

Medical Matters.**THE FAMINE IN INDIA.**

THE terrible ravages in India due to famine are, no doubt, directly responsible for the prevalence of disease in Bombay. Never, in the history of that, or perhaps of any other, city has so severe a visitation from disease been recorded. At the present moment, respiratory diseases, phthisis, small-pox, measles, exist to an extent without parallel in the vital statistics of the city. So severe are, what may be termed, "collateral ailments," that the deaths from plague, which number some 400 to 500 per week, cease to alarm the public mind in view of the high mortality from more ordinary diseases. The meteorological conditions which have brought about the sterility of the land, no doubt contribute to the spread of disease, although the immediate cause is, really, want of food. In Bombay itself, starvation may not be so much in evidence, but to the great city the poor of the rural population are attracted, thereby increasing the numbers of poverty-stricken residents.

PREMATURE BURIAL.

A well-authenticated case of what might have very easily become a case of premature or live burial was recently reported from Southern Italy. A woman died, or, rather, was supposed to have died, during the course of a difficult labour, and the fœtus was left undelivered. The body was placed in a coffin, but on the following day, before burial, when a photographer opened the coffin in accordance with the instructions of the relatives, the woman was found to have turned over on her side, and close to her was the body of an infant, the arms of which had been removed during the obstetric operations. A judicial inquiry was set on foot, and the report concludes in favour of recovery from lethargy and death from suffocation. It seems scarcely necessary to point out that the change in position might very possibly have been brought about by rough handling during the removal to the mortuary, and that the birth of the child is a phenomenon which has often been observed as the result of *post-mortem* contraction due to *rigor mortis*. At the same time, the case might possibly have been one of sus-

pending animation. There is no doubt that such cases are extremely rare, if indeed they ever occur, in this country.

DEATHS FROM DISEASE IN SOUTH AFRICA.

The chances of death from fighting, as compared with those from disease, were recently noted in these columns, and we found that the average combatant had more to fear from the latter than from shot and shell. The present campaign will forcibly illustrate the fact that disease kills more men than the enemy, although until this month this had not, apparently, been the case with our army in South Africa. To the end of February, the number of officers and men killed in action was 1,652, to which must be added 294 officers and men who have died of wounds, making a total of 1,946 officers and men killed by the enemy. To the same date, the returns gave the number of officers and men who have died of disease as 723. This proportion is a very small one, especially when it is considered that it includes deaths from disease in beleaguered garrisons, with whom bad and scarce food, want of proper hygiene and similar factors are at work. There is, however, a serious tendency now observable for the number of deaths from disease to increase.

SUICIDE.

Sir John Sibbald delivered an address, a short time ago, before the Royal Society of Edinburgh, in which he made an important contribution to the social questions involved in the subject of suicide. His conclusions were based on the study of the cases of suicide recorded in Scotland for the thirty years ending 1895. Statistics show a steady increase in suicide for Scotland, in common with every other country. From 1865 to 1869 the average rate was forty per million, from 1890 to 1894 it had risen to fifty-four. In spite of this, Sir John does not believe suicide to be so much upon the increase as some people suppose. He considers it to be more *apparent* increase, due, first, to a change in public feeling in regard to the question, and second, to greater efficiency in the administrative machinery for recording cases of suicide. He supports his argument that more recently there is less family disgrace connected with suicide by an examination of the methods employed. Moreover, the increase in suicide is compensated for by a corresponding decrease in the number of cases brought in as "accidental death."

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