

equipped mobile clinical units is suggested for increased efficiency. It was pointed out at the meeting that no financial assistance is provided, and the burdens now borne by local authorities are such that without assistance from the national exchequer little can be done. Further, it is felt that the Ministry's circular pays insufficient attention to the enlightenment of the public as a preventive measure and makes no mention of the needed increase in the number of trained venereal disease almoners. The omission of any reference as to the means whereby local authorities are to be financially re-imbursed for providing these services has caused considerable dissatisfaction. A strongly worded resolution to that effect was adopted.

Development of International Health Organizations

In a recent paper (*Ann. Med. Hist.*, 3 ser., 1, 519; 1939), Dr. Robert A. Lyon, of Cincinnati, points out that before the nineteenth century individual nations or cities tried to check the entrance of disease by the application of quarantine laws at ports and land frontiers. It was not, however, until the early decades of the nineteenth century that international co-operation in health matters was first sought by countries on the Mediterranean. In 1839, Turkey invited representatives of other nations to meet a Sanitary Commission at Constantinople for better co-operation in the enforcement of quarantine regulations. A few years later, Egypt made a similar request, and in 1869 the Egyptian Council at Alexandria undertook the medical supervision of traffic through the Suez Canal. In 1851 the first International Health Convention met in Paris, and since then thirteen similar conventions have been held in different European cities and at Washington for the purpose of formulating regulations concerning the notification of cholera and plague and arrangement of medical inspection of crews and passengers as well as the inspection and disinfection of cargoes.

In 1909 there was established in Paris an International Hygiene Office, the function of which has been to collect and unify the many national laws of sanitation and quarantine, to supervise the health laws applicable to pilgrims, to establish medical facilities for the treatment of venereal disease in ports in all parts of the world, to investigate the transmission of disease by aerial navigation, to publish public health information, and to carry out specific investigations. The organization of a Health Section of the League of Nations began in 1920, and in 1921 it became part of the permanent secretariat of the League, with offices in Geneva. The Section consists of three divisions, namely, a directing committee, a consulting committee of experts consisting of the directors of the International Health Office, and an executive staff composed of public health experts, statisticians and clerks who devote their whole time to the work. The Section has done valuable work in the control of epidemics, the standardization of medical procedures, and the collection and publication of medical information.

Black-Headed Gull Survey

THE survey of the black-headed gull (*Larus ribibundus*) carried out by P. D. Hollom, with the help of 160 other observers for the British Trust for Ornithology (*British Birds*, Jan. 1939), gives a total number of 70,000 breeding pairs in 124 gulleries in England in 1938 and 6,000 in 34 gulleries in Wales. There were 145 gulleries in Scotland and 39 in Ireland; but it is believed that more birds exist in these two countries, which were not fully surveyed. The larger part of the gull population is in the north of Britain, and although there has been a great increase at many places this century, there were probably larger numbers of gulls in the country a century ago, and at many northern gulleries there has been a decline in recent years. The largest British gullery, at Ravenglass, Cumberland, has 50,000 birds—five times that of the next largest and two thirds of the total gull population of England. There are no gulleries of this species in the Isle of Man, and strikingly few in the counties bordering the Bristol Channel.

Nearly forty per cent of the colonies are twenty miles or more inland from the sea and the highest at 1,925 ft. above sea-level at Greensett Moss, Great Whernside, Yorkshire, formed in 1921, where 200 pairs nested in 1938. The total number of colonies in the British Isles is given as 488, but there is also a very lengthy list of deserted colonies. Some of the gulleries, as the Delamere Forest of Cheshire, date back to the early seventeenth century. There seems to be no truth in the belief that use of these eggs for food during the War of 1914–18 depleted many of the present gulleries and tended to disperse the gulls over a wider area, as this started before 1914 in many instances. Cumberland and Yorkshire are very rich in these gulleries, the former county having 19, many of them on the Solway marshes, and the latter county having 29.

Marriage-Rate in War-time

THE November issue of the *Statistical Bulletin* of the Metropolitan Life Insurance Company of New York contains a review of the course of the marriage-rate during the War of 1914–18 in the countries immediately concerned. With the outbreak of hostilities in 1914 the marriage-rate of all the belligerent countries fell precipitously. In France, for example, the rate dropped from a level of about 8 per 1,000 during the period 1851–1913 to a minimum of 2.3 in 1915. In Germany the pre-war average rate of about 8 per 1,000 sank to 4.1 in 1915 and 1916. In Italy the rate fell to 2.7 in 1917. In England and Wales the rate, which for a long time had been about 8 per 1,000, showed a transient rise to 9.7 in 1915 and then fell to 6.9 in 1917. In the United States the minimum reached in 1918 was not far below an average of 10.4 for 1914–16, the years preceding the entrance of the United States into the war. The end of the War was followed by a prompt rebound to unusually high figures. Thus in France the rate rose from 5.5 per 1,000 in 1918 to 14.0 in 1919 and 16.0 in 1920; and similar though less