experience led him to think that venues should be localized in questions of wrong or character, and that strong reasons should be urged before the venue was changed from the locality in which the subject of the action took place. He did not approve of the Scotch jury system.

Mr. Conn referred at some length to the grievances under which the jurors laboured—the expense and trouble to which they were put, without any return, while all other functionaries connected with the law were amply paid for their trouble. There was in consequence great difficulty, therefore, in obtaining jurors. There should be sheriffs appointed who should not depute their authority to the sub-sheriffs.

IV.—The differences between the Statutes bearing on Public Health for England and Ireland.—By E. D. Mapother, M.D., Professor of Hygiene R.C.S., Medical Officer of Health, and Surgeon to St. Vincent's Hospital.

[Read Tuesday, 21st February, 1865.]

No medical practitioner who has treated disease in this country, especially in its populous towns, can have failed to observe the insufficiency of our present legal enactments towards its prevention. Upon me this conviction has forced itself more urgently since July last, when I was entrusted by the Corporation with the carrying out of the provisions of the Sanitary Acts concerning this city. Having submitted my views to the Committee of the Corporation with whom I have the pleasure of acting, I was directed to draw out a statement of the differences which exist between Public Health Statutes in England and Ireland, and having done so, I was rejoiced to have been granted this opportunity of bringing the subject forward in this Society, where I enjoy the cooperation of its legal and other members expert in the construction of acts of Parliament. In order to exhibit at a glance the useful statutes from the benefits of which Ireland is excluded, and to systematize the discussion, I have set them forth with their most important provisions on this table.

I may mention, as remarkable facts, that the first Sanitary Act for any part of the kingdom (59th Geo. III., c. 41) was passed for Ireland, and an appeal that its operations should extend to England was made by the famous Dr. Paris and Mr. (afterwards Judge) Fonblanque; that the first Parliamentary Reports on Public Health related to Ireland; and, thirdly, that it was by the notoriously disgraceful state of a Dublin cemetery, Bully's-are, that public attention was first awakened to the dangers of intramural sepulture.

LAWS FOR ENGLAND ONLY.

The Public Health Acts, 1848 and 1858; and with them is amalgamated the Local Government Act, 1858, which renders legislation for
any town inexpensive. Their most important provision is the power of instituting investigations into the health and sanitary regulations of any town or place upon the petition of one-tenth of its inhabitants, or when it appears that its death-rate exceeds 23 per 1000 (17 per 1000 being the standard of health). That many Irish towns demand such inquiries would appear from the following table, which, by permission of the Registrar-General and the Medical Registrar, Dr. Burke, who so ably represents our profession in the department, I am enabled to publish:

Return showing, by quarterly periods, the number of Deaths registered in the undermentioned Cities and Towns during the first nine months of the year 1864, and the proportion per 1,000 per annum which the number of deaths bears to the Population.

<table>
<thead>
<tr>
<th>Cities and Towns</th>
<th>Area in Acres</th>
<th>Population in 1865 of Registration Districts.</th>
<th>First quarter, ending 31st March.</th>
<th>2nd quarter, ending 30th June</th>
<th>3rd quarter, ending 30th Sept.</th>
<th>Total number of deaths registered during first nine months of 1864</th>
<th>No. of deaths Annual rate to 1000 of population.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin</td>
<td>3,808</td>
<td>254,808</td>
<td>30.5</td>
<td>23.1</td>
<td>20.2</td>
<td>4,699</td>
<td>24.6</td>
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<tr>
<td>Belfast</td>
<td>5,089</td>
<td>112,567</td>
<td>35.3</td>
<td>27.2</td>
<td>24.2</td>
<td>2,439</td>
<td>28.9</td>
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<tr>
<td>Cork</td>
<td>13,816</td>
<td>93,389</td>
<td>25.3</td>
<td>23.4</td>
<td>19.8</td>
<td>1,999</td>
<td>22.8</td>
</tr>
<tr>
<td>Limerick</td>
<td>8,569</td>
<td>50,068</td>
<td>28.8</td>
<td>22.9</td>
<td>20.4</td>
<td>902</td>
<td>24.0</td>
</tr>
<tr>
<td>Waterford</td>
<td>17,209</td>
<td>30,570</td>
<td>28.4</td>
<td>18.2</td>
<td>20.8</td>
<td>515</td>
<td>22.5</td>
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<tr>
<td>Galway</td>
<td>21,358</td>
<td>24,890</td>
<td>23.8</td>
<td>26.4</td>
<td>21.1</td>
<td>443</td>
<td>23.7</td>
</tr>
<tr>
<td>Londonderry</td>
<td>5,060</td>
<td>20,366</td>
<td>19.8</td>
<td>15.3</td>
<td>13.7</td>
<td>249</td>
<td>16.3</td>
</tr>
<tr>
<td>Sligo</td>
<td>30,835</td>
<td>20,493</td>
<td>29.5</td>
<td>19.3</td>
<td>14.4</td>
<td>324</td>
<td>21.1</td>
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</tbody>
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I must mention, however, that these figures do not represent the rates of mortality within the municipal boundaries, which are not co-terminous with the registration districts, save in the cities of Dublin and Belfast, and I feel sure that the death-rate of the other actual town-populations is very much higher than might at first be supposed from this table.

I shall cite a few examples to prove the benefits which have accrued from this provision. It having been found that the Vaccination Acts, although compulsory, were not effectual in checking small-pox, the Privy Council ordered a systematic inspection of 1143 districts in England to be made during last year. To show that exertions to eradicate this fearful disease are more urgently required in this country, I shall borrow the statistics collected by the Epidemiological Society. The proportion of deaths by small-pox to 1000 deaths from all causes is as follows:

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<tbody>
<tr>
<td>London</td>
<td></td>
<td></td>
<td></td>
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<td>16</td>
<td></td>
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<tr>
<td>All England</td>
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<td>19</td>
<td></td>
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<tr>
<td>Edinburgh</td>
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<td>25</td>
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</tr>
<tr>
<td>Dublin</td>
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<td></td>
<td></td>
<td>60</td>
<td></td>
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<tr>
<td>Connacht</td>
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<td></td>
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<td></td>
<td></td>
<td>49</td>
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</tr>
</tbody>
</table>
where, moreover, nearly all the deaths occurred in persons unvaccinated.

I have time but to mention the admirable inquiries into the causes of infant mortality; into the neglect of sewerage by the local authorities in several places in England, which was ripening the inhabitants for an outburst of cholera or other diarrhoeal epidemic; into cattle diseases in relation to supply of meat and milk; into the state of the agricultural labourers, the results of which caused such interest when the Union Chargeability Bill was being discussed in the House of Commons, as examples of the vitally important investigations conducted during the last few years by Mr. Simon, the officer of the English Privy Council. Public health enactments for this country would be necessarily defective without similar preliminary inquiries.

By another section it was enacted that offensive trades cannot be instituted without the consent of the local board, and the owners are liable to a penalty of £50, and a further fine of £2 for every day the offence is continued.

Its provisions concerning sewerage, waterworks, and pleasure-grounds seem more useful and generally applicable than those of any act bearing on Irish towns. With regard to pleasure grounds for the lower classes, no town can be worse provided than Dublin. In some of the poorer parts, accustomed to no play-ground save the noisome alley, the children present none of the features of childhood. Many spaces from which houses have been removed might be paved and appropriated for such purposes, and I can see no objection to opening and planting disused graveyards, as, for instance, St. Mary's, for public walks, as has been done in other cities.

It provides, lastly, for the establishment of reception houses for the dead; and although such might be repugnant to the feelings of the people of this country, I am forced to say, from the observation of many evils consequent upon the retention of the bodies of persons who have died of contagious diseases amongst the over-crowded living, that it would be highly judicious.

The Nuisance Removal Acts, 1855 and 1860, render the local authorities more general than do similar acts bearing on Ireland; for the guardians of the poor, or the inhabitants of any place, if amounting to two hundred, may appoint nuisances-removal committees and an inspector of nuisances; and there is, moreover, power of entry when the local authority or any of its officers "have reasonable grounds for believing that a nuisance exists on any private premises." In case the nuisance is one likely to recur, the justices may prohibit residence in such premises until they are rendered safe—a most powerful means of staying the spread of fever and other contagious diseases. A penalty of £200 may be inflicted if gas washings have been allowed to escape into any stream or other place for water, or any drain communicating therewith; and heavy fines may be inflicted by the justices upon the owners of premises where noxious trades are conducted, or from which injurious effluvia issue. The inspector may at any time seize all food unfit for human use which may have been exposed for sale, or is being used,
or landed from any ship, and the owner is liable to a fine of £10 for each unwholesome article.

The 29th section is the most important, and that for which we have no substitute in Irish acts. It is as follows:—“Whenever the Medical Officer of Health, if there be one, or if none, whenever two qualified medical practitioners shall certify to the local authority that any house so overcrowded as to be dangerous or prejudicial to the health of the inhabitants, and the inhabitants shall consist of more than one family, the local authority shall cause proceedings to be taken before the justices to abate such overcrowding, and the justices shall thereupon make such order as they may think fit, and the person permitting such overcrowding shall forfeit a sum not exceeding forty shillings.” In London the magistrates adjudge all rooms to be overcrowded which do not allow 500 cubic feet for each adult, and 300 for each child. It would be better to have this proportion defined as it is in the General Police and Improvement (Scotland) Act, 1862, in which, however, the allowance is not sufficiently liberal, for it declares that each person over eight years shall have 300 cubic feet of space, and under that age 150, and that no room having less than 700 cubic feet in space shall be the exclusive dwelling of one family.

There are hundreds of dwellings recorded in our “Sanitary Register” at the City Hall as having developed fever and other contagious diseases, in which overcrowding exists to the utmost, and yet no amendment is possible under any act the legislature has thought of conferring on us. As there are, therefore, no powers in this city by which I could demonstrate the marvellous effect of thinning inhabitants in the prevention of typhus, I borrow an instance from Dr. Gairdner, the Medical Officer of Health for Glasgow. The house No. 83, Drygate-street, aptly termed “the Rookery,” consisted of 48 separate tenements, with an average of 4 persons to each room, each individual having 126 cubic feet of space, or one-fourth of the minimum space allowed for each soldier according to the Barracks Commission. In this building 39 cases of typhus had arisen during the year ending June 30th, 1863. Under the Police Act the tenements were thinned, and although fever in the city had doubled, and was prevalent in the very street, but one case occurred in the Rookery during the succeeding year.

If this act should be extended to Ireland, I trust the sentence requiring the house to be occupied by more than one family will be omitted, for it excludes from any amendment many wretched cabins and stables (for even such places are converted to the purpose of human habitation), and which are greatly overcrowded. Any person who will visit Ball’s-yard (a closed court off Meath-street), will find several houses consisting of a single room, of about 1,200 cubic feet in space, thronged with six, seven, or even eight human beings, and such dwellings are, moreover, not touched by the Common Lodging House Acts.

I would not advocate any measure for the removal of the poor from their overcrowded rooms, had I not the satisfaction of announcing that dwellings will be shortly offered to them by the
“Dublin Artizans’ Improved Dwellings’ Company, Limited,” which has been founded under most favourable auspices, and I trust that property owners will endeavour to provide decent dwellings for such of the poor as may be dispossessed in the construction of the metropolitan lines of railway. I may mention that the local authorities of towns in England which number 10,000 inhabitants may erect and maintain lodging-houses, and may borrow money for the purpose from the Public Works Loan Commissioners; and, by a special act for that country, the owners of all lodging-houses are required to give notice to the local authority or their officers, and to the poor-law medical officer and relieving officer, if any case of contagious disease arise.

The Nuisance Removal Act, 1860, provides that proper spring vehicles shall be supplied for the conveyance of infected persons; and this is most necessary, for besides the dangers which arise to the public from cabs being used for this purpose, the change from the recumbent to the sitting posture is most hurtful to the patient. It enacts also that the guardians of any union may employ their medical officer to make sanitary investigations, and upon this the Poor-law Board remark: “Hitherto the boards of guardians have not been able to obtain any sanitary report, except as regarded the poor in receipt of relief, unless through the voluntary and gratuitous communications of their medical officer; but hereafter they will be empowered to employ and remunerate him for the information which he can obtain and render to them in peculiar emergencies, when the information may be of great value, either in dispelling unfounded alarm or in stimulating to exertion for the repression of local epidemic diseases.”

The Contagious Diseases Prevention Act, 1864, is directed against syphilis, that disease which taints, perhaps, every fortieth babe, and engrafts hereditary maladies on one-fourth of our race, yet which is repressible, to some extent, at least, by coercive measures. It is to be in force for three years in English military and naval stations, and in Ireland at the Curragh, Cork, and Queenstown only; but if successful, I trust all Ireland may share its advantages.

The Registration of Births, Deaths, and Marriages Act, 1836, for England, provides a £10 penalty upon undertakers, clergymen, or others concerned in any burial without certificate. This clause, which may have been too harsh to be enforced upon the first introduction of that truly invaluable system into Ireland, might now be adopted. I am strongly of opinion that registration should include still-born children, as a measure likely to check infanticide, and should record the occupation of each person and his residence, when the disease was contracted, as well as at time of death.

Among local acts which contain provisions desirable for us is the Metropolitan Interment Act, 1852, which forbids any burial ground within two miles of the metropolis, while the act including Ireland (the Cemeteries Clauses Consolidation Act, 1847) merely provides that they shall not be within 200 yards of dwellings without the consent of the inhabitants. I may mention that this country was not included in the inquiries upon intramural sepulture which led
to such beneficial results in England and Scotland; nor have any investigations been ordered by the statesmen who have filled the Viceroyalty, to which office the power appertains. I have reason to know that the graveyards in many provincial towns are in a most dangerous state.

The Metropolis Local Management Amendment Act, 1862, enacts that cowhouses shall be licensed and inspected. The closeness and filth of many of those in Dublin are dangerous to the surrounding residents, hurtful to the animals, and very injurious to the quality of the milk.

In Glasgow the cubic space for each inmate of tenements is defined, and power is granted for the establishment of houses where the families of persons struck down with fever may take refuge during their treatment, or the purification of their dwellings.

The Liverpool Sanitary Acts (1846 and 1864) provide for the inspection and improvement of tenemental dwellings; and as nearly all the cases of zymotic disease in our own city arise in such houses, of which there are about 9,000, and scarcely one in the registered common lodging houses, I rejoice that we shall have similar powers when the bye-laws, framed for the purpose under the Dublin Improvement Acts Amendment Act, 1864, are approved of by the Government.

They provide that every person in the beneficial receipt of rent of any house or part of a house, usually or occasionally let in separate tenements for human habitation for any shorter period than one month, at rents not exceeding three shillings per week, shall, before such letting, cause the roof, walls, and chimneys to be put and kept during tenancy in proper repair, impervious to wet and damp; and shall also cause each window to open from the top, and to be kept glazed and cleansed, and in proper repair; and that every keeper of every such house shall cause a properly-constructed ashpit and privy or water-closet, and a properly-trapped house-drain to communicate with the main sewer (if any) within 100 feet from such house, and cause such ashpit, privy, or water-closet and house-drain to be occasionally cleansed and kept in proper repair. They also ordain penalties upon any occupant or other person residing in any house who shall throw from any window of same to or upon, any street, yard, lobby, passage, or place other than that provided for their proper deposit, any water, foul liquid, or other offensive matter or thing.

In Liverpool the authorities are empowered to open all courts which at present are cul-de-sacs—a desideratum most truly in this city, if our municipal funds would justify the expenditure.

As an example of the benefits of considering and agitating such legal amendments as I propose in this Society, I may mention that it was mainly through the exertions of our members that the Bakeshous.es Regulation Act, 1863, became law. This act seems to require some slight alteration. Thus, entry is only granted during the hours of baking (nine p.m. to five a.m.)—a period so inconvenient that inspection will never be constant or effective. Lime-washing once in six months is too seldom, as the plentiful evolution of carbonic acid rapidly destroys its efficacy, and rooms above the
bakehouse without abundant ventilation should not be used as sleeping-places, as the heated noxious gases ascend. The act only concerns sleeping-rooms on the same level as the bakehouse.

While advocating the extension of sanitary legislative enactments to Ireland, I will not conceal the fact that some of those which are already in force are not taken full advantage of. I allude to the *Towns Improvement Act, 9th Geo. IV.*, and to that better statute, the *Towns Improvement Act, 1854*, which we heard so highly commended by Mr. Hancock at our last meeting. Only ninety-two towns have availed themselves of the advantages of either, and only ten, according to that almost infallible authority, "Thom's Directory," have appointed surveyors or inspectors of nuisances—officers essentially necessary in carrying out any provision for the sanitary condition of the towns. Thus, about half a million of Irish townspeople are living without a single municipal precaution against the development or spread of preventible disease. The main cause of this neglect in the case of the eighteen towns under the old act appears to be that the owners of houses under £5 yearly value are exempted from the rate, and the remedy is to be found, as most ably argued in the admirable pamphlet published in 1861 by the Sanitary Reform Committee of this city, in the extension of the operations of the Board of Works to the drainage of towns where sanitary investigations shall demonstrate the prevalence of avoidable disease, and by the extension of these sanitary measures to Ireland which I have endeavoured to show have been attended with such happy results in England.

Among laws which are imperatively demanded for the United Kingdom stands first the extension of Factory Acts, or analogous measures, to employments carried on in workrooms of the clothing trades, or in the homes of the workers. The Children's Employment Commission, of which Dr. Grainger, so lately lost to the cause of philanthropy, was an active member, reports, "The hours of work during many months, often throughout the year, are excessive and destructive of health, whilst the sanitary condition of the workrooms is to the last degree defective. To these considerations it must be added that this question embraces the well-being of many thousands of women in the beginning and prime of life; the total number of milliners and dress makers of all classes in the United Kingdom amounting to 370,218." My friend Mr. J. Edward White, the Assistant Commissioner, describes the workrooms of our seamstresses as follows:—"The general appearance of the houses in which these needlewomen live is very miserable." Speaking of manufacturing establishments he says, "Some of their rooms are so filled with workers without the admission of sufficient fresh air as to make the air in them sensibly unpleasant, and some, as I noticed more particularly in Dublin, are in a rough and dirty state. One gloomy room, about 14 feet by 15 or 16 feet, rough measurement, though not low, with twenty females in it and the fireplace carefully blocked up, had a very close smell. In another factory the employer said that they had no need of fires, as so many sat together in each room." He was sparing of coals, while lavish
of human health and life, through ignorance of the laws of these blessings, or perhaps from want of direct legislative interference. In one room in Stephen's-street twelve or more shirt-makers worked, and it was also used as the sleeping place for the employer, her son, two grown daughters and grandchild. We have reason to be thankful that in Mr. White's report there is little evidence of that moral degradation and educational darkness which is shown to prevail in some other parts of the United Kingdom, and which so horrified the public when comments upon and extracts from this valuable Blue Book appeared in the public press. From some statistics appended by Dr. Letheby, it appears that more than twice as many deaths by consumption and fever (of all diseases the most accurate sanitary tests) occur among needlewomen than among other females of corresponding ages in the City of London, and that, while the mean age at death of the latter is 29.6, that of the former is but 24.7.

To omit moral and educational considerations, we must conclude that the general physical result of the over-crowding, want of fresh air, irregular and scanty meals, and extreme length of the working hours, upon most of the young persons employed in those trades not yet regulated by law, are great proclivity to all diseases without power to bear up against them, and especial liability to zymotic complaints and consumption.

Another most desirable measure is a registration of diseases, especially those which are preventible—namely, the zymotic and tuberculous classes, and infantile convulsions. Such is at present carried out by the Manchester and Salford Sanitary Association; was conducted with the greatest benefit by the Medical Officers of Health in London, until the authorities considered the system too expensive; and might in Ireland be achieved better than perhaps in any other European country by our admirably organized poor-law medical staff.

In conclusion, I would express the hope that any Act with which we may be favoured may be comprehensive, for legislation in sanitary matters has been hitherto usually patchwork; for example, in 1853, one member brought in a "Bill for the Prevention of Glanders," whilst the various Factory Acts and the Bakehouse Act concern merely a few special employments. I profess myself unable to account for the remarkable exclusion of Ireland from many sanitary statutes which should be universal in all parts of a United Kingdom. I presume even our most independent patriots should rejoice to see our country Anglicized in this respect at least. Perhaps it may be that "politics," in the usual narrow sense of that word, are more attractive to orators and more exciting to constituencies, than the health and well-being of the people which the lawgivers of ancient empires made their chiefest care.

**DISCUSSION.**

DR. HANCOCK thought that the government should be delighted in assisting local bodies in carrying out those sanitary regulations which were so necessary for the health of the large populations of cities and towns.
MR. WHITTLE urged that a responsible officer should be appointed to see after those sanitary regulations. He believed that the duty of attending to sanitary matters should not be left to the public, who might look almost indifferently at the presence of evils, the removal of which could best be effected by a person appointed by government.

MR. JOHN M'EVOY observed that in those towns where sewage was neglected, where there was an insufficient supply of good water, and where there were overcrowded dwellings in particular localities, disease largely prevailed. He thought there should be registration returns as to the sanitary condition of the different districts of the city.

DR. BURKE (Medical Registrar), said that Dr. Mapother was the first officer of health appointed in Ireland, and he had certainly initiated his duties in an admirable manner. The death rate of Dublin was more apparent than real. There were two large workhouses in Dublin. In the South Dublin Union, the week before last, there were 3,500 people, and, of these, 2,000 and some hundreds were sick and in bed. Many of these people did not belong to Dublin—most of them came from the country and entered the workhouses, and the mortality amongst them went to make up the apparent death rate of Dublin. He thought that Dr. Mapother's assistance in reporting the localities where disease prevailed would be valuable in improving the sanitary condition of the city. He showed what was done in this way by the late Dr. Speedy, who week after week reported on the unhealthy condition of one of the streets in this city, and ultimately got that street thoroughly cleansed.

MR. STONEY suggested that Dr. Mapother should give the heads of a bill which he would propose, to carry out what he had in view.

MR. R. P. CLOKEY observed that the useful papers read on a previous evening by Mr. J. HANCOCK, and on that occasion by Dr. MAPOTHER, proved that we had already at command valuable machinery for carrying out sanitary regulations and improvements. While he was prepared to admit that our sanitary acts might be consolidated and amended, he believed that the powers at present in existence were not sufficiently known, and he trusted that Dr. MAPOTHER would kindly apply himself to bring before the public the importance of carrying into effect the useful provisions contained in the Nuisances Removal and Diseases Prevention Acts, the Common Lodging Houses Acts, and other measures applicable to Ireland.

MR. ALFRED WEBB said that some important public acts were restricted to England and some to Scotland. He thought that when such acts were introduced into the legislature, they should be made to apply to all portions of the empire.

THE CHAIRMAN (Mr. HAUGHTON) said that a detailed statement of dangerous diseases and of the localities in which they prevailed should be kept, but such statistics would be useless unless they could be made available for the lessening of those diseases which so much increased the mortality in cities and towns.