

Thus at least this part of the Exhibition is ready. On April 21st there is to be a big banquet at the Hôtel de Ville to celebrate the opening of the Exhibition. The President and Madame Loubet will be entertained by the town. After the dinner there will be a ball to which, to avoid too great a crowd, not more than 4000 persons will be invited. Thus there can be no doubt that the Exhibition season really opens this month.

Unfortunately, however advanced the preparations may be at the Exhibition the town itself is far from ready. For a year or so the traffic in the streets of Paris has been greatly impeded by all manner of undertakings, the most notable being the construction of an underground railway. The inhabitants put up with the inconvenience under the impression that it was all for the Exhibition and would be terminated before the opening day. In this they are bitterly disappointed. The underground railway is not yet completed and there are many supplementary tramway lines that are still in course of construction. The Rue de Londres and the Rue d'Amsterdam are blocked for the laying down of wood pavement and by the construction of an electric tramway line. It is not possible to get through the Rue de la Boétie, while the Rue du Quatre-Septembre, the Rue Richelieu, and even the Place de la Bourse are in a deplorable condition. The Pont de l'Alma, which crosses the Seine in one of the busiest parts of the Exhibition, is undergoing repairs just at the moment when the traffic is most heavy. The planks and poles of the scaffoldings that are being carted away, the trees, shrubs, and flowers that are being brought to deck the extemporised gardens, together with the goods of the exhibitors block this bridge at all hours of the day. Even near the Arc de Triomphe some of the streets are still in the hands of the labourers and the *quai* from the Chamber of Deputies to the new Orleans railway station is "up." It was thought that the moment the Exhibition was opened there would be no more public works continuing in Paris and that a serious, perhaps a dangerous, labour crisis would ensue. This evidently will not be the case.

Many thousands of labourers and other workers flocked from the provinces and from abroad to Paris so as to be employed either at the Exhibition or on the embellishments of the town. This migration was fraught with some peril. It caused overcrowding in the poorer quarters, and there was danger of epidemic diseases being imported; indeed, some cases of small-pox occurred. It was thought that many of these provincials would acquire a taste for Paris life and refuse to go back to their own parts of the country when the public works were completed, and that if they remained they would overcrowd the labour market and thus tend to reduce wages all round. As at the same time the cost of living would increase considerably in consequence of the Exhibition there might, it was feared, be much poverty. This would mean overcrowding and insufficient food, and therefore a greater susceptibility to disease. To make matters worse, the weather has been most unpropitious and so cold for the season that most of the workers connected with the clothing trades have been thrown out of employment, for ladies especially have hesitated to order spring dresses. Under these circumstances it is perhaps fortunate that the public works are not all finished, and that the cessation of the supplementary work caused by the preparations for the Exhibition will not be so sudden as was anticipated. Thus the labour crisis will not be so acute, and this is an advantage not only from the political and economical, but also from the public health, point of view.

These economic conditions show that the sanitary reformer in visiting Paris during the Exhibition will find interesting problems to study apart from the exhibits themselves. In the Exhibition Class 3, which is devoted to hygiene, will be very interesting, and all the classes from 101 to 112 are connected with matters affecting the public health. Then there are Class 16 devoted to medicine and surgery and Class 15 to instruments of precision. Group V., with its five classes, is devoted to electricity, and here also are matters of interest from the medical and sanitary point of view. Indeed, it is difficult to find a group that does not contain something of special interest to the medical practitioner and the sanitary reformer. For instance, Group VI. is reserved for civil engineering and transport, drainage, ventilation of railway-carriages, &c., while Group VII. is appropriated to agriculture, and how much does

the health of the people depend on agricultural products? Then Groups VIII. and IX. take in horticulture, forestry, and botany, in which are included medical plants. The effect of forests on climate also needs very careful study. Group X. comprises all that relates to wines, &c., and alimentary substances. Group XI., mines and metallurgy, involves the problem of the ventilation of mines, safety from accidents, &c. Group XII., includes the dwelling, its decoration, its furniture, its warming and ventilating. Class 74 is devoted especially to the last two important sanitary problems. Group XIII., textile and clothing industries, raises the question of sanitary clothing. The importance of Group XIV., embracing all chemical industries, need not be insisted upon, while Group XV., miscellaneous industries, will include many things utilised by medical men. Group XVI. comprises hygiene, social economy, poor relief, factory legislation, and many other social problems on which public health depends. Group XVII. in treating of colonies also deals with the health of the colonists. Finally, Group XVIII., the armies and navies of the world, includes the military and naval medical and the sanitary services. It will be seen therefore that the medical man and the hygienist will have much to see and to learn at the great Exhibition which will so soon open its doors to visitors from all parts of the world.

Paris, April 8th.

## ANNUAL REPORT OF THE REGISTRAR-GENERAL FOR 1898.

### II.<sup>1</sup>

A CONSIDERABLE portion of the Registrar-General's Report for 1898 is devoted to a discussion of the question of death certification. Of the half million or so of deaths recorded in England and Wales during this year, 92 per cent. were certified by medical practitioners and 6 per cent. by coroners after inquest, whilst nearly 2 per cent. were altogether uncertified. These proportions, however, require correction on account of the cases in which inquests were held on the bodies of persons who had been under medical care at the time of death. Such cases, although actually occurring under medical care, are placed in the column headed "inquests," and consequently do not appear in the medically certified list. In England and Wales more than 34,000 inquests were held during the year under notice. There is no doubt that in a large proportion of these cases medical evidence as to cause of death (with or without a necropsy) was taken at the inquest; but except in cases where a post-mortem examination is stated in the coroner's certificate to have been made it is impossible to ascertain whether or not medical evidence was given at the inquest, and, if given, what was the purport of that evidence. Out of more than 8000 inquests recently held in England and Wales it appears that the coroner's certificates contained information of post-mortem examinations having been made regarding 14 per cent. only of that number. The Registrar-General complains that the verdicts of coroners' juries are frequently so worded as to obscure the medical evidence given at the inquest concerning the cause of death, and he justly deplors the fact that the reliability of the national system of death registration should thus be seriously impaired, inasmuch as a large portion of his staff is occupied in the endeavour to maintain the efficiency of that system.

It appears that the attention of the Home Office has recently been drawn to this question in the course of an investigation into the alleged danger of poisoning by water-gas; the Registrar-General accordingly inserts an extract from the report of a committee of that office which deals somewhat ominously with the difficulty referred to. The extract runs thus: "Lastly, we are so much impressed by the insufficiency and untrustworthiness of the statistics relating to particular causes of mortality which can be gathered from returns of coroner's verdicts that we venture, though the matter is outside the terms of reference to us, to recommend strongly that some steps should be taken to secure that these verdicts should lend themselves more readily to clear classification by the Registrar-General; and in particular we suggest that

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in every case where the coroner is in possession of a medical certificate of death, or where medical evidence has been taken at the inquest, a copy of that certificate or an abstract of that evidence should be appended to the coroner's certificate when sent to the Registrar-General."

We fully endorse the Registrar-General's opinion that if effect were given to this reasonable suggestion of the committee it is certain that a marked improvement would speedily appear in the national records of causes of death.

In this connexion we cannot ignore the fact that medical certificates of death, which were originally furnished as an act of grace by members of our profession, are now in all cases demanded by statute under penalty in case of default. It therefore seems to us unjust that the State, after exacting this service without payment from the medical profession, should suffer their own officers to confiscate a portion of the certificates thus obtained and so render them unavailable for the chief purpose which they were primarily designed to serve.

The extent to which medical aid is administered to the dying varies considerably at different ages as well as in different parts of the country. The minimum amount of such protection is expressed by the percentages of total deaths that have been medically certified at the several ages. But these figures by no means represent the actual proportions of the community that are cared for in their last illness, for, as has already been explained, we have at present no means of determining how many of the persons on whose bodies inquests are held had actually been under medical care at the time of death.

In the course of last year coroners' inquests were held in respect of rather more than 6 per cent. of the total deaths. The proportion varied considerably in different localities. In North Wales the percentage was 3.7 and in Herefordshire 4.1, whilst it ranged upwards to 6.6 in Cheshire, 7.4 in Southern London, 7.9 in Gloucestershire, and 10.1 in Northern London. In the present report a special classification of coroners' verdicts has been attempted for the purpose of showing the extent to which the finding of the juries can be utilised for statistical purposes. In a considerable proportion of the cases the causes of death are so specified in the coroners' certificates as to admit of some kind of classification, although there is, of course, no guarantee that the causes stated represent anything more than lay opinion, for there appears to be no means of ascertaining in how many of the cases medical evidence is given at the inquests. In 4873 instances—i.e., 14 per cent. of the total inquest cases—the returns of cause of death were so indefinite as to be worthless for scientific purpose.

Of the total deaths from natural causes on which inquests were held last year, the causes of 2345 deaths, or 15 per cent., were attributed by coroners' juries to "heart failure," "syncope," or "convulsions," without statement of definite disease, and the cause of 1516 other deaths, or 10 per cent., were so returned that they could be relegated only to the indefinite class. In some counties, among which may be mentioned London, Wiltshire, Devonshire, Somersetshire, Gloucestershire, and the East Riding of Yorkshire, the ill-defined cases formed but a small proportion of the inquests on deaths from "natural causes"; but in other counties, for example, in Berkshire, Norfolk, Cornwall, Lancashire, Cumberland, and North Wales, they ranged from 23 to 44 per cent. As might have been expected the statistical value of the verdicts of coroners' juries varies greatly in different parts of the country. Thus, in Kent and in some other counties bordering on the sea there is a large excess of "open verdicts" on persons found drowned, the juries being apparently unable to determine whether the drowning was accidental or otherwise. In London and a few other counties satisfactory information as to the causes of violent deaths is generally given in coroners' certificates, but in most of the south midland counties, as well as in Staffordshire, Yorkshire, and Northumberland, large numbers of the violent deaths are returned as "accidental" merely, no indication as to the cause or nature of the accident being derivable from the certificates. Reviewing the whole question, the Registrar-General concludes with the remark that inasmuch as the verdicts of juries are the only available source of information concerning deaths which are the subject of inquest, defects such as those above referred to are of serious importance in relation to the national registration of cause of death. In the year 1898 the deaths of 10,441 persons, or nearly 2 per cent. of the total deaths, were altogether uncertified. The

proportion of uncertified deaths varies greatly in different localities. The lowest proportions were 0.1 per cent. in North London, 0.8 in Monmouthshire, and 0.9 in Wiltshire, the highest proportions being 4.2 in North Wales and 6.1 in Herefordshire. About three-fourths of the uncertified deaths in the year under notice were registered as such, after reference to coroners, but without inquest; the remaining deaths which had neither been certified nor referred to coroners include the following: (a) cases attended by qualified though unregistered medical practitioners; (b) cases informally attested; (c) cases attended by midwives; and (d) cases that had received no skilled attendance whatever in their last illness. A high proportion of uncertified deaths in a given locality does not necessarily indicate official laxity in regard to the registration of deaths, for the highest percentages of deaths neither medically certified nor reported to coroners occurred in Cornwall, the North Riding of Yorkshire, Durham, Bedfordshire, Herefordshire, Huntingdonshire, and North and South Wales; but this list includes only three (viz., Cornwall, Herefordshire, and North Wales) of the seven counties with the highest proportions of uncertified deaths. Uncertified deaths are commonly most numerous among infants and least numerous among persons at ages from 15 to 25 years, the proportion again increasing steadily as ages advances.

## THE WAR IN SOUTH AFRICA.

THERE is a lull in the news from the theatre of war at the present time. Meanwhile the intelligence that has been received of late, although it has no real significance and can have little or no influence on the future results of the campaign, is not calculated to exhilarate us but is admirably adapted to give rise to a sharp recrudescence of adverse criticism and inimical comment on the part of the foreign press. A little success or failure on one side or the other is the barometer which surely indicates the tone that will be adopted. Our conduct of the war and our motives in having undertaken it will not be judged by any moral standard as to whether these were right or wrong but will materially depend upon the character of the latest news. Briefly stated the situation in South Africa appears to be at the present time that Lord Roberts is not ready to make any movement owing to the want of horses to supply the place of the large number of those lost during the campaign and to the want of adequate supplies of warm clothing for the army under his command. It is absolutely essential, moreover, to secure his lines of communication before an advance is made into the Transvaal. General Buller's force after the relief of Ladysmith was, we may suppose, too much exhausted and depleted of stores and transport to undertake a passage over the Drakensberg, and it remains at Ladysmith till ready for the next move. The Boers have most skilfully taken advantage of this state of unpreparedness by successful movements of an offensive kind, in which they have shown a remarkable combination of enterprise and caution. Whether the Boers will care to incur the risk of being attacked by the Basutos by making a movement into their country in order to outflank General Brabant's column remains to be seen. The news from Mafeking is, to say the least, as good as could be expected. The splendid way in which that garrison has held out makes the desire for its speedy relief a more or less personal concern on the part of everybody in this country.

Such appears to be the present state of affairs at the theatre of war. Troops, stores, and remounts are still arriving in the country and the difficulty is their distribution where they are needed along the lines of railway and other means of transport at our disposal.

As regards the medical history of the campaign the strain on the medical service in the field must be very great with the number of sick and wounded still on their hands notwithstanding the large number of those who have already arrived in this country or are on their homeward voyage. As regards Ladysmith the information contained in a communication from the special correspondent of the *Standard* and published in that journal on April 7th is worthy of record. On Nov. 2nd, 1899, the investment of Ladysmith began. The garrison consisted of 572 officers and 12,924 men. On March 1st, 1900, when the siege was