

action. To destroy the sloughs, M. Jobert employed the acid nitrate of mercury.

Purulent Infection.—In two cases which presented the general symptoms of purulent infection, repeated rigors, &c., without any assignable local cause, M. Nélaton administered the tincture of aconite, and the patients recovered; others similarly attacked died under its employment.

The remedy was continued during several days, more than a week, commencing with one gramme the first day, and augmenting the dose gradually to three grammes.¹ M. Nélaton attributed the recoveries to the aconite; none of the theories, however, which prevail respecting the etiology and nature of the malady, suffice to explain its *modus operandi* in these cases. A tincture possessing the activity of that directed by Dr Fleming in his admirable monograph on aconite,² could not be given in the manner stated without incurring serious danger; none of the physiological effects there described followed its administration, and further experience is required to confirm its possession of any influence in combating the tendency to a fatal termination in purulent infection.—(*To be concluded in next Number.*)

Part Second.

REVIEWS.

1. *An Act for Promoting the Public Health.* 31st August 1848.
2. *An Act to renew and amend an Act of the Tenth Year of her present Majesty for the more speedy Removal of certain Nuisances, and the Prevention of Contagious and Epidemic Diseases.* 4th September 1848.
3. *First and Second Reports of the Health of Towns Commission.* London, 1844-5.
4. *First, Second, and Third Reports of the Metropolitan Sanitary Commission, with Evidence.* London, 1848.

THE important movement for improving the health and physical condition of the poor, which has now for several years engaged the sympathies of the British public, and which has just achieved its first great victory in the enactment of the measure for the improvement of the public health, of which we elsewhere insert an abstract,

¹ From twenty to thirty drops of a tincture, according to its specific gravity, are equivalent to one gramme.

² On the Physiological and Medicinal Properties of Aconite, by Alexander Fleming, M.D. 8vo. London, 1846.

is to so great an extent the offspring of medical philanthropy, and is so largely indebted for its ultimate success to the patient and self-denying exertions of members of the medical profession, that we offer no apology to our readers for occupying their attention with a few additional remarks upon this interesting subject. We are, moreover, strongly impressed with the opinion, that this public recognition of the science of preventive medicine is an event fraught with the most auspicious consequences to the practitioners of the medical art, and one which will, at no distant period, lead to that social elevation of the profession and improvement of medical science, which every right-minded man has so long desiderated, but of the attainment of which many had begun to despair.

Before entering upon an examination of the provisions of the Sanitary Acts passed during the last session of Parliament, it may be useful to present a very brief sketch of the sanitary movement as it has proceeded in this country.

On the appearance of any disease of extraordinary malignity, it has, in this as in other countries, been usual for those inhabitants distinguished for their wealth, influence, or knowledge, to meet together and consult for the common safety. And the temporary committees thus spontaneously formed have, with a few trifling exceptions, hitherto constituted the sole guardians of the public health.

With such an utter absence of sanitary supervision, it will not appear extraordinary that the metropolis and provincial towns, to which the agricultural poor have for many years been attracted in large numbers by the high wages offered in manufactories, should exhibit the most fearful scenes of misery, profligacy, and disease. For the details of these horrors we must refer to the evidence appended to the reports of the Health of Towns Commission, and to other similar sources of information; suffice it here to state, that from the neglect of the authorities, and the short-sighted selfishness of the proprietors of tenemented houses, filth of the most disgusting and noxious nature has been allowed to accumulate in enormous masses, in and near the dwellings of the poor; that no provisions have been made for the removal of refuse, or for the supply of water; that from the excessive crowding of adults of both sexes in small unwholesome lodging rooms, the preservation of decency has been rendered as impracticable as indulgence in habits of cleanliness; and that shamelessness and demoralization have advanced with giant strides among the unfortunate beings thus exposed from their very childhood to the most deadening and polluting influences. Whilst typhus has in these regions of wretchedness become an indigenous and constant scourge, all other diseases of the zymotic class have found there a hot-bed for their propagation; and, from the operation of these various sources of moral and physical disorder upon the industrious poor inhabiting our large towns, the duration of life has been gradually shortened, until at Liverpool the

average age at death of the labouring class did not exceed fifteen years, while the gentry and professional persons attained on an average thirty-five years.

Now the connexion between excessive mortality and the neglect of certain natural essentials to health, such as pure air, water, &c., is no new discovery. To say nothing of the ample treatises on these subjects in the old medical classics, we find in the works of our own countrymen frequent reference made to the importance of diminishing the mortality among the poor by greater attention to their physical comforts. And some time after the benevolent exertions of Howard had been crowned with success, and Cook and Lind had demonstrated the practicability of preventing scurvy, and other diseases of seamen, by ventilation and a judicious choice of food, a society for improving the condition of the poor was formed in London, under the auspices of Wilberforce, Davy, and other persons equally eminent for philanthropy and science. These isolated efforts were not, however, productive of much permanent benefit, and it was not until the advent of cholera in 1831, that any general steps were taken for removing the Augean accumulations from the courts and bye-streets of our large towns. The instinct of self-preservation operating in the minds of the wealthier classes, based upon the fear that the terrible epidemic, once attracted by the fetid squalor of crowded lanes, might subsequently extend its visitation to more spacious and refined residences, produced at that time an unwonted zeal for purifying the habitations of the poor. But this zeal was from its very nature destined to expire with the occasion which induced its manifestation; and typhus, and other diseases which had for the moment been threatened with extinction, rapidly resumed their sway over their favourite localities. With the disappearance of the cholera, boards of health vanished, the regular inspection of the houses of the poor was discontinued; the government ceased to interest itself in the health of the community, local authorities followed the example of the central administration; poor-rates, often the consequence of unnecessary widowhood and orphanage, annually increased, and the tax upon the benevolent public for the support of medical and other charities, already excessive, promised soon to be wholly inadequate to the increasing demand upon it for the maintenance and relief of the diseased and destitute.

For the interests of the poor, and, as time will ultimately show, for the interests of the wealthy and rate-paying classes themselves, it is fortunate that the revelations made during the existence of the last cholera panic were not wholly unproductive. The office of chief secretary to the English Poor-law Commission happened to be filled by a gentleman, who, to great natural ability, and an extensive official acquaintance with the actual condition of the poor, added a considerable knowledge of the principles of medical science, and an earnest conviction of the importance of

applying those principles to the prevention of disease, on a grander scale than had hitherto been attempted. Having obtained the requisite authority from government, and being ably seconded by some distinguished members of the medical profession, among whom may be mentioned Drs Southwood Smith, Arnott, and Kay, Mr Chadwick issued a series of questions to medical practitioners and other competent persons, resident in various parts of Great Britain, and the answers to these enquiries were subsequently embodied in the first "Report of an Inquiry into the Sanitary Condition of the Labouring Population of Great Britain," published by the Poor-law Commissioners in 1842. Almost simultaneously with the preparation of this report, Mr Chadwick instituted "a special inquiry into the practice of burials in towns," which in the following year appeared as a supplementary report, and which, both as regards the demonstration of the evils suspected to exist, and the suggestion of practicable measures for their prevention, completely exhausts the subject. These reports, and the startling facts which they revealed, led to the issuing of a commission, composed of various noblemen and gentlemen, selected without reference to party, who in 1844-5 presented reports comprising a mass of evidence on the actual state of the dwellings of the poor in the large towns, and embodying the results of the commissioners' personal enquiries and observations in a series of recommendations for the improvement of the law in various particulars affecting the health of populous districts. And it is upon these recommendations of the Health of Towns Commission that all the subsequent efforts of various parliamentary leaders to obtain the enactment of a general sanitary measure have been founded. The bill which has recently received the sanction of the legislature, and which is but a very imperfect realization of the wishes of sanitary reformers, is the *fifth* project that has been submitted in recognition of the necessity for accomplishing this long neglected act of national duty. The Marquis of Normanby twice induced the House of Lords to assent to the provisions of a bill on this subject, but it was each time rejected by the Commons. The Earl of Lincoln endeavoured to meet the difficulty by originating the measure in the Lower House; but, in consequence of Sir Robert Peel's resignation of office, was prevented from conducting his bill to a successful issue. And Lord Morpeth, to whom, under the Whig administration, this branch of legislation was committed, after carrying a bill through its second reading in the session of 1846-7, was prevented by the dissolution of Parliament from seeing it passed into law.

Having thus roughly sketched the chief incidents in the progress of sanitary reform, we shall now endeavour to indicate those features of the new sanitary laws which appear to us most worthy of approbation; while we shall, at the same time, not shrink from pointing out the omissions and defects which will, it is to be feared, render the more important of these acts in many places almost wholly

inoperative. And, in the execution of this task, we shall adopt as a standard the recommendations contained in the Second Report of the Health of Towns Commission. The first and most important provision of the Public Health Act 1848, is the creation of a General Board of Health, at the head of which is placed a cabinet minister, for the superintendence of all matters affecting the sanitary condition of the people. This appointment is not only an immediate advantage to the community at a season like the present, when a fearful epidemic is daily expected, but it also constitutes, in the heart of the kingdom, a nucleus from which sanitary regulations, and the organization of a medical police, may ultimately extend throughout the whole country. And in so far carrying out one of the chief recommendations of the Health of Towns Commission, the government is entitled to the warm commendation of the friends of the sanitary cause. But here the defects of the measure become at once obvious. In the first place, the Act contains no provision for the appointment of a medical member of the General Board; and although this slight upon the profession, and fundamental error in the construction of the central administrative body, has since been partially and indirectly remedied by a clause subsequently inserted, *sub silentio*, in the Nuisances Removal Act 1848, under which Dr Southwood Smith has been temporarily appointed as medical member of the General Board, the omission is not the less reprehensible. Then, with regard to the most essential duty of a central board, viz., the superintendence of the local administrative bodies in the execution of the powers conferred upon the latter by this Act, the measure before us is singularly barren; for the only clause which imparts to the General Board of Health a virtual check upon any reckless or ill-judged expenditure of the local bodies is the 119th, which forbids "the Local Board of Health to borrow or take up at interest any sum or sums of money upon the credit of any rates authorized to be made or collected under this Act, without the previous consent of the General Board of Health." Now, we are no supporters of the principle of centralization; we are, on the contrary, among the number of those who attach great importance to the preservation of municipal and other local privileges, and to the administration of the laws, as far as practicable, by persons who have by long residence become intimately acquainted with the wants of each district, and the wishes, the peculiarities, and it may be the prejudices, of its inhabitants. But if a mass of social evils, admitted by all parties to exist, be by different administrations deemed worthy of the attention of Parliament; if the Queen, in successive speeches from the throne, recommend measures for the removal of those evils to the serious attention of the Legislature; and the latter, after examining witnesses by a select committee of its members, and receiving the reports and recommendations of eminent men specially deputed to enquire into this subject, manifest their

wish to carry into effect the suggestions of her Majesty, supporting her ministers by large majorities in every division that has recently taken place on the question,—then it certainly does not appear too much to require, that the persons entrusted with the local administration of the act should faithfully assist in carrying out the provisions of a law deemed essential to the general interests of the state; and that, in the event of their neglecting the duty which they have undertaken, some arrangement be made for its performance by more efficient parties. For these reasons we shall ever consider our sanitary legislation imperfect, until the Central Board of Health be invested with a discretionary power to compel the local bodies to exercise, for the benefit of the public, the authority which the law has deputed to them for that purpose. Under the present Public Health Act, it is evident that the Local Boards, when constituted, may do almost as much or as little as they please. They are compelled to meet once in each month; they are to “cause the sewers, vested in them by this Act, to be constructed, covered, and kept so as to be not a nuisance or injurious to health, and to be properly cleared, cleansed, and emptied;” lodging-houses and slaughter-houses are to be registered; no new houses are to be built without drains and other conveniences; no new streets shall be laid out without the levels having been previously fixed by the Local Board. Offensive trades, newly established, shall be subject to the regulations of the Local Board; offensive drains, &c., shall be cleansed or covered.

These constitute the chief compulsory clauses of the Public Health Act; the permissive powers are much more extensive; but before noticing them, we may perhaps be allowed to say a word on *permissive* legislation generally. The respect and obedience with which the inhabitants of this country are wont to regard the laws have a twofold origin; they arise in part from a belief that no laws are made but such as are required for the public good, and in part also, and in no slight degree, from a conviction of the impossibility of individuals resisting, evading, or treating with indifference the enactments of the legislature. Of late years, however, Acts of Parliament have lost much of their ancient *prestige*; instead of clear, concise, positive *laws*, the parliamentary printers have annually issued a series of bulky documents, with copious instructions for the use of some hypothetical public body, which may hereafter be called into existence, and the members of which “may, if they think fit,” adopt the suggestions of the legislative Mentor. And perhaps no cause has received more injury from this sham legislation, or been more effectually retarded by it, than that of sanitary reform. For proof of this, it might suffice to refer to the various Town Improvement Acts, most of which contain numerous sanitary provisions capable of being enforced so as to prevent many of the evils above alluded to. But an act passed in the session of 1845-6, entitled, “The

Towns Improvement Clauses Act," and which we believe is still in force, constitutes even a more striking illustration of the evil to which we refer. In it the most ample provisions are made for the sanitary regulations of any town within which it may be applied. It is in many respects more complete than the Public Health Act of 1848; but as its introduction into any town requires another Act of Parliament, it is scarcely necessary to add, that it has not yet, so far as we know, been in a single instance rendered available for the public use. Our experience of the inefficiency of "permissive" legislation, therefore, renders us very doubtful whether the majority of the powers vested in the Local Boards of Health will, in the present state of the law, be exercised by them. And as the limited application of the Public Health Act will compel us to enumerate many of those provisions among the other *desiderata* of a satisfactory sanitary measure, we beg to refer to the summary of the Act at p. 338, for a full account of the benefits which the Local Boards may confer upon the inhabitants of the towns which may be brought within the operation of this law.

Notwithstanding the defects which we have attempted to point out in the preceding remarks, we consider this measure as a most important instalment of the great boon of sanitary reform. As such it would command our deepest gratitude, were it not that we in Scotland, as well as our neighbours in Ireland, to say nothing of the English metropolis itself, are excluded from its provisions. We have expressed, in* a previous number of this Journal, our regret that so limited a measure should have been introduced, more especially as we can neither suppose that any special sanitary condition of this portion of the country, nor any special obstruction on the part of its local authorities, presented adequate reasons for withholding a measure of so much importance. So great a defect would be felt as a peculiar hardship at present, when a disastrous epidemic has begun to select its victims from among us, were it not that, in the supplementary act, to which we shall presently refer, we have a remedy against this temporary evil. We sincerely hope that by this act, together with the improved police regulations of our two principal cities, we may be, while the scourge lasts, placed in a more favourable position than we had expected up to a recent period; and we have every confidence that our local authorities will show by their acts, that apathy on their part will not stand in the way of any future legislative provision for the sanitary condition of Scotland.

We have endeavoured to indicate the points in which the Sanitary Act of 1848 is defective in principle, and likely to be inoperative in practice. This duty we feel called upon to discharge in consideration of the interests of the public, but certainly in no spirit of unfriendly criticism, being sensible that in this country no legislative measure can be carried, amidst such variety of interests as exists in the case of this reform, without a weight of concur-

rent popular opinion, which, we regret to say, has not been manifested in the present instance. It is to the public opinion, and especially to the enlightened *medical* opinion, of this country that we appeal to place this question in a proper point of view before the Legislature, and, by the suppression of local interests and prejudices which are at variance with the public weal, to pave the way for a more complete measure of sanitary reform. In Scotland, in particular, we have no time to lose; the temporary act should be put in operation to its utmost limits; and every exertion should be employed, when the urgent necessity for its application is over, to induce the Legislature to replace it by a permanent measure of reform of equal or greater efficiency.

The Nuisances Removal and Diseases Prevention Act of 1848, which received the royal assent a few days after the Public Health Act, though allowed to pass without criticism as a mere renewal of a former act which would otherwise have expired, is a much more efficient measure than that which we have just been considering. As before observed, it corrects one important omission in the Public Health Act, by authorizing the appointment of a medical member of the General Board of Health during the continuance of the Order in Council authorizing the operation of this act. As the latter applies to the whole of Great Britain and to Ireland, and the order of the Privy Council putting in force its provisions has already been issued, it may be useful to present a brief outline of its more important provisions. The order of the Privy Council, applying the act to the whole or any part of the united kingdom, continues in force for six months only, but may be renewed. From time to time after the issuing of such order, and whilst the same shall continue in force, the General Board of Health in Great Britain, and the Commissioners of Health in Ireland, may issue such directions and regulations as they may think fit for the prevention or mitigation of epidemic, endemic, or contagious diseases; and may by such directions and regulations provide for the frequent and effectual cleansing of streets and public ways and places by the surveyors, district or assistant surveyors of highways, trustees, county surveyors, and others by law entrusted with the care and management thereof, or by the owners and occupiers of houses and tenements adjoining thereto; and for the cleansing, purifying, ventilating, and disinfecting of houses, dwellings, churches, buildings, and places of assembly, by the owners or occupiers and persons having the care and ordering thereof, for the removal of nuisances, for the speedy interment of the dead, and generally for preventing or mitigating such epidemic, endemic, or contagious diseases, in such manner as to the said Board or Commissioners may seem expedient; and the said Board or Commissioners may authorize and require the guardians of the poor in England and Ireland, and the parochial boards for the management of the poor in Scotland, by themselves, or their officers, or any per-

sons employed by them in the administration of the laws for the relief of the poor, or by officers specially appointed in their behalf, to superintend and see to the execution of any such directions and regulations, and, where necessary, to provide for the dispensing of medicines and medical relief of persons afflicted by or threatened with such diseases. The Poor-law Commissioners in England and Ireland, and the Board of Supervision established under the act for the amendment and better administration of the laws relating to the relief of the poor in Scotland, may require the officers and persons acting under them to execute the directions of the General Board of Health (and Commissioners of Health in Ireland), and shall have the same powers for enforcing the execution of such directions as they now or may hereafter have in relation to any matter concerning the administration of the law for the relief of the poor. *The guardians and parochial boards may appoint or employ, for the superintendence and execution of such directions, officers or persons in aid of the officers or persons employed in the administration of the laws for the relief of the poor; and such guardians and parochial boards respectively, shall defray the expenses incurred by them respectively in the superintendence and execution of such directions and regulations, out of the funds of their respective unions, parishes, or combinations. Persons obstructing the execution of this act, or wilfully violating the directions or regulations of the General Board of Health, are liable to penalties. The act is not to apply to districts or places where the Public Health Act is in force.*

The above are the chief general provisions of this act, and a very brief comparison of them with those of the Public Health Act will probably induce the reader to agree with us, in pronouncing the smaller the better act of the two. This short and simple Nuisances Removal Act, in fact, invests the Board of Guardians and Parochial Boards with most of the powers conferred on the Local Boards of Health by the Public Health Act, while it possesses the very great advantage over the latter of compelling the local administrative bodies to carry its chief provisions into effect. How far the town-councils, whose power as conservators of the public health is virtually superseded by this conversion of the Boards of Guardians into Local Boards of Health, will deem it necessary to exert themselves for the recovery of the public confidence, remains to be seen. We are not without some hope that the steps now being taken by the General Board of Health, through the machinery of the poor-law, may stimulate the municipal bodies to avail themselves without further loss of time of the powers held out for their acceptance in the Public Health Act. In addition to its more general enactments for the prevention of epidemic and other diseases, the Nuisances Removal Act enables any two inhabitant householders to cause the removal of any accumulation of filth, or other nuisance, by addressing a notice in writing, according to a

form prescribed, to the town-council, or trustees, or commissioners for drainage, &c., of any city, town, burgh, or place, or to any other body of a like nature, or to any commissioners of sewers or guardians of the poor, or in Ireland to the officers of health of any parish. And these public bodies must either compel the owner or occupier to remove the nuisance, or do it themselves at the public expense. In Scotland, the notice must be addressed and delivered to the procurator-fiscal of any county, or the procurator-fiscal or the dean of guild of any royal burgh, or the procurator-fiscal of the justices of the peace of any county, or the commissioners of police, or the trustees for paving, lighting, or cleansing any city, town, burgh, parish or place, or the inspector of the poor of any parish.

Having thus cursorily reviewed the acts for the improvement of the public health, passed during the last session of Parliament, we shall now indicate in very few words the chief points to which the attention of sanitary reformers should in our opinion be directed. They are—

1. The establishment of a local board of health in every town containing more than a certain number of inhabitants (say 10,000.)

2. The sanitary supervision of the small towns and rural districts by some existing machinery, such as that constituted by the boards of guardians and parochial boards, aided by medical and other superintending inspectors.

3. The extension of the Public Health Act in a more perfect form to the whole of Scotland and Ireland, and to the metropolitan districts.

4. The substitution of compulsory for permissive powers, in cases where the latter shall prove to be ineffective.

5. The abolition of the tax on light, and the diminution of the smoke nuisance.

6. The investment of the Central Board of Health with a general power of superintending the administration of the act by the local boards, and of compelling the latter to discharge actively and faithfully the duties which they have undertaken.

7. The appointment to every sanitary district of a medical officer of health, and the establishment throughout the country of a system of medical police.

This latter subject is one of such great importance, that we shall, in conclusion, submit to our readers, and, through them, to the public, some of the reasons which render those appointments one of the most urgent requirements of the age. And though we have said nothing on this point when commenting on the deficiencies of the Public Health Act, it cannot in justice to the profession be wholly passed over in silence.

The commissioners for inquiring into the health of towns state (Second Report, vol. i. p. 122), that—

“The most eminent medical witnesses concur in declaring, that it is by the careful observation of the causes of disease and mortality operating upon large classes of the community, that the mode and extent of their operation may be ascertained, and the power of diminishing and preventing them be acquired; that for this purpose the appointment of an officer, whose duty it would be to direct his undivided attention to such causes would, in our opinion, be a public benefit, more especially to the poorer classes, and might be advantageously employed in making investigations into matters affecting the sanitary condition of the district under his charge;” and recommend “that the local administrative body have power to appoint, subject to the approval of the Crown, a medical officer, properly qualified to inspect and report periodically upon the sanitary condition of the town or district, to ascertain the true causes of disease and death, more especially of epidemics increasing the rates of mortality, and the circumstances which originate and maintain such diseases, and injuriously affect the public health of such town or populous district.”

In accordance with this recommendation, the bill introduced by Lord Lincoln not only proposed the appointment of a medical officer of health for the discharge of the above-mentioned duties, but also placed the services of this officer at the disposal of the coroner of the district in all judicial inquiries into the cause of death. In the Towns' Improvement Clauses Act, to which we have previously referred, a similar clause is inserted; and in the first Public Health Bill, introduced by Lord Morpeth, the same recommendation was acted upon. But the Public Health Bill of 1848, as first introduced into parliament, did not contain the slightest reference to this subject, or, in fact, to the existence of a medical profession. The duties of a medical officer of health, as laid down by the writer of a report of the Committee of the London Health of Towns' Association on Lord Lincoln's bill (generally understood to be Dr Southwood Smith), are sufficiently numerous and important.

“His primary or fundamental duties are the verification of the fact as well as of the cause of death, the correct registration of both, and the personal examination on the spot of the sanitary circumstances under which death takes place.”—“There are,” says the writer, “purposes to be answered by making it compulsory on the officer of health to verify in every case, by inquiries made on the spot, the fact of death, of far greater importance than are apparent at first view. In the performance of this duty, the medical officer, chosen, let us suppose, from the highest rank of his profession, and selected on account of his practical knowledge and his eminence in science, must necessarily visit whenever a death takes place the hovels of the lowest persons in the realm. Such a visit would be attended with inestimable benefit both to the individual families in particular, and to the community in general. The effect of such an appointment would be to place the most ignorant, forsaken, and helpless being in the community, in the moment of his utmost bewilderment and desolation, under the direction of an instructed mind; it would be to secure universally and invariably the presence of knowledge and science in the abode into which death follows the footsteps of disease, and in which are present the conditions that are necessary to give instant birth to pestilence, and to arm it with appalling power. With the visits of the policeman, the rent-collector, and the tax-gatherer, the poor are familiar; they see also the union surgeon, and the officer for administering parochial relief; occasionally the agent of some charitable society, and sometimes the clergyman; but there is no responsible officer, whose proper duty it is to visit

them in the season of distress and sorrow, for the express purpose of affording them protection, counsel, and help. The medical officer of health, with the qualifications here supposed, would be such an officer; his mission would be one purely of benevolence, and most healing and beneficent would be the influence of the appointment by the state of such a public servant for such a purpose. It may be necessary to arm him with certain summary powers—with the power, for example, to place the dead body, during the interval between death and interment, under circumstances which will secure it from injuring the living, and to enforce ventilation when it is obviously necessary to the safety of survivors, and summarily to remove nuisances which originate and maintain disease.”—“The station and education of the officer of health would be a sufficient security that his professional visit could not afford annoyance to the higher classes, while his visit must often be serviceable to them in various ways.” And, “on the other hand, the experience of the local registrars affords direct evidence that the visit of the officer of health would not be unacceptable to the humbler classes.”

The officer of health would thus in every case ascertain the true cause of death, and the very large number of cases in which the cause of death is now uncertified by qualified medical practitioners, would then be made to form part of the elements of statistical information; while men thus trained to a close observation of the causes of disease, and accustomed to pathological generalization, would, it is to be presumed, speedily enlarge, and impart additional certainty to the science of preventive medicine.

“Further, the correct registration of the fact and cause of death would put an end to false registration, at present not unfrequently made for fraudulent purposes; it would present more trustworthy materials for constructing and correcting tables of assurance; it would facilitate the recovery of the sums of money assured; and, as the present local registrars might act as auxiliaries to the officers of health, it would most materially improve the machinery for local registration in general.”—“There is another service of great public importance which the medical officer of health might perform, namely, a supervision of the established medical parochial relief.”—“Finally, there is one more service which the officer of health might render that deserves particular notice. In the very performance of his duties as a responsible officer, employed to verify the fact and the cause of death, he would necessarily exercise a powerful additional check upon crime.”

The late enormous increase of the crime of poisoning adds considerably to the weight of this last argument; and when it is remarked that, in addition to these uses, the medical officer of health will act as confidential adviser to the local boards, and as a connecting link between the latter and the general board, it must, we think, be obvious that no sanitary measure can work efficiently without the appointment of such officers. Liverpool and the city of London have already spontaneously demanded, and immediately exercised, the power of making such an appointment; and we are satisfied that the most active opponents of the Public Health Act would not have objected to an amendment rendering the appointment compulsory upon the local boards of health.

We have now completed this necessarily imperfect review of a subject which is as yet but in the process of development. For the attainment of the enactments required to complete this, the first chapter of sanitary legislation, the public must mainly rely

upon the exertions of the local associations already formed in many of our large towns, and upon the establishment of similar philanthropic unions in those districts where they have not hitherto been organized. In this work the members of our profession will in most cases be expected to take the initiative, and sure we are that they will every where prove themselves fully equal to the demand made upon them in the name of humanity and religion; and that in future ages no fairer spectacle will present itself to the Christian philosopher and historian, than that of the disinterested patriotism and untiring benevolence of the present generation of medical practitioners.

G. R.

The Treasury of Natural History; or, a Popular Dictionary of Animated Nature, &c. With Nine Hundred Woodcuts. By SAMUEL MAUNDER.

THE works of Mr Maunder are miracles of laborious compilation, and, although not pretending to any of the higher literary or scientific qualifications, have always been so copious and generally so correct in their information, as to have secured for them justly a large share of public approbation. We can state confidently, from an examination of many of its principal articles, that this work is equal, if not superior, to any of its predecessors.

The volume consists of a treatise on the natural history of the animal kingdom, the English names of the animals being arranged in alphabetical order. The work is concluded by an excellent synopsis of practical taxidermy; including directions for the preparing and also for the procuring of specimens of natural history.

The Diagnosis and Treatment of the Eruptive Diseases of the Scalp. By J. MOORE NELIGAN, M.D., M.R.S.A., Physician to Jervis Street Hospital, &c. Dublin: 1848. 12mo, pp. 55.

THIS little work, to which we have already been indebted in the pages of our *Retrospect*, has been judiciously reprinted from the *Dublin Quarterly Journal*. It is admirably calculated for the use both of students and practitioners, by the clear and simple style of its descriptions. We are glad to see that the author has forsworn entirely the obsolete pedantry of classification, by which diseases of the scalp were erected into a separate class, and then subdivided without end or meaning. He has undoubtedly taken the true view of favus, in regarding it as a parasitic disease, requiring a peculiar soil for its existence, and connected with a constitutional taint; although, for the treatment, we would rather trust to generous diet and warm clothing, along with the proper local manage-