THE VITAL STATISTICS OF NEW ZEALAND.

To the Editors of THE LANCET.

SIRS,—Perhaps you will kindly allow me to call attention to the very remarkable statistics of New Zealand, as they seem to me to be well worthy the notice of all students of hygiene. The death-rates in the whole colony were in 1895 9.91 and in 1896 9.10 per 1000 inhabitants, as compared with 18.7 in England and Wales in 1895, with France 22.3, and with the German Empire 22.2. The town mortality in New Zealand in 1896 was from 14.42 in Auckland to 9.60 per 1000 in Dunedin. Phthisis caused 523 deaths in 1896, or at the rate of 7.40 per 10,000 inhabitants, against 13.85 per 10,000 in England and Wales in 1894. Zymotic diseases in 1896 caused a death-rate of 1.024 per 1000. Other tuberculous diseases in 1896 caused a death-rate of 2.22 per 10,000 inhabitants. If these figures are correct it seems probable that New Zealand people are the healthiest in the world. I take the figures from the New Zealand Year Book of 1897.

Perhaps the most remarkable feature in the vital statistics of New Zealand is the rapid fall in the birth-rate of the colony. In 1881 the birth-rate was 37.95 per 1000 inhabitants; in 1891 it was 29.01; and in 1896 it was only 26.33 per 1000. In England and Wales in 1895 the birth-rate was 30.4 and in the German Empire 36.1 per 1000, whilst France alone with 21.9 births per 1000 inhabitants in 1895 was somewhat as low in its birth-rate as our flourishing colony of New Zealand. Strange to say, the marriage-rate has increased in the colony since 1881, when 3277 marriages occurred in 493,000 inhabitants, for in 1896 there were 4843 marriages to 707,000 inhabitants. In 1886 the marriage-rate was 5.99 per 1000, and in 1896 it was 6.85 per 1000. The birth-rate out of wedlock was 44 per 1000 births, as compared with Scotland (76 per 1000 in 1890). In consequence of the small number of births in New Zealand at present the average number of births to a marriage in 1891 was 4.32, as compared with 4.16 in England and Wales and 2.98 in France. The newspapers of New Zealand have recently been discussing the causes of this low birth-rate, as it has had as a consequence the dismissal of a certain number of school teachers on account of the paucity of scholars to be taught.

It seems to me probable that the very low death-rate of 9.10 per 1000 inhabitants in the colony can only be accounted for by the very low birth-rate of 26.33 per 1000, which has lessened the struggle for food supplies with which Europeans are so familiar at all times. Meat and other foods are extremely cheap in New Zealand and it seems clear that when food is very easily obtainable by the working-classes, as it is there at present, the death-rate tends towards a minimum. If our home birth-rate was as low as 26 per 1000 we should doubtless have a lower death-rate than 18 per 1000, although our death-rate is much lower than that of most other European States. Yet the numbers in New Zealand increase rapidly, since the excess of births over deaths (26.33, less 9.10) gives the very high figure of 17.23 per 1000, against 11.7, which was the excess of births over deaths in England and Wales in 1895. The statistics of New Zealand remind me of the low birth- and death-rates of a comfortable suburb of London, Hampstead, with 18 per 1000 birth- and 12 per 1000 death-rates.

I am, Sirs, yours faithfully,

CHARLES R. DRYSDALE, M.D. St. And.,

Consulting Physician to the Metropolitan Hospital.
London, Nov. 22nd, 1899.

"THE PLAGUE IN RUSSIA."

To the Editors of THE LANCET.

SIRS,—Some weeks ago you were good enough to insert a letter from me on the subject of the outbreak of epidemic disease at Kolobovka at the mouth of the Volga.¹ It will be recalled that there was a marked difference of opinion among the leading members of the profession in St. Petersburg as to the true character of that epidemic, a minority regarding it as an outbreak of the pneumonic variety of plague, while a majority suspended their judgment until further information could be obtained. The task of collecting that information was entrusted to Professor Vinogradof and Dr. Raptchevski, who visited Kolobovka with that object. These gentlemen recently returned and on Nov. 2nd (14th) a second general meeting of the

heads of the profession in St. Petersburg was held at which the further information they had obtained was discussed. In the end a minority of six expressed their opinion that the disease was "of a character closely resembling plague in its pneumonic form." The majority, on the other hand, 17 in number, were of opinion that the disease was "undoubtedly plague." In view of this result there can no longer be any hesitation in placing the outbreak in Southern Russia among the numerous other foci in the western extension of plague which has characterised the present year.

I am, Sirs, yours faithfully,

London, Dec. 1st, 1899.

FRANK G. CLEMON.

"THE WORKING OF THE NEW VACCINATION ACT."

To the Editors of THE LANCET.

SIRS,—It seems to me (a public vaccinator) that Mr. G. J. B. Stevens in THE LANCET of Dec. 2nd has been somewhat hard both on the New Act and upon public vaccinators in general. Surely his complaints are somewhat exaggerated, or is it that, as you suggested, "he is smarting under some personal wrong?" But as a public vaccinator I should like to protest against his wholesale condemnation both of the New Act and of the public vaccinator in general. Now it seems to me that the wisest alteration in the Vaccination Act is that which removes the operation from the public station to the home of the child; and I am certain that this alteration has to a very great extent minimised the unpopularity of vaccination. But in performing vaccination at the home of the child I cannot see at present a better way out of the difficulty than the routine now in vogue. This I grant is inconvenient, but to no one is it more inconvenient than to the public vaccinator himself. The latter must occasionally in ignorance vaccinate in a case where the services of the family medical attendant could perhaps be afforded, but, on the other hand, the balance will certainly be on the side of fruitless journeys and time thrown away. But surely the New Act never intended that in carrying out the same one professional man should prey upon the patients of another? It is as absurd to suppose this as to doubt that with a strict adherence to medical etiquette courteous relationships may exist between the public vaccinator and his professional neighbours.

I myself have adopted a simple plan which saves me not only many a long and fruitless journey, but also, what is more important, lessens the chances of professional misunderstandings. This plan consists in giving at least three days' notice in those cases which I do not know to be my own and which I consider are likely to be able to afford the services of their own medical attendant. This gives them time to communicate back with me and saves many an unnecessary visit. Of course, if there is no reply to the notice one is bound to make the visit and then with a little tact it is very easy to ascertain whether the case is one for the public vaccinator or not. In the latter case anyone who has the least idea of medical etiquette will at once leave the house, but in poorer cases where the public vaccinator has a just footing he not only has a right, but it is also his duty, both to impress the importance of vaccination and combat objections to its performance.

I am, Sirs, yours faithfully,

G. L. THORNTON,
Public Vaccinator.

Ilfracombe, Dec. 4th, 1899.

To the Editors of THE LANCET.

SIRS,—In further answer to Mr. George J. B. Stevens's letter in THE LANCET of Dec. 2nd under the above heading it may be as well to point out that the name and address of no child is put on the public vaccinator's list till the age of four calendar months and seven days is attained and not even then until after personal inquiries have been made by the vaccination officer. (See Local Government Board instructions, p. 21, paragraph 6, subdivision a). "Ordinary general practitioners" who have not the misfortune of being also public vaccinators can by a timely attention to a serious need of their patients save themselves "daily robberies committed by Act of Parliament" and "depredations" on the part of the public vaccinator. Surely four and a half months is long enough to leave a healthy infant unvaccinated or otherwise unaccounted for to the vaccination officer.

Mr. Stevens must know by this time that the public