

a preceding year, were 257 for every 100 deaths. That the principle of compulsory notification has grown gradually, and only as a part of applied sociological methods, as seen in New York, may be judged from the fact that it was made compulsory in England and Scotland only in 1910. That its completeness, even in a country where compulsory methods are proverbially well enforced, varies greatly is seen in the following table:

RATIO OF NOTIFICATIONS TO DEATHS FROM TUBERCULOSIS (PHTHISIS) FOR THE YEARS 1910-12.

|                 | Death rate<br>per 1,000 | Total<br>Notifications | Proportion of<br>cases to 100<br>deaths |
|-----------------|-------------------------|------------------------|-----------------------------------------|
| Birmingham..... | 1.28                    | 4,394                  | 404                                     |
| Liverpool.....  | 1.49                    | 3,690                  | 329                                     |
| Manchester..... | 1.53                    | 2,398                  | 216                                     |
| Bradford.....   | 1.26                    | 921                    | 253                                     |
| Portsmouth..... | 1.13                    | 1,267                  | 475                                     |
| Sheffield.....  | 1.22                    | 980                    | 173                                     |
| Edinburgh.....  | 1.26                    | 1,255                  | 309                                     |
| Glasgow.....    | 1.32                    | 2,330                  | 225                                     |

A careful analysis by Dr. A. S. McGregor, tuberculosis officer for Glasgow, of these figures, and especially of the ratio of notification by age periods, indicates very different proportions in the degree that certain kinds of health and social work are carried on. For instance, the ratio of school-children notified has always been found high where systematic medical inspection of schools is carried out, or where a tuberculosis dispensary is actively carried on, as in Edinburgh where notified cases rose from 448 to 1,221 from 1910 to 1911 owing to a critical and extended home examination of the relatives of consumptive patients coming to the Royal Victoria Dispensary. Remarking upon such variations, Dr. McGregor speaks of the marked differences in notification, depending upon the variations in interpreting physical signs by different physicians who deal especially with tuberculosis, and states that it is apparent that some special officer, such as the superintendent of a tuberculosis sanatorium, must be given the opportunity to follow up notified dispensary or other cases. For instance, Glasgow has six tuberculosis dispensaries, and the special tuberculosis officer with his sanitary visitors watches over suspected cases, which are treated for catarrhs, anæmias, etc., and tested with tuberculin when deemed necessary. During the years 1910-14 in Glasgow