

under Section 25 of the Public Health (London) Act, 1891, and therefore their usefulness is to some extent curtailed. In a report made to Dr. Dudfield by one of the female inspectors, attention is drawn to the manner in which, with the commencement of the London season, the dressmakers' workrooms tend to become overcrowded, and it is stated that there is great difficulty in permanently preventing it. Dr. Dudfield, in his last monthly report, draws attention to the fact that in the "minority report" of the Labour Commission the opinion is expressed "that the number of women factory inspectors should be increased, and that local authorities might advantageously be urged by the Local Government Board to follow the example of the Kensington Vestry in appointing women sanitary inspectors with the special object of enforcing the sanitary laws in women's workshops," and in commenting upon this Dr. Dudfield remarks that such an object cannot be efficiently carried out unless the women inspectors are vested with the powers of sanitary inspectors.

#### THE GENERAL PRACTITIONERS' ASSOCIATION.

THE annual meeting of this association was held on May 10th, under the presidency of Dr. F. H. Alderson. The reports were considered satisfactory. The association numbers about 300 members, and has for its main objects the suppression of quackery, the defence of medical men unjustly assailed, the friendly adjustment of disputes between members of the profession and an increase in the direct representation of the profession in the General Medical Council. Dr. Eady is the President-elect for the ensuing year. In the evening the annual dinner of the Association took place, Dr. Alderson being in the chair. Among the speakers were Sir James Crichton Browne, Rev. Mr. MacKay, Dr. Bedford Fenwick, Dr. Glover, Dr. Eady, Dr. Oswald, and others.

#### THE DEATH-RATE IN ITALY.

OUR thanks are due to the "Ministero d'Agricoltura Industria e Commercio" for the following highly instructive and significant statistics drawn from the official returns for the period 1891-92. The total number of deaths in the kingdom was 802,714, or 26.29 for every 1000 inhabitants, the death-rate being lowest in the densely peopled Lombard region (7 per 1000) and highest in the Umbrian, which, in spite of its sparsely populated communes, shows also a mortality of 7 per 1000. The chief cause of death was tuberculosis, the proportion being 14.20 for every 10,000 inhabitants; while carbuncle contributed least to the mortality—0.02 per 10,000. Still calculating on 10,000 of the population, the deaths from syphilis among children (legitimate and illegitimate) were subdivided thus: from one to five years, 380 legitimate males and 319 legitimate females; and again, among the illegitimates, 512 males and 601 females. In 1892 enteritis yielded the heaviest mortality—viz., 103,447—and lepra the smallest, 4. Also, in the same year, the city in which, as the return puts it, "si morì più facilmente" (death occurred most easily), taken from communes of over 60,000 inhabitants, and always in the proportion of 10 per cent., was Naples; while at the opposite end of the scale was Pisa. The deaths from malarial fever in the commune of Rome in 1892, of a total of 189, were subdivided thus: 97 "a domicilio" (in their own dwellings), 18 in public institutions among the permanent population, and 74 among the adventitious or migratory. Calculated on the basis of age and per 1000 of the inhabitants, the total of deaths included 239.8 from gastritis in the first five years and 378.2 from "tabes senilis" from the age of eighty and upwards. The accidental deaths throughout the kingdom were in 1892 as many as 10,146—that is to say, 33.23 for every 10,000 inhabitants.

The suicides were most frequent in Lombard (268), and fewest in the Basilicata (ex-kingdom of Naples), where they were 15. In all Italy they amounted to 1723—the majority of self-murders being males (1392), the season most prolific in such cases being summer. The occupations which contributed in heaviest proportion to the mortality were the agricultural, with 359; the mining being least, with 2. Finally, deaths by duelling in 1892 account for 14 of the general mortality—the most combative month ("il mese più battagliero") being August, in which 24 encounters occurred. Among the provocatives of these, verbal insult ("diverbi") led to 39 hostile meetings. Of all the provinces in the kingdom that of Milan was the most pugnacious, with its total of 15 duels, that of Ascoli the least, which in three years had not any such encounter to put on record.

#### GUNSHOT WOUND OF THE BRAIN.

DR. TEFFT gives in the *New York Medical Record* an account of an interesting and unusual case. A boy aged twelve received on July 4th last a pistol ball in the left frontal region. It entered the frontal bone seven-eighths of an inch above the margin of the orbit and an inch to the left of the middle line. Trephining was performed almost at once, the patient being unconscious. When the brain was exposed it was found that the bullet had entered it and travelled directly backward, so that a Nélaton probe introduced passed back and struck in the left occipital region. Trephining was next performed in this locality, and after a little trouble the bullet was found and removed. It was lying about an inch and a half below where it struck the bone, and embedded in the brain to a depth of half or three-quarters of an inch. The wounds were cleansed as carefully as possible and drainage made at each extremity of the bullet track. During the first three days the patient was feverish, but the temperature subsided on the fourth day. The boy regained consciousness and took an interest in his surroundings. His condition revealed some disturbance of articulation, considerable weakness of the right arm and less of the corresponding leg. On the eighth day there was a change for the worse, he gradually passed into a condition of somnolence, and finally died comatose on the twelfth day after the injury. At the post-mortem examination slight hernia cerebri was found at each end of the bullet track, but no collection of pus was discovered. The case is not of a common kind, and it is unfortunate that a better result did not follow an operation so skilfully and successfully carried out.

#### "THE MEDICAL PASTOR."

THERE appeared in THE LANCET of Aug. 19th last under the above heading a short account of the life and character of the Rev. Francis Edward Belcombe, M.A., M.R.C.S. Eng. After qualifying in medicine, or rather in surgery, and finding himself somewhat deficient in the *mens medica*, he took Orders and did admirable clerical work in Edinburgh, in which his medical knowledge served him well. Our opinion has lately been sought as to the feasibility of young men studying and qualifying in both professions and afterwards practising in both. Our querist anticipates our reply—that such a double function would not work well, for many reasons. First, the differentiation of work is a mark of the present age. It is difficult enough to do medical duty well when it is the sole occupation of him who practises it. "Medicine," said Sir Andrew Clark, who had a religious conception of the office of the physician entitling him to preach and to lay down the commandments of physiological righteousness to his patient, "is a jealous mistress," and he would be a rare man who could do his duty to both callings. It requires greater judgment and tact than are given to most men to mix up these two professions. The