periodically transferred to station hospitals in exchange for fresh issues. The field hospitals are for 100 beds and are admirably designed for mountain warfare by being divisible into four separate and complete sections. Every regiment and battery, British and native, is supplied as part of its permanent equipment with sufficient medical material to enable it to move anywhere at once. Owing to the distribution of the equipment in districts a field hospital can be promptly mobilised, and on one occasion recently sixteen field hospitals were mobilised in twelve days. Separate wards, fully equipped even to carpets, are also set apart in station hospitals for officers. An officer in hospital pays a stoppage of 2 rupees per diem, which is inclusive of all charges, consequently the benefit of being accommodated and treated in hospital is brought within the means of the most junior sick subaltern. India has at the present time, too, a nursing service of fifty-two lady nurses (hardly sufficient for its needs), supplemented by an efficient staff of orderlies selected from intelligent soldiers who undergo a six months' course of training in addition to being instructed by the staff of lady nurses.

We hear that a medical officer of the French army, who has had great experience in Tonkin, lately visited the field and general hospitals in India and was greatly impressed with all he saw, and especially so with the field hospital organisation and the division of the hospitals into sections, which he considered unique. A medical officer of the Japanese army has also paid a visit to India with the object of inquiring into the hospital system and inspecting the field medical equipment and expressed his great satisfaction with the results of his personal investigation. We think, therefore, that people in this country who have relations and friends serving in India may feel confident that the Government of India, through its medical services, has striven to do its best for the sick and wounded soldiers.

A SECOND REPORT TO THE REGISTERED PRACTITIONERS OF ENGLAND AND WALES.

IT having been rendered necessary for me to bring to the notice of the profession in my first Report to the Registered Practitioners of England and Wales in January of the present year the very serious mistake committed by the President of the General Medical Council in his officially informing the Privy Council on July 1st, 1897, that unregistered foreign practitioners enjoy the right to practise medicine unrestrictedly in this country, I am glad to be able now to report that my letter of protest, though never answered, has been adopted by those who act in the name of the Council. The Executive Committee of the General Medical Council met on Feb. 21st, 1898, and took upon itself to respond in the name of the General Medical Council to a request of the Privy Council, dated Jan. 21st, 1898, that they should inform the latter, for the use of the German Government, of the facts relating to the practice of medicine in this country by foreigners, and further that they should afford the Privy Council in a second letter comments on a letter addressed to them by Mr. Bousfield who had drawn the attention of the Privy Council to the facts which I had published in my first report.

I need not repeat here in full detail the statements of the Executive Committee, but reference to the recently published minutes shows that in their reply to the Privy Council the Executive Committee have adopted my statements respecting the restrictions which the Medical Acts impose on foreigners as well as on other unregistered persons practising in this country and have thus abandoned the erroneous position assumed by the President on July 1st, 1897.

Though the Executive Committee have thus furnished the Privy Council with more accurate information, they have not withdrawn the erroneous letter of July 1st, 1897. The result, therefore, is that the Privy Council now has before it two official letters from the General Medical Council which are in absolute contradiction to each other.

There are further statements in the above-mentioned second letter of the Executive Committee to the Privy Council which are not only incorrect, but constructively

misleading. These, however, I must deal with at the session of the Council in May next.

VICTOR HORSLEY, F.R.S., F.R.C.S. Eng.,
Direct Representative on the General Medical Council.
Cavendish-square, March 7th, 1898.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns 6573 births and 4454 deaths were registered during the week ending March 5th. The annual rate of mortality in these towns, which had been 20.4 and 20.9 per 1000 in the two preceding weeks, declined again last week to 20.7. In London the rate was 20.9 per 1000, while it averaged 20.6 in the thirty-two provincial towns. The lowest rates in these towns were 13.0 in Preston, 15.3 in West Ham, 15.7 in Blackburn, and 16.5 in Bradford; the highest rates were 23.9 in Sunderland, 24.0 in Birmingham, 25.0 in Bristol, and 26.1 in Gateshead. The 4454 deaths included 481 which were referred to the principal zymotic diseases, against 464 and 504 in the two preceding weeks; of these, 232 resulted from measles, 96 from whooping-cough, 66 from diphtheria, 37 from diarrhoea, 25 from "fever" (principally enteric), and 25 from scarlet fever. No death from any of these diseases was recorded last week in Portsmouth or in Burnley; in the other towns they caused the lowest death-rates in Plymouth, Bolton, and Halifax, and the highest rates in Gateshead, Bristol, Swansea and Leicester. The greatest mortality from measles occurred in Derby, Huddersfield, Gateshead, Blackburn, Bristol, Swansea and Leicester, from whooping-cough in Nottingham; and from "fever" in Gateshead. The mortality from scarlet fever showed no marked excess in any of the large towns. The 66 deaths from diphtheria included 38 in London, 4 in Liverpool, 4 in Leeds, 3 in West Ham, 3 in Cardiff, and 3 in Birkenhead. No fatal case of small-pox was registered last week either in London or in any other of the thirty-three large towns. There was one case of small-pox under treatment in the Metropolitan Asylum Hospitals on Saturday last, March 5th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital on the same date was 2534, against 2871, 2781, and 2674 on the three preceding Saturdays; 175 new cases were admitted during the week, against 232, 233, and 199 in the three preceding weeks. The deaths referred to diseases of the respiratory organs in London, which had been 438 and 416 in the two preceding weeks, rose again last week to 425, but were 139 below the corrected average. The causes of 73, or 1.6 per cent., of the deaths in the thirty-three towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Oldham, Bradford, Newcastle-upon-Tyne, and in ten other smaller towns; the largest proportions of uncertified deaths were registered in Birmingham, Liverpool, Salford, and Sheffield.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had increased in the five preceding weeks from 17.4 to 20.5 per 1000, further rose to 21.8 during the week ending March 5th, and exceeded by 1.1 per 1000 the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 12.3 in Leith and 19.3 in Paisley to 24.3 in Glasgow and 25.5 in Perth. The 659 deaths in these towns included 27 which were referred to whooping-cough, 20 to measles, 18 to diarrhoea, 8 to scarlet fever, 3 to "fever," and 2 to diphtheria. In all, 78 deaths resulted from these principal zymotic diseases, against 90 and 72 in the two preceding weeks. These 78 deaths were equal to an annual rate of 2.6 per 1000, which was 0.4 above the mean rate last week from the same diseases in the thirty-three large English towns. The fatal cases of whooping-cough, which had been 25 and 20 in the two preceding weeks, rose again to 27 last week, of which 19 occurred in Glasgow, 3 in Edinburgh, and 3 in Paisley. The 20 deaths referred to measles showed a further increase upon the numbers recorded in recent weeks, and included 18 in Glasgow. The fatal cases of scarlet fever, which had been 12

and 10 in the two preceding weeks, further declined to 8 last week, of which 4 occurred in Glasgow and 2 in Edinburgh. The 3 deaths referred to "fever" also showed a further decline from recent weekly numbers and were all registered in Glasgow. The deaths from diseases of the respiratory organs in these towns, which had been 91 and 117 in the two preceding weeks, further rose to 142 last week, but were considerably below the number in the corresponding period of last year. The causes of 44, or nearly 7 per cent., of the deaths in these eight towns last week were not certified.

HEALTH OF DUBLIN.

The death-rate in Dublin, which had been 28.5 and 31.2 per 1000 in the two preceding weeks, further rose to 32.5 during the week ending March 5th. During the past nine weeks of the current quarter the death-rate in the city has averaged 31.6 per 1000, the rate during the same period being 22.0 in London and 18.9 in Edinburgh. The 218 deaths registered in Dublin during the week under notice showed an increase of 9 upon the number in the preceding week, and included 16 which were referred to the principal zymotic diseases, against 11 and 9 in the two preceding weeks; of these, 7 resulted from "fever," 5 from scarlet fever, 2 from whooping-cough, and 2 from diarrhoea, but not one from measles, diphtheria, or small-pox. These 16 deaths were equal to an annual rate of 2.4 per 1000, the zymotic death-rate during the same period being 2.7 in London and 1.1 in Edinburgh. The deaths referred to different forms of "fever," which had been 4 in each of the two preceding weeks, rose to 7 last week. The 5 fatal cases of scarlet fever considerably exceeded the number registered in any recent week. The mortality from whooping-cough and from diarrhoea also exceeded that recorded in the preceding week. The 218 deaths in Dublin last week included 36 of infants under one year of age, and 64 of persons aged upwards of sixty years; the deaths of infants showed an increase, while those of elderly persons were below those recorded in the preceding week. Ten inquest cases and 7 deaths from violence were registered; and 84, or more than a third, of the deaths occurred in public institutions. The causes of 11, or 5 per cent., of the deaths in the city last week were not certified.

VITAL STATISTICS OF LONDON DURING FEBRUARY, 1898.

In the accompanying table will be found summarised complete statistics relating to sickness and mortality during February in each of the forty-three sanitary areas of London. With regard to the notified cases of infectious diseases in the metropolis last month, it appears that the number of persons reported to be suffering from one or other of the nine diseases specified in the table was equal to 7.8 per 1000 of the population, estimated at 4,504,766 persons in the middle of this year. In the three preceding months the rates had been 12.7, 9.8, and 8.2 per 1000 respectively. Among the various sanitary areas the rates were considerably below the average in St. George Hanover-square, St. James Westminster, Marylebone, Hampstead, St. Martin-in-the-Fields, and Bermondsey; while they showed the largest excess in Fulham, Hackney, St. Olave Southwark, Battersea, Wandsworth, and Woolwich. Three cases of small-pox were notified in London during February, corresponding with the number in the preceding month; of these, 2 belonged to Poplar and 1 to Lee sanitary areas. No small-pox case has been under treatment in any of the Metropolitan Asylum Hospitals since August last. The prevalence of scarlet fever in London showed a further decline from that recorded in the four preceding months; this disease was proportionally most prevalent in Fulham, Hackney, St. Luke, Poplar, Newington, Battersea, and Woolwich sanitary areas. The Metropolitan Asylum Hospitals contained 2640 scarlet fever patients at the end of February, against 3731, 3507, and 3021 at the end of the three preceding months; the weekly admissions averaged 214, against 367, 272, and 232 in the three preceding months. The prevalence of diphtheria in London during February slightly exceeded that recorded in the preceding month; among the various sanitary areas this disease showed the highest proportional prevalence in Fulham, Hackney, Holborn, St. Saviour Southwark, Battersea, and Wandsworth. There were 1057 diphtheria patients under treatment in the Metropolitan