

LOW MORTALITY STATISTICS.

SIR,—One is a good deal amused from time to time at the zeal of the inhabitants of certain watering-places in publishing the low rates of mortality of their respective towns, of course with the object of attracting visitors. I had in my hands recently a guide to a very fashionable resort on the north coast of Devon, in which it was affirmed that the mortality for a long series of years had been at the rate only of between nine and ten per thousand of the population, of which number three-fourths were infants. It has been commonly supposed that, by the exertions of the late Sir G. Cornwall Lewis and Mr. W. J. Thoms, most of the so-called centenarians had been wiped out; but such statistics as these, if carried to their legitimate conclusion, taking the mortality at ten per thousand, show us a town of which the age, not merely of a single individual here and there, but the average of the whole population at death, is 100 years, and excluding the infants each individual should arrive at 400 years. Thus some of the resident inhabitants might easily have known bluff King Hal, and as recorded on the tombstones people seem to have died at all ages (but none of them quadracentenarian), and by adding these defective ages to the resident population, some might even have been at the battle of Hastings. I think it is high time that a stop should be put to such absurd statements. In the JOURNAL of September 10th, there are several of the same family, which I suggest must be either watch-box statistics, or the reports of mortality must have been imperfectly kept, or the sick must have been sent to die elsewhere and not been brought in to the account. Supposing the New Zealand statistics to have any value, the following is the clear outcome. The average age of the whole population at death, on a sufficiently extended basis, should be: at Dunedin, 69½; Caversham, 72¼; Lyttelton, 76½; Oamaru, 86¼; Napier, 89¼; Tamara, 92; Invercargill, 100; Thames, 131½. Then we have at home Ealing, where the average age at death should show 82.

There are a great many factors that go to make up the mortality statistics; among these may be mentioned the aspect of the town, the soil, habitations, food, and the *vis vite* of the inhabitants, for there is a great difference in this respect among different people, some being full of vigour and never ailing, while others are always sickly, and can hardly be said to have ever been properly alive—a sort of half or three-quarter existence, in short, they may be said to have been born merely to suffer. But the most constant factor, and one that is occasionally more effective than all the rest put together, is the relative age of the population. This is so important that it may happen that though the death-rate may show higher in town A than in town B, town A may be the more healthy one on account of its containing a greater number of infants or very old people. Suppose, again, Brighton to have a certain death-rate and Birmingham one somewhat higher, it does not follow from this that Birmingham is a more unhealthy town, as the increased mortality may arise from many causes, as intemperance, insufficient or unsuitable food arising from poverty, dust arising from manufactures, difference of ages, etc. Of course, it might be the other way and Brighton be more healthy than it appears by the statistics. The Northampton table seems to make the greatest prospect of longevity to occur between the ages of 10-15, the Carlisle between 5-10, with a continual decrease afterwards. The life office tables, being founded on selected lives, are of no use in respect to this subject.

It seems clear, then, from the foregoing that the only possible way of arriving at a satisfactory mortality statistic is by taking a table—for this purpose the Carlisle would be as good as any—and ascertain what the mortality should be for each quinquennial period, and then measure the actual mortality at these different ages, and not in the present higgledy-piggledy manner, by which it is only shown, at the best, that out of so many people who were alive, so many have died, and leaves out of the count every circumstance that could render this information of the least value. If something like the plan above suggested could be carried out, it might be possible to trace the causes of mortality more effectually than at present, as why so many more people have died at certain ages than ought to have done according to the calculation; also the standard of comparison would be more satisfactory than at present, and we should be spared being so frequently offended by useless or impossible statistics.—I am, etc., G.

T. W. H.—We have had the subject under consideration more than once, but there are a good many difficulties in the way, both as to space and as to the best means of obtaining the required information.

SUBCUTANEOUS INJECTION OF QUININE.

SIR,—I beg you will allow me to mention that, in the year 1862, when Assistant-Surgeon in the European General Hospital, Bombay, I first used quinine by subcutaneous injection. My manner of procedure, etc., was brought before the Bombay Medical and Physical Society in March, 1863 (*vide JOURNAL*), and also in the *Lancet* of August 1st, 1863. As I observe that this method of using quinine has been credited to some other gentlemen, I mention the dates and articles on and by which I brought it forward, being ready to retire from the position if anyone can show previous publication on the subject.—I am, etc., W. J. MOORE,

Deputy Surgeon-General H. M. Forces, Bombay.

Bombay, September 6th, 1881.

TREATMENT OF HARD CORNS.

USE them daily with sand-paper till the hypertrophied epidermis is removed. If there be much tenderness, paint the corns every night with strong tincture of iodine; but the main point of the treatment is to remove the epidermis with the sand-paper. W. A.

A. R. W. (Airdrie) will find full details of the courses at the University of Vienna and other foreign universities, and the conditions of attending and profiting by the foreign colleges and universities, in the student's number of the *London Medical Record*, September 15th, which is devoted to the elucidation of the conditions and methods of education and graduation in foreign universities and colleges in Europe and America.

PROFESSIONAL ADVERTISING.

A SMALL pink handbill, of which the subjoined is a copy, has been sent to us from Manchester.

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SMALL-POX INOCULATION IN CHINA.

SIR,—I notice an inquiry in the number of the JOURNAL for August 27th regarding small-pox inoculation in China. The writer expresses a doubt as to the existence of inoculation being practised in China, and also as to the mode adopted. I may state that full particulars regarding the practice are given in the translation of a native Chinese pamphlet on inoculation, which I made several years ago, and which was published in the *Dublin Medical Journal* for 1843-4. The author says that this procedure was invented by a philosopher in the Sung dynasty about 1014 A.D., and has been followed ever since. There are three plans used: 1. Watery inoculation; the variolary crusts are rubbed with water to a fine paste, with which a plug of cotton-wool is moistened, and then inserted into one of the nostrils. 2. Dry inoculation; the crusts are rubbed into a dry powder, which is blown into the nostrils. 3. Clothes inoculation. In this mode, the person or child is made to put on the clothes of a child affected with small-pox. Then follow a long list of rules for the management of the patient. The abstract of the translation can be seen at p. 238 in *The Medical Missionary in China*, published by me in 1861.—Yours truly, WM. LOCKHART.

67, Granville Park, Blackheath, S.E., September 1st, 1881.

FACTORY SURGEONS.

SIR,—Will you, in an early issue of the JOURNAL, be so kind as to inform me with whom rests the appointment of surgeon under the Factory Act? and also what are the formalities necessary in applying for a vacant post under the Act?—I am, sir, your obedient servant, A. Y. Z.

* 1. The Home Secretary. 2. Formal application backed by professional applications and political influence.

NOISES IN THE EARS.

SIR,—Would you, or any member of the Association, advise me as to the most satisfactory treatment for continued buzzing noises in the ears. I believe them to be caused by large doses of quinine I took twelve months ago as a preventative against ague, when travelling in unhealthy parts of Peru and Bolivia. In other respects, my health is perfectly good. Any suggestions for the relief of these distressing symptoms will be very thankfully received.—I am, etc., J. A. FREND.

Rosario, South America, August 19th, 1881.

COMMUNICATIONS, LETTERS, etc., have been received from:—

Professor Longmore, Netley; Mr. G. Eastes, London; M.R.; Dr. Rees Philipps, Exeter; Mr. Pollard, Baildon; Mr. John F. Le Page, Durham; Dr. James G. Lyon, Glasgow; Mr. W. L. Beatty, Dublin; Mr. Cecil A. P. Osborne, Huntingdon; Mr. Edward D. Farmer, Aldershot; Mr. T. Taylor, Saltburn-by-the-Sea; Mr. Joseph Harper, Barnstable; Dr. T. W. Barron, Durham; Dr. Montrose A. Pallen, New York; Mr. W. Makeig Jones, Wath upon Dearne; Dr. J. Groves, Carlisle; Isle of Wight; Mr. G. H. Darwin, Manchester; Dr. H. Lowndes, Liverpool; Dr. John R. Wardell, Eastbourne; Mr. C. G. Wheelhouse, Leeds; Dr. J. Steele, Sheldon; Mr. James Dewar, Buxton, Derbyshire; Mary Buller; Dr. T. F. Pearce, Liphook; Mr. Daniel Bradley, Dudley; Dr. Arthur Watson, Moss Side; Dr. R. C. Madros, Cork; Our Aberdeen Correspondent; Dr. A. K. Newman, Wellington, New Zealand; Mr. A. A. Napper, Cranleigh; Deputy Surgeon-General W. J. Moore, Bombay; Dr. J. W. Wilson, Camp Khokoz Pass; Dr. F. B. Shepherd, St. Mary's Hospital; Dr. R. Wykeham Barnes, Thayetmyo, Burmah; Mr. E. P. Hardey, Beverley; Brigade-Surgeon W. Moore, Allahabad; Our Dublin Correspondent; Dr. A. B. Grant Rex, Lawton; Mr. W. T. Duncan, Holyhead; Professor Stirling, Aberdeen; Dr. A. Waddell, Airdrie; Dr. Charles J. White, Rochester; Dr. Scowcroft, Bolton; Dr. W. A. Greenhill, Hastings; Our Glasgow Correspondent; Mr. E. Thompson, Ormagh; Dr. G. Herbert Lilley, Portland; Dr. Fairlie Clarke, Southborough; Dr. Ward Cousins, Southsea; Mr. J. S. McMonagh, London; Mr. Herbert Stowers, London; Dr. J. Lloyd Roberts, Denbigh; Our Birmingham Correspondent; Mr. W. Tallack, London; Dr. Thorne Thorne, London; Mr. N. Stevenson, London; etc.

BOOKS, ETC., RECEIVED.

A Treatise on the Continued Fevers. By J. C. Wilson, M.D. London: Sampson Low and Co. 1881.
Cyclopædia of the Practice of Medicine. By Dr. H. von Ziemssen. London: Sampson Low and Co. 1881.
American Nervousness. By George M. Beard, A.M., M.D. London: Trübner and Co. 1881.
Text-Book of Modern Midwifery. By Rodney Glisan, M.D. Philadelphia: Pressley Blakiston. 1881.
Transactions of the College of Physicians. Philadelphia: Lindsey and Blakiston. 1881.

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