

ties quote the statistics of Dr. Hogg, who found that of 2000 inquiries personally made, menstruation commenced in 146 at twelve years of age, in 253 at thirteen, in 437 at fourteen, in 502 at fifteen, in 270 at sixteen, in 157 at seventeen, and in 97 at eighteen. Of this same series of 2000 cases, in 465 menstruation commenced at thirteen and under, in 1463 cases at thirteen and up to eighteen. All these opinions and statistics accord, as it appears to me, with present experience, instances of precocity, though frequent, being still the exceptions which prove the rule. And it must not be forgotten that the cases of exceptionally late menstruation more than counterbalance those exceptionally early.

It appears to me, therefore, that in demanding the age of fourteen as the limit of the felony clause we are making a perfectly reasonable request, one which is fully warranted by the above statistics and our present experience. In fact, if anything, the age is too low, and might be made fifteen if the object of the Bill is to prevent the repetition of cruel outrages. And in asking that the age of sixteen should be the limit of the misdemeanour clause nothing can be more just, since it would be affording the protection of the law to many immature girls whose consent could only be given in sheer ignorance of what they were doing. Here, again, there are many forcible reasons for extending the age to eighteen. But if the felony age be raised two years, and the misdemeanour three years, it seems to me to be a great advance, considering that all these facts and opinions were available to those who framed the clauses of the Act of 1875; and, though medical practitioners are most anxious to see women and children protected from the scoundrels who would outrage them, either for brutal lust or in the hope of their getting rid of loathsome diseases, we must not lose sight of the danger to which any extension of the age will give rise. By extending the age we open the door widely to false charges easily made, but difficult, if not impossible, to disprove. We have had a recent painful instance of the danger to which a country practitioner was exposed by simply seeing an epileptic female in his surgery. Unless care be taken, it may be necessary to pass an Act for the better protection of males, with a special clause to protect medical men. It will be more necessary than ever to have every complainant's story fully corroborated by good medical evidence. I would add more, but am most anxious to avoid debatable matter where there is so much unanimity of opinion, and also to limit myself to what is likely to be of assistance in coming to a conclusion.

Liverpool, July 28th, 1885.

A TEACHING UNIVERSITY FOR LONDON.

ON Tuesday last an extraordinary meeting of the Convocation of the University of London was held in the theatre of the University-building, Burlington-gardens, W. It was convened in compliance with the terms of a duly signed requisition "to receive and consider the report of the special committee appointed at the meeting held on February 24th, 1885, to promote the carrying into effect by this University of the objects of the Association for Promoting the Establishment of a Teaching University for London, and to take such steps to carry the same into effect as may seem desirable."

The Chairman of Convocation, Mr. Frederic John Wood, LL.D., presided.

Lord Justice FRY presented the special committee's report, which, after reciting the House's resolution reappointing it on February 24th, 1885, proceeded as follows:—"Your committee thus reappointed, at their first meeting held on March 25th, 1885, appointed a sub-committee to confer with the Association, and thereafter to prepare a draft scheme for carrying into effect the objects in view. This sub-committee having held six meetings, and on two occasions conferred with the executive committee of the Association for Promoting a Teaching University for London, prepared a draft scheme which was considered by your committee at a further meeting held on June 26th, 1885, and having been by them adopted, with certain amendments, is now submitted (see appendix) for the consideration of Convocation." The appendix in which the report embodies the draft scheme was taken as read. He moved the following resolution "That the report of the Special

Committee and the scheme therein comprised be received and adopted." He hoped the scheme would be the means of adding greatly to the utility of the University and promote the interests of higher education. If, as he hoped, the day might come when they should petition Her Majesty to grant them a charter to carry into effect that scheme, or any other founded upon it, then they should ask for a charter conceived in a wide and liberal spirit. They should ask Her Majesty not to confine their corporation to the function of ascertaining the efficiency of the candidates by examination. They should ask her to give them wider powers to influence, if possible, the higher education of the metropolis and to do the utmost they could for the promotion of learning and science. If, therefore, the scheme was so far matured as to enable them to obtain a charter, that charter must be drafted with a wise foresight into the future of the University. There might be wiser projects than that of the committee, but he would ask Convocation not to reject the scheme, because its rejection would be fraught with grave perils to the University. He trusted that if they did not accept it as it stood, they would consent to its modification.

Mr. W. SCOVELL SAVORY, M.B., seconded the resolution, and said that the University owed everything to the character of her degrees. If he thought that anything in the scheme would in any way cause any deterioration in that respect he would not countenance it. His opinion, however, was that it would greatly widen the basis and extend the opportunities for good of the University in the future.

Mr. JOHN W. BONE, B.A., proposed as an amended that the words "And adopted" be omitted. The scheme was a large, comprehensive, elaborate, and highly complicated one, and the members were within their right in declining to commit themselves to all the details of the scheme.

Mr. P. MAGNUS, B.A., B.Sc., seconded the amendment.

Principal SILVANUS THOMPSON, D.Sc., B.A. (Finsbury Technical College), opposed the scheme, on the ground that it had ignored the fact that the University was a well-developed, and not an infantile institution, as had been suggested. The University should be made not merely an examining body, but one which had control and influence in university teaching and college teaching in London and the country at large. He urged that in no case should the number of the members of the senate to be elected by Convocation be less than one-third of the whole of the members. The scheme actually proposed to set up, not another convocation of teachers, but four other convocations having no connexion and having different interests.

Mr. W. J. SPRATLING thought the scheme proposed by the committee was ill-arranged.

Mr. JAMES ANSTIE, Q.C., B.A., did not consider the objections were worth much notice, for the functions of Convocation would remain absolutely unchanged.

Mr. W. T. THISELTON DYER, M.A., D.Sc., defended the report of the committee, and said he should despair of the University if the scheme were rejected.

Mr. RICHARD HOLT HUTTON, M.A., urged that as the scheme was of so complex a character it should be carefully considered, and for that purpose be referred to the annual committee.

Mr. A. W. BENNETT, M.A., B.Sc., moved, after some further discussion, that the House be adjourned. This was seconded by Mr. A. McDOWALL, B.A., B.Sc., and ultimately carried by 78 against 44. The next meeting was fixed for Nov. 3rd.

PRECAUTIONS AGAINST CHOLERA.

ON July 16th a conference was held between Dr. Buchanan medical officer of the Local Government Board, and the metropolitan medical officers of health, as to the preparation of London against cholera. Dr. T. Orme Dudfield, President of the Society of Medical Officers of Health, presided, and introduced the subject by an account of the precautionary steps that had been taken since the summer of 1883.

Dr. Dudfield said that in 1884, when cholera made its appearance in France, a conference to concert measures of defence for London was held by the medical officers of health with the General Purposes Committee of the Metropolitan Asylums Board, that Board having been constituted a local authority, under the Diseases Prevention Act, 1855, by the Diseases Prevention (Metropolis) Act, 1883. One of the objects of the latter Act was to make better pre-

vision, as regards the metropolis, for the isolation and treatment of persons suffering from cholera; and by it the Board was enabled to utilise its buildings, ambulances, and staff for the execution of the powers and duties imposed on it under both of the Acts. Immediately after the passing of the Act the Board resolved to provide accommodation for cholera patients in the metropolis as a whole, without respect to parochial boundaries, partly by the use of its own hospitals, partly by the acquisition of sites for huts, and partly by arrangements for the use of beds at general hospitals, at infirmaries, and at workhouses. The beds placed at the disposal of the managers were about 1700, irrespective of 250 available at their own hospitals. The design in the proposed arrangements was to constitute the managers a first line of defence for immediate action on the appearance of cholera. Had cholera come, the local authorities (the vestries, &c.) would have been liable to provide additional accommodation for the sick, if necessary, as well as refuges for the other inhabitants of houses where there were cholera patients too ill to be removed to a hospital.

The questions considered by the conference were mainly how an epidemic of cholera could best be met, and what convenient buildings or sites for hospitals could be made available in the several districts. The committee had previously addressed a communication to the medical officers of health, in which questions connected with provision of hospitals, disinfection of excreta, hand ambulances, notification of cholera cases, &c., were dealt with; and to that communication a collective reply was sent, in September last, through the secretaries of the Society of Medical Officers of Health. In 1883, and again in 1884, the Local Government Board addressed communications to the several local authorities with reference to cholera. The Board also issued two orders, with a covering explanatory letter: one addressed to the Port of London sanitary authority, who of necessity would constitute the outer line of defence; and the second addressed to all the other port sanitary authorities, &c. The Board also forwarded, for the information of all sanitary authorities, a memorandum, prepared by their medical officer, on "Precautions against the Infection of Cholera."

The regulations issued by the Board in 1866 imposed on the vestries, &c., as local authorities, the duty of making arrangements for the prevention and treatment of cholera, including the medical visitation of the houses of the poorer classes, for the purpose of detecting cholera and diarrhoea, and the supply of medical attendance and nursing, and of medicine and disinfectants. What the Board had done in the past might be taken as an indication of what it would be likely to do in the future, should occasion arise. It was to be supposed, also, that the arrangements of the Asylums Board, made in 1883 and 1884, would hold good at the present time.

Dr. George Buchanan then made some observations, in the course of which he said that the threat of cholera in 1833 was more serious than that which was now exciting attention, it being a peculiarity of cholera in Europe that it usually made a threatening appearance for about three years in succession, and then was heard of no more for a time. His object in desiring to take counsel with the medical officers of health was to avoid fuss and panic. In this country no confidence was reposed in quarantine, but much in the practice of medical inspection through the officers of the several port sanitary authorities. The duties of those authorities were defined by the Board's order of 1833. A vessel coming from an infected country was required to anchor where ordered until inspected. If found healthy, all passengers were allowed to go free. If there were any sick on board, they were detained, the healthy being allowed to depart, their several destinations being recorded; the vessel was then disinfected. The Board had been looking to the defences of the principal ports by inspections made in 1884. During the present year the survey had been extended and the various arrangements had been investigated, including the provision of hospital accommodation. The Board's inspectors had looked closely to the condition of the several towns, to see how the local authorities were doing their work. At some of the ports the arrangements were very satisfactory, the authorities being careful and thoughtful in their preparations. At others there were shortcomings. The inspectors had striven to rouse less careful authorities. A principal danger to be guarded against was the importation of cholera in rags, and it had been arranged, therefore, that rags should not be im-

ported without proper precautions against possible mischief. With reference to the Society's views on the supervision of the water-supply from its source to the consumer's cisterns, expressed at the conference in 1883, he had conveyed them to the Board. In Colonel Sir Francis Bolton, the water examiner, the Board had an officer who devoted much thought and attention to this important subject. His reports showed the work done by the companies to safeguard the supply. In 1883 the sanitary authorities took steps for securing the purity of the water in the cisterns, and this combination of local vigilance with central vigilance should be continuous. With respect to hospital provision, it should be remembered, as had been stated, that the Asylums Board would only profess to provide a first line of defence. The 2000 beds they were said to be able to provide would be very useful, but it was important to inquire as to the convenience of the proposed hospitals in point of nearness to those of the sick who would be likely to require hospital treatment. The vestries and district boards would form the second line of defence, and this would be the more important should cholera come. The vestries would have to provide places of refuge for the healthy when the sick were too ill to be removed. With this branch of work, probably the most important, as being the best way of dealing with cholera, the Asylums Board would have nothing to do, nor with the provision of disinfectants, medicines, &c. Dr. Buchanan concluded by inviting suggestions from the officers of health.

A discussion followed, in which the medical officers of health for Poplar, Bermondsey, Marylebone, Newington, the Strand, Chelsea, Battersea, and others took part, the general feeling being—and with this Dr. Buchanan agreed—that in the event of cholera making its appearance the local sanitary authorities should be prepared to do their own duty, not resting too much on what the Asylums Board might be able to do, but depending primarily on their own efforts, alike for removing those conditions which allowed the spread of cholera, and for dealing with the disease if it became epidemic.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5414 births and 3332 deaths were registered during the week ending the 25th July. The annual death-rate in these towns, which had slowly increased in the preceding four weeks from 17.6 to 19.5 per 1000, was again 19.5 last week. During the first three weeks of the current quarter the death-rate in these towns averaged only 19.1 per 1000, against 20.9, the mean rate in the corresponding periods of the nine years 1876-84. The lowest rates in these towns last week were 9.1 in Brighton, 10.9 in Norwich, 11.2 in Wolverhampton, and 11.4 in Bolton. The rates in other towns ranged upwards to 24.6 in Manchester, 26.2 in Newcastle-upon-Tyne, 27.0 in Preston, and 36.4 in Leicester. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been but 448 in the third week of June, have since steadily increased (owing to the increase of mortality from diarrhoea, mainly infantile) and were last week 735; these included 409 from diarrhoea, 125 from measles, 108 from whooping-cough, 37 from scarlet fever, 25 from "fever" (principally enteric), 24 from diphtheria, and 7 from small-pox. No death from any of these zymotic diseases was recorded last week in Wolverhampton, whereas they caused the highest death-rates in Preston, Newcastle-upon-Tyne, and Leicester. The annual death-rate from diarrhoea last week, which averaged 2.4 per 1000 in the twenty-eight towns, ranged upwards to 3.6 in London and in Preston, and 13.4 in Leicester. The greatest mortality from measles was recorded last week in Manchester and Newcastle-upon-Tyne; from whooping-cough in Preston and Birkenhead; and from scarlet fever in Newcastle-upon-Tyne, Preston, and Leeds. The 24 deaths from diphtheria in the twenty-eight towns included 19 in London, while only 5 occurred in the twenty-seven provincial towns. Small-pox caused 26 deaths in London and its outer ring (including 12 recorded in the Metropolitan Asylum Hospital and camp at Darent), and but 1 in the provincial towns viz., Liverpool. The number of small-pox patients in the Metropolitan Asylums Hospitals situated in and around London, which had declined in the preceding seven weeks from 1389 to 775, had further