

## THE MORTALITY OF THE FIRST FIVE YEARS OF LIFE: AN ANALYSIS OF SOME REGISTERED DEATHS.

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THE following analysis is based on the deaths (3,746) of all children under the age of five years which were registered during the quinquennium 1901-1905 in an urban district with a population of about 112,000.

It is purely statistical, and the value of the conclusions drawn is, obviously, to a large extent dependent on the accuracy of certification of the deaths examined.

The deaths were classified, as far as possible, according to their essential cause, this being in most cases the primary cause certified. In some cases, however, such classification was difficult, particularly in a somewhat large group in which two almost equally indefinite conditions of health or vitality were registered as causes of death.

With a view to gaining some idea of the comparative preventability of different proportions of the total mortality by separating those deaths to which the influences of heredity may have contributed from those due entirely to the effects of environment, an attempt was made to group the deaths in three divisions—those due to ante-natal, natal, and post-natal causes—with sub-divisions into groups of deaths from similar or associated conditions.

The result (Table I.) was not altogether satisfactory, being largely a classification according to the physiological system affected. In the case of numerous deaths which might possibly have been classified differently, the reasons for the method of grouping here adopted are not given below, except where moderately large numbers of deaths are involved.

To some extent the groups are arranged in order of increasing preventability; this order is also approximately that of their incidence chronologically.

It was not found practicable to include all the secondary causes of death in Table I, though it contains other facts of interest concerning the deaths.

### THE CAUSES OF DEATH.

*Ante-Natal*—These causes contributed about 18 per cent. of the total mortality, and include about a quarter of the whole infant mortality.

*Congenital Malformations* and *Congenital Disease* are each responsible for about 1½ per cent. of the total mortality.

*Congenital Debility* (6 per cent. of total mortality).—These deaths were attributed to ante-natal conditions after some hesitation. The predominant cause, "debility from birth," may mean a debility which existed in the foetus, which resulted from the stress of the act of birth, or which developed from other causes after birth. The large proportion of these deaths taking place soon after birth and before any post-natal factor beyond absolute neglect could very well come into play, together with the absence of any record of a contributing cause operating after birth, are in favour of the first possibility.

The deaths diminished in frequency from birth onwards, and nearly all of them occurred in the first six months of life; 11 per cent. were uncertified.

*Premature Birth* (9 per cent. of total mortality).—This cause was responsible for a quarter of the mortality of the first three months, during which practically all the deaths took place. More than half of them occurred in the first week, and their frequency diminished from the hour of birth onwards. Thirty-six (10 per cent.) were associated with the fact of multiple birth, 9 per cent. were uncertified, and 7 per cent. were illegitimate.

*Natal* (1 per cent. of total mortality).—This small group contains deaths due, directly or indirectly, to the act of parturition. The greater number of these took place in the first three weeks.

*Post-Natal* (81 per cent. of total mortality).

*Unclassified Causes* (1 per cent. of total mortality).

*Disorders of the Nervous System* (8 per cent. of total mortality).—The inclusion in this group of a large number of deaths from convulsions where no other cause was certified is obviously unsatisfactory. The varied conditions in which convulsions may occur as a contributory cause of death are shown in Table I. The deaths from this cause were chiefly of infants, and the first week of life was the most fatal period, suggesting the possibility of instrumental delivery having been a factor in some cases; 11 per cent. were illegitimate, and 14 per cent. were registered on inquest verdicts.

*Disorders of the Respiratory System* (17 per cent. of total mortality).—The data were insufficient to allow of the classification of the croupous pneumonias with the infections. Deaths in this group began to occur in the first week, and were most frequent during the first three quarters of the first year. During every

TABLE I.—CAUSES OF DEATH.

Cause of Death.	Male.	Female.	Total.	Illegitimate Birth.	Inquest.	Uncertified Death.	Contributory Causes.		
							Bronchitis.	Pneumonia.	Convulsions.
I.—ANTE-NATAL CAUSES.									
Congenital Malformations.									
Malformations of heart ... ..	12	5	17	...	...	...	...	...	1
Other malformations ... ..	23	18	41	...	...	...	1	1	3
Congenital Disease.									
{ Syphilis ... ..	22	23	45	8	...	1	...	...	1
{ Pemphigus neonatorum ... ..	4	1	5	...	...	...	...	...	...
Congenital Debility.									
Cardiac syncope ... ..	6	6	12	1	...	...	...	...	...
Want of vitality ... ..	9	4	13	1	...	10	...	...	...
Debility from birth ... ..	87	55	142	8	3	11	...	...	...
Asthenia and weakness ... ..	24	13	37	1	...	1	...	...	...
Premature Birth ... ..	193	162	355	26	4	33	...	...	12
II.—NATAL CAUSES.									
Difficult labour ... ..	3	...	3	...	...	...	...	...	...
Atelectasis pulmonum ... ..	4	1	5	...	...	...	...	...	...
Asphyxia neonatorum ... ..	5	2	7	1	1	1	...	...	...
Cyanosis ... ..	2	1	3	1	...	...	...	...	...
Hæmorrhage from umbilical cord ... ..	2	...	2	...	...	...	...	...	...
Umbilical fæcal fistula ... ..	1	...	1	...	...	...	...	...	...
Umbilical sepsis ... ..	1	...	1	...	...	...	...	...	...
Intestinal hæmorrhage ... ..	...	2	2	...	...	...	...	...	...
Hæmorrhage from birth ... ..	...	1	1	...	...	...	...	...	...
Ophthalmia neonatorum ... ..	3	...	3	...	...	...	...	...	1
Icterus neonatorum ... ..	7	2	9	...	...	...	...	...	1
III.—POST-NATAL CAUSES.									
Unclassified ... ..	23	22	45	4	2	...	...	1	4
Disorders of Nervous System.									
Meningitis ... ..	20	20	40	2	...	...	...	...	3
Chronic hydrocephalus ... ..	7	3	10	1	...	...	...	...	2
Epilepsy ... ..	11	4	15	...	...	...	...	...	...
Convulsions ... ..	130	103	233	25	33	8	...	...	...
Other diseases of nervous system ... ..	2	2	4	...	...	...	...	...	...
Disorders of Respiratory System.									
Laryngitis ... ..	7	7	14	...	...	...	2	...	4
Œdematous laryngitis ... ..	1	...	1	...	...	...	...	...	...
Bronchitis ... ..	159	141	300	18	29	1	...	...	65
Bronchial asthma ... ..	...	1	1	...	...	...	...	...	...
Pulmonary congestion ... ..	6	6	12	...	...	...	4	...	1
Broncho-pneumonia and pneumonia ... ..	190	126	316	21	1	...	1	...	24
Empyema ... ..	2	...	2	...	...	...	...	...	...
Disorder of Alimentary System.									
Dentition ... ..	109	68	177	10	44	1	24	12	123
Stomatitis ... ..	27	23	50	7	10	...	...	...	16
Dyspepsia ... ..	5	2	7	...	1	...	...	...	5
Gastritis ... ..	13	19	32	3	...	...	...	...	5
Gastro-enteritis ... ..	16	13	29	3	...	...	...	...	2
Enteritis and muco-enteritis ... ..	23	13	36	3	...	...	1	...	9
Colitis ... ..	1	...	1	...	...	...	...	...	...
Dysenteric diarrhœa ... ..	1	1	2	...	...	...	...	...	...
Diarrhœa (including epidemic enteritis) ... ..	273	233	506	50	5	...	4	2	43
Other diseases of alimentary system ... ..	7	9	16	...	1	1	...	...	3
Disorders of Nutrition.									
Inanition ... ..	22	24	46	5	1	...	...	...	4
Want of breast milk ... ..	1	5	6	1	...	...	2	...	...
Improper and injudicious feeding ... ..	3	3	6	...	...	...	...	...	1
Malassimilation ... ..	25	15	40	6	1	...	...	...	4
Malnutrition... ..	6	4	10	2	...	...	...	...	3

TABLE I.—CAUSES OF DEATH—*continued*.

Cause of Death.	Male.	Female.	Total.	Illegitimate Birth.	Inquest.	Uncertified Death.	Contributory Causes.		
							Bronchitis.	Pneumonia.	Convulsions.
<i>Disorders of Nutrition—continued.</i>									
Marasmus ... ..	122	69	191	23	...	...	...	...	18
Atrophy and wasting ... ..	3	11	14	1	...	...	...	...	1
“A wasting disease” ... ..	4	...	4	...	3	..	...	...	1
{ Rickets ... ..	18	15	33	...	...	...	6	5	10
{ Laryngismus stridulus ... ..	...	3	3	1	...	...	...	...	1
<i>Tuberculous Infections.</i>									
General tuberculosis ... ..	49	43	92	11	...	...	1	3	6
Abdominal tuberculosis ... ..	43	36	79	5	...	...	...	...	3
Meningeal tuberculosis ... ..	40	36	76	2	..	...	...	...	4
Pulmonary tuberculosis ... ..	10	8	18	1	...	...	1	1	...
Tuberculosis of glands ... ..	1	2	3	...	...	...	...	...	...
Tuberculosis of bone ... ..	4	3	7	...	...	...	...	1	...
Tuberculosis of skin ... ..	...	1	1	...	...	...	...	...	...
Tuberculous stomatitis ... ..	...	1	1	1	...	...	...	...	...
Tuberculous tumour of brain ... ..	1	...	1	...	...	...	...	...	...
Multiple strumous abscesses ... ..	1	...	1	..	...	...	...	...	...
Retro-pharyngeal abscess... ..	1	1	2	...	...	...	...	...	...
<i>Other Infections.</i>									
Enteric fever ... ..	1	2	3	...	...	...	...	...	...
Tetanus ... ..	...	2	2	...	...	...	...	...	...
Erysipelas ... ..	5	5	10	...	...	...	...	...	1
Varicella ... ..	2	1	3	...	...	...	...	...	...
Diphtheria ... ..	35	22	57	...	1	...	1	7	...
Membranous croup... ..	1	3	4	1	...	...	...	...	...
Scarlatina ... ..	19	14	33	2	...	...	1	3	1
Morbilli ... ..	133	128	261	9	7	..	50	137	22
Pertussis ... ..	58	66	124	4	2	...	18	25	40
Cerebro-spinal meningitis... ..	...	2	2	...	...	...	...	...	...
Influenza ... ..	5	4	9	...	...	...	2	4	1
Rheumatic fever ... ..	1	...	1	...	...	...	...	...	1
Septicæmia ... ..	3	...	3	...	...	...	...	...	...
Pyæmia ... ..	..	1	1	...	...	...	...	...	...
Impetigo contagiosa ... ..	1	...	1	...	...	...	...	...	...
<i>Accidents.</i>									
Burns... ..	8	8	16	4	16	...	...	2	..
Scalds ... ..	2	3	5	1	5	...	...	1	...
Other accidents ... ..	10	14	24	1	23	...	...	...	...
	2,079	1,667	3,746	275	195	68	119	205	450

period between the ages of three months and four years these deaths accounted fairly consistently for from a fifth to a quarter of the total mortality. They were almost entirely and equally divided between bronchitis and pneumonia.

*Disorders of Digestive System* (23 per cent. of total mortality).—These deaths were due for the most part to inflammatory conditions of the mouth and intestinal tract. As it was impossible to separate the deaths due to the specific infection of summer diarrhœa from those resulting from the various other causes of diarrhœa, all the diarrhœal deaths are included in this group, none being classified with the infections or nutritional disorders.

Deaths from stomatitis and diarrhœa began

to occur in the second week, and those due to stomatitis continued to take place during the first six months, inquest verdicts being recorded in 20 per cent. of the cases.

The diarrhœa mortality (13 per cent. of total mortality), including deaths ascribed to zymotic and epidemic enteritis, was at its height during the second quarter of the first year, and lessened considerably during the second year.

The deaths due to dentition (5 per cent. of total mortality), 25 per cent. of which were so described by coroners' juries, began in the fourth month, were most frequent during the third quarter of the first year, and ceased in the third year. Convulsions were noted in 70 per cent. of the cases.

*Disorders of Nutrition* (9 per cent. of total

mortality).—The certification of these deaths is unsatisfactory. Few of them are attributed directly to the want of or wrong food, and it seems probable that tuberculosis and syphilis are the causes of death in some of the cases attributed to "marasmus." They occurred during the first two years, causing a maximum mortality during the fourth week, which gradually declined.

*Tuberculous Infections* (8 per cent. of total mortality).—General, abdominal and meningeal tuberculosis caused an almost equal mortality, pulmonary tuberculosis accounting for only a small proportion. The ages at which these diseases began to be fatal were in the order given above, the meningeal form preponderating after the first year.

*Other Infections* (14 per cent. of total mortality).—Deaths in this group took place from the second week onwards, the period of the highest mortality being the year and a half following the age of six months. One half of these deaths were from measles (7 per cent. of total mortality), two epidemics of which took place, one causing 111 deaths in three months in 1901, the other causing 123 deaths in the first six months of 1904. In 1903 no deaths took place, and the second epidemic was evidently due to the re-introduction of infection into the fertile soil formed by the non-immune children born and grown to a susceptible age since the previous outbreak. As this is a process likely to recur, the deaths from this disease cannot be regarded otherwise than as part of the normal mortality of the district. Deaths occurred from the age of about six months onwards, the maximum mortality being at the beginning of the second year. Two-thirds of the cases were certified as dying with pulmonary complications.

*Whooping-Cough* (3 per cent. of total mortality) was a cause of death in the fourth week of life, was most fatal during the latter half of the first year, and caused few deaths after the second year. Pulmonary complications were registered in one-third and convulsions in another third of the cases.

*Scarlatina* (9 per cent. of total mortality) and *Diphtheria* (1.5 per cent. of total mortality) caused a fairly uniform number of deaths from the last quarter of the first year onwards.

*Accidents* (1 per cent. of total mortality).—The mortality from this cause fell considerably in the fifth year.

#### OTHER RECORDED FACTS.

*Illegitimacy* was noted in 7.3 per cent. of the

total deaths—7.1 per cent. of the male deaths, and 7.6 per cent. of the female. The proportion of illegitimate to total births during the same period was about 5 per cent.; thus the legitimate death-rate was about half as large again as that of the total child population. The proportion of illegitimate children was highest in deaths from burns and scalds (23.8 per cent.), syphilis (17.7 per cent.), stomatitis (14 per cent.), and disorders of nutrition (11 per cent.), and lowest from the one cause liable to affect equally all the children of a district—infectious diseases (3.1 per cent.). The conditions causing the greatest number of deaths among them were diarrhoea, premature birth, convulsions marasmus, pneumonia, and bronchitis.

*Inquests* were held in 5.2 per cent. of the total deaths. The most frequent findings of the jury were "Dentition," "Convulsions," and "Bronchitis."

*Uncertified Deaths* formed 1.8 per cent. of the total. In all but two of these cases death took place in the first week of life.

*Bronchitis* was returned as an accessory cause of death in 3.2 per cent. of the total deaths, *Pneumonia* in 5.5 per cent., and *Convulsions* in 12 per cent.

#### AGES AT DEATH.

Table II. shows the ages at death from each group, as well as from certain individual causes.

Table III. was prepared from Table II, and shows approximately (1) the proportion per cent. of the mortality of each age period which is caused by each group of diseases, as well as (2) the proportion per cent. of the total mortality which occurs during each age period.

By combining these results in the form of a square (Chart I.) the total mortality of the five years is shown diagrammatically, and the relative effects of the different groups of causes are more clearly demonstrated.

The two thick lines which traverse the chart separate the ante-natal causes above and the causes usually acknowledged to be preventable below from the general mass of the causes of death, and the black patch represents the mortality due to the combined effects of measles and whooping-cough.

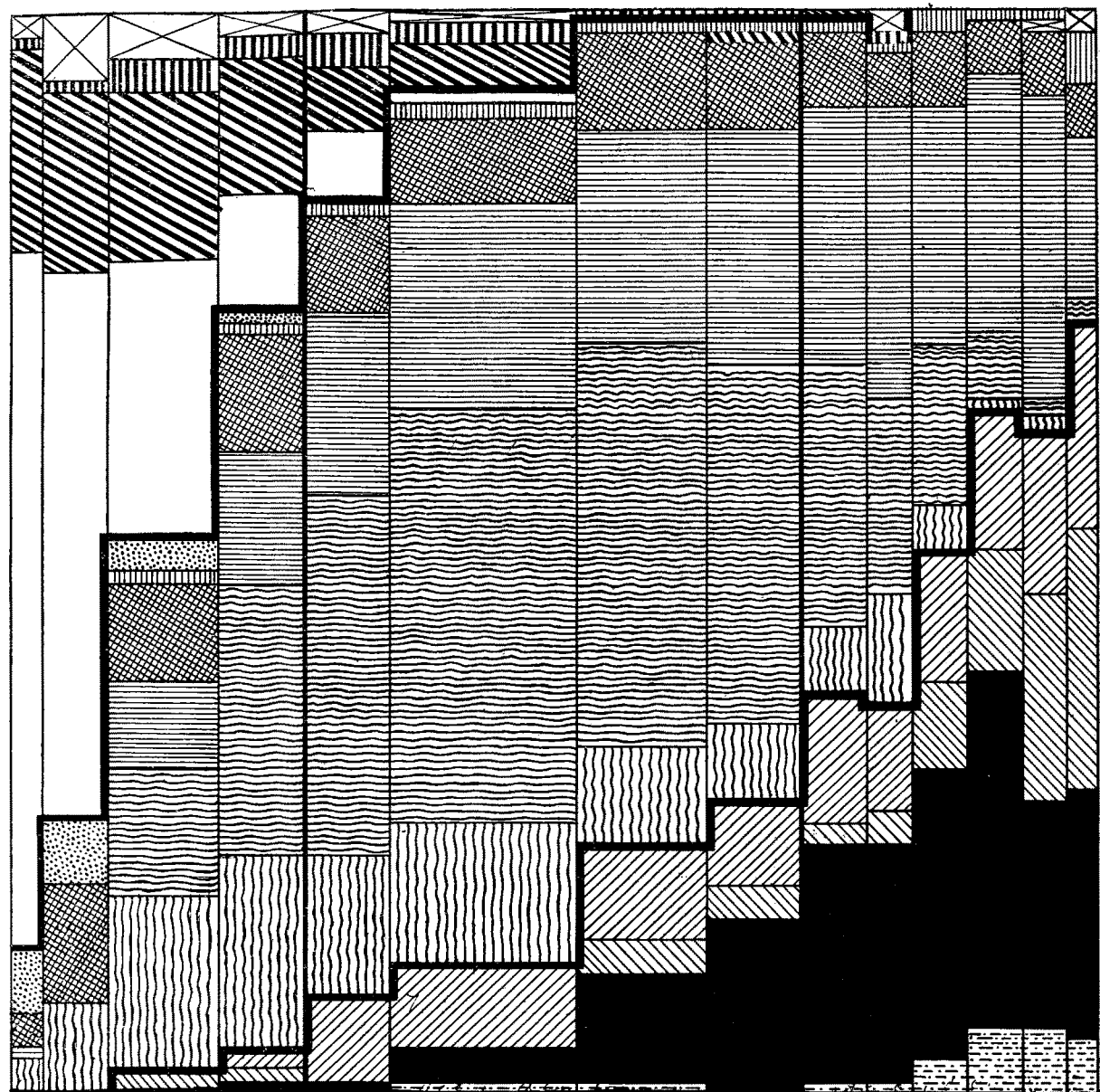
On both sides of the chart equal parallelograms may be defined, the one formed by the mortality of the first two months, and the other by that of the second, third, fourth, and fifth years. They represent respectively 1,017 and 1,019 deaths.

The upper half of the first parallelogram shows the mortality certified as due to causes which



CHART I.

1st day. Rest of week. Rest of 1st month. 2nd month. 3rd month. 4-6 months. 7-9 months. 10-12 months. 13-15 months. 16-18 mths. 19-24 mths. 3rd year. 4th year. 5th year.



Unclassified.

Respiratory.

Tuberculosis.

Measles and  
Whooping-Cough.

Other  
Infections.

Prematurity.

Nervous.

Malnutrition.

Alimentary.

Syphilis.

Debility.

Accidents.

Natal.

Malformations.

were in operation before birth, and which presumably was not preventable to any great extent by measures adopted after birth.

The lower half of the second parallelogram represents deaths from tuberculous and other infections and from accidents. These deaths, which are largely preventable, are not those of new-born infants whose vitality is an unknown quantity, but of children who have survived the risks to life of the earlier months, and whose lives, therefore, are of more value both to their parents and to the State.

The chart further demonstrates a tendency to a relative increase in the preventable portion of the mortality as age advances, which possibly may be continued in later years. Indeed, it would appear that the most important fact shown by a comparison of the two parallelograms is not that the deaths of the first two months are as numerous as those of twice as many years, but *vice versa*.

Almost exactly one quarter of the total deaths during the second—fifth years was caused by measles and whooping-cough alone. This proportion is a little larger than in the country generally; in England and Wales during the decennium 1891—1900 the propor-

tion of deaths during the same years of age from these diseases was about 21 per cent.

(One has only to contrast the environment of the average working-class child suffering from either disease and nursed in the family living-room with that of the average isolation hospital ward to realise the benefit which would accrue in these cases from hospital treatment; the incidence of lung complications would almost certainly be greatly lessened, with a corresponding decrease in the mortality.)

The chart also illustrates the relative effects of diseases of the respiratory and of the alimentary systems. On the whole, the proportion of deaths from the former increased with age, whilst from the latter it diminished from the sixth month onwards. The respiratory diseases caused a greater mortality than all the diarrhoeal diseases combined, they affected more valuable lives, and they were largely catarrhal in origin. There appears to be no obvious reason why they should not be as preventable by suitable clothing and fresh air as diarrhoea is by suitable food.

The appended life tables (Table IV.) were constructed, one for each sex, in order to show the number of survivors at various stages

TABLE III.  
APPROXIMATE PROPORTIONS PER CENT. OF TOTAL MORTALITY CAUSED BY EACH GROUP AND DURING EACH AGE PERIOD.

GROUP.	1st Day.	Rest of 1st Week.	Rest of 1st Month.	2nd Month.	3rd Month.	4-6 Months	7-9 Months	10-12 Months	13-15 Months	16-18 Months	19-24 Months	3rd Year.	4th Year.	5th Year.
Congenital malformations ..	2	6	4	2	2	1	..	..	..	2	..	..	1	2
Congenital disease ..	1	1	3	2	3	2	1	1	..	1	..	..	..	..
Congenital debility ..	19	17	16	13	6	4	..	1	1	..	..	..	..	..
Premature birth ..	65	51	26	11	7	1	..	..	..	..	..	..	..	..
Ante-natal .. ..	87	75	49	28	18	8	1	2	1	3	..	..	1	2
Natal .. ..	6	6	3	1	..	..	..	..	..	..	..	..	..	..
Post-natal .. ..	7	19	48	71	82	92	99	98	99	97	100	100	99	98
Unclassified .. ..	..	..	1	1	1	2	1	1	1	1	2	1	1	5
Disorders of nervous system ..	3	11	9	11	9	8	9	8	7	5	7	5	6	5
Disorders of respiratory system ..	1	..	8	12	17	19	20	22	24	27	22	24	28	15
Disorders of alimentary system ..	..	..	12	25	33	38	37	33	24	18	15	6	2	2
Disorders of nutrition ..	3	8	16	18	13	13	9	7	6	10	4	1	1	..
Tuberculous infections..	..	..	..	2	8	8	9	8	12	10	12	13	15	19
Other infections ..	..	..	2	2	1	3	13	19	24	25	35	44	40	47
Accidents..	..	..	..	..	..	1	1	..	1	1	3	6	6	5
TOTAL .. ..	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Convulsions .. ..	3	11	8	10	9	7	5	6	4	3	3	1	1	1
Dentition .. ..	..	..	..	..	..	4	11	10	14	8	10	2	..	..
Gastritis, enteritis and gastro-enteritis .. ..	..	..	1	3	5	5	5	3	..	..	..	..	1	..
Diarrhoea..	..	..	6	16	22	27	20	16	9	9	4	2	1	1
Pertussis .. ..	..	..	..	1	1	2	5	8	6	5	7	4	6	1
Morbilli .. ..	..	..	..	..	..	1	5	8	16	17	20	29	15	22
Proportion per cent. of total mortality occurring in each age-period .. ..	3	6	10	8	8	17	12	9	6	4	5	5	4	3

TABLE IV.

PROBABILITIES OF SURVIVAL (Px.) THROUGH AND NUMBER OF SURVIVORS (Lx.) AT END OF CERTAIN PERIODS.

Age.	Px.		Lx.	
	Male.	Female.	Male.	Female.
Birth ..	..	..	100,000	100,000
0-12 Hours ..	'99399	'99447	99,399	99,947
13-24 Hours ..	'99778	'99871	99,179	99,318
1st Day ..	'99179	'99318	..	..
2nd Day ..	'99444	'99676	98,627	98,996
3rd Day ..	'99515	'99649	98,149	98,649
4th Day ..	'99688	'99713	97,843	98,366
5th Day ..	'99812	'99869	97,659	98,237
6th Day ..	'99849	'99921	97,512	98,160
7th Day ..	'99962	'99948	97,475	98,109
1st Week ..	'97475	'98109	..	..
2nd Week ..	'99183	'99554	96,679	97,671
3rd Week ..	'98961	'99170	95,674	96,861
4th Week ..	'99193	'99190	94,902	96,076
1st Month ..	'94902	'96076	..	..
2nd Month ..	'97792	'98326	92,806	94,468
3rd Month ..	'97769	'98297	90,736	92,859
1-3 Months ..	'90736	'92859	..	..
4-6 Months ..	'95233	'96301	86,410	89,425
7-9 Months ..	'96568	'97123	83,445	86,852
10-12 Months ..	'97151	'97630	81,668	84,793
1st Year ..	'81068	'84793	..	..
13-15 Months ..	'98303	'98503	79,691	83,524
16-18 Months ..	'98613	'99073	78,586	82,750
19-21 Months ..	'99093	'98973	77,873	81,900
22-24 Months ..	'99195	'99318	77,247	81,341
2nd Year ..	'95288	'95929	..	..
3rd Year ..	'98405	'98561	76,015	80,169
4th Year ..	'98885	'98841	75,167	79,240
5th Year ..	'99170	'99307	74,544	78,690

during the first five years of life of a given number of individuals, born and living subject to the same environment as the population concerned in the present investigation.

The tables demonstrate that both male and female children had practically the same chance of surviving for the first twenty-four hours after birth as of living through the whole of the fifth year of life, and that, whilst the males lost a tenth of their number during the first four months, a fifth during the first fifteen months, and a quarter by the early part of the fifth year, the females lost a tenth in the first six months and a fifth by the early part of the fourth year. The larger proportion of female than of male survivors during the early years of life is a feature common to all English life tables. Notwithstanding that more males are born than females, the latter are generally in a majority at the end of two years. The heavier incidence of infant mortality in the male sex is the cause of this, and is probably the most potent factor in the causation of the excess of females over males in the population of this country. On comparing the relative effects of the more important causes of death it was

found that, with the exception of whooping-cough and accidents, males died more frequently than females from all causes; and, according to the Decennial Supplement of the Registrar-General for 1891-1900, this was also the case in the country generally, with the exception of whooping-cough and erysipelas. The ratio of female to male deaths varied with different causes from '6 to 1. The exception in the case of whooping-cough is difficult to account for.

EVILS OF INSUFFICIENT SLEEP.—Another matter dealing with the home and closely associated with the health of the children that calls for attention is the insufficient sleep that a large proportion of the children get. It is no uncommon occurrence to find children of thirteen staying up till 10 or 11 p.m. Education as well as health suffers considerably owing to the fatigue of the nervous system. Sleep is a most important physiological requirement, and it would be well to have more stress laid upon this subject in the lessons on personal hygiene. It is to be regretted that in some of the schools it is only in the upper standards that personal hygiene is taught, and bad habits formed when in the lower classes are then difficult to eradicate. The parents are, unfortunately, often indifferent and sometimes much to blame, and the practice adopted in some places of having classes for parents is an excellent one which deserves sympathy and encouragement.—*Annual Report of Dr. E. W. Hope, Medical Officer to the Education Authority, Liverpool.*

"I REGARD the out-patient departments of hospitals as a distinct source of danger in regard to the spreading of infectious disease. Persons in a weak state of health are exposed in the waiting-rooms to the risk of infection from others suffering from scarlet fever, diphtheria, measles, whooping-cough, and other maladies of like nature. Not only so, but the medical and nursing staff, and sometimes the in-patients, become infected. During the last year seven cases of scarlet fever and two of diphtheria occurred among the staff of one hospital, and instances occur from time to time. It is not an unusual practice, when infectious disease occurs in the family of foreign tailors, for the person to be taken off to a general hospital, partly in the hope that a second opinion will prove the illness not to be infectious, and partly to prevent disinfection and interference with work, as the patient would be sent off to the isolation hospital direct from the general hospital instead of from the home. When it can be proved that a medical man has already informed those responsible that the illness is an infectious one, legal proceedings should be taken."—*Annual Report of Dr. F. J. Allan, Medical Officer of Health, Westminster.*