THE EARLY DAYS AND EARLY WORK OF THE SOCIETY,

WITH SPECIAL REFERENCE TO THE REGISTRATION OF DISEASE.*

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My first duty is to thank you for the honour you have done me in electing me to this Chair. I esteem the honour very highly—the more so when I recollect that this Branch is the parent of the Incorporated Society, which now numbers amongst its members medical men in every portion of the British Empire, and that its roll of Presidents includes the names of many men who have distinguished themselves in more than one branch of science.

In a few years the Society will celebrate its jubilee, and it will probably fall to the lot of the President, or other officials, to prepare a history of the Society. I do not wish to encroach upon that privilege, but it seems to me a suitable time to recall the circumstances under which medical officers of health were called into being in the Metropolis.

Before this Branch I need not enter into details of the awakening in regard to health matters which took place in the early years of our Queen's reign. The pioneer work of Chadwick, Southwood Smith, Neil Arnott, Hector Gavin, Kay, Farr, Snow, Greenhow, Sutherland, Parkes, and others, is well known to you, and has been fully described by abler pens than mine. It led to a recognition of the necessity which existed for skilled medical guidance in the conduct of municipal affairs.

Liverpool, by a private Act, was the first to secure, in 1847, the power to appoint a medical officer of health, and Dr. William Henry Duncan, who had already done much good work in the public health interests of the town, was selected to fill the position. He held office until 1863.

In the following year the City of London obtained a like power, and in October, 1848, Mr. John Simon became the first medical officer of health in London, which position he retained until October, 1855, when he was succeeded by Dr. Letheby.

It was undoubtedly Mr. Simon's able reports and the prompt

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benefits which resulted from his efforts that determined the
Government to extend the system and to require the new municipal
bodies of the Metropolis to appoint medical officers of health. Sir
Benjamin Hall, Bart., M.P., who was then the President of the
Board of Health, successfully carried through Parliament the
measure which we know as the 1855 Act, or, to give it its full title,
"An Act for the better Local Management of the Metropolis (18 and
19 Vict., cap. 120)."

Local authorities—vestries and district boards—under this new
Act, were elected in the end of the year 1855, and it was one of
their first duties to appoint certain officers. The offices of clerk
and surveyor were not new, and were in many instances filled by
men who had previously held appointments of a similar kind
(the surveyor generally also acting as inspector of nuisances). But
the office of medical officer of health was a new piece of patronage,
and grave doubts seem to have been entertained whether the new
authorities would select men who were suitable for the position.
The medical press of that period was full of correspondence and
articles on the subject, and evidently a very considerable amount
of interest seems to have been aroused, especially, of course,
amongst those who were anxious that the Metropolis should
derive the benefit which they foresaw must accrue from the
systematic application of the principles of hygiene. "Not long
before the passing of this Act," wrote Dr. Benjamin Ward Richard-
son,¹ "the sanitary science business was ignored and despised by
the bulk of the profession. Now all is changed; and many who
sneered at indomitable Walker, groping in churchyards at dead of
night to collect sanitary knowledge, as Vesalius climbed the gibbet
to steal anatomy, would gladly inspect any nuisance whatever, and
solemnly renounce mandragora for a spell of vital statistics. In
most cases this change is due to an improved knowledge; for the
doctors are at once a liberal and a progressive race. Still, the
sanitary turn in these last days has taken an angle so frightfully
acute that we rather fear the golden calf which is just set up in our
scientific Horeb has contributed somewhat to the revulsion of
feeling at this moment exhibited. The electors of medical officers
will do well to ponder on this, and to remember that those who
spoke and wrote and laboured for sanitary science for its own sake
are the men most fitted to work for it, now that sanitary labours
promise to bring grist to the mill."

A general meeting of the profession was in contemplation to
consider the best means to be adopted for securing the selection of
fit and proper persons. I have not come across any record of this
meeting, but a week or so later a deputation of medical men, consisting of Drs. Headlam Greenhow, J. W. Ogle, W. Ogle, and Messrs. Wright and Bird, had an interview with Sir Benjamin Hall. Evidently they were afraid that the elections would be largely influenced by other circumstances than the intrinsic merit of the candidates. In his reply Sir Benjamin Hall expressed the hope that men of high station and character would be appointed, so that in case of the return of any epidemic they might meet as a general medical council for the whole Metropolis, and frame a system of sanitary regulations which, bearing the authority of their names, would be universally respected. He regretted that while there were among the applicants men of this description, there were others whom it would be a disgrace to the local authorities to think of appointing, whose opinions could have no weight at all with those whose sanitary welfare was to be their care. Upon the due exercise of the patronage conferred on the new bodies would greatly depend hereafter the maintenance and extension of the principle of local government.

The local authorities had naturally some difficulty in making a selection. The subject was new to most of their members, and numerous influences were brought to bear upon them. Thus we find that in one district a fierce contest was waged between Dr. A., who belonged to the Radical section in the parish, and Mr. B., who upheld the Conservative policy; in a second, the rector supported one candidate because he had twelve children, and the churchwarden another because he had doctored his family for a number of years. One candidate published a circular stating his contributions in the field of obstetrics, and warned the electors not to choose a specialist. In fact, the members of vestries were so deluged with applications, testimonials, visits, and letters, recommendatory and supplicatory, that some of them thought the best way to solve the difficulty was for all the candidates to submit to an examination. The Vestry of Paddington were recommended by a committee to request three medical gentlemen of eminence to examine the applications and testimonials of the candidates, to examine the candidates if they thought proper, and afterwards to present the names of five candidates to the Vestry. They suggested that the examiners be chosen out of the following list: Dr. William Baly, Dr. Tweedie, Dr. Alfred Taylor, Dr. Arnott, Dr. Lyon Playfair, and Mr. Paget. The recommendation of the committee, however, was not adopted.

The General Board of Health had been asked to issue instructions for the guidance of the vestries, but apparently had been afraid
that such action would be construed by those bodies as an attempt to interfere with their free choice. An article entitled "The Medical Police of London," which appeared in the Journal of Public Health and Sanitary Review, attracted considerable attention, and the requirements therein stated as being desirable in a health officer were subsequently incorporated in a circular issued by the Board of Health. I propose to quote this article, first because it shows the high standard set before the electing bodies, and secondly, because it contains the earliest suggestion that I have met with that a society of medical officers of health should be formed.

"By the provisions of the new Act for 'the better Local Management of the Metropolis,' a plan is presented by which the whole of the modern Babylon may be placed under constant scientific sanitary supervision. If properly carried out, this will in time become the leading feature of the Act, and will render London, which has long been, comparatively speaking, a healthy city, healthier than many of our small country towns noted for salubrity. It will, however, take some time for the due organization of the important corps who will henceforth become the sanitary police of London; for, in the first place, amongst the hosts of applicants for the duties of the sanitarian, it can scarcely fail to occur that some will be elected who are neither by taste nor by special education fully fitted for the duties implied; and, in the second place, the duties themselves have in a great degree to be learned and defined. If, however, the proper men are found for the position, the duties will follow in train as a matter of necessity. It is in the selection of officers, therefore, that the Municipal Councils and District Boards must be most careful. To select for these important posts men who are acquainted only with the merest routine of medical practice, who know few mysteries deeper than the action of salts and senna, who perform cures with gum tragacanth, who believe that there is a specific difference between diluted tincture of cardamoms and brandy and water; and who accept the virtues of peppermint as an article of medical faith, while they steer clear of the fact that the sun is the soul of the living world, and dub as a theorist the man who considers disease to be a unity and one individual problem in the arcana of nature—to place such men in the office of sanitary dictator will be to ignore efficiency, to dishonour science, to degrade what might be a gracious and cheap boon into a huge, costly, and vulgar exhibition. The man who would represent fully the sanitary office requires, perhaps, more extended acquirements than belongs to the majority of men who follow scientific occupations. He should have a knowledge of practical chemistry; of the symptoms, causes, and treatment of disease; of physiology, or the laws of life; of pathology, or the laws of morbid action; of forensic medicine, or the connection that exists between the science of medicine and the law; of various kinds, bearing on sewerage, house-building, street-cleansing, and water-supply; of meteorology, or the effects of climate, weather, and atmospheric influences on the body; of the physical characters or dynamics.
of the atmosphere; of ventilation; of statistics of life and mortality; of the literature of epidemics, and of all sanitary improvements. Lastly, he should possess sound logical faculties, so that in dealing with facts and opinions he may neither mistake coincidences for causes, nor build up great theories on insignificant data, nor from great facts deduce absurd conclusions. There is here, it is true, a high standard of qualification; and it may be difficult to find anyone who shall come up to it in all its fulness. But he who approaches it nearest is most fit for the place in question; and for him who bears its measurement best it is the duty of each municipal board to seek earnestly. "It has been observed that, if the proper men are elected for the duties of officers of health, London will soon have the best Council of Health that could be devised, and that the State might so organize this council, and so place itself in connection with it, as to obtain the advice and assistance of a truly scientific body in all national emergencies when sanitary advice is required. This would indeed be a grand ultimatum; but we hope that, as soon as the elections have taken place, the officers elected will spontaneously organize themselves into an independent association for the advancement of sanitary science, or, as would be better, link their labours with those of some existing scientific society. Of all societies most fitted for such a union, the Epidemiological stands pre-eminent; and we know of nothing that would add more lustre to this useful and distinguished association than the connection with it of a sanitary council, composed of the medical officers of health of the Metropolis. A yearly report of the sanitary state of all London, drawn up by scientific and independent men, would in twenty years throw more light on the general causes of disease and on the principles of prevention than all the stray medical writings on these subjects which have appeared since the days of Hippocrates.”

Dr. Farr also wrote a letter on the duties which would fall to the newly-appointed officers of public health, pointing out that the electing bodies should see that those appointed not only understood sanitary science, but were prepared to work incessantly at it.

The circular of the Board of Health contained a suggestion that where possible it would be well to debar the medical officer of health from the private practice of his profession, but it should be looked upon as an advantage if the officer were connected with a medical school, hospital, or public dispensary. Thereby a feeling seems to have arisen that there was an attempt being made to keep these appointments for hospital physicians and surgeons, to the exclusion of other practitioners, however well qualified they might be for the position.

Another issue was raised by the parochial medical officers. Their contention was that it was physically impossible for one man to take charge of a vast district like Marylebone or St. Pancras, and thus the work would devolve upon the district surgeons. They asked that each Poor Law medical officer should be appointed the
health officer for his own district (a method which has been tried in Dublin, and found wanting). This view found acceptance among certain vestrymen, who thought by this means they would comply with the letter of the law and at the same time save the ratepayers' pockets, for they proposed to give the district surgeons only £10 or £15 a year for the extra duties thrown upon them. A deputation waited upon Sir Benjamin Hall, but, fortunately for London, that gentleman did not sympathize with their views. He pointed out to the members of the deputation that the great Borough of Liverpool, with 470,000 inhabitants, had been well superintended by one medical officer of health, and he saw no reason why there should be any difficulty in a district like Marylebone obtaining the services of a good man, and in giving him a proper salary. A rate of ½d of a penny then produced £500 in Marylebone, and a higher salary would require but an infinitesimal fraction more.

It is interesting to notice that the district medical officers in St. Pancras parish managed to secure an increase of salary in March, 1855, "in consideration of the duties they will be called upon to perform in connection with the medical officer of health."

Some of the authorities proceeded to the election without delay, but many showed no alacrity. By April, 1856, all the positions appear to have been filled, and on the whole satisfactorily. I append a list of the first medical officers, from which it will be seen that it includes the names of such well-known men as Edward Ballard, Robert Barnes, Bristowe, Burdon Sanderson, Odling, Pavy, Thomas Stevenson, Dundas Thomson, Andrew Barclay, and Robert Druitt. There were many good men who were unsuccessful, such as Graily Hewitt, P. H. Bird, Handfield Jones, B. W. Richardson, Hermann Weber, J. Rose Cormack, and others.

In most districts the salaries attached to the position were miserably small, and could only be regarded as retaining fees. It is therefore greatly to the credit of those appointed, and showed that their hearts were really in their work, that they at once devoted themselves to the problems which existed in their respective districts. But difficulties began to crop up, and it was soon evident that for many years the medical officer would be occupied in teaching the members of local authorities the elementary principles of hygiene and their duty in regard thereto. The history of how the various difficulties were overcome by the patience, tact and skill of those medical officers might well form the subject of an interesting address. Apparently they soon recognised the necessity of banding themselves together for mutual assistance and support. The Council of the Epidemiological Society had sent each medical officer
a summary of the objects of the society, and expressed the earnest hope that many of those gentlemen might be induced to join the Society, where the result of their labours and experience can be brought forward and discussed at the ordinary meetings with mutual benefit to the Society and to themselves.” For what reason I know not, our predecessors resolved to found a society of their own. Accordingly, after a preliminary meeting held at Dr. Pavy’s house, 3, Finsbury Square, when Drs. Ballard, Barnes, Godrieh, Iliff, Hillier, Letheby, Odling, and Pavy were present, a circular was issued inviting the medical officers to attend a meeting for the purpose. The following is a report of the proceedings:

“On Tuesday evening, the 13th May (1856), a meeting of the newly-appointed medical officers of health for the various metropolitain districts was held at the house of the Medical Society of London, in George Street, Hanover Square. About thirty gentlemen were present, including Dr. R. Dundas Thomson, who was called to the Chair, and Dr. Hillier, who acted as Hon. Secretary.

“The gentlemen present were unanimously of opinion that the interests of the public would be promoted if something like a uniform and regular plan of operations were carried on all over the Metropolis. Their duties were in many respects uncertain and ill-defined in their nature and extent, and whether for the purpose of getting rid of material causes of disease, or of arriving at broad statistical results, unity was essential. It was agreed, therefore, to form an association for mutual assistance and information, and for the advancement of sanitary science, and it was resolved to invite Mr. Simon to be president. It was agreed on all sides that it is Mr. Simon who has given sanitary science its present status of popularity; and that the creation of officers of health for the various districts of the Metropolis was the result of the example set by Mr. Simon, and of the beneficial effects of his labours in the city. At the same time it was most clearly understood that the choice of the meeting fell on Mr. Simon solely from his personal character, and not in any way because of the office he holds under Government. It was considered most desirable to avoid even the appearance of anything that might seem like the introduction of Government dictation into parish affairs. A small committee was appointed to confer on rules and regulations.”

The next meeting of the Metropolitan Association of Medical Officers of Health was held on July 9th, when Mr. Simon was
elected President, a position he occupied for five years; Dr. R. D. Thomson and Mr. Liddle became Vice-presidents, Dr. Aldis Treasurer (he acted in this capacity until his death, in 1872), and Dr. Hillier Hon. Secretary. The association was purely metropolitan for about the first ten years of its existence, but at the end of that time medical officers outside London were admitted as honorary members. In July, 1873, the rules were altered to enable these gentlemen to become ordinary members, and the title was consequently changed to that of “The Society of Medical Officers of Health.”

The Association, having elected its officers, at once proceeded to business, and four standing committees were formed. These were:

1. One to report on trade nuisances, their action on health, the means of obviating them, and proceedings taken against them. The members of it were Drs. Ballard, Challice, Evans, Gibbons, Iliff, Letheby, and Tripe.

2. A committee on adulteration and deterioration of food and drugs, their extent and frequency, their action on health, and the proceedings taken against them. It consisted of Drs. Ansell, Barnes, Beale, Letheby, Lankester, Druitt, Pavy, Pittard, Odling, and Sanderson.

3. One on etiology, consisting of Drs. Barclay, Barnes, Bristowe, Evans, Holt, Pearse, Rendle, and Pittard.


They further appointed provisional committees, one to report on the state of the vaults under churches and their influence on health, the other to consider the action to be taken in regard to the licensing of slaughter-houses.

The work done in those early days was the foundation upon which a goodly superstructure has been raised, and I have been tempted to refer to it in detail. It is, however, impossible for me at present to do more than direct your attention to a very valuable piece of work carried out by the co-operation of not only the medical officers of health, but also of the district medical officers and other gentlemen on the staff of the hospitals and other institutions. The work I mean was the compilation of weekly returns of sickness. The collection of such statistics was not altogether novel, for the Editor (Dr. B. W. Richardson) of the Sanitary Review, on starting that Journal in 1855, invited medical men throughout the country to send him returns of sickness in their neighbourhood, and those were published quarterly. Twelve districts were represented in the first quarterly summary, and eventually forty-one places were dealt
with. The diseases notified were chiefly those of an infectious nature, and included small-pox, scarlet fever, measles, whooping-cough, catarrh, influenza, erysipelas, cholera, ague, remittent fever, diarrhoea, dysentery, typhus fever, puerperal fever, and carbuncle. Later on there were mentioned rheumatic fever, mumps, typhoid fever, continued fever, quinsy, varicella, and near the end "diphtherite." But before Dr. Richardson took up this work the Epidemiological Society made some attempts to collect facts in relation to special epidemics, and in 1853 the Association Medical Journal instituted a similar inquiry. But there was a much earlier statistician, namely, Robert Willan, who published in 1801 his reports on the diseases in London, particularly during the years 1796, 1797, 1798, 1799, and 1800. Professor O'Connor and Dr. Robert Barnes both published, in 1855, extremely interesting papers on the importance of continuous registration of disease. They pointed out how valuable a knowledge of this kind would be as an indication of the state of the public health, and in assisting practitioners in forming a diagnosis in obscure cases of disease. Dr. William Ogle, in March, 1856, read a paper before the Western Medical and Surgical Society of London. The title of his paper was, "How shall the Medical Profession assist the Medical Officers of Health?" and he exhibited a collection of nearly 2,000 cases of sickness that had occurred in Pimlico in the preceding twelve months, which, when arranged into streets, gave important information of the sanitary condition of different parts of the district. Dr. Ogle argued that if each member of the medical profession in London would send a return of each case of sickness coming to his knowledge, with particulars of age, sex, disease and address, to the medical officer of health, such returns, when collected and arranged, would exhibit facts highly valuable to the profession at large, and would show the part of the community specially liable to disease, and thus also the attention of the health officer would be directed to the localities which required his immediate attention.

Dr. Barnes wrote also in his first report to the Vestry of Shoreditch: "From facts which have been made manifest to me by the practice I have for some time followed of preserving a register of all the diseases that have come before me in the hospitals (London and Metropolitan Free) to which I have been attached, I am satisfied that the number of deaths referred to epidemics is very far from adequately expressing the destruction of human life or the impairment of health resulting from removable causes." Dr. Barnes has been good enough to write me that, so far as he recollects, it was he who, after consultation with Dr. William Farr, first brought
the matter before the Etiological Committee, of which he was a member.

The Etiological Committee of our Association were thus influenced to give this matter their early consideration, the more especially also because it was a statutory duty for the new medical officers to ascertain the existence of diseases in their districts. It was not, however, until the April of 1857 that a definite start was made. In the meanwhile Drs. Druitt and Aldis, of St. George’s, Hanover Square, organized a means of knowing, from week to week, the number of children on the register of the various parochial schools, and the number absent from sickness, or rather the number of school attendances missed through sickness. The masters and mistresses in sending this information added remarks as to the prevalence of any particular malady.

The Association of Medical Officers of Health were successful in having their weekly returns printed and published by the General Board of Health, and this circumstance probably led to so many medical men assisting in the scheme. Vol. I. began with a return for the week ending Saturday, April 11th, 1857, and ended with January 2nd, 1858. Dr. Conway Evans acted as Editor, and was assisted, as regards meteorology, by Mr. S. R. Pittard. In the paper already alluded to, Dr. Ogle said: “The first intimation of the sanitary condition of a district ought not to appear in the returns of deaths.” Dr. Evans, in his opening remarks, elaborated and illustrated this statement. I will not read you all he wrote, but his concluding sentence has still an application: “So far as individual life is concerned, the warning of the death-register is too late. So far as society is concerned, it is both too late, and, so to speak, too inaudible.”

The first return dealt with 4,227 cases of sickness which had come under treatment during the preceding week in 19 workhouses, 24 parish practices, 7 general hospitals, 24 dispensaries, 4 lunatic asylums, 1 prison, and 2 military and naval hospitals. The diseases specially mentioned were small-pox, measles, scarlatina, whooping-cough, diarrhoea, continued fever, cholera, erysipelas, pyæmia, puerperal fever, carbuncle, bronchitis, pleurisy, pneumonia, croup, rheumatic fever, ague, and dysentery; all other diseases were grouped together, but occasionally remarks as to any special prevalence were made in footnotes. In the following August the number of new cases per week averaged about 15,000; the number of diseases specifically mentioned were eventually increased by the addition of “diphtherite,” delirium tremens, and insanity, and the contributing institutions numbered 132. In the nine months
covered by the weekly returns the total number of new cases of illness recorded amounted to 384,326. These returns contain a great deal of interesting information on many points. Thus we find diarrhoea had been extremely prevalent, and cases of Asiatic cholera were fairly frequent, while influenza and diphtheria put in an appearance in the autumn. Some definite relation, it was thought, must exist between the former diseases and the impure state of the drinking-water. The season was a dry one, and by June complaints began to be made of the condition of the Thames and Lea. It must be remembered that the sewage was discharged into those rivers, and with a lessened rainfall the proportion of sewage to pure water was much greater than usual. It was noted as a curious fact that although the sewage was sent into the Thames at low water (the outlets to the sewers were tide-locked for a considerable part of the day), yet the analyses made weekly by Drs. Barnes and Odling showed that the Thames at high water contained a greater amount of organic impurity than it did at low water. It was afterwards demonstrated by means of floats that little of the sewage discharged into the Thames found its way out to sea, but oscillated backwards and forwards within the limits of the Metropolis as the tides rose and fell. The Thames was looked upon as an open sewer, and the Lea was in a similar condition.

We now know that the year 1857 was the fourth of a series of dry years, extending from 1854 to the end of 1859, and with the assistance of the careful research and skilful deductions of our esteemed ex-President (Dr. Arthur Newsholme), we are able to appreciate the value of the facts our predecessors recorded. Dr. Conway Evans wrote, with quite prophetic insight, that "the peculiar, very dangerous, febrile disease," which had no popular English name, would "demand more attention in this country." It did so very speedily, for the cases recorded in these returns were the beginning of a very serious epidemic of diphtheria, paralleled only by that which distinguished the early years of this concluding decade.13

As I have premised, beside the mere record of cases, the returns contain many valuable and suggestive notes. I cannot, however, trespass longer on your patience by referring to these at any length, but there are one or two matters to which I should like to be allowed to allude.

"Fever" was frequently set down as the cause of illness, and it gave a good deal of trouble to the medical officer of health anxious to classify his cases correctly. Dr. Druitt experienced this difficulty, especially when the patients were children. "I have often endeavoured," he writes, "by personal inquiry, to find out the nature
of these 'fevers,' and have found them to include, firstly, cases of catarrh or influenza; secondly, cases of feverishness, arising from causes within the body, such as mal-assimilation or focal accumulation (gastric fever, infantile remittent, etc.); thirdly, cases of serofulous inflammation of the brain; fourthly, cases of febricula, *i.e.* of true fever caused by external miasma, maladies which may last from many hours to many days, and between which and typhoid fever there is (as I believe) every gradation; fifthly, cases of true developed continued fever; sixthly, cases of exanthemata. Under present circumstances it seems that an accurate return of the real nature of these cases is not attainable, but these remarks were made in the hope that officers of health in recording, and medical attendants in naming, the diseases alluded to, may be induced to act upon some uniform system." I have ventured to give you this extract for three reasons: first, because the Society has on more than one occasion prepared forms with the object of obtaining some degree of uniformity in classification, and thus we see that the labours on which one of its committees has recently spent considerable time would have met with the cordial approval of our predecessors; secondly, because it emphasises the importance of personal inquiry in such cases; and, thirdly, because of the similarity existing between Dr. Druitt's inquiry and that undertaken lately by the Home Counties Branch of the Society. It was "fever" then, to-day it is "diarrhoea," and though there may be discouragements, still the march of progress goes on, slowly it may seem to some, but none the less surely.

One gets glimpses of theories then extant, and allusions to methods of treatment then in vogue. Thus Dr. Rigby, physician to the General Lying-in Hospital, York Road, in describing a case of diphtheria, remarks: "I found it necessary to feed up my patient as soon as the symptoms permitted, and feel sure that depleting measures will rarely, if ever, be required." Evidently he felt the need for some excuse for breaking away from an old custom. The idea that influenza was due to some peculiar atmospheric condition finds expression in the following note written on November 18th: "The wind was east, and the air most peculiar. It was offensive, and yet not from any known foul odour; but it was an oppressive smell I had never before experienced. It stung my nose and throat, and since then I have been suffering from an attack of an influenza character, only far more severe than we ordinarily observe." An excessive amount of ozone in the air was sometimes suggested as a cause of influenza, but at this particular time none was found at the four stations.
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(Paddington, Fulham, Hackney, and St. Thomas's Hospital) where daily observations were made by Dr. Sanderson, Mr. Burge, Dr. Tripe, and Dr. R. D. Thomson respectively. Our efforts to prevent the emission of black smoke have not even yet been so far successful as to entirely remove the "offensive stinging smell" whenever we get an anticyclonic condition of the atmosphere in November. In this connection it may be well to note how the taking of these observations led to an appreciation of the extent to which the air of London was contaminated. It was speedily noticed, and afterwards confirmed by repeated trial, that when the wind was from the north-east, ozone was found at Hackney, but not at Fulham, and conversely when the wind was in the south-west. The passage across London had the effect of totally depriving the air of its ozone. It was also noticed in June that at Whitehall and Kensington "the east wind appeared to bring up a yellow haze, which interfered with the chemical rays of the sun, and also with those rays which burn (when focused), though it did not diminish the temperature."

A little note by Dr. Druitt recalls the fact that many parts of London, even at that time, had something of the marshy character still left in them. He said: "Brow-ague always appears in my private practice in Mayfair at this season; in 1855 on April 16th; in 1856 on May 10th; in 1857 on May 2nd." Essex appeared to have been the source of most of the cases of ague in London, but the southern bank of the Thames contributed its share.

One cannot but regret that this valuable work came to an end in nine months. What a storehouse of facts it would have been by this time, and what advances in our knowledge of many diseases might have been effected! Why was the "Weekly Return" given up? Chiefly, I gather, because the Board of Health refused to publish it. The Board seems to have had difficulty in obtaining sufficient funds to carry on its work, and so this had to go. Attempts were made by our Society to get the Poor Law Board to publish weekly returns of pauper sickness, and this appeal was backed up by Dr. Gavin Milroy, who submitted a Memorandum pointing out the advantages which would accrue to the public, not only as regards health, but also in the matter of reduced poor rates. Even this argument was not successful, but on a Select Committee of the House of Commons being appointed in 1861 to inquire into the operation of the laws relating to the poor, another attempt was made, and a memorial was presented by the Epidemiological Society. Mr. C. P. Villiers, at that time president of the Poor Law Board, and Chairman of the Select Committee, undertook that the
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memorial should be brought before the Committee, and in 1863 that Society prepared a further statement. It is interesting to note that all this time, and for many years afterwards, Dr. Ballard, then Medical Officer of Health for Islington, prepared annually a statement of sickness in that parish.

You are all aware that at last, in 1879, the Local Government Board issued an Order requiring all district and workhouse medical officers to furnish the medical officer of health with returns of pauper sickness and deaths, and, by a subsequent Order, the same is required of medical officers of district schools. Up to the time of the passing of the Infectious Disease (Notification) Act, health officers availed themselves of this information to a greater or less extent. But since then I fear this source of information has been somewhat neglected. I believe we have here a valuable adjunct to our work, for I must remind you that we, like our predecessors, are expected to inquire into and ascertain by such means as are at our disposal the causes, origin, and distribution of diseases within our districts, and to ascertain to what extent the same have depended on conditions capable of removal or mitigation. The present time seems opportune for this Branch to consider how best this information may be obtained and utilized, and I should be glad to see a committee appointed for that purpose. With this view, I would commend to your perusal articles by Dr. Herbert Jones and Dr. Newsholme, and Mr. C. E. Paget's book on "Wasted Records of Disease," as from them valuable suggestions may be obtained.

In many respects we are better armed than our predecessors, but, on the other hand, the problems with which we have to deal are more complex, and therefore we cannot afford to neglect any detail which may be of use to us. In the new century which is about to open we hope for the solution of many problems which at present puzzle us, and I trust that medical officers who will take office in the new Metropolitan boroughs will begin their work with all the enthusiasm and high hopes which characterized those first medical officers of whom I have spoken, and which led to such excellent results. The prospect is, however, tinged with a certain amount of sadness. In the changes which are about to take place it may possibly be found that the services of some of us are no longer required. Some may have been but a short time in the service, others may have spent the best part of their life, but in any case I am sure their colleagues will view their retirement with the greatest regret, and I may be permitted to express on behalf of this Branch the sincere hope that they will remain among us, and
give those who are left the assistance of their advice and kindly criticism.

LIST OF THE FIRST MEDICAL OFFICERS OF HEALTH FOR THE METROPOLIS.

St. Marylebone ...... Robert Dundas Thomson, M.D.
St. Pancras ....... Robert Hillier, M.D., M.R.C.P.
Lambeth ........... William Odling, M.B., M.R.C.P.
St. George, Hanover Square Charles J. B. Aldis, M.D., F.R.C.P.;
Robert Druitt, F.R.C.S., M.R.C.P.
Islington ......... Edward Ballard, M.D., M.R.C.P.
Shoreditch ....... Robert Barnes, M.D.
Paddington ....... J. Burdon Sanderson, M.D., M.R.C.P.
Bethnal Green ...... Samuel Pearce, M.R.C.S.
St. Mary, Newington William T. Iliff, M.R.C.S.
Camberwell ......... John Syer Bristowe, M.D.
St. James', Westminster Edwin Lankester, M.R.C.P.
Clerkenwell .......... Jno. Wm. Griffith, M.R.C.P.
Chelsea ............ Andrew Whyte Barclay, M.D., F.R.C.P.
Kensington .......... Francis Godrich, junior, M.R.C.S.
St. Luke ............ Frederick Wm. Pavly, M.D.
St. George-the-Martyr William Rendle, M.R.C.S.
Bermondsey ...... John Challice, M.D.
St. George-in-the-East S. R. Pittard, M.R.C.S.
St. Martin-in-the-Fields Lionel Beale, M.B.
Mill End Old Town John Henry Freeman, M.R.C.S.
Rotherhithe ......... William Murdock, M.D.
Hampstead .......... Charles F. J. Lord, M.R.C.S.
City of London ...... Henry Letheby, M.B.
Whitechapel District John Liddle, M.R.C.S.
Westminster .......... Barnard Holt, F.R.C.S.
Greenwich .......... Henry N. Pink, M.R.C.S.
Putney ............ Robert H. Whiteman, L.R.C.P. Ed.
Stratford .......... Alexander Brown, M.R.C.S.
Tooting ............. Walter Chapman, M.R.C.S.
Balham ............ Francis Ward, M.R.C.S.
Clapham ........... John McDonough, M.R.C.S.
Hackney ............ John Wm. Tripe, M.D.
St. Giles ........... Thomas Hunt, M.R.C.S. (January, 1857,
Geo. Buchanan, M.D.)
Holborn ........... Septimus Gibbon, M.B., M.R.C.P.
Strand .............. Conway Evans, M.B.
Fulham ............ Frederick John Burge, M.R.C.S.
Limehouse .......... A. Cleland, M.R.C.S.
Poplar ............. Samuel K. Ellison, M.R.C.S.
Bow ................. Thomas Ansell, M.D.
St. Olave ........... Jas. Northcote Vinen, M.D.
St. Saviour, Southwark Robert Bianchi, M.R.C.S.
Battersea ........... William Conner, M.B., F.R.C.S.I.
Eltham ............ David King, junior, M.R.C.S.
Concerning Micro-organisms in Tumours.—Sjobring, in the Centralblatt für Bakteriologie for February 5th, 1900, discusses this subject at some length. He briefly reviews the most important literature which has been published within the last few years, and points out that the writers of these articles who claim to have found parasites placed these among the coccidia group. He also shows the great infrequency with which inoculation experiments have been successful. He then proceeds to describe a variety of organism which he has observed in various forms of new growth. These bodies, which he places in the general group of rhizopods, are entirely different from anything which has hitherto been described in connection with growths, judging from his descriptions and the drawings which accompany the article. He describes them as beginning as small rounded bodies containing a central dark spot, subsequently showing as they grow larger amoeboid movements, and finally going over into forms of a spiral character, which give rise to new bodies. He was able to cultivate these bodies on a medium made up with peptone and gelatine and a small percentage of grape-sugar, with which was mixed fat of human origin and sterile ascetic fluid. From his cultures he inoculated animals, but claims that his inoculations are only preliminary, as only eight were performed. In four out of the eight animals inoculated he was able to produce definite new growths, sometimes of an epithelial character—in one case a colloid cystoma. He claims to have isolated the micro-organisms out of thirty tumours of different kinds—carcinoma of the skin, breast, stomach, ovary, and rectum. Out of sarcoma, ovarian cysts, goitres, and uterine myomata.—Albany Medical Annals.