

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5882 births and 3767 deaths were registered during the week ending Feb. 26th. The annual death-rate in these towns, which had been equal to 19.5 and 21.1 per 1000 in the two preceding weeks, further rose last week to 21.3. During the first eight weeks of the current quarter the death-rate in these towns averaged 22.0 per 1000, and was 2.3 below the mean rate in the corresponding periods of the ten years 1877-86. The lowest rates in these towns last week were 13.5 in Nottingham, 13.7 in Brighton, 14.4 in Derby, and 16.1 in Sunderland. The rates in the other towns ranged upwards to 27.2 in Newcastle-upon-Tyne, 29.8 in Plymouth, 30.1 in Manchester, and 33.0 in Huddersfield. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 340 and 371 in the preceding two weeks, was last week 372; they included 140 from measles, 94 from whooping-cough, 47 from scarlet fever, 39 from diarrhoea and dysentery, 31 from diphtheria, 21 from "fever" (principally enteric), and not one from small-pox. No death from any of these zymotic diseases was registered last week in Birkenhead, while they caused the highest death-rates in Leicester, Liverpool, Manchester, and Huddersfield. The greatest mortality from measles occurred in Leeds, Manchester, Liverpool, Sunderland, Leicester, and Huddersfield; from whooping-cough in Birmingham and Norwich; and from scarlet fever in Bristol and Blackburn. The 31 deaths from diphtheria in the twenty-eight towns included 14 in London, 4 in Liverpool, 2 in Portsmouth, 2 in Manchester, 2 in Leeds, and 2 in Cardiff. Small-pox caused no death in London and its outer ring, or in any of the twenty-seven other large provincial towns. Only 5 small-pox patients were under treatment on Saturday last in the metropolitan hospitals receiving cases of this disease. The deaths referred to diseases of the respiratory organs in London, which had been 364, 373, and 392 in the preceding three weeks, further rose last week to 466, but were 18 below the corrected average. The causes of 114, or 3.0 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Bolton, Blackburn, and in four other smaller towns. The largest proportions of uncertified deaths were registered in Salford, Oldham, and Sheffield.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 19.8, 22.0 and 24.3 per 1000 in the preceding three weeks, declined again to 22.5 in the week ending Feb. 26th; this rate exceeded by 1.2 the mean rate during the same period in the twenty-eight large English towns. The rates in the Scotch towns last week ranged from 11.0 in Greenock and 16.8 in Dundee, to 24.8 in Glasgow and 33.7 in Aberdeen. The 562 deaths in the eight towns last week showed a decline of 45 from the number returned in the preceding week, and included 33 which were referred to whooping-cough, 30 to measles, 17 to scarlet fever, 11 to diarrhoea, 5 to "fever" (typhus, enteric, or simple), 3 to diphtheria, and not one to small-pox; in all 99 deaths resulted from these principal zymotic diseases, against 76 and 103 in the previous two weeks. These 99 deaths were equal to an annual rate of 4.0 per 1000, which exceeded by 1.9 the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had increased in the preceding four weeks from 19 to 32, further rose last week to 33, of which 17 occurred in Glasgow and 7 in Edinburgh. The 30 deaths from measles also showed a further considerable increase upon the numbers in recent weeks, and include 17 in Aberdeen and 12 in Glasgow. The 17 deaths from scarlet fever, on the other hand, were fewer by 8 than the number in the previous week; 11 were returned in Edinburgh, 3 in Glasgow, and 2 in Dundee. The 11 deaths attributed to diarrhoea, of which 4 occurred in Aberdeen and 3 in Glasgow, scarcely differed from the average number for the season. The 5 deaths from "fever" included 3 in Leith, and showed an increase upon recent weekly numbers. Two of the 3 fatal cases of diphtheria occurred in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 126, 133, and

146 in the preceding three weeks, declined last week to 121, and were 38 below the number returned in the corresponding week of last year. The causes of 78, or nearly 14 per cent., of the deaths registered during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 27.3 and 35.3 in the preceding two weeks, declined again to 30.7 in the week ending Feb. 26th. During the first eight weeks of the current quarter the death-rate in the city averaged 31.4, the mean rate during the same period being but 20.9 in London and 21.7 in Edinburgh. The 208 deaths in Dublin last week showed a decline of 31 from the number in the previous week, and included 8 which were referred to "fever" (typhus, enteric, or simple), 2 to scarlet fever, 2 to whooping-cough, 2 to diarrhoea, and not one either to small-pox, measles, or diphtheria. Thus the deaths from these principal zymotic diseases, which had been 17 and 14 in the preceding two weeks, were again 14 last week; they were equal to an annual rate of 2.1 per 1000, the rates from the same diseases being 1.8 in London and 4.2 in Edinburgh. The deaths referred to "fever," which had been 4 in each of the previous two weeks, rose last week to 8, and exceeded the number returned in any previous week of this year. The fatal cases of scarlet fever, whooping-cough, and diarrhoea were almost identical with those in the previous week. The deaths both of infants and of elderly persons showed a decline from the numbers in the previous week. Six inquest cases and 4 deaths from violence were registered; and 50, or nearly a quarter, of the deaths occurred in public institutions. The causes of 40, or more than 19 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

A NOTE OF WARNING REGARDING THE CONDITION OF ARTICLES OF FOOD SOLD FOR THE USE OF THE DIABETIC.

To the Editors of THE LANCET.

SIRS,—In the interests of patients and for the sake of the credit of the profession, I think attention requires to be drawn to the unsatisfactory character of some of the articles of food that are being sold for the special use of those suffering from diabetes. The principle at the foundation of the preparation of these articles is to furnish a food as free from starch and saccharine matter as can be practically done, and whilst this object is attained it is desirable, in order to render it acceptable for consumption, that the article produced should present as close an approximation to the food in ordinary use as possible. The chief difficulty, it may be said, lies with a representative of bread. Various substitutes for ordinary bread are manufactured and placed at the command of the diabetic. Some of them are carefully prepared and fairly represent what they should be. Others, on the other hand, although placed before the consumer as of a proper character and charged for upon about the same scale of prices, are but little removed in constitution from the representative product in its ordinary state. Thus, the patient may be deluded into taking that which is positively obstructive to satisfactory progress; and with this, discredit will be thrown upon the profession by the efforts of treatment proving abortive. Gluten flour and gluten bread always contain a certain amount of starch, and it may be considered that the article is in a good state if the amount does not exceed from 25 to 30 (or about this) per cent. Some gluten bread and gluten flour being sold at the present time contain no less than from about 75 to 80 per cent. of starch. The actual figures before me are for a sample of gluten bread 74 and another from the same source 76 per cent. of starch, and for two samples of gluten flour derived from the same establishment 80 and 82 per cent. of starch.¹ These figures, as with those belonging to all my analyses, refer to the article in the dried or water-free state. For

¹ It is only right to state that these samples were not obtained from either of the London vendors of diabetic food.

comparison, I may state that the figures yielded for a sample of ordinary wheaten flour were 90 per cent. and ordinary household bread 89 per cent. A biscuit sent to me for examination by the wife of a patient as a gluten biscuit obtained from France contained 84 per cent., and another kind 89 per cent., of starch.

Bran biscuits vary. The figures before me, yielded by the analysis of some that are sold, give about 38 per cent. of carbohydrate expressed as starch; whilst the figures for others amount to from 50 to 60 and upwards of this. Besides starch, bran contains cellulose and lignose. These, under the boiling with sulphuric acid in the process of analysis, are, like the starch, transformed into glucose, and thus comprised in the result obtained. Presumably, however, cellulose and lignose in a great measure, if not entirely, resist the solvent influence of the digestive secretions, and thereby, although carbohydrates, escape passing on to sugar in the system of the diabetic. But the starch of course is in the same position as starch from other sources. The starch removable by boiling water from some ordinary bran, or bran as it came from the mill, amounted to 23 per cent.; with prepared bran sold for the use of the diabetic the amount of starch obtained was practically the same, justifying the conclusion that simply grinding without previous washing constituted the process of preparation adopted.

Macaroni, vermicelli, and semola are also articles announced to be specially prepared for the use of the diabetic. I have never yet come across a sample that could be regarded as suitable. Indeed, they have either resembled the ordinary article in use, or only differed to a slight extent. For instance, taking recent analyses, one sample of macaroni gave 85 per cent. of starch, another 71, and another 78; a sample of vermicelli 70, and a sample of semola 74, per cent. The figures yielded by a sample of ordinary macaroni were 86, and vermicelli 87, per cent.

I am, Sirs, yours obediently,
Grosvenor-street, Feb., 1887. F. W. PAVY.

"LUNACY ACTS AMENDMENT BILL, 1887."

To the Editors of THE LANCET.

SIRS,—In your last issue is a letter from Dr. Rogers drawing attention to an alleged injustice to workhouse medical officers in being prohibited from receiving a fee for certifying lunatics as fit to be removed to asylums. I submit he is entirely wrong in his conclusions and in his interpretation of the proposed statute. The Bill does not prevent the workhouse medical officer from being paid a fee when the patient is removed to an asylum, but only in the case when the lunatic is of such a harmless nature that he can with safety remain in the workhouse. Even under the present law no fee is payable to the medical officer under these circumstances.

Clause 14, which Dr. Rogers quotes, enacts: "No person being a lunatic shall be allowed to remain in a workhouse unless the medical officer of the workhouse certifies in writing—(a) that such person is a lunatic, with the grounds for the opinion; (b) that he is a proper person to be detained under care and treatment in a workhouse as a lunatic; (c) that the accommodation in the workhouse is sufficient for his proper care and treatment.....(2) A certificate under this section shall be in the Form 8.....(3) A certificate under this section shall be sufficient authority for detaining the lunatic therein named against his will in the workhouse for fourteen days from its date. (4) No lunatic shall be detained against his will or allowed to remain in a workhouse for more than fourteen days from the date of a certificate under this section without an order under the hand of a justice of the peace having jurisdiction in the place where the workhouse is situate. (5) The order in the last preceding subsection mentioned may be made upon the application of a relieving officer of the union to which the workhouse belongs, supported by a medical certificate in the Form 6 under the hand of a duly qualified medical practitioner, not being an officer of the workhouse, and by the certificate under the hand of the medical officer of the workhouse in the Form 8.....(6) The guardians of the union to which the workhouse belongs shall pay such reasonable remuneration as they think fit to the medical practitioner who, not being an officer of the workhouse, examines a person for the purpose of a certificate under this section. The whole of the above-quoted part of the clause simply refers

to harmless lunatics detained, and suitable for detention, in the workhouse. On the other hand, if not suitable, the 7th subsection goes on to say: "If in the case of any alleged lunatic being in a workhouse, the medical officer thereof shall not sign such certificate—i.e., not feel justified in signing—as in this section mentioned, or if at or before the expiration of fourteen days from the date of the certificate an order is not made under the hand of a justice for the detention of the lunatic in the workhouse the medical officer of the workhouse shall forthwith give notice in writing to the relieving officer of the union to which the workhouse belongs, that a pauper in the workhouse is deemed to be a lunatic, and a proper person to be sent to an asylum, and thereupon the like proceedings shall be taken by the relieving officer and all other persons for the purpose of removing the lunatic to an asylum, and within the same time, as by the Lunatic Asylums Act, 1853, provided in the case of a pauper deemed to be a lunatic and a proper person to be sent to an asylum. (8) If the medical officer of a workhouse omits to give such notice to a relieving officer, as by the last preceding subsection provided, he shall for each day or part of a day after the first, and before the notice is given, during which the alleged lunatic remains in the workhouse, be liable to a penalty, not exceeding ten pounds." The italics throughout are mine.

In short, the meaning is this. Harmless lunatics may be detained for fourteen days on the certificate of the medical officer of the workhouse alone, provided he considers them suitable cases and the accommodation sufficient; but not longer, except with a magistrates' order given on the certificate of an independent medical practitioner in addition to that of the medical officer of the workhouse. On the other hand, if the medical officer of the workhouse believes that the alleged lunatic is not a proper person, or that the workhouse accommodation is not sufficient, then he must go through the same procedure as is enjoined by the old Act, 16 and 17 Vict., c. 97, and he will be paid according to the provisions of that Act.

I am, Sirs, your obedient servant,
CHARLES GROSS, M.D. Lond., F.R.C.S. Eng.,
Barrister-at-law.

Elm-court, Temple, E.C., Feb. 28th, 1887.

To the Editors of THE LANCET.

SIRS,—The Lunacy Acts Amendment Bill has passed through the third reading of the House of Lords, and will shortly be submitted to the House of Commons. I therefore venture through your journal a few suggestions for the consideration of the medical profession. The treatment of lunatics is considered a specialty. It would benefit the profession and the public at large if the study of lunacy were more generally encouraged by appropriating certain wards in all general hospitals for the treatment of lunatics. According to a report in *The Times* on the second reading of this Bill, the Lord Chancellor stated that "there are 4400 licensed houses in this country." These numbers do not tally with the Fortieth Report of the Commissioners in Lunacy, Appendix N, which only shows ninety-six licensed houses, provincial and metropolitan, including private asylums. One of the objects of this Amendment Bill is to get rid of the private licensed houses, and force all patients into asylums. Putting entirely aside the interest of the medical profession, I submit that it would be detrimental to the community at large. In asylums, the attendants number about one to ten patients. Bad cases are consigned to padded rooms, a practice which too much resembles solitary confinement—a punishment for criminals. From a natural disinclination of charitably disposed persons to visit lunatics, the patients have no society beyond other lunatics like themselves, and attendants, who do not belong to a sufficiently educated class, therefore not companions likely to benefit those of a higher degree. Sufficient precautions are not adopted to prevent self-abuse, though such practice is admitted by the profession to be highly detrimental; and females are much neglected at certain times. In private licensed houses each patient has a separate attendant, and the combined aid of all the establishment, if necessary. Padded rooms are not known; precautions are taken to prevent self-abuse and dirty habits, and the patients have the advantage of the society and the constant supervision of the family. I would therefore recommend that the number of private licensed houses,