



3 1761 04383 6659

MEASLES
—
FAROE ISLANDS
—
1846
—
P. LIPANUM

RA
498
F3P32

Digitized by the Internet Archive
in 2008 with funding from
Microsoft Corporation

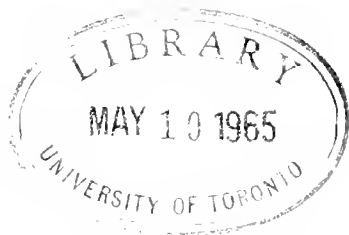
Forttagelser, anstillede af F. Vedelinde-7, 17 i en
den Tid og i 1810.

Bibliothek for Læger,
Copenhagen 1847, pp. 333-344.

Library
School of Hygiene
University of Toronto

75
11

2



980759

OBSERVATIONS MADE DURING THE EPIDEMIC OF MEASLES ON THE
FAROE ISLANDS I. THE YEAR 1846

b.

P.L.Panum, Graduate in Medicine and Surgery.

(Translated by Mrs. A.S.Hatcher, U.S. Public Health Service.)

When a physician is called to work in a place where climatic and dietetic conditions are different from those to which he has been accustomed, his first problem is to study the hygienic potentialities which affect the state of health of the inhabitants. It is, in fact, these hygienic conditions which contribute towards the development and frequency of some diseases and the improbability and rarity of others, and which more or less modify the symptoms of every disease; and it is, indeed, on these conditions that the geography of disease, the special study of which subject will soon, perhaps, elevate it to the status of an independent science, is based.

Since the outbreak of the measles provided the occasion for my journey to the Faroe Islands, it is natural that I directed my attention at once to the influence which the extremely peculiar hygienic conditions of the islands exerted upon this disease, and vice versa. But, since, during my sojourn of almost five months on the Faroes I repeatedly traveled over the greater part of the islands, I was thus in a situation to make a great many observations in regard to the influence of the special hygienic conditions upon the state of health in general, as well as upon the frequency and development of the prevailing disease. To be able to give a complete nosography of the Faroes, a stay of several years would be necessary; what I here communicate consists of only some nosographic points and fragments, which may, perhaps, be interesting merely because so little is known about conditions on the Faroes in this respect.

I shall, then, try to set forth here the hygienic forces proceeding from the conditions on the islands, and as far as the observations I have been able to make permit me to do so, I shall attempt to show the influence which each of these forces in particular exerts on the state of health in general of the inhabitants, - on the frequency, development, and method of propagation of the different diseases, together with the mortality rates of the country, which I shall also seek to illustrate further by statistical data collected during my sojourn on the islands. In another section I shall then present some observations in regard to the measles, in as much as they may be of general interest to the medical public.

If we first take under consideration the physical conditions of the Faroe Islands, we find them, as might be expected, quite individual.



The 17 inhabited islands, the largest of which is about 10 miles in size, the smallest about 1/10 of a square mile, are separated by fjords, in which the "east fall" and "west fall" of the Atlantic Ocean - which are connected with the ebb and flow of the tide - produce in many places very powerful and dangerous currents. The islands consist of masses of volcanic mountains, which belong to the trap formation, and which rise to the height of one, two, or three thousand feet above the sea. Inward, towards the fjords, the land ascends in terraces, with grass-grown slopes; outward, towards the open sea, usually perpendicularly upwards.

The situation of the islands, sit in the middle of the Atlantic Ocean, about 6 or 7 degrees farther north and 17 or 20 farther west than Copenhagen, in great part determines their climate. In summer their average temperature was about 10° R., and it is probably usually between 7° and 9° R.; often, however, the stoves are kept heated in midsummer, the customs in this respect being governed entirely by the weather, which is very changeable. For two days during my stay we had 16° or 17° R., and at this temperature both the native-born people and the Government officials nearly perished with heat. While it is not so warm in summer on the Faroes as with us, in winter the cold, also, is less rigid; but during the latter season, however, the humidity of the atmosphere often occasions the accumulation of considerable masses of snow, the rolling down of which in the form of avalanches does damage in many places. The winds are exceedingly uncertain and violent; and storms, which may overturn the houses, which may make it necessary for the traveler to throw himself on the ground, in order not to be carried away, - indeed, which are able to move blocks of stone, - occur now and again, by turns. Although I was not able to make hygrometric investigations, I may state with assurance that the humidity of the air on the Faroes is extremely great. The very high, often cone-shaped mountain-tops are almost always - the lower regions, valleys, seacoasts, and fjords, very often - shrouded in masses of mist, pleasing in their shifting shapes; and clear air is rare. Because of the great humidity the standing of the barometer is usually low - indeed, not rarely points to earthquake without the occurrence of remarkable natural phenomena; for the same reason the grass is nearly always wet, and innumerable springs and rivulets leap down the sides of the mountains. The sea mists of the Faroe Islands seem to contain salt particles in pretty considerable quantities; this is clearly indicated by the salt crusts which, after a rather lengthy trip in a boat, especially in foggy weather, cover the face, even if the sea has been so quiet that not a splash has entered the boat; in unruly weather, moreover, the sea-water that is churned up is conveyed in the form of rain over the surface of the sea, and its salty content then reddens the skin and often covers it with a quite thick deposit of salt. Thunder-storms are rare, but the aurora borealis often illumines the usually pitch-dark winter nights.

R = Reaumur

8° R = 50° F

16° R = 68° F

Freezing Point = 0° R.

Boiling point = 80° R

The vegetation of the country is limited to grass, small herbs, barley and potatoes. Trees or bushes do not thrive, frankly speaking, and even the efforts which certain Government officials have made to promote, by the use of high enclosures, the fostering of currant and gooseberry bushes, willow and service-berry bushes, have not given any very cheering results. It seems to be less the temperature than the mists, blended with saline and other particles of sea-water, in conjunction with the powerful winds, that hinders their growth. The ocean washes ashore numerous species of seaweeds, of which the hand-shaped weed, washed up in great quantities, deserves to be specially mentioned, because, in times of need, it is used for food.

The character of the Faroese landscape is about as different as possible from that of the pleasant Danish prospects. The inhabited places, which, without exception, lie close to the sea, are usually situated in valleys, which are enclosed on three sides by high mountains, terrace-shaped, or rising in even slopes, and which are open on the fourth side, and face the ocean. The flatter and lower parts of these valleys are tilled as fields, composed of small patches of ground, separated by furrows. These cultivated "home-fields", called "böe", bear partly excellent grass, partly barley or potatoes. Outside the enclosure which surrounds the "böe", up the mountains and among them, lie the hill-pastures, which include by far the greater part of the country, and where sheep and cattle go about at liberty. These pastures are covered everywhere with short but beautifully green mountain-grass, with the exception of the places (called "hammers") where the naked cliffs drop down perpendicularly, giving the mountains their terrace-shaped aspect; and of the mountain fissures and bare furrows formed by water-courses and springs. Since, moreover, the houses are low, being constructed partly of wood, partly of earth and hard stone, and besides always thatched with green turf, and are scattered over the entire home-field, it may be supposed that the landscape, the chief beauty of which is its green color, is as a rule, neither very imposing nor pleasant-looking. Only few of the inhabited places present, with the shapes of the mountains, or with views of other islands or of colossal blocks of stone jutting out over the sea, or with waterfalls and lake-strewn plains, really attractive prospects, without, however, losing their stern, melancholy character. In the heart of the country, upon and among the mountains, the landscape bears everywhere, however diversified it may be, an extremely melancholy stamp. Above on the high plains often the eye reaches, within the limits of the horizon, only a level plain, almost bare of vegetation, strewn over with boulders of greatly varying sizes; and here and there, where the mists part for a moment, a distant, naked mountain-top. At other places in the interior of the country may be seen valleys - surrounded by mountains, partly bare, partly grass-grown - which sometimes conduct

little rivers, sometimes enclose small lakes, and whose soil is usually a morass of peaty earth. Everywhere in these regions the deepest silence reigns, broken only by the murmuring tune of the streams and the calls of birds, whose melancholy, monotonous notes are in harmony with the sombre aspect of the entire landscape. The most pleasing - and with their imposing and solemn character, most attractive - landscapes are to be found on the coasts, which face the open Atlantic. For there appear the perpendicular, wall-like cliffs, attaining a height of perhaps 2000 feet, and washed by the powerful breakers, which have worn in them caverns, as imposing on account of their size and solemn half-darkness as they are attractive by reason of their beautiful coloring. Outside these cliff walls there are innumerable cuts and isolated cliffs, usually called "drenge" (boys?), which often have the most wonderful shapes, now resembling triumphal arches, now colossal statues, and which often approach a height of many hundred feet. Both the "drenge", which are grass-grown on top, and the rocky walls, even, serve in many places - particularly in the bird-mountains, as they are called - dwelling-places for innumerable sea-birds; these birds, especially sea-parrots, auks, loons, and in certain spots, gulls, sit on shelves, as it were, which are formed by the strata of the mountain-masses, all the way up the cliffs; and their squalling and shrieking enliven the scene.

The reader is requested to excuse me if, in this description, I have been longer-winded than might, perhaps, seem to be suitable here; but I believe that all the circumstances cited, especially those in regard to the character of the landscape, have a not inconsiderable influence, as will easily be perceptible later, on the condition of health of the dwellers on the Faroes, and that this influence is to be rightly sensed first through a somewhat detailed description of circumstances that exist there.

First, as concerns the raw and cold climate that has been mentioned, the conclusion will already have been drawn from what has gone before that it might cause many cases of rheumatism, which are, in fact, quite common. During my stay I saw a great many cases of constant as well as of transient rheumatic pains; many rheumatic watery joints, and white swellings developed from them later; many cases of heart-disease, and certain cases of paralysis, which appeared to be of rheumatic origin; and some cases of rheumatic fever. After measles, diarrhoea, as well as violent colic pains, was frequent, and often vomiting occurred together with these, and a considerable prostration of the powers just as in the so-called Danish cholera. These symptoms appeared, in different degrees, of course, with almost all measles patients who had been exposed to the cold too soon; and often disappeared quite as quickly as they had come, if a suitable regimen, along with the medicines which each symptom indicated, was put into practice and used; while, on the contrary, with an unsuitable diet, they became chronic - especially the diarrhoea; and there is no doubt at all that they were in most instances of rheumatic origin. It is so much the more



natural that all sorts of rheumatic affections should be specially frequent on the Faroe Islands in that the occupations of the inhabitants, particularly in the summer, require them to spend the greater part of the day in the open air, and their attire, which is the same for summer and winter, is not in all respects adequate to its purpose. Thus, their foot-gear consists of long stockings and a sort of shoes or sandals, which they sew together with strips of lambskin, and which are so thin that the soles are often worn through in one day. As soon, therefore, as they emerge from their houses and go into the wet grass, or upon the swampy ground, or wade the rivers, they get their feet wet. In regard to this, they are so indifferent that they neglect to change their footwear, even if they have opportunity to do so. With many, particularly the older men, who often do not use suspenders, the centre of the abdomen is covered only by the woollen shirt, - which, by the way, nearly all wear next the body, - because the vest or jacket above and the knee-breeches beneath do not meet each other.

And so, from this description of the climatic conditions, the conclusion has probably already been drawn that chronic affections of the bronchial mucous membrane are of frequent occurrence. Chronic bronchitis is, without doubt, one of the commonest diseases on the Faroe Islands, to which fact not only the raw, cold air, but the salt-particles suspended in the mists, which may even cause erythema of the skin of those not accustomed to them, appear to contribute much. This disease often lasts so long that the patients die of it under hectic symptoms; and according to the information which I have been able to get, appears to be one of the most frequent causes - if not the most frequent cause, perhaps - of death among the older people on the Faroes. Scrofulosis, in its various forms, no doubt occurs on the Faroes, and the allied tuberculosis is clearly not quite unknown on them, but both are, however, rather rare diseases, in any case, - a conclusion which I believe I may draw as far as tuberculosis is concerned, from the fact that though during my stay I stethoscoped certainly many hundreds of patients, I met with only two cases in which the stethoscopic signs enabled me to diagnose phthisis with assurance. On the other hand, I saw a considerable number of patients who were hectic evidently as a consequence of chronic bronchitis; at least, the stethoscope and the progress of the disease argued in favour of this diagnosis, of which, very unfortunately, I was not able to get the clearest proof by undertaking obductions, since the Faroe folk would by no means permit them. Since malaria is a disease entirely foreign to the Faroe Islands, as we shall hear later, Boudin's assertion as to the antagonistic relations between malaria and phthisis might be used as an argument against us, in that the idea might be conceived from it that phthisis is very common on the islands; and at first glance, such might actually seem to be the case, if, for instance, distinction were not made between really tuberculous patients and patients who are hectic as the result of very prolonged bronchitis.



But the great humidity of the atmosphere, for which the soil is not to be blamed here, but the surrounding sea, and its fogs which do not, therefore, contain the constituents that characterize swamp air, but on the contrary, chlorine and particles of salt, and the like, might well be supposed to oppose at the same time the development of malaria, which flourishes best in an atmosphere moistened by swampy soil, and of phthisis, which is most destructive in torrid and dusty regions - even if we do not take into consideration the contradictions which Rodin's assertion, though justly supported in great part, has encountered. In the meantime, whether the fact that scrofulids and tubercles appear to be so rare on the Faroes is due to the influence of the climate or to that of the food, which is too largely animal, it is very difficult to decide. That chest affections - for instance, chronic bronchitis - were far more frequent than usual during my stay on the Faroes, when measles was prevailing, is natural. In making that assertion in regard to the frequency of bronchitis as a disease and cause of death, I have not, therefore, taken account of those cases in which measles was the starting-point of chest affections; and I support my assertion only on the many cases which I have observed, in which the disease had no connection with measles, and in which there was found no sign of the explosion of the lungs; together with the fact that among the causes of death given on the Church registers scarcely any other is found so often as "chest complaints". Pneumonia was far rarer - at least, during the epidemic of measles; I saw only 3 cases of it, which, however, offered no plain stethoscopic sign, but in which the glutinous expectoration, from which I washed out Penak's fibrinous, ramified bronchia coagula, did not permit me to doubt the accuracy of my diagnosis.

Whether the menstrual disorders so extremely frequent on the Faroes, bringing the whole host of hysterical affections in their train, are due to colds from the raw and cold climate, from getting the feet wet, which even many of the women cannot well avoid, and especially from going out into the mountains to milk the cows or whether these disorders are due to the very sedentary life which is the lot of most Faroese women, I cannot decide with certainty; but the former appears to me to be probably the most frequent cause of these troubles. As another occasion of colds, the fact that the Faroese women never wear drawers should not be passed over in silence.

If it were desired to write something about the skin diseases that are rather frequent on the Faroes from the effect of the climate, urticaria and psoriasis would be named. The latter affection is not rare on the Northern Islands, though I saw it only among the men, and in particular, on the lower extremities. This fact might lead to the assumption that the effect of the salt water on the skin is blamable - the more reasonably in that the Northerners are occupied mainly with the sea. That the effect of

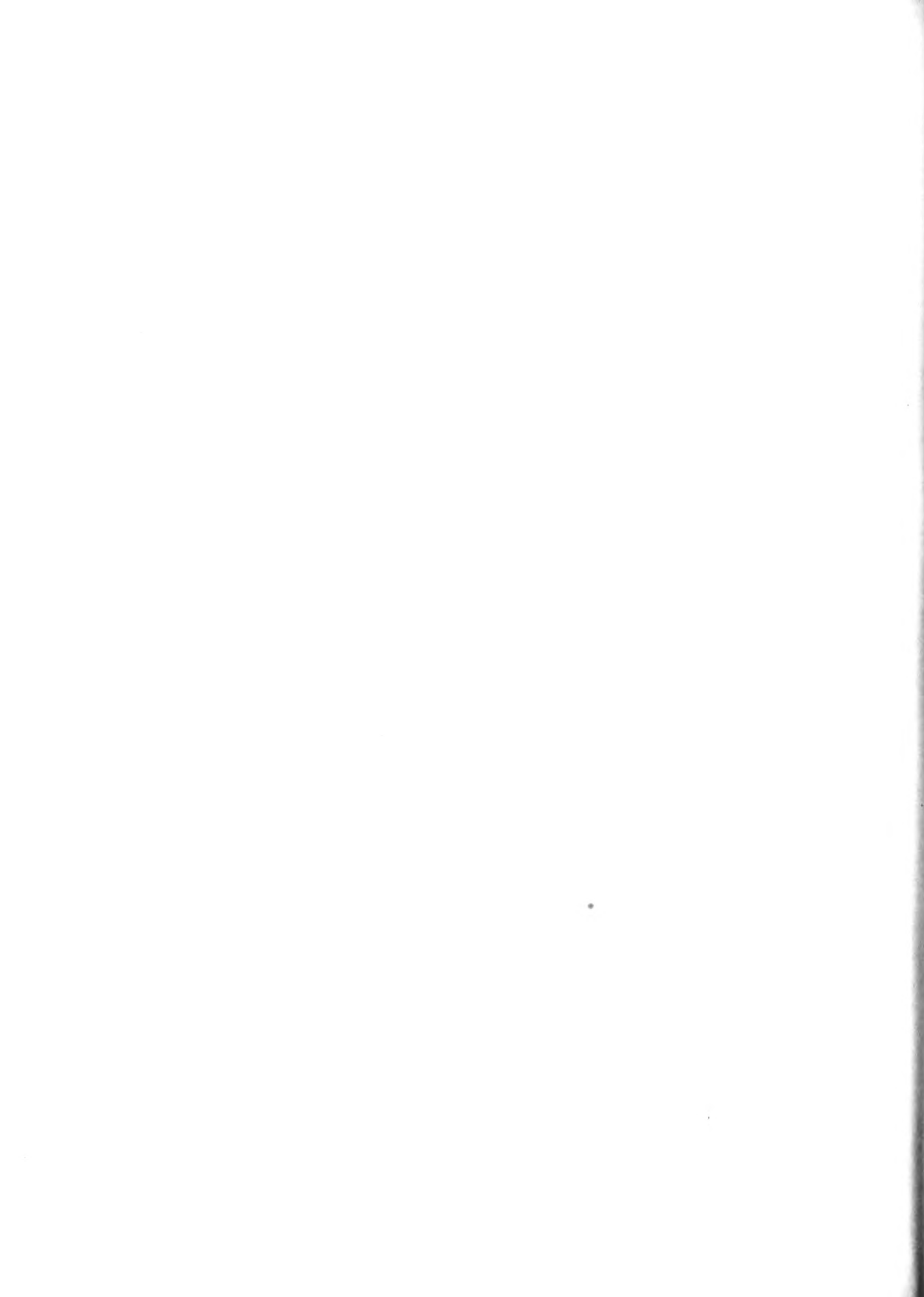


salt water, whether encountered in the sea-water itself, or in the mists, is not without influence upon the origin of skin diseases. This was exemplified by my own case; for every time I went on the water that lasted a few weeks, a combination of urticaria and eczema appeared on my hands, which, especially in warm weather, caused an unbearable itching; but which disappeared if I remained for some days in one place, and ended with desquamation. Whether the same kind of abnormalities of desquamation after measles, especially its extraordinarily long duration among men* in particular, should be ascribed to the same influence, I cannot tell.

Since it has been proved that the frequency of mental diseases is generally in direct proportion to civilization and the social collisions accompanying it, it might be suspected that these diseases are extremely rare on the Faroes, inasmuch as civilization has certainly not attained a high degree there, and the social collisions so agitating to the mind, with the patriarchal conditions which prevail there, are proportionately so few. But on the contrary, there is hardly any country, - hardly, indeed, any metropolis, in which mental diseases are so frequent in proportion to the number of people, as on the Faroes. Unfortunately, I am not able for the moment to present positive statistical data in regard to this proportion,** but I have been in most of the towns of the islands, and can assert that in nearly all places that are inhabited by 100 or 200 persons one or more weak-minded persons are found. This fact is the more remarkable because the Faroese folk in general are distinguished for excellent mental powers. In this connection, a strange agreement in the forms of the disease is observable. Among many it takes the form of quiet religious madness, under which the afflicted persons have visions, and believe that they live in direct communication with the spirit world, with Christ, the Holy Spirit, the Virgin Mary, and so on; perhaps others, again, believe themselves beset by evil spirits, which compel them against their will to act in a manner contrary to their better knowledge and desires, so that, when they are unruly, they knock about and destroy the things around them, and later subside into a melancholy, angry grumbling. Both forms seem to pass rather rapidly into fatuity, which, moreover, is innate with some, and with others does not make its appearance until the age of puberty.

* In the case of a man, I saw even in the 11th week following the measles a considerable desquamation on the hands, elbows, and tibia; with many, desquamation was still present in pretty marked degree 7 weeks after the exanthema had disappeared.

** Dr. Habertz's estimate that on the Faroes only one lunatic is found among 277 individuals is manifestly too low; and yet, according to the survey reported by him, even this proportion is almost twice as unfavorable for the Faroes as for Copenhagen.



If I have described the Faroese landscape in unusual detail, it is because I feel almost certain that the impress made by the character of the landscape, in connection with the frequent fogs, upon the mind is the most potent predisposing cause of the frequency of mental diseases on the Faroe Islands. Without attempting to draw a parallel with the Alpine cretins, I shall permit myself to call attention here to a few circumstances which strengthen my views. To an unbiased observer it is unmistakable that the character of the landscape is reflected, so to speak, among the Faroe folk, in the kindness of the national character. Probably the physical and psychical exercise which the nature of mountains always requires of their inhabitants, and which, moreover, is rendered necessary on the Faroe Islands by the struggle against the boisterous ocean, produces in the Faroese the same liveliness, thoughtfulness, and vigilance, which characterize the inhabitants of most mountain regions; but yet there is always a certain seriousness diffused over the Faroese: left to himself, he is retrospective, and even his cheerfulness, though sometimes combined with a noise like the roaring of the sea, also bears an extremely monotonous and often almost melancholy stamp. In expressing his opinion, he is usually reticent and not sincere; he is often as hollow as the cliffs of his islands. The isolated social life and the common dangers occasioned by the natural conditions certainly tend greatly to strengthen the feeling that all men are brothers, and it is to the praise of the Faroe folk that they show in their actions. Sympathy is very easily aroused in the mind of the Faroese, and with Christ-like compassion, he is ever ready to extend to the needy prompt assistance, whether it be with work, provisions, clothing, or money, however high a value he is accustomed to set on these things. The grandiose stamp which the Faroese landscape so often bears, and the mystical effect which lists, skies, breakers, waterfalls, cliff-caves, and so forth, involuntarily exert upon every open mind, must awaken in every thinking and feeling person thoughts of God's omnipotence and man's insignificance, which tend to stir and foster a religious inclination. This is found in high degree among nearly all the Faroese, but sad to say, it must be stated that, very probably in great part because of the influence of the earlier priests, it often borders on bigotry and appears like hypocrisy; thus, the names of God and Christ are forever on their lips; to perform any work whatsoever on Sunday is regarded as a great sin: to attend the services of God and diligently to enjoy the sacraments of the altar are, on the other hand, works especially pleasing to God; and the priest is looked upon as a superior being, very nearly akin to the Deity, however envious the people are wont to be of his income. Moreover, their sense of freedom and pride, which protests powerfully against any condition of dependence, and which makes it necessary for persons in office to beg, yes, importune, pay, and express thanks, every time he wants a service of a Faroese, appears to stand in at least partial connection with the physical character of the country, since the same trait is found among most mountain and seacoast people. Still more indicative of a mental impress unconsciously received from the character of the natural surroundings are the differences in this respect among the inhabitants of the different regions - in fact, of the individual villages even, which are in harmony with



the character of each region or village. Of this fact I might offer many very remarkable examples; for instance, the difference of the Northerners from the Southerners and the Sandø (San. Isia) people, the special stamp of the Tjørnevig people, and so on; but it would take too long to enter into further discussion of this subject; and, moreover, it would scarcely be possible to make it understood by those not familiar with the localities. With respect to the agreement which exists as to the ways in which mental diseases are manifested among the Faroese and the harmony between the stamp of mental disease and the impress which the mind unconsciously receives from the Faroese landscape, I believe all will agree with me in thinking that the peculiar natural conditions are probably the most important predisposing cause of the mental diseases of the Faroese, - in regard to which the usually very low stand of the barometer is perhaps, also of significance.

As factors which seem partly to develop this disposition, partly to furnish an occasional cause for an outbreak of the disease, I think the following circumstances, brought out by social conditions, should come under special consideration.

The views expressed by Lucas Debes, in his Faeroesa Beserrata, to the effect that devilish vexation and Satanic delusion by fairies, hobgoblins, and mermaids, had, perhaps, through the power of Christianity, become rarer, but were still far from having ceased to riot, - in regard to which he cites many examples derived from his own experience, which also show what power the prayers of a God-fearing priest have to frustrate the magic power of fiends, - still prevail among the people, but with the alteration that the more enlightened believe that in our time Christianity has become so mighty that fairy folk and the like no longer venture out on the surface of the earth, and that the priests are no longer so well instructed in the "black art" in Copenhagen. Not very many years ago, it seems, the Faroese priests were still trying, probably because they felt flattered at enjoying a more than human dignity, to dupe the people by regular tricks, and by soothsaying and sorcery to make it believed that they themselves were in immediate communication with the higher powers, and that they could heal the sick by witchcraft. At this day the country folk come frequently to the priests and offer to pay them to bring back people, sometimes children, who have got lost in the mountains, or to make their influence with the higher powers bring forth the best results for a dear sick one. But to tell the truth, none of the Faroese priests of our day encourage the common people in superstition or bigotry, but as would be expected of enlightened men, to the best of their ability combat these errors by word and deed. The reserve and lack of sincerity of the Faroese towards the Danish have doubtless been increased and fostered by the fact that in recent times so much has been written by persons not well acquainted with circumstances about the grievances of the Faroese in regard to their language, school conditions, and so forth; but it is certain that these characteristics were not produced by such an influence.

The drinking of spirits has not really become general on the Faroes, only a few, who, then, are confirmed drunkards, using it dietetically; but on holiday occasions or on journeys great quantities of a distilled liquour, which, thanks to the market, is certainly pretty thin, are drunk. However, if consideration is taken only of confirmed drunkards, who, as we have said, are rare on the Faroes, I believe that a closer investigation than I was able to make in regard to the matter would show that among the Faroese inebriates relatively more become delirious than with us, - a fact which would indicate a predisposition of the Faroese folk to mental infirmity, and this again, must be ascribed to the probable influence of the natural surroundings.

According to the statement of an officer intimately acquainted with conditions, onanism is probably not rare on the Faroe Islands. Among other examples, I can cite the instance of a mother who, when her son desired to marry, forbade him to do so, and taught him, as a substitute, to practice onanism. The unfortunate fellow carried this habit to such an excess that his mind became weakened; and in his more lucid moments he cursed his mother with the most horrible oaths, because "she had wasted away his oil of life". Although the fact, that circumstances often do not permit marriages that are wished for and debauchery with the other sex often appears dangerous to the prudent, Faroese might in part explain this perversion of the sexual instinct, yet it seems to me not unlikely that the disposition which the unconscious impress of nature produces in the inhabitants may develop a sort of predisposition to this vice, which, again, both develops an attending disposition to mental disease and becomes a powerful occasional factor in its evolution. Yet it is, of course, impossible to decide whether this vice is more general on the Faroes than in Denmark.

If, after this little digression, we turn to a consideration of hygienic conditions in connection with the mode of life of the Faroese, we find them not less different from our than the physical conditions described above.

First, as concerns their food, the Faroese have three principal meals: breakfast, from 8 to 9; dinner, from 12 to 2; and supper, or "evening food", from 8 to 10 in the evening. In the morning they have milk, oftener sour than sweet, and with it "drugg" and "skaerpekjil", or "sharp meat". Drugg is a leavened barley bread, generally baked the evening before it is to be used, but by some preferred hot, and in that case, prepared in the morning shortly before it is eaten. It is made of flour and water, and is formed into rounded sticks, about a foot long and from 1 1/2 to 3 inches thick, which are usually baked only by being laid on hot embers or coals only a few inches thick in grates. In consequence of this method, the crust is hard, but the dough inside often remains quite raw. At butchering time, boiled lamb's-blood is used instead of drugg, especially by the poor. In the autumn the sheep and lambs destined for slaughtering are shut up in readiness, and at one process, or, at least, as rapidly as possible every man butchers his own lot. The bodies are flayed, eviscerated, and hung up, without any sort of per-



the ... with ...
some ... * ...
the ...
a ...
a ...
the ...
...
is ...
"sharp meat" ...
its ... **

... of "hard-flesh", ...
is usually ...
in water, with a ...
of fat ...
...
...
The ...
"rust" - that is, half-dried meat or fish ...
of preserving meat which is used for hard-flesh is ...
...
...
wind-dried, it is called ...
no other term than "hard-flesh", ...
this meat, if considerable is given to the ...
speaks, its usual ...
not infrequent - occasionally ...
...
cut it ...
I have seen a whole boat's ...
with great appetite, although it was ...
stomach nauseated me in the ...
boat was white in places with ...
cried out, partly been picked out of the meat. ...
is no rust meat or fish, "sharp meat" or "grinde-meat" - that is,
half-dried grinde-meat, - or dried fish is eaten ...

* This ...
"sharp meat" becomes rank ...
is hard to eat, even after it has "ried".

** ... the officials, as usual, ...
"sharp meat" pretty quickly, and after ...
could not, no ...
which was so disgusting to me that it ...

† Grinde-whales are a species of dolphin, which ...
the shores in great schools of 100 to 1000, ...
school straggles into a fjord, are ...
such a grinde-drive is the greatest ...



raw state. The evening meal, which the Faroese are accustomed to take just before they go to bed, is essentially the principal meal, and consists always of a dish of hot meat, chiefly fresh meat or fish, the fatter the better, and as all, accompanied with potatoes. If there is lack of fresh meat or fresh fish, which are to be had only in butchering season or when there has just been a bird-catching, hunting, or fishing excursion, rast meat or rast fish is used, with salted grinde-lard. As a drink during or after meals boiled milk is used, which is generally separated by rennet or vinegar; or else a mixture of sweet and sour milk, or the soup mentioned above. It is remarkable that chicken-meat is disliked by most Faroese, Festival dishes, such as knøttinger, or boiled fish-balls; skindsekjøl, or lamb meat first cooked and then salted and dried; roast meat of all kinds; cooked or salted beef, and pork or bacon; separated milk, cooked with raisins and currants; boiled or roasted mussels and limpets; peas, boiled rice, boiled eggs, pancakes, cakes, rye biscuits, rye brøjl, and fine wheat bread are not seen so often, since not even the richest indulge in such rarities for daily use. Special among the Faroese sweets is the mush-like "kvaerner", the peeled stalk of anselica archangelica. This is usually eaten by itself, but sometimes the well-to-do people have sugar and cream with it, as we eat strawberries. Children like, also, to eat sorrel, which grows wild. Tobacco is used even by the women, who smoke chalk pipes of the size of thimbles. Coffee is used in general only by the more wealthy people, but at trading-places many poor people are addicted, so to speak, to its use. We have previously touched upon the use of spirits. Wine is employed for daily use by none of the Faroese, but it is not seldom used as a universal remedy, as also are "heart-strengthening drops", or Hoffmann's anodyne, and the like, which are used almost dietetically by an exceedingly large number of women.

Every Danish person will certainly regard such food as very unwholesome, if on no other grounds than that people are disposed to consider the food to which they are accustomed as the wholesomest and best. The Faroese find it likewise as disgusting, however, that we eat old Norwegian cheese as we that they eat half-decayed grinde-meat, and so forth. They usually think it absurd that we ruin our good lamb flesh by salting it, as we do that they make "sharp meat" of it.

Again, we are strengthened in our idea that the Faroese food is unwholesome by investigating the physiological effects of the different Faroese foodstuffs, which we shall now briefly review.

The fresh and still warm unleavened and almost raw bread (brøjl) is yet less digestible than freshly baked rye bread. It is certainly not without effect upon the dyspepsia which is so frequent - in connection with cardialgia (heart-evil) and pyrosis - among both the men and the women, but particularly the latter, who lead more sedentary lives. The rast meat of all kinds produces cardialgia and pyrosis; but a more constant effect of it, when it is eaten in quantities, is diarrhoea. Since the bird-catching is done in the summertime, by autumn the bird meat has, of course, become rast; thus is explained the fact that, as a



trustworthy Faroese, well-acquainted with conditions, assured me, the inhabitants of Videró Island and all the places where there is much bird-catching, suffer in the autumn and winter almost constantly, more than other villages, from extremely tedious and exhausting diarrhoea. Likewise, when there has been a catch of grinde-whales (caving whales) in a village, the residents who get the most grinde-meat, usually, according to the statement of a certain man, suffer from diarrhoea as long as they have any fresh or rast grinde-meat. The flesh of the grinde-whale, which is quite lean, taster, by the way, like coarse beef, and prepared as we are accustomed to handle it, may afford good food; but the Faroese eat together with this lean meat a quantity of fat; and only a relatively inconsiderable portion of the meat is eaten while it is somewhat fresh. Rast fish also causes diarrhoea. It is, moreover, natural that, since the degree of putrefaction at which the meat arrives while it is hanging up to dry depends upon the weather, this diarrhoea, which usually appears in the autumn, is more violent and makes its appearance earlier, if the summer and autumn have been unusually humid and yet quite warm, as was the case in the summer of 1946, which was the most humid that the oldest people on the Faroe Islands could remember. The fresh meat seems to be better the fatter it is. Halibut are caught rather frequently, and the liver of coal-fish and of the haddock, which are well-known to be very fat, is prized as the most delicious morsel. Small quantities of fat, likewise, cannot have other than a purging effect, and with persons who have weak stomachs and who sit a great deal, cause disturbances of digestion. The wind-dried meat, with its rank taste and smell, quite certainly cannot be classed among easily digestible articles of food. Taking skat milk the first thing of a morning and, when out on the arduous mountain trips, drinking ice-cold river-water in considerable quantities, which few refrain from doing, must often give the inhabitants occasion for colics in the intestinal canal. Kvæde, when eaten in large quantities, always causes a burning sensation in the back of the throat, - almost like that of senega root - and cardialgia, pyrosis, nausea, vomiting, diarrhoea, general derangement of health, and sores on the lips and in the mouth. The outer rind of these stalks, which are peeled, of course, before they are eaten, but not always with proper care, is such a powerful rubefacient that it is very common to see sores, psoriasis-like places, and erythema on the children's arms and legs, which appear when they go out in foggy weather to gather kvæne. But if these foodstuffs have such an effect on the healthy organism, it is the more obvious that they would be injurious during and after any febrile illness. There was special opportunity to observe this truth during the epidemic of measles, for many continued, in spite of all admonitions, to use their ordinary food, both during and after the measles. This was partly because of the power of habit, which is so strong that the inhabitants prefer their usual food to any other, and are wont to consider it the most wholesome in all circumstances; and partly because in inability to obtain more suitable victuals. The poor Faroese seems as a rule, for instance, only as much as he will consume on the following day; only of rast or dried fish and grinde-meat has he usually a little ahead, but of grain, especially in summer, rarely more than a half-bushel or one or two bushels; and the greater



number of the inhabitants may be called poor. However considerable the offerings which the almsboxes might receive in the summer, the number of the needy is so great, and their dwellings are so remote, that it is impossible for all to receive timely assistance. And so, if the small reserve of grain which was to be found in a house at the outbreak of the disease was used up for barley soup and the like, while, perhaps, all the family lay with measles at once, during convalescence they had to return to their usual food. Not many at one time could have barley or oat soup during the measles, but some had to be content with milk - usually sour; some, who had the disease in mild form, used the ordinary Faroese food the whole time. After the measles they generally found the more reason for eating rast-meat and fish, and fat and very rancid baut in the soup, in that they felt weak and seemed to need something "strengthening"; and they regard the strongest-tasting and most indigestible food as the most strengthening. It was no wonder that after the measles the majority came to suffer from very tedious diarrhoea, frequently persisting for many months, and often dangerously exhausting to their strength. It occurs to me as very probable that the inflammation which during the exanthematic fever is found in the Peyer's glands has, because of the irritating effect of the food, proceeded into ulceration, in many cases; although for the reason stated above, I was not able to prove this by making obductions. The slimy, often light yellow, and odorless character of the excrements, together with the long continuance of the diarrhoea, does not, as remarked before, argue against it. Generally speaking, I may assert that the gastric conditions, and especially the diarrhoea, which occurred after the measles were most prevalent in the poorer districts, where the people live chiefly by fishing, and in those where the ca'ins-whales (rinde), were caught; while the wealthier and more enlightened in each village, who could and would restrict themselves to the prescribed diet, faithfully, were quite exempt from this unpleasant sequel, or else suffered from it for only a short while, as the result of committing some indiscretion; on the other hand, it was the more common and severe, the poorer and more ignorant the occupants of the house were.

Besides the hurtful effect cited, which the Faroese climates exert directly upon the intestinal canal, it should be mentioned that haemorrhoids, plethora, and lithiasis are quite frequent diseases on the Faroe Islands, which is easily explained by the preponderance of animal food. But the Faroe folk are remarkable for excellent and durable teeth. Carious teeth are seen very seldom among the Faroese proper, and often people 70 years of age are observed to have complete sets of teeth, with whom, though to be sure, the crowns of the teeth are usually worn off, as they are observed to be in the skulls of Greenlanders. This condition of the teeth must probably, then, be attributed partly to the firmness and toughness of the food afforded by the dried meat, and partly to the cleansing which is quite involuntarily given the teeth every time a mouthful of their gru'jl is taken.

When a Dane would utterly condemn the Faroese food, after what we have stated here regarding it and its effects, and would boast that his food is better, we should at the same time call his attention to the fact there is some doubt as to whether the Faroese or the Danish food is, on the whole, the more wholesome. When we later come to compare the rate of mortality on the Faroe Islands with that of Denmark, we shall see that, while the greatest mortality among us is found between the 60th and 70th years, on the Faroes it is between the 80th and 90th years of life; and that the average length of life, which with us is 33 years, is 44 $\frac{2}{3}$ years on the Faroes, though in this estimate the still-born are counted. Hereby it appears that the Faroese food is not quite so unwholesome as might be supposed at first consideration. Nevertheless, I am convinced that it might and should be very much improved, so that the longevity of the Faroese would become still greater; since the specially favourable rate of mortality on the Faroes, as I shall later seek to show by statistical data, may almost certainly be regarded as due to the freedom of these distant isles from many of the diseases which prevail among us.

The Faroese houses are constructed in part of boards; thus the best houses are lined partially or entirely with untarred planks, and are covered outside with tarred planks; while others are only lined with planks, and are enclosed by walls consisting of stone, earth, and grass. The roofs are, almost without exception, thatched with green turf. The dwelling houses proper are of different sizes and arrangements, according to the means of their owners. The houses of the poorest folk consist of only one room, which serves at the same time as kitchen, living-room, sleeping apartment, and place for keeping chickens, and so on. The only door of this room, which is not lined with boards, is about 4 feet high; the floor is of earth; and there are no windows at all, but a quadrangular hole in the roof, which may be closed by a shutter, serves at once for entrance of light and exit of smoke. The beds are arranged like berths, lengthwise around the walls, and outside them there is commonly a bench. An apartment thus arranged is justly called a "rógstue", which means a smoking-room; for it is usually so full of peat smoke that it is often difficult to understand how human beings can breathe in such an atmosphere. The Faroese really seem to take pleasure in peat-smoke-laden air, however; for I have frequently seen people sitting by the fire-place drawing into their nostrils with true delight the peat-smoke from the burning pile; the ancient traditions show that the Faroe folk even in olden days could well tolerate smoke, and sometimes used it to smoke Danish people out. As for me, I was not seldom obliged to rush outside repeatedly to draw breath, before I could finish seeing and examining the

measles patients who lay inside without being troubled by the atmosphere, to which they were accustomed. In our time, however, very many even poor Faroese are accustomed to have, besides the smoking-room, which is always arranged effectually in the same way (except that with the wealthy it is larger and is furnished with a sort of chimney) and is an indispensable part of every Faroese dwelling, another room, rather small, to be sure, called a "glass parlor", or apartment with glass windows, plank ceiling, and plank floor. Only the wealthiest are wont to have, in addition to a capacious smoking-room, - which is often used as a living-room, but always as a common eating-room and a place for the servants to sleep, - a pantry and several glass parlors. One of the latter is kept unoccupied, so that officials and other important visitors may be received in it; this room is usually very tidy, and it always contains, along with other furniture, a well-made-up canopied bed. A second glass parlor, where the weaver's stool stands, has generally a pair of beds; and sometimes there is a third glass parlor, which most of the family use as living and sleeping room; these last two apartments are not usually remarkable for the cleanliness which is observable in the state parlor.

The features of the Faroese dwellings which may be supposed to be injurious to health are the following: 1. The peat-smoke with which their atmosphere is impregnated; 2. the dampness and bad air, which are due partly to the dirty floors of the smoking-rooms, along with the damp earth of which the walls and roofs are composed, and which, even in the glass parlors with wood floors, is just beneath the boards; and partly to the meagerness of the amount of air to the individual, because of the contracted dimensions of the houses, which proportion is diminished still further in the glass parlors, because only outside-lighting stoves are used in them; 3. the draughts which are encountered particularly in the smoking-rooms.

It is obvious that these factors must have a specially injurious influence during the epidemic of measles, but their effect is perceptible at other times, also. Chronic blepharitis and conjunctivitis are very prevalent among the older folk, and in time are liable to pass over into ligidity. Though the climate has certainly no happy effect on these eye-affections, it seems probable, however, that the most important cause of their frequency is the peat-smoke of the smoking-rooms. This assumption is strengthened by the frequent occurrence of these affections among the old women, who make their abode in the smoking-room, and get but very little into the fresh air. That chronic bronchitis, also, and all sorts of colds, the prevalence of which must be attributed mainly, however, to the climate, are rather promoted than counteracted by the arrangement of the houses, is clear. That leukaemia and chlorosis are not more frequent than they actually are, by reason of conditions depicted above, must surely be due mainly to the strong animal food. In the most wretched of all the huts did I see leukemic and chlorotic women; I do not recall seeing any leukemic men on the Feroes. It might be thought that Bright's disease would probably take hold in such houses, but as far as I could perceive from my investigations,



such is not the case. I was not rarely consulted by old people with oedema of the legs, and I always examined their urine by boiling it in a test-glass, but never found albumin in it. On the other hand, a very close examination almost always proved the presence of heart-disease.

The matter of clothing has already been referred to by us, to the effect that it does not adequately protect the body from the rigors of the climate. We need make no further mention of it here, therefore, except as regards its uncleanness. That it is of woollen stuff outside and inside, as a rule, is certainly in conformity with its purpose, as far as the climate is concerned; but it is plain, also that vermin - for instance, lice and itch mites - thrive in the woollen shirts, which are seldom ever changed. The odor which the clothes of the Faroese acquire from the fact that they wash their things in urine, whereof the production of the whole family is preserved in a great vat, appears to be not unpleasant to these small beasts; at any rate, itch is an extremely common disease, and very few families are free from lice.

As among the most important hygienic factors, the daily occupations of the Faroese should not be passed over in silence. The employments of the men are, in particular, tending sheep, fishing, bird-catching, a little agriculture, and peat-cutting. All these occupations keep them out in the open air, especially in summer, and require considerable physical exertion. By this they are hardened, and become able to digest their tough food; but they suffer very greatly from the effect of the climate, as mentioned above. Accidents which call for surgery, such as fractures, lacerations, wounds from falling, and injuries from the knives,* which they always wear at the side in coats, like poniards, are also common; and hernia is not rare. In winter the men also stay more in the houses, and help with making, the wool and sewing clothes.

The activities of the women usually keep them in the houses, where they attend to the cooking and washing, and all the other indoor business; but especially knitting woollen jackets and stockings, weaving, and the like. Milking the cows is the only task that requires the girls to go out on the mountains; and at harvest time they help with housing the hay, and with gathering and drying the grain. Sitting still so much and staying in the corrupted air within the houses cannot otherwise than promote hysteria, digestive disturbances, disordered menstruation, and so on, among the women, and they are likewise more liable, on account of these circumstances to take cold during the field work in the autumn. The effect of the daily employment of the women on their constitutions may be seen in the striking difference that is observable between the women who have to go out into the mountains to milk the cows, and the others. The former women are finely built - often graceful, indeed, and when they have passed the fortieth year, they are spare; but the girls who milk the cows are robust, like our servant-girls. It is singular, however, that even with hard work they do not spoil their remarkably pretty little hands and feet;

* These injuries are due only to accident, however; for it is positively unheard-of for one Faroese to draw a knife against another.



and again, it is strange that in a straggling line of houses built up among the milkmaids as among the other women, which was built first, as suggested above, that could only be considered as one of the causes of these disarrangements.

In order next to obtain a clear survey of the effect of the epidemic of measles on the rate of mortality on the Faroes, I have collected various statistical data, which, on being compared with those of the rate of mortality in Denmark, appear to hold the truth in many respects.

Since the Faroes almost never emigrate and foreigners almost never settled on the islands, and moreover, the number of individuals who compose the families of Government officials do not differ so much as to cause any considerable variation in the population, the censuses on the Faroes yield truer results with respect to the increase of population by the excess of births over deaths than in Denmark, for instance. But according to the censuses for 1782, 1834, 1840, and 1845, the population of the Faroes was as follows:

| | 1782 | 1834 | 1840 | 1845 |
|---|------|------|----------|------|
| On the Northern Islands (<u>Nordoyerne</u>) | 525 | 532 | 515 | 535 |
| " " Eastern Island (<u>Osteroj</u>) | 1040 | 1043 | 1777 | 1810 |
| " " St. Jóns, with Vestó, Køiter, and Nólso | 1375 | 2101 | 2255 | 2400 |
| " " Inlet Island (<u>Vauroj</u>), with Mosquito Point (<u>Muskenæs</u>) | 314 | 342 | 354 | 340 |
| " " Sandj Island (<u>Sandj</u>), with Snao and Great Simon | 321 | 552 | 537 | 510 |
| " " <u>Suderoj</u> | 400 | 1050 | 1100 (?) | 1100 |
| Total.... | 4400 | 6620 | 7500 | 7780 |

If it is desired to find an average number for the population between the years 1834 and 1845, by adding 6620 and 7780 and dividing by 2, then computing a yearly average for the increase of population in these years, and finally computing the percentage of the yearly increase, the latter is found to be 1.35 per cent in the time concerned. For Denmark, on the other hand, it is only 0.5 per cent for the years 1831-1834. Thus comparison is considerably in favour of the Faroes.

Since, according to Dr. Casper's computation of more than

60 million people, it seems to hold good that the measure of mortality, in a colony, is in direct relation to its general fruitfulness, it might, consequently, be expected to find a high mortality on the Faroes; but such is far from being the case.

Uldall's Health Officers' Handbook, which is nearest my hand for comparison, presents an intelligent review of the increase of longevity in Denmark, computed for 1000 men, according to an average of five years, for 1784, 1828 and 1833, and observed, besides, that conditions were about the same with respect to females, and that the five-year period ending with 1833, inclusive, gives an unfavourable scale because of the bad epidemics prevailing within it. In the Faroes, for the years 1835-1845, inclusive, I have counted 1001 deaths, which were taken from the carefully compiled Church books, for all the parishes except that of Suðeró, whence I possess no statistical data. Since 61 still-births are included among these 1059 deaths, the numbers below may, of course, be used for comparison only if it is borne in mind that the number of deaths for those under 10 years of age is correspondingly greater than it should be.

Of 1000 males in Denmark,
died, according to an average
of 5 years:

Of 1000 persons, living in the
Faroes in the Years 1835-45,
inclusive:

| | | | | | | | | |
|--------------------|-----|-----|-----|-----|-----|-----|-----|--|
| Under 10 years ... | 458 | ... | 385 | ... | 300 | ... | 27 | (Under 1 yr., 100 between 1 and 10 yrs.) |
| Btw.. 10 and 20... | 40 | ... | 53 | ... | 45 | ... | 30 | 0. |
| " 20 and 30... | 57 | ... | 55 | ... | 50 | ... | 72 | |
| " 30 and 40... | 62 | ... | 54 | ... | 60 | ... | 36 | |
| " 40 and 50... | 75 | ... | 74 | ... | 77 | ... | 31 | |
| " 50 and 60... | 85 | ... | 81 | ... | 105 | ... | 60 | |
| " 60 and 70... | 104 | ... | 115 | ... | 123 | ... | 30 | |
| " 70 and 80... | 61 | ... | 118 | ... | 113 | ... | 104 | |
| " 80 and 90... | 34 | ... | 60 | ... | 51 | ... | 104 | |
| Over 90 | 7 | ... | 8 | ... | 6 | ... | 10 | |



In whatever manner comparison is made in regard to that, it is obvious that the rates of mortality are far more favorable for the Faroe Islands than for Denmark. While the mortality among children under 10 years of age is 800 to 1000, in Denmark, on the Faroes, it is only 270, to 1959, though 30 still-births are included among these 270. While in Denmark the greatest mortality (besides that of children under 10 years) is found between the 60th and 70th years of life, on the Faroes, (likewise excepting children under 10 years) it is found between the 30th and 40th years of life; and while in Denmark, of 1000 who died, only 132-137 were over 70 years of age, on the Faroes, among the same number of people, 340 lived beyond that age.

As is known, the average length of life has been computed for the different European countries. For Russia it is stated as 21.5; for Prussia, 28.0; for Switzerland, 34.0; for France, 35.0; for Denmark, 30; for Belgium, 30.8; and for England, 37.5 years. I attempted to find the average age for each parish of the Faroes, except Suderø, by adding the ages of those who died from 1855-1945, inclusive, and afterwards dividing by the number of individuals, so that I included the stillborn, wherefore the number representing the average length of life is quite a good deal less than it would otherwise be. In this way I found the average length of life for Norðstreym to be 41.5; for Suðstreym parish, 45.1; for Suderø, 37.7; for Vaagø, 48.8; for Sandø, 49.3; for the northern islands, 45.7; and for the whole of the Faroe Islands, with the exception of Suderø, 44.8 years. It is thus still clearer how favorable the rates of mortality are on the Faroes for such a high average age, is not known, as far as I am aware, for any other country in the world.

A closer observation of the table set up for comparison will show that the difference between the rates of mortality of Denmark and the Faroe Islands consists essentially in the fact that in Denmark more children under 10 years of age die than on the Faroes, and that, on the other hand, a far greater number reach the age of 70 years on the islands than in Denmark. For the first 40 years of age - between 10 and 50 years, - it is found, however, that the mortality is higher on the Faroes than in Denmark. The natural explanation of the latter fact is that disproportionally great number of the least violent death on the Faroes, by the winds in the dangerous fjords, and by plunging from steep cliffs, and, thus, than in level Denmark, surrounded by a sea shore. Thus, of the 170, who died on the Northern Islands from 1855-1945, including 30 who were perished by accident, at their last age.

Having set forth these facts, I shall attempt to find out the reasons for these differences between the statistical data for Denmark and the Faroes, both concerns increase of population and rates of mortality.

It would be absolutely at variance with all contemporary views, established by experience, as to the beneficial or injurious effects of hygienic steps on the health, to try to find out the effects of



one of the principal causes of the high mortality of the inhabitants the principal cause is the want of mortuary and the considerable number of population of the Faroe Islands. Hence, cold winds, with almost constant frequent, unsteady winds; a great deal of smoke arising from the stoves, and contracting of the meat, and the want of the occupations of the inhabitants continually exposed to the effect of the climate and to the danger of cold and dampness, arising from the appearance of the yellow jaundice; cold which we are inclined to consider as a disease, as indicated by reason of tainting the humors, as too frequent cold winds, and as depressing - in fact, disgusting; and the fact that the men are naked continually, and the women do not wear drawers, - the absence of board to cold and which, moreover, harbours vermin and insectivorous; dwellings which are filled with smoke and are surrounded entirely by damp earth - all these features can by no means be supposed to tend to promote the increase of population or to prolong the lives of the inhabitants. However, to avoid partiality, we must mention also those points in the physical conditions which might be regarded as beneficial to health, and which tend to perhaps tend somewhat to make the factors described less harmful.

In praise of the climate it may be said that the temperature is fairly uniform, compared with that of other countries, reaching neither a very high nor a very low degree; that, on the whole, the air is free from animal and vegetable impurities, and that even if the latter sometimes - as after a slaughter of grinde-whales, for instance - threaten to pollute it, it is constantly purified and renovated by the frequent winds; and finally, that an atmosphere foggy with only water-vapour does not appear to be unhealthy, considering the average length of life (83 years) in Foggy, England, which is greater than that of the rest of Europe; and certainly that of the Faroes (44 2/3), which is still greater. The mountainous nature of the country hardens the body by exercise, which is equally beneficial to digestion, blood, and liver. The food can be praised probably only in that it is free from spices and palate-tickling ingredients, which tempt people to fill the stomach with more than it can digest; and of the houses nothing at all good can be said except that the draughts in them combat an altogether too overpowering accumulation of dust and smoke. The clothing is suitable for its purpose in that it consists principally of wool and taken as a whole, is warm. The occupations of the men and the milkmaids may be regarded as healthy, in that the body is strengthened and hardened by continuance in the open air and by the struggle against nature. Nevertheless, that these apparently so healthy circumstances do not exert any essential influence on the mortality, or else are completely outweighed by other injurious factors, which



are conditioned on the occupations of the men, is evident from the fact that of the 1059 dead from 1838-1845, inclusive, 530 were men and 521 women. Of greater influence are probably the social conditions, which, from the simplicity of their manners, permit the people to keep calmer than in places where civilization has attained a higher grade, and which prevent extensive debauchery between the sexes, and foster that general inclination to helpfulness and kind deeds, whence it results, at least in the more generally prosperous villages, that the worst extremities are in some measure avoided.

It must not be supposed, however, that the circumstances cited as being favourable to health outweigh the injurious influences previously mentioned, and far less should the very favourable mortality rates be ascribed to the former.

Only with respect to the increase of population would it appear that the most substantial influence should be attributed to the frugal and physically hardening mode of living, and its generally greater serenity, in connection with the usually early marriages and the powerful constitutions with which the race who people the Faroes, and who originally sprang from Norway, are endowed by nature. At any rate, the credit is not due to the Faroese midwives that the increase of population (or the excess of births over deaths) is 1.95 per cent on the Faroes, while it is only 0.85 per cent in Denmark; and that of 1059 dead on the Faroes only 278 were under 10 years old (counting 60 stillborn or children dead within 24 hours); while in Denmark, in the most favourable instances, there were 300 under 10 years old (probably not counting stillbirths) among 1000 dead. The relation between the stillborn and the living-born children is clearly not more unfavourable on the Faroes than in Denmark, but rather more favourable, and this in spite of the fact that the status of midwifery on the islands is almost inexcusable. For since the life of a Faroese midwife is attended with difficulties and dangers which are unknown in this country, and since ritual she receives neither from the public nor from the respective individuals a compensation commensurate in any sense with her exertions, it is rare that a suitable subject is found willing to journey to Copenhagen to study midwifery. But even when a suitable woman has signified her willingness to do this, the directors of the Royal Institute of Nativity have frequently refused her admission to the establishment. As a result, there are on the Faroes very few trained midwives (if I remember rightly, only 4 or 5), which seems so much the more unfortunate because now no women are trained by the authorized physicians of the country, as they formerly were. It was, therefore, certainly to be desired that these methods should be ordered better than they had hitherto been, notwithstanding the repeated presentation of them by the bailiffs and provincial surgeons to the authorities concerned. Nothing could be more unjust than to draw, from the favourable conditions named above, the conclusion that in the mechanics of birth totally ignorant women can render the same service as well-trained midwives; for such an idea is quite sufficiently disproved by statistical investigations; and it is not to be doubted that the hitherto regarded as favourable for the Faroes with respect to increase of population and the proportion of stillborn children to living-born must be attributed to other circumstances,



which are so favorable that they outweigh the injurious influence exerted by a badly-ordered system of midwifery.

Little as the existing institution of midwifery can be expected to promote the increase of population, or more certainly a favorable rate of mortality, on the Faroes essentially be credited to the physicians; for it is a familiar fact that there are on the Faroes only one royally appointed physician and, formerly, one additional physician, who both live in Thorshavn, and whose activities, in consequence of the physical character of the country, must be still more ineffective and imperfect than in the Danish country districts. According to an average computation for 1850, 1851, 1852, 1853, inclusive, there died yearly of the inhabitants of the respective parishes, as follows:

| | | | |
|--|-------|---|---|
| In Sjaströmd (with Thorshavn) | 1,350 | " | " |
| " Norströmd | 1,107 | " | " |
| On Österö | 1,517 | " | " |
| " The Northern Islands | 1,311 | " | " |
| " Vangö | 1,370 | " | " |
| Svalö | 1,171 | " | " |
| " Svalö (according to the midwifery matter of Candidate Hønlund,) | 1,777 | " | " |

Now, since the people who live in Sjaströmd, and especially in Thorshavn, have very frequent opportunities to get medical assistance, while Svalö, for example, is sometimes not visited by a physician in a year and a day, it may be seen from the fact that the physicians on the Faroes do not have such a great influence on the rates of mortality as other factors, especially the physical circumstances and the physical character of the island. It would be just as unreasonable, however, to assume that the employment of more physicians would be superfluous, as to deduce from the results cited above that midwifery is superfluous. In an example, which might appear to count for the opposite, I will take the liberty of presenting the following: In the years 1700-1700, when there was no scientific training physician on the Faroes islands, 225 persons died on Österö, which, in 1700, had 1040 inhabitants. Since, according to average computation, the people of Österö increased yearly by 11 - 30/32 individuals during the ensuing 38 years, the population for 1738, or the average number of inhabitants in the period named, is plotted at 1075 individuals; and in 1738, 1739, 1740, 1741, 1742, 1743, 1744, 1745, 1746, 1747, 1748, 1749, 1750, 1751, 1752, 1753, 1754, 1755, 1756, 1757, 1758, 1759, 1760, 1761, 1762, 1763, 1764, 1765, 1766, 1767, 1768, 1769, 1770, 1771, 1772, 1773, 1774, 1775, 1776, 1777, 1778, 1779, 1780, 1781, 1782, 1783, 1784, 1785, 1786, 1787, 1788, 1789, 1790, 1791, 1792, 1793, 1794, 1795, 1796, 1797, 1798, 1799, 1800, 1801, 1802, 1803, 1804, 1805, 1806, 1807, 1808, 1809, 1810, 1811, 1812, 1813, 1814, 1815, 1816, 1817, 1818, 1819, 1820, 1821, 1822, 1823, 1824, 1825, 1826, 1827, 1828, 1829, 1830, 1831, 1832, 1833, 1834, 1835, 1836, 1837, 1838, 1839, 1840, 1841, 1842, 1843, 1844, 1845, 1846, 1847, 1848, 1849, 1850, 1851, 1852, 1853, 1854, 1855, 1856, 1857, 1858, 1859, 1860, 1861, 1862, 1863, 1864, 1865, 1866, 1867, 1868, 1869, 1870, 1871, 1872, 1873, 1874, 1875, 1876, 1877, 1878, 1879, 1880, 1881, 1882, 1883, 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892, 1893, 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 2682, 2683, 2684, 2685, 2686, 2687, 2688, 2689, 2690, 2691, 2692, 2693, 2694, 2695, 2696, 2697, 2698, 2699, 2700, 2701, 2702, 2703, 2704, 2705, 2706, 2707, 2708, 2709, 2710, 2711, 2712, 2713, 2714, 2715, 2716, 2717, 2718, 2719, 2720, 2721, 2722, 2723, 2724, 2725, 2726, 2727, 2728, 2729, 2730, 2731, 2732, 2733, 2734, 2735, 2736, 2737, 2738, 2739, 2740, 2741, 2742, 2743, 2744, 2745, 2746, 2747, 2748, 2749, 2750, 2751, 2752, 2753, 2754, 2755, 2756, 2757, 2758, 2759, 2760, 2761, 2762, 2763, 2764, 2765, 2766, 2767, 2768, 2769, 2770, 2771, 2772, 2773, 2774, 2775, 2776, 2777, 2778, 2779, 2780, 2781, 2782, 2783, 2784, 2785, 2786, 2787, 2788, 2789, 2790, 2791, 2792, 2793, 2794, 2795, 2796, 2797, 2798, 2799, 2800, 2801, 2802, 2803, 2804, 2805, 2806, 2807, 2808, 2809, 2810, 2811, 2812, 2813, 2814, 2815, 2816, 2817, 2818, 2819, 2820, 2821, 2822, 2823, 2824, 2825, 2826, 2827, 2828, 2829, 2830, 2831, 2832, 2833, 2834, 2835, 2836, 2837, 2838, 2839, 2840, 2841, 2842, 2843, 2844, 2845, 2846, 2847, 2848, 2849, 2850, 2851, 2852, 2853, 2854, 2855, 2856, 2857, 2858, 2859, 2860, 2861, 2862, 2863, 2864, 2865, 2866, 2867, 2868, 2869, 2870, 2871, 2872, 2873, 2874, 2875, 2876, 2877, 2878, 2879, 2880, 2881, 2882, 2883, 2884, 2885, 2886, 2887, 2888, 2889, 2890, 2891, 2892, 2893, 2894, 2895, 2896, 2897, 2898, 2899, 2900, 2901, 2902, 2903, 2904, 2905, 2906, 2907, 2908, 2909, 2910, 2911, 2912, 2913, 2914, 2915, 2916, 2917, 2918, 2919, 2920, 2921, 2922, 2923, 2924, 2925, 2926, 2927, 2928, 2929, 2930, 2931, 2932, 2933, 2934, 2935, 2936, 2937, 2938, 2939, 2940, 2941, 2942, 2943, 2944, 2945, 2946, 2947, 2948, 2949, 2950, 2951, 2952, 2953, 2954, 2955, 2956, 2957, 2958, 2959, 2960, 2961, 2962, 2963, 2964, 2965, 2966, 2967, 2968, 2969, 2970, 2971, 2972, 2973, 2974, 2975, 2976, 2977, 2978, 2979, 2980, 2981, 2982, 2983, 2984, 2985, 2986, 2987, 2988, 2989, 2990, 2991, 2992, 2993, 2994, 2995, 2996, 2997, 2998, 2999, 3000, 3001, 3002, 3003, 3004, 3005, 3006, 3007, 3008, 3009, 3010, 3011, 3012, 3013, 3014, 3015, 3016, 3017, 3018, 3019, 3020, 3021, 3022, 3023, 3024, 3025, 3026, 3027, 3028, 3029, 3030, 3031, 3032, 3033, 3034, 3035, 3036, 3037, 3038, 3039, 3040, 3041, 3042, 3043, 3044, 3045, 3046, 3047, 3048, 3049, 3050, 3051, 3052, 3053, 3054, 3055, 3056, 3057, 3058, 3059, 3060, 3061, 3062, 3063, 3064, 3065, 3066, 3067, 3068, 3069, 3070, 3071, 3072, 3073, 3074, 3075, 3076, 3077, 3078, 3079, 3080, 3081, 3082, 3083, 3084, 3085, 3086, 3087, 3088, 3089, 3090, 3091, 3092, 3093, 3094, 3095, 3096, 3097, 3098, 3099, 3100, 3101, 3102, 3103, 3104, 3105, 3106, 3107, 3108, 3109, 3110, 3111, 3112, 3113, 3114, 3115, 3116, 3117, 3118, 3119, 3120, 3121, 3122, 3123, 3124, 3125, 3126, 3127, 3128, 3129, 3130, 3131, 3132, 3133, 3134, 3135, 3136, 3137, 3138, 3139, 3140, 3141, 3142, 3143, 3144, 3145, 3146, 3147, 3148, 3149, 3150, 3151, 3152, 3153, 3154, 3155, 3156, 3157, 3158, 3159, 3160, 3161, 3162, 3163, 3164, 3165, 3166, 3167, 3168, 3169, 3170, 3171, 3172, 3173, 3174, 3175, 3176, 3177, 3178, 3179, 3180, 3181, 3182, 3183, 3184, 3185, 3186, 3187, 3188, 3189, 3190, 3191, 3192, 3193, 3194, 3195, 3196, 3197, 3198, 3199, 3200, 3201, 3202, 3203, 3204, 3205, 3206, 3207, 3208, 3209, 3210, 3211, 3212, 3213, 3214, 3215, 3216, 3217, 3218, 3219, 3220, 3221, 3222, 3223, 3224, 3225, 3226, 3227, 3228, 3229, 3230, 3231, 3232, 3233, 3234, 3235, 3236, 3237, 3238, 3239, 3240, 3241, 3242, 3243, 3244, 3245, 3246, 3247, 3248, 3249, 3250, 3251, 3252, 3253, 3254, 3255, 3256, 3257, 3258, 3259, 3260, 3261, 3262, 3263, 3264, 3265, 3266, 3267, 3268, 3269, 3270, 3271, 3272, 3273, 3274, 3275, 3276, 3277, 3278, 3279, 3280, 3281, 3282, 3283, 3284, 3285, 3286, 3287, 3288, 3289, 3290, 3291, 3292, 3293, 3294, 3295, 3296, 3297, 3298, 3299, 3300, 3301, 3302, 3303, 3304, 3305, 3306, 3307, 3308, 3309, 3310, 3311, 3312, 3313, 3314, 3315, 3316, 3317, 3318, 3319, 3320, 3321, 3322, 3323, 3324, 3325, 3326, 3327, 3328, 3329, 3330, 3331, 3332, 3333, 3334, 3335, 3336, 3337, 3338, 3339, 3340, 3341, 3342, 3343, 3344, 3345, 3346, 3347, 3348, 3349, 3350, 3351, 3352, 3353, 3354, 3355, 3356, 3357, 3358, 3359, 3360, 3361, 3362, 3363, 3364, 3365, 3366, 3367, 3368, 3369, 3370, 3371, 3372, 3373, 3374, 3375, 3376, 3377, 3378, 3379, 3380, 3381, 3382, 3383, 3384, 3385, 3386, 3387, 3388, 3389, 3390, 3391, 3392, 3393, 3394, 3395, 3396, 3397, 3398, 3399, 3400, 3401, 3402, 3403, 3404, 3405, 3406, 3407, 3408, 3409, 3410, 3411, 3412, 3413, 3414, 3415, 3416, 3417, 3418, 3419, 3420, 3421, 3422, 3423, 3424, 3425, 3426, 3427, 3428, 3429, 3430, 3431, 3432, 3433, 3434, 3435, 3436, 3437, 3438, 3439, 3440, 3441, 3442, 3443, 3444, 3445, 3446, 3447, 3448, 3449, 3450, 3451, 3452, 3453, 3454, 3455, 3456, 3457, 3458, 3459, 3460, 3461, 3462, 3463, 3464, 3465, 3466, 3467, 3468, 3469, 3470, 3471, 3472, 3473, 3474, 3475, 3476, 3477, 3478, 3479, 3480, 3481, 3482, 3483, 3484, 3485, 3486, 3487, 3488, 3489, 3490, 3491, 3492, 3493, 3494, 3495, 3496, 3497, 3498, 3499, 3500, 3501, 3502, 3503, 3504, 3505, 3506, 3507, 3508, 3509, 3510, 3511, 3512, 3513, 3514, 3515, 3516, 3517, 3518, 3519, 3520, 3521, 3522, 3523, 3524, 3525, 3526, 3527, 3528, 3529, 3530, 3531, 3532, 3533, 3534, 3535, 3536, 3537, 3538, 3539, 3540, 3541, 3542, 3543, 3544, 3545, 3546, 3547, 3548, 3549, 3550, 3551, 3552, 3553, 3554, 3555, 3556, 3557, 3558, 3559, 3560, 3561, 3562, 3563, 3564, 3565, 3566, 3567, 3568, 3569, 3570, 3571, 3572, 3573, 3574, 3575, 3576, 3577, 3578, 3579, 3580, 3581, 3582, 3583, 3584, 3585, 3586, 3587, 3588, 3589, 3590, 3591, 3592, 3593, 3594, 3595, 3596, 3597, 3598, 3599, 3600, 3601, 3602, 3603, 3604, 3605, 3606, 3607, 3608, 3609, 3610, 3611, 3612, 3613, 3614, 3615, 3616, 3617, 3618, 3619, 3620, 3621, 3622, 3623, 3624, 3625, 3626, 3627, 3628, 3629, 3630, 3631, 3632, 3633, 3634, 3635, 3636, 3637, 3638, 3639, 3640, 364

statement that the measles prevailed in 1781; but the latter increased the mortality so little, as far as Østergård is concerned, that while the mortality on Østergård from 1771-1780, inclusive, amounted to an average computation, was 31 - 1/3 yearly, from 1781-1790, inclusive, notwithstanding the increase in the number of people, it was found to be only 11-7/10, on the other hand, that in the year 1838, during the terrible epidemic of influenza, 17 individuals on Østergård, while, according to an average computation, from 1837-1845 inclusive, only 27-5/11 individuals died yearly, on this island. Since, then, the physical character of Østergård island, as well as the mode of life of the inhabitants, seems to have been almost entirely unchanged during the periods concerned, and beside these causes, no unusual causes seem to have influenced the mortality, there might be an inclination to ascribe the not inconsiderable difference to the efficacy of the physicians. I think, however, that the efficacy of the physicians cannot generally be estimated, because it is impossible to make allowance at the same time for other factors; and the contradictory evidence found in the numerical results above, which were obtained by various methods, seems, furthermore, to be a proof of this. Only this much is certain - that though the efficacy of the physicians, it seems, cannot be estimated as an essential factor in the favourable rate of mortality on the Faroes, nor does it become perceptible from a statistical survey of the mortality of the different islands, the employment of a physician of Salaré, an island of 1,150 inhabitants, which is not completely cut off, so to speak, from medical assistance, appears, from a humanitarian viewpoint, to be not only desirable, but necessary, if the influence of the physician towards rendering the rates of mortality still more favourable is not to be altogether discredited.

After having thus reviewed the causes which at first glance would seem to be able to exert some effect on the favourable rates of mortality on the Faroes, without so far having found any factor to which, on closer scrutiny, might be ascribed an essential importance in this respect, we are led to accept the assumption that the entire or partial exemption of the Faroe Islands from a number of diseases, especially those which are infectious, which decimate the populations of other countries, is the most important of all causes of the favourable rates on these islands, and the high limit of life of the inhabitants. This assumption becomes the more obvious when we run over, in brief, the diseases which are rare or unknown on the Faroes.

Scarfulosis and tuberculosis, the vast influence of which on mortality in general in other countries, and in particular, on the mortality of children under 10 years of age, while not unknown, are, however, in proportion to other countries, rare on the Faroes. Perhaps the specially favourable rate of mortality cited for children under 10 years might be explained by this fact. Perhaps the fact that the food of the inhabitants is, in general, of better quality than the animal variety, exerts an influence hereupon; but possibly, the fact that until quite a few years ago syphilis was an almost unknown disease on the Faroes (of this more later) has contributed its part towards the relative rarity of the two families of diseases named.

Whether skirrhous or cancer, occurs on the Tarsus, I do not know; I did not see any case of it, and it is not probable that the disease should have entirely escaped my observation, unless it occurred at least among the parities.

Bright's Disease, which, at least among the patients in the General Hospital, is a very rare disease, I did not see any cases; although I always traced the origin of the disease, whether with oedema of the limbs or from other suspicious symptoms, I never found albumen in the urine, on the contrary, in all the cases, usually heart-disease was detected as the cause of the oedema.

Malaria, and the accompanying infarcts of the liver and the spleen, etc., do not, so far as I can see, occur on the Tarsus.

Among the infectious diseases, the Tarsus is visited by scabies, influenza, typhus, and in the last year, typhoid. Of these we have not so far mentioned the latter disease, which I have mentioned briefly, the effect on mortality, which may be attributed to it.

Scabies, as is well known, hardly ever shortens the life, and so will receive no further mention here. Typhoid (Krause) are frequent, however, and as it is a disease which covers the minor epidemics which I have had to do with, and very mild, and it seldom, but not never, has a fatal issue; but in the year 1870 an epidemic of Krause typhoid which very mostly increased the mortality of the country. The following table shows the following survey:

Died in 1870:

Chiefly from typhoid fever, and other febrile diseases, 1870-1871, 1872-1873, 1874-1875, 1876-1877, 1878-1879, 1880-1881, 1882-1883, 1884-1885, 1886-1887, 1888-1889, 1890-1891, 1892-1893, 1894-1895, 1896-1897, 1898-1899, 1900-1901, 1902-1903, 1904-1905, 1906-1907, 1908-1909, 1910-1911, 1912-1913, 1914-1915, 1916-1917, 1918-1919, 1920-1921, 1922-1923, 1924-1925, 1926-1927, 1928-1929, 1930-1931, 1932-1933, 1934-1935, 1936-1937, 1938-1939, 1940-1941, 1942-1943, 1944-1945, 1946-1947, 1948-1949, 1950-1951, 1952-1953, 1954-1955, 1956-1957, 1958-1959, 1960-1961, 1962-1963, 1964-1965, 1966-1967, 1968-1969, 1970-1971, 1972-1973, 1974-1975, 1976-1977, 1978-1979, 1980-1981, 1982-1983, 1984-1985, 1986-1987, 1988-1989, 1990-1991, 1992-1993, 1994-1995, 1996-1997, 1998-1999, 2000-2001, 2002-2003, 2004-2005, 2006-2007, 2008-2009, 2010-2011, 2012-2013, 2014-2015, 2016-2017, 2018-2019, 2020-2021, 2022-2023, 2024-2025, 2026-2027, 2028-2029, 2030-2031, 2032-2033, 2034-2035, 2036-2037, 2038-2039, 2040-2041, 2042-2043, 2044-2045, 2046-2047, 2048-2049, 2050-2051, 2052-2053, 2054-2055, 2056-2057, 2058-2059, 2060-2061, 2062-2063, 2064-2065, 2066-2067, 2068-2069, 2070-2071, 2072-2073, 2074-2075, 2076-2077, 2078-2079, 2080-2081, 2082-2083, 2084-2085, 2086-2087, 2088-2089, 2090-2091, 2092-2093, 2094-2095, 2096-2097, 2098-2099, 2100-2101, 2102-2103, 2104-2105, 2106-2107, 2108-2109, 2110-2111, 2112-2113, 2114-2115, 2116-2117, 2118-2119, 2120-2121, 2122-2123, 2124-2125, 2126-2127, 2128-2129, 2130-2131, 2132-2133, 2134-2135, 2136-2137, 2138-2139, 2140-2141, 2142-2143, 2144-2145, 2146-2147, 2148-2149, 2150-2151, 2152-2153, 2154-2155, 2156-2157, 2158-2159, 2160-2161, 2162-2163, 2164-2165, 2166-2167, 2168-2169, 2170-2171, 2172-2173, 2174-2175, 2176-2177, 2178-2179, 2180-2181, 2182-2183, 2184-2185, 2186-2187, 2188-2189, 2190-2191, 2192-2193, 2194-2195, 2196-2197, 2198-2199, 2200-2201, 2202-2203, 2204-2205, 2206-2207, 2208-2209, 2210-2211, 2212-2213, 2214-2215, 2216-2217, 2218-2219, 2220-2221, 2222-2223, 2224-2225, 2226-2227, 2228-2229, 2230-2231, 2232-2233, 2234-2235, 2236-2237, 2238-2239, 2240-2241, 2242-2243, 2244-2245, 2246-2247, 2248-2249, 2250-2251, 2252-2253, 2254-2255, 2256-2257, 2258-2259, 2260-2261, 2262-2263, 2264-2265, 2266-2267, 2268-2269, 2270-2271, 2272-2273, 2274-2275, 2276-2277, 2278-2279, 2280-2281, 2282-2283, 2284-2285, 2286-2287, 2288-2289, 2290-2291, 2292-2293, 2294-2295, 2296-2297, 2298-2299, 2300-2301, 2302-2303, 2304-2305, 2306-2307, 2308-2309, 2310-2311, 2312-2313, 2314-2315, 2316-2317, 2318-2319, 2320-2321, 2322-2323, 2324-2325, 2326-2327, 2328-2329, 2330-2331, 2332-2333, 2334-2335, 2336-2337, 2338-2339, 2340-2341, 2342-2343, 2344-2345, 2346-2347, 2348-2349, 2350-2351, 2352-2353, 2354-2355, 2356-2357, 2358-2359, 2360-2361, 2362-2363, 2364-2365, 2366-2367, 2368-2369, 2370-2371, 2372-2373, 2374-2375, 2376-2377, 2378-2379, 2380-2381, 2382-2383, 2384-2385, 2386-2387, 2388-2389, 2390-2391, 2392-2393, 2394-2395, 2396-2397, 2398-2399, 2400-2401, 2402-2403, 2404-2405, 2406-2407, 2408-2409, 2410-2411, 2412-2413, 2414-2415, 2416-2417, 2418-2419, 2420-2421, 2422-2423, 2424-2425, 2426-2427, 2428-2429, 2430-2431, 2432-2433, 2434-2435, 2436-2437, 2438-2439, 2440-2441, 2442-2443, 2444-2445, 2446-2447, 2448-2449, 2450-2451, 2452-2453, 2454-2455, 2456-2457, 2458-2459, 2460-2461, 2462-2463, 2464-2465, 2466-2467, 2468-2469, 2470-2471, 2472-2473, 2474-2475, 2476-2477, 2478-2479, 2480-2481, 2482-2483, 2484-2485, 2486-2487, 2488-2489, 2490-2491, 2492-2493, 2494-2495, 2496-2497, 2498-2499, 2500-2501, 2502-2503, 2504-2505, 2506-2507, 2508-2509, 2510-2511, 2512-2513, 2514-2515, 2516-2517, 2518-2519, 2520-2521, 2522-2523, 2524-2525, 2526-2527, 2528-2529, 2530-2531, 2532-2533, 2534-2535, 2536-2537, 2538-2539, 2540-2541, 2542-2543, 2544-2545, 2546-2547, 2548-2549, 2550-2551, 2552-2553, 2554-2555, 2556-2557, 2558-2559, 2560-2561, 2562-2563, 2564-2565, 2566-2567, 2568-2569, 2570-2571, 2572-2573, 2574-2575, 2576-2577, 2578-2579, 2580-2581, 2582-2583, 2584-2585, 2586-2587, 2588-2589, 2590-2591, 2592-2593, 2594-2595, 2596-2597, 2598-2599, 2600-2601, 2602-2603, 2604-2605, 2606-2607, 2608-2609, 2610-2611, 2612-2613, 2614-2615, 2616-2617, 2618-2619, 2620-2621, 2622-2623, 2624-2625, 2626-2627, 2628-2629, 2630-2631, 2632-2633, 2634-2635, 2636-2637, 2638-2639, 2640-2641, 2642-2643, 2644-2645, 2646-2647, 2648-2649, 2650-2651, 2652-2653, 2654-2655, 2656-2657, 2658-2659, 2660-2661, 2662-2663, 2664-2665, 2666-2667, 2668-2669, 2670-2671, 2672-2673, 2674-2675, 2676-2677, 2678-2679, 2680-2681, 2682-2683, 2684-2685, 2686-2687, 2688-2689, 2690-2691, 2692-2693, 2694-2695, 2696-2697, 2698-2699, 2700-2701, 2702-2703, 2704-2705, 2706-2707, 2708-2709, 2710-2711, 2712-2713, 2714-2715, 2716-2717, 2718-2719, 2720-2721, 2722-2723, 2724-2725, 2726-2727, 2728-2729, 2730-2731, 2732-2733, 2734-2735, 2736-2737, 2738-2739, 2740-2741, 2742-2743, 2744-2745, 2746-2747, 2748-2749, 2750-2751, 2752-2753, 2754-2755, 2756-2757, 2758-2759, 2760-2761, 2762-2763, 2764-2765, 2766-2767, 2768-2769, 2770-2771, 2772-2773, 2774-2775, 2776-2777, 2778-2779, 2780-2781, 2782-2783, 2784-2785, 2786-2787, 2788-2789, 2790-2791, 2792-2793, 2794-2795, 2796-2797, 2798-2799, 2800-2801, 2802-2803, 2804-2805, 2806-2807, 2808-2809, 2810-2811, 2812-2813, 2814-2815, 2816-2817, 2818-2819, 2820-2821, 2822-2823, 2824-2825, 2826-2827, 2828-2829, 2830-2831, 2832-2833, 2834-2835, 2836-2837, 2838-2839, 2840-2841, 2842-2843, 2844-2845, 2846-2847, 2848-2849, 2850-2851, 2852-2853, 2854-2855, 2856-2857, 2858-2859, 2860-2861, 2862-2863, 2864-2865, 2866-2867, 2868-2869, 2870-2871, 2872-2873, 2874-2875, 2876-2877, 2878-2879, 2880-2881, 2882-2883, 2884-2885, 2886-2887, 2888-2889, 2890-2891, 2892-2893, 2894-2895, 2896-2897, 2898-2899, 2900-2901, 2902-2903, 2904-2905, 2906-2907, 2908-2909, 2910-2911, 2912-2913, 2914-2915, 2916-2917, 2918-2919, 2920-2921, 2922-2923, 2924-2925, 2926-2927, 2928-2929, 2930-2931, 2932-2933, 2934-2935, 2936-2937, 2938-2939, 2940-2941, 2942-2943, 2944-2945, 2946-2947, 2948-2949, 2950-2951, 2952-2953, 2954-2955, 2956-2957, 2958-2959, 2960-2961, 2962-2963, 2964-2965, 2966-2967, 2968-2969, 2970-2971, 2972-2973, 2974-2975, 2976-2977, 2978-2979, 2980-2981, 2982-2983, 2984-2985, 2986-2987, 2988-2989, 2990-2991, 2992-2993, 2994-2995, 2996-2997, 2998-2999, 3000-3001, 3002-3003, 3004-3005, 3006-3007, 3008-3009, 3010-3011, 3012-3013, 3014-3015, 3016-3017, 3018-3019, 3020-3021, 3022-3023, 3024-3025, 3026-3027, 3028-3029, 3030-3031, 3032-3033, 3034-3035, 3036-3037, 3038-3039, 3040-3041, 3042-3043, 3044-3045, 3046-3047, 3048-3049, 3050-3051, 3052-3053, 3054-3055, 3056-3057, 3058-3059, 3060-3061, 3062-3063, 3064-3065, 3066-3067, 3068-3069, 3070-3071, 3072-3073, 3074-3075, 3076-3077, 3078-3079, 3080-3081, 3082-3083, 3084-3085, 3086-3087, 3088-3089, 3090-3091, 3092-3093, 3094-3095, 3096-3097, 3098-3099, 3100-3101, 3102-3103, 3104-3105, 3106-3107, 3108-3109, 3110-3111, 3112-3113, 3114-3115, 3116-3117, 3118-3119, 3120-3121, 3122-3123, 3124-3125, 3126-3127, 3128-3129, 3130-3131, 3132-3133, 3134-3135, 3136-3137, 3138-3139, 3140-3141, 3142-3143, 3144-3145, 3146-3147, 3148-3149, 3150-3151, 3152-3153, 3154-3155, 3156-3157, 3158-3159, 3160-3161, 3162-3163, 3164-3165, 3166-3167, 3168-3169, 3170-3171, 3172-3173, 3174-3175, 3176-3177, 3178-3179, 3180-3181, 3182-3183, 3184-3185, 3186-3187, 3188-3189, 3190-3191, 3192-3193, 3194-3195, 3196-3197, 3198-3199, 3200-3201, 3202-3203, 3204-3205, 3206-3207, 3208-3209, 3210-3211, 3212-3213, 3214-3215, 3216-3217, 3218-3219, 3220-3221, 3222-3223, 3224-3225, 3226-3227, 3228-3229, 3230-3231, 3232-3233, 3234-3235, 3236-3237, 3238-3239, 3240-3241, 3242-3243, 3244-3245, 3246-3247, 3248-3249, 3250-3251, 3252-3253, 3254-3255, 3256-3257, 3258-3259, 3260-3261, 3262-3263, 3264-3265, 3266-3267, 3268-3269, 3270-3271, 3272-3273, 3274-3275, 3276-3277, 3278-3279, 3280-3281, 3282-3283, 3284-3285, 3286-3287, 3288-3289, 3290-3291, 3292-3293, 3294-3295, 3296-3297, 3298-3299, 3300-3301, 3302-3303, 3304-3305, 3306-3307, 3308-3309, 3310-3311, 3312-3313, 3314-3315, 3316-3317, 3318-3319, 3320-3321, 3322-3323, 3324-3325, 3326-3327, 3328-3329, 3330-3331, 3332-3333, 3334-3335, 3336-3337, 3338-3339, 3340-3341, 3342-3343, 3344-3345, 3346-3347, 3348-3349, 3350-3351, 3352-3353, 3354-3355, 3356-3357, 3358-3359, 3360-3361, 3362-3363, 3364-3365, 3366-3367, 3368-3369, 3370-3371, 3372-3373, 3374-3375, 3376-3377, 3378-3379, 3380-3381, 3382-3383, 3384-3385, 3386-3387, 3388-3389, 3390-3391, 3392-3393, 3394-3395, 3396-3397, 3398-3399, 3400-3401, 3402-3403, 3404-3405, 3406-3407, 3408-3409, 3410-3411, 3412-3413, 3414-3415, 3416-3417, 3418-3419, 3420-3421, 3422-3423, 3424-3425, 3426-3427, 3428-3429, 3430-3431, 3432-3433, 3434-3435, 3436-3437, 3438-3439, 3440-3441, 3442-3443, 3444-3445, 3446-3447, 3448-3449, 3450-3451, 3452-3453, 3454-3455, 3456-3457, 3458-3459, 3460-3461, 3462-3463, 3464-3465, 3466-3467, 3468-3469, 3470-3471, 3472-3473, 3474-3475, 3476-3477, 3478-3479, 3480-3481, 3482-3483, 3484-3485, 3486-3487, 3488-3489, 3490-3491, 3492-3493, 3494-3495, 3496-3497, 3498-3499, 3500-3501, 3502-3503, 3504-3505, 3506-3507, 3508-3509, 3510-3511, 3512-3513, 3514-3515, 3516-3517, 3518-3519, 3520-3521, 3522-3523, 3524-3525, 3526-3527, 3528-3529, 3530-3531, 3532-3533, 3534-3535, 3536-3537, 3538-3539, 3540-3541, 3542-3543, 3544-3545, 3546-3547, 3548-3549, 3550-3551, 3552-3553, 3554-3555, 3556-3557, 3558-3559, 3560-3561, 3562-3563, 3564-3565, 3566-3567, 3568-3569, 3570-3571, 3572-3573, 3574-3575, 3576-3577, 3578-3579, 3580-3581, 3582-3583, 3584-3585, 3586-3587, 3588-3589, 3590-3591, 3592-3593, 3594-3595, 3596-3597, 3598-3599, 3600-3601, 3602-3603, 3604-3605, 3606-3607, 3608-3609, 3610-3611, 3612-3613, 3614-3615, 3616-3617, 3618-3619, 3620-3621, 3622-3623, 3624-3625, 3626-3627, 3628-3629, 3630-3631, 3632-3633, 3634-3635, 3636-3637, 3638-3639, 3640-3641, 3642-3643, 3644-3645, 3646-3647, 3648-3649, 3650-3651, 3652-3653, 3654-3655, 3656-3657, 3658-3659, 3660-3661, 3662-3663, 3664-3665, 3666-3667, 3668-3669, 3670-3671, 3672-3673, 3674-3675, 3676-3677, 3678-3679, 3680-3681, 3682-3683, 3684-3685, 3686-3687, 3688-3689, 3690-3691, 3692-3693, 3694-3695, 3696-3697, 3698-3699, 3700-3701, 3702-3703, 3704-3705, 3706-3707, 3708-3709, 3710-3711, 3712-3713, 3714-3715, 3716-3717, 3718-3719, 3720-3721, 3722-3723, 3724-3725, 3726-3727, 3728-3729, 3730-3731, 3732-3733, 3734-3735, 3736-3737, 3738-3739, 3740-3741, 3742-3743, 3744-3745, 3746-3747, 3748-3749, 3750-3751, 3752-3753, 3754-3755, 3756-3757, 3758-3759, 3760-3761, 3762-3763, 3764-3765, 3766-3767, 3768-3769, 3770-3771, 3772-3773, 3774-3775, 3776-3777, 3778-3779, 3780-3781, 3782-3783, 3784-3785, 3786-3787, 3788-3789, 3790-3791, 3792-3793, 3794-3795, 3796-3797, 3798-3799, 3800-3801, 3802-3803, 3804-3805, 3806-3807, 3808-3809, 3810-3811, 3812-3813, 3814-3815, 3816-3817, 3818-3819, 3820-3821, 3822-3823, 3824-3825, 3826-3827, 3828-3829, 3830-3831, 3832-3833, 3834-3835, 3836-3837, 3838-3839, 3840-3841, 3842-3843, 3844-3845, 3846-3847, 3848-3849, 3850-3851, 3852-3853, 3854-3855, 3856-3857, 3858-3859, 3860-3861, 3862-3863, 3864-3865, 3866-3867, 3868-3869, 3870-3871, 3872-3873, 3874-3875, 3876-3877, 3878-3879, 3880-3881, 3882-3883, 3884-3885, 3886-3887, 3888-3889, 3890-3891, 3892-3893, 3894-3895, 3896-3897, 3898-3899, 3900-3901, 3902-3903, 3904-3905, 3906-3907, 3908-3909, 3910-3911, 3912-3913, 3914-3915, 3916-3917, 3918-3919, 3920-3921, 3922-3923, 3924-3925, 3926-3927, 3928-3929, 3930-3931, 3932-3933, 3934-3935, 3936-3937, 3938-3939, 3940-3941, 3942-3943, 3944-3945, 3946-3947, 3948-3949, 3950-3951, 3952-3953, 3954-3955, 3956-3957, 3958-3959, 3960-3961, 3962-3963, 3964-3965, 3966-3967, 3968-3969, 3970-3971, 3972-3973, 3974-3975, 3976-3977, 3978-3979, 3980-3981, 3982-3983, 3984-3985, 3986-3987, 3988-3989, 3990-3991, 3992-39

This epidemic of typhoid fever, which is not infrequently accompanied by such violent intestinal symptoms, is not infrequently accompanied by such violent intestinal symptoms, especially in the autumn. This cannot well be explained, since the arrival of the first traders may occur at very different times - sometimes in March, sometimes in April, sometimes again in May, or June, according to the season of the year. It has happened, however, that the epidemic broke out in the first of the summer months, and that the commercial managers of the island of Thorshavn, and later the remainder of the country. Usually, the epidemic occurs at other times of the year, and, in August, 1840, during my sojourn on the island. This epidemic, too, began a few days after the arrival of the ship, in the manner just described. The disease manifested itself in the form of a catarrh of fever, with pain in the head, more or less severe; and in the advanced stage, also with an injection of the conjunctiva, and catarrh of the eye. The course in 1840, or at least in 1840, was analogous to which, I take the liberty of mentioning to the general public, first on the island of Smit and a similar epidemic broke out in the same manner its appearance with cold, cough, and catarrh of the eye - every time a ship arrives.

Typhoid fever, called on the island of "landfarset" epidemic, prevails there off and on, to be sure, but not infrequently, as with us. The isolated situation of the island makes it plainly observable that the disease is primarily of local origin, but it afterwards spreads by contagion. In the latter part of September, 1840, an epidemic of landfarset broke out in Westmannhavn, and another but lesser one about the same time in Thorshavn. Since, on account of the cessation of the navigation at that time, I had only to await the arrival of the ship to return to Denmark, I was requested by the chief magistrate to take up my residence in Westmannhavn, in order to treat the sick there, and to devise measures which might possibly prevent the spread of the infection. During my stay there, which lasted 10 days, I treated 14 patients, who were suffering from a pronounced typhoid fever. Since it has been supposed that there is some thing particular about the Faroese landfarset, as though it were a nervous fever, typhoid feveris, I shall here set forth in brief the symptoms which the patients who came under my treatment presented, and which, in my opinion, proved that the disease is nothing else than typhoid fever in the course of which the typical symptoms sometimes seem to be more conspicuously pronounced than the usual typhoid fever. In all the cases there was headache, sometimes setting in at once, sometimes later; with giddiness, a stupid expression of the face, running of the ears, and photophobia, delirium of all the limbs,



general indisposition, with heat of head, nausea, and sore throat, as the first signs of illness. The cerebral symptoms increased rapidly, and among about half the sick, violent delirium was present incessantly while the disease was at its height. During the first days the patients complained of sleeplessness; later they slept nearly all the time. With all there were a considerable wasting away of the flesh and diminution of the powers during the progress of the disease; while it was at its worst, most of the patients were affected with trembling of the hands, and mimic spasm was observed to pass over their faces. Ruber furax facialis (fleeting redness of the cheeks) was observable with nearly all. Deep pressure upon the abdomen, especially in the caecal region, would cause a good deal of pain with all of the sick. In all the cases, without exception, the tongue was heavily coated, especially in the center, where it was also dry; with several the coating of the tongue was brown or black, and was crusty and seamed with fissures, the bottoms of which were bloody. When the coating was loosened, sometimes light white or aphthous places were observable on the tongue; but it soon regained its natural appearance, and when fissures were present, these healed rapidly. In all the cases there was a bitter or putrid taste in the mouth; appetite was entirely absent at first, but in convalescence returned with renewed force; all suffered from thirst, which was usually very severe. In about half the cases diarrhoea, which with some was quite profuse, alternated with constipation; some suffered with constipation only, others with diarrhoea only, and with but few were the dejections natural all the time. Nose-bleed occurred in the outset of the disease with several, though not with the majority of the sick; bloody diarrhoea was noticed with only one elderly woman, but distinct petechiae, sometimes isolated, sometimes blended into large dark purple spots, were found with 3 patients. Those pale, faint morbilli (measles) resembling the exanthema of typhus, were present with more than half the sick, being especially apparent on the arms, breast and legs. Several of the sick had, besides, a catarrhal cough usually inconsequential, and dry hoarseness, while the conjunctiva was quite conspicuously injected, particularly with older persons. After the illness, extreme weakness followed in all cases, but was worst and most persistent among old persons. In addition, taciturnity, despondency, and morosity were marked, being particularly great in the first stage of convalescence. With all was noticed desquamation of the lips, and with some also a branny scaling-off of the whole body. Older persons were usually more severely attacked than young persons. The little epidemic, which did not carry off anybody during my stay, evidently sprung up spontaneously; but it was afterwards quite apparent that it was spread by contagion, since, after isolation was effected, the disease was confined not only to the districts* which had already been affected when I arrived, but during my stay, even to the distant hamlets; and since in these, even, the persons who slept in a room apart from the sick either escaped entirely, or did not fall ill until after my departure.

* The Faroese villages, or "bóggða", lie spread out over the entire "home-field"; and the lesser groups of houses, of which the bóggð is composed, are called "bylir" (little town).



while those who had to be operated on were attacked immediately, and after the other.

The same method as that used in "Stammin" was equally successful on the Faroes in hindering the spread of typhoid, and here the inhabitants' extreme dread of it checked its progress greatly. Since the disease still prevails in spreading ways in the place where it spontaneously originated, and its occurrence is lacking, not very frequent, typhoid cannot be said to contribute much towards increasing mortality on the Faroes - at least, not so much as in other countries, where the inhabitants have more intercourse with each and other and are less willing to accept isolation.

Typhoid was unknown on the Faroes until about 2 years ago; and at that time about 20 cases have come under treatment. According to what I saw of the disease there, I may be said to have seen typhoid, in that I saw nothing but superficial fissures, macular eruptions, white surface sores on the skin, and typhoid, which is not especially to the typhoid type. The only feature in which it seems to differ from typhoid as observed at Maase here in the hospital is the predominant frequency of the macular eruptions, which might perhaps be due to the character of the primary type which was transplanted to the Faroes. When the provincial surgeon, Dr. Regenburg, called the disease a leprosy-syphilitic affection, I can explain this to myself by the fact that he perhaps regarded the macular tubercles as leprosy knots. His latest report to the Royal College of Health I see, however, and he has changed his mind about the disease, in that in this report he speaks of it being a syphilis. -- How much the former freedom of the Faroes from syphilis has helped to make the rates of mortality more accurate cannot be determined for the present, - particularly when consideration is given to the connection in which this disease commonly stands with scrofula and tuberculosis.

Of still greater importance for the favorable rates of mortality of the Faroe Islands seems to be the fact that the islands have been, at least in the years 1835-1845, inclusive, free from small-pox, scarlet fever, and measles.

Small-pox last prevailed on the Faroes, as far as I know, in 1795, and at that time caused great devastation, in regard to which accounts are still current among the people; and, it is believed that the whole population of Skup died out from it. At present, it might be hoped that such a calamity might be at least partially prevented by vaccination. It is obvious, however, that the physical character of the country renders it peculiarly difficult to carry this out satisfactorily. It could scarcely be done in any other way than for the physician to divide the islands into perhaps 7 districts, and to look after the vaccination in one of the 7, by turning, each year, by making a double tour, so that he would manage to reach each village twice, with 8 days' interim - the first time to perform the vaccination, the second time to learn the result. But it would be unreasonable to require such an inconvenience of the appointed physician without a corresponding remuneration, since, apart



From other hardship, by such a long absence from Thorshavn, could be involved, he would lose a part of the income from practice that would be due to the medical practitioners. This matter, it is clear, - that vaccination such as is now performed on the Faroe Islands is entirely unreliable and aimless. The fact is that it is delegated to a rustic to travel around in the country, to vaccinate the children; he is provided for the purpose with vaccine and a needle, or lancet, and is instructed how to go about the operation. This rustic then engaged in each village a man that can write, to inspect the children 7 days after vaccination, and to write to the provincial surgeon as to whether the vaccine has taken or not. However, since, on the one hand it is quite doubtful - in fact, in many cases, even improbable - that the man who is to inspect the children has ever seen a characteristic vaccine pustule; and on the other, since there is a question as to whether, to serve his neighbour or countryman, he is not capable of telling a slight falsehood, seeing that the inhabitants are often loth to have their children vaccinated, because they fear the grafting in of foreign diseases, and so on; it may easily be perceived what is to be expected of such control. If, then, a complete reform is to be effected on the Faroe Islands in regard to vaccination, as is certainly most desirable, especially if freer conditions of trade are to be expected, it will not only have to be undertaken by the physician himself, in dual trips, as suggested above, but it must also be carried through for all persons without exception, so that certificates of vaccination hitherto issued should excuse none from this slight operation.

Scarlatina has never, as far as I know, visited the Faroes, nor, probably, whooping-cough, though the latter is recorded in 1851 in some of the Church registers as a cause of death; for this information seems to have originated only from the fact that one or other priest, during the prevailing influenza epidemic, mistook a violent catarrhal chest affection for whooping-cough.

The measles had not prevailed on the Faroes since 1761; then they broke out early in April, 1840. Since I intend to offer in another section some observations about this disease, I shall limit myself here to mentioning the effect of the epidemic on the mortality. Of the 7762 inhabitants, about 6000 had taken with measles, in the course of about half a year, - in that the first cases appeared, in Thorshavn, on the 4th or 5th of April, and after the 17th of September only a few cases were, as yet, occurring on Jan. 13. From the beginning of the year to the middle of September, 255 persons in all died, of whom at least 123 died of its sequelae. But since I have no very accurate statistical data for Suðerø, in which Mr. Madsen has taken care of, I shall here give account only of the other islands, comprising 6 parishes, with 6026 inhabitants, of whom about 5000 had measles last year. From the beginning of the year 1840 until the epidemic had ended, 215 persons died in those parishes, among whom 104 died under the epidemic, - the duration of the latter being calculated separately for each village, - and of these at least 75 per cent. of measles or its results. It must, however, be observed withal that the number of those who died of measles as far as Suðerø is concerned



The following comparison shows the extent to which the epidemic of measles prevailed on the Faroes, although the difference which must be apparent from the fact that no epidemic spread, which in Denmark, to be sure, the measles usually attacks only children, is a contributing factor towards making the rate of mortality for 1843 more like the rate with reference to Denmark than usual. Accordingly, it might appear as if the singular way in which the measles affected the mortality rates on the Faroe Islands had something in common with the way in which the same epidemic epidemics prevailing at the same time affected the mortality in Denmark and other countries.

The influence which the epidemic of measles of 1843 exerted on the mortality rates of the Faroes may serve as an example to illustrate the tendency of epidemics as a whole towards decimating the populations of countries. Of course, the measles is not wont, under usual conditions, to menace any but children, while on the Faroes it eventually attacked almost the entire population, without respect to age; but the epidemics in the aggregate which prevail in other countries but partially spare the young, also threaten the entire population, without respect to age. I believe that it has held good in every case that the most essential cause of the favourable rates of mortality on the Faroe Islands may be looked for in the freedom of these islands, because of their situation as well as their isolated condition as regards commerce, from many diseases which in other places - Denmark, for instance - very considerably increase the mortality. It is obvious, then, that prophylactic measures against the introduction and spread of foreign diseases are of very great importance in such places, where they can be put into execution, - as, for example, on the Faroes; while they are of no importance where they are rendered impracticable by great conflux of people and by other conditions, as in Copenhagen. Here, therefore, an edict of quarantine against the measles would seem ludicrous, but the Faroe Islands would probably not have lost nearly 100 inhabitants if an edict directed against the smuggling in of the measles had not been removed some years ago.



I.

The measles is a disease so generally familiar and so almost trivial that it might be supposed that observations in regard to it could offer nothing new, except in special cases with more or less rare complications. It is not, however, my intention to go into details which are of only more or less partial interest, but to offer some observations in regard to the nature of the contagion of measles, which peculiarly favourable circumstances rendered it possible for me to make, and which I believe merit some attention.

As to the length of the incubation period, accurate and satisfactory observations have hitherto been lacking, as far as I know, since some authors regard it as 3 days, others as from 10 to 14 days, while others, again, assume no definite stage at all of latent contagion. This may not be strange, however, since observations in regard to the subject could not well be made while a very lively intercourse goes on among the people, and when each individual comes into contact with a large number of other individuals, each of whom may be carrying the germ of infection with him. Here in Copenhagen for instance, it can very rarely be said of any individual patient that he was exposed to infection only once, on this or that day; since it can hardly ever be proved that he was not in any wise exposed earlier or later, without involving it, to the influence of the contagion of measles. To be able to arrive at some definite result in reference to this question would call for special circumstances which might render it possible to make accurate observations; and these circumstances were offered on the Three Islands. The isolated situation of the villagers, and their, on the whole, limited intercourse with each other, made it possible in many - in fact, in most cases, to ascertain where and when the person who first fell ill had been exposed to the infection, and to prove that the contagion could not have affected him either before or after the day stated.

The first person on the Farøer who took the measles was a cabinet-maker, now living in Thorshavn. He left Copenhagen on the 20th of March and reached Thorshavn on the 28th; on the 29th he felt quite well, but was attacked by measles on the 30th, of what age he did not know. Shortly before his departure he had visited some measles patients in Copenhagen. About 14 days after his two nearest associates were attacked. The facts, - although inaccurately observed, to be sure, - which were obtained before my departure from Thorshavn, determined me to give attention in my travels about the islands to the length of the stage of incubation.

The first village to which I came (on my way back, on my rounds) was Tjørnevig, on Nordström, where 30 of the 100 inhabitants were down with the measles. In the run of some 4 boat-loads from

* Dr. Regenburg, Provincial Surgeon, who was the cabinet-maker's physician, was ill himself at the same time at which the former's illness was at its height, which, as well as the surgeon could remember, was on April 4th.

Ljoinevig had taken part in a party of singing, or dancing, at V. Svanhög; and on the evening of the 14th day following, - the 16th of June - the measles broke out on him, after they had been feeling ill from the 13th, and he was suffering with coughs and sneezing of the nose. The 10 men mentioned had not been together at all except at the game catch of 14th to, and none of them had been at any place where they could have happened to be exposed in the remotest way to the infection, which they dreaded and shunned. In Vestmannaeyri, on the 17th of June, they had not only been in contact with many persons who were picked up after the measles - perhaps part of them still florid with the exanthema - but had also been staying in a house where persons had to go to bed on the next day with an eruption of the measles exanthema. From 17 to 18 days after the 16th man had taken measles (counting from the appearance of the rash), the rash of measles broke out among nearly all the other inhabitants, except among a few individuals, who were not attacked until 18 or 19 days after the first general attack.

These facts might suggest that the contagion of measles produces no visible effects for quite a long time, usually 10 to 12 days, after its reception into the organism, since the prodromic catarrhal stage began just after this lapse of time; and that the exanthema first appears on the 14th day after the reception of the infection. If this supposition is confirmed, the observations that the second and third general attacks ensue each after about 14 days' interim, would make it probable that the measles is most infectious during the stage of eruption and efflorescence, but, as generally supposed, during that of subsiding off.

In order to investigate as to whether these suppositions were well-founded, I decided to undertake in each village to which I came, a minor examination, as exact as possible, in regard to the origin, occasion, and propagation of the disease. In this way I obtained from 52 villages the names of the persons who took the measles first, the opportunity whereby and the date whereon they were exposed to infection, the date on which the exanthema came out on them, and the time that elapsed thereafter before the other residents broke out with the rash. It would have been too tedious, however, to go through with such an examination in every single village, especially as I found the supposition set forth above confirmed in the whole, and I did not come across any cases to prove that there were exceptions to the rule. I shall, therefore, present here only some cases by which this fact was confirmed in most remarkable fashion.

In Yellersta, on Sýðströnd, I obtained statements which corroborated my assumption of a stage of incubation of a definite length, inasmuch as there appeared to have been, in the case of a certain patient, only 10 days between the occasion on which the patient was exposed to the contagion and the day on which the rash appeared. Since it was a very reliable man who stated this to me, and the patient concerned was his own wife, I thought I had not found an exception to the rule. But on St. Olaf's Day (July 29) the same man sent me a message by his nephew, Pastor Þjarnhaus, to the effect that his statement had not been correct, but that it was exactly 14 days, instead of 10, that intervened between the occasion on



which his wife was exposed to the infection and the disease broke out with the rash. Shortly before my arrival the man had lost at the same time a beloved wife and a sister, and his grief had distracted him.

The other case in which I thought I found a connection to the rule was in Hattrevig, on Furú (Björkö Island). A young man, the first who had taken measles there, declared to me that he had not been outside Hattrevig except on one occasion (June 15th) when, together with another man, he was in Hattrevig, on Furú (Björkö Island), where at that time the measles had not broken out, but when he had later learned, a man had got the rash on the 3rd of June, and two others on the 5th. The first young man asserted that in his case the exanthema had appeared on the 15th of June, but in his companion's case, not until the 17th. Although I requested to him that it was of great importance to other people that he should tell the truth, and there was no question of any responsibility for him, he would not admit that he had been exposed any earlier to the infection. But in the evening when I was sitting in the dining-room, attired in faroes' clothes he came to me and begged my pardon because he had not recollected correctly; the fact was that he had also been in Hattrevig, on the 30th of May, and being in an isolated condition, had been in several houses where there were cases of measles. The form somewhat resembling an examination which I had used had made the young man think that isolated Furú already, and had induced him to divulge the truth.*

In Slettevåg, on Seterø (east of Iceland), I was told that a young man had been infected on June 15th, at the Smile-hall in Vestmannaeyri, and that on the 5th of June had broken out with the rash, and that his younger brother and sister fell in the year had been infected by him, and had broken out with the rash on June 17. I asked for the address, and inquired where the older brother had been on the 30th of May (it does not seem the case that he had been out on him). They tell me that on that day, they had been in Þorl-Þre, where the measles was prevailing, and that on the way home he had spent the night of the same day in Syðre-Þóte, and had slept in the bed with the owner of the Syðre-Þóte's wife, and that in Þorl-Þre he had not been infected, and that he had not been in Syðre-Þóte at that time. However, in the notes after wards, I found that the Syðre-Þóte was the first person who took the infection in Syðre-Þóte, and that the infection had spread over him when he had been in Þorl-Þre. I ascertained that only these fell in the year had broken out with the measles rash at the same time as the brother, and that along with them at the Smile-hall at Vestmannaeyri. This ascertained me that the eldest brother had been infected in Syðre-Þóte (or Syðre-Þóte in Þorl-Þre), and that the sister, together with the younger brother, in Vestmannaeyri.

* This is a related case to the one in Hattrevig, on Furú (Björkö Island), where the measles had broken out with the rash on June 15th, and that the younger brother had broken out at the same place on the 30th of May. The infection had appeared in Hattrevig on June 3rd.

On the 14th of June, I had a chance to see a patient in the village of... first... the... had the measles, but... a slight... was almost... the... the... hope that they were... the... had appeared on the... and... pointing at the... on the... line under that date, I... show its... they might... I... the... the measles broke out, with its... over all...

Since, on my first visit, I had found my supposition confirmed in the 13 villages which I inspected, I... them to my colleagues, Dr. K... in Thorsholm, and... both have since told me that they, too, had found this supposition confirmed in their practice, without being assured, however, that there were no exceptions to the rule. The... doctor, Dr. N... likewise assured me that he had... found the observations cited confirmed in his practice, except at... (Fish Cove), on... and... at all, and where it was impossible to... incubation stage or any rule for the outbreak of the disease. On the 14th of September, however, I came to... and I learned the following facts: Dr. N... 3 times before that day, because a severe epidemic of influenza was prevailing in the village - the first time on the 5th, the second time on the 15th, and the third time on the 18th of May. One of the men who had been to fetch the physician the first time broke out with the measles exanthema, and on the 25th, one of the men who had fetched him the second time. The first man... the measles had a sister, who was a servant of the wealthy farmer J. P... In spite of her husband's interdiction, she had gone to see her brother, and she broke out with the rash on the 31st of June (14 days after the brother); another well-servant of the same farmer had visited the other man, who had developed the measles exanthema on the 20th of May, and she broke out on the 7th of June (14 days after the first girl); 3 children and 2 servant-men, on the 20th of June (15 days after the second girl); the husband, the 30th of June (14 days after the wife); the eldest daughter, the 17th of July (14 days after the younger children); and the eldest son on the 7th of July. In several houses where I sought information about the origin of the measles, I learned that first a servant-man or a servant-man, whose family had measles, had been infected, and a few days afterward one or probably several in the household broke out. Closer investigation showed, then, that... any exception to the rule, provided, on the contrary, a very complete example of the constant length of the stage of incubation, and



of the fact that the measles is most abundant during the period of efflorescence. The only deviation from the rule occurred in the fact that it was the slower spread of the disease in Chaulvigi than in the other towns, and this might be a mistake in view of the fact that the residents of Chaulvigi were generally said to shun the infection of measles at all. But the natural explanation of this difference is apparent on a nearer observation of conditions. For Chaulvigi is one of the most widely scattered of the Faro villages. The houses either stand isolated out in the midst of the field, or two or three grouped together; in the largest "farm" (Faro of houses), with 3 houses, the measles had made its complete "tour" when I arrived. The dwelling of Farmer F. Sabisgaur, in which the very slow spread of the measles was most extraordinary, is particularly noted for its size and roominess, together with the fact that the bedrooms in it are separated farther from each other than in most others - in fact, than in any of the rest of the Faro houses. Another important circumstance I found in the fact that the people in Chaulvigi as I was assured everywhere, had, especially in the beginning been careful to the extent that residents of the houses which were still free from the disease had not gone into the houses where there were sick persons, and that the heads of the families had instructed their children and domestics to avoid intercourse with those of the infected house. But at work and when resting in the open air, the people from the well and the infected houses had not avoided intercourse with each other; and so it came to pass that the inhabitants of Chaulvigi did not shun the infection of measles, which, thus, strictly speaking, was not correct. Another circumstance, which was observable while looking toward the village, was the unmistakably decreasing intensity of the infection as the cessation of the epidemic drew near. In conformity with this observation, the disease attacked very slowly in Faro, Miltvåg, and Sandvåg. In these places it did not begin, as at Tjörnberg, for instance, that while the epidemic was at its height, about 14 days after one or several persons had caught the infection, the majority of the residents of the village were attacked, and with a relatively small number were spared until 14 days after the first onset. But the people in the last named village could still be said, so that only a few were attacked 14 days after the first case of the disease first; 14 days later, others; about 14 days after that, others; again and so on, and the disease did not reach all the villages last attacked that in those that were first attacked. Nevertheless, the measles is not a contagious disease, and my experiences went to their confirmation. The infection is not from the reception of the infection to the appearance of the infection; and I know of no case, in fact, where after a period of 14 days, the measles had appeared at first in a village, and then the infection's having occurred from the other villages. However, I cannot deny the possibility that the infection, when it is first obtained for quite a while after the cessation of the epidemic, is not of another, for instance, or other village, that has harbored it.





as infectious in the pre-eruptive, or latent, stage, or, after the eruption of the exanthema, it is hard to decide. I saw but a few cases in which it was supposed from the patients' statements that they had only been in contact with persons who had had the eruptive exanthema. The example cited of the girl who was infected in the night for instance, is to prove this. But since I so often saw persons have a crop of rash on their faces without even knowing anything at all about it until I showed it to them, they first becoming aware of its presence when, after a few days, in its preliminary course, it had broken out over their whole bodies, I do not believe that it can be accepted as certain that the measles virus infects before the eruption of the exanthema. At least, the cases observed by me which might seem to corroborate such a belief were of such a nature that it could not be positively asserted that there was no exanthema present on the infected persons; for in every case a rash had developed over the entire body a day or a few days later.

It has generally been maintained that the measles is most infectious during the period of desquamation. I do not know what this theory is based on, but I am inclined to suppose that such a view has arrived at from observing that the infected associates of a measles patient first broke out while the patient was in the stage of desquamation. Now if the observer is not familiar with the distinctive, but long period of latency of the contagion, it is natural that he should assume that the infection was transmitted by the first sick person at a later period than was actually the case. It was not possible for me to find any case which could prove that contagion may occur in the off-luring stage of desquamation, but just as little can I prove that infection may not occur in this stage.

In some villages east in Japan persons who had not taken measles earlier and were constantly exposed to the infection remain quite exempt, being infected only by the patients who had the eruptive exanthema, those who were scalded.

I think, however, in regard to the interval between the reception of the contagion and the eruption of the rash, that I may assert this much: In the majority of cases, all the cases, the infection proceeded so that the patient broke out while the exanthema was breaking out or had just appeared; and I do not know to me in which cases he took measles while the eruptive exanthema had disappeared from the patient the night before or he may have transmitted the infection to him. The only important thing to reason for this consists partly in the fact that the eruptive exanthema were, of the eruptive exanthema, and he had not yet taken measles, but already been infected by him while he had the eruptive exanthema, and he may not be infected while he had the eruptive exanthema, but it is certain that the measles is extremely infectious during the eruptive exanthema, and the offlorescence, whereas the infectiousness is maintained in the desquamation of the period of desquamation is maintained.



with a boat from Nordre-egov, for the trader people had come to obtain goods, the men from the boat had to load the boat with dried fish. A man from Tunli had been ill and had to be taken into a house - into a room, in fact - where seven of persons lay down with the measles; the other men from Tunli and the men from Nordre-egov were only in the ship's hold and in the weather-decks, and they stood close against other people, among whom there was a man from Nordre-egov, which had been indicated by the measles. After their return home, the men from Tunli, like those who had been in Akkavik, with the first boat men, on with their work, and not one of them was taken sick until the whole village was attacked. The men from Nordre-egov, who had not gone through with the same sort of cleansing after arriving home, all broke out with the rash 14 days afterwards. On June 20th a third boat from Tunli was in Akkavik; there the commercial clerks and shop people had just recovered from the measles, and there were some people from Nordre-egov, who were out for the first time since their recovery from measles. The men from Tunli were in close contact with both the shop people and the Leervig folk. Although, on returning home, they took the same precautions as those who had previously been free of measles from Tunli, they all except a woman (not pregnant), were taken with measles and broke out with the rash about 14 days later.

Ivalvik, on Nordre-egov, was one of the villages where the people most dreaded the measles. Willing as the Faroese generally were to convey me farther on my itineraries, and to be obliging to me, in Ivalvik they were so afraid of measles that they almost refused me conveyance to Vestmannaey; and when I got their consent to take me, the man who carried my things, kept at a long distance from me, and the man who drove the horse had wrapped his head up in a large handkerchief, and kept always at least 5 feet away from me. This was strange, for the Faroese are usually wont to be satisfied that the physician never carries any infection with him; but the explanation of their fear was to be found in the way in which the measles had been brought to Ivalvik. The fact was that Sverre's core Thitsundey the provincial surgeon was summoned to Ivalvik, when a severe epidemic of kruska was prevailing, and he had spent the night in the village. In the house in which the surgeon had slept, the measles broke out exactly 14 days after his arrival. No other occasion than his visit could be assigned for the outbreak of the disease, since no resident of Ivalvik had been in any suspected place, and particularly none of those who lived in the house that was first attacked, and since no other strangers from any of the affected or suspected places had been in the village.

From Fugleffjord, where I had visited many patients with the measles, I was summoned to Mygledahl, which was still empty. Since 3 men had ventured, notwithstanding their fear of the disease, to come to fetch me for a man, he had been very ill, it was my duty to do what was in my power to avoid carrying the measles to Mygledahl. On my arrival, in the middle of the night, I was therefore, undressed in a bathhouse in which fish were dried, and put on a suit of clothes which I had not had on among the many patients. Mygledahl was not attacked by measles afterwards.



If it is necessary to look for the source of the disease, it is, in my opinion, not possible to regard it as practically necessary to do so. For if the source of the disease must be sought for as a rule, the atmosphere, they can not be kept of a certain kind, and it, and will not be disposed to initiate in this way, since such measures must be regarded as vain; but if it is settled that the disease is transmitted only to individuals as are susceptible to the infection, and which, every patient carries, with the air, the matter in question, and the air most nearly surrounding the sick person, or in contact with in clothes and the like, the propagation of the disease, in the case of any provisions in this direction will be initiated with the greatest probability of a successful result. There are certainly many physicians who hold the same views in regard to the miasmatic-ecthymal character of the disease which the two physicians of the Three Islands had when the measles arrived in the country. Since the people were so convinced that the seed of the disease would be carried through the air from house to house, from village to village, and from island to island, they did not think the trouble worth while to undertake an isolation, whereby the disease would probably have been limited to quite a few houses. Experience has, however, shown that part of the inhabitants in fact that the spread of the disease could be hindered by isolating places or even houses; and the only reason, as far as I have served the recollection of this from their death, is that in many places, as mentioned above, on their own responsibility a sort of quarantine, whereby the places so visited were entirely and fully spared. Not until later on, in experience had also taught the physicians of the country that the infection is quite obviously carried from place to place by bees and bees not just that, and they, too, begin to dissuade from communication with the infected houses and places, - but the disease had then already been spread over the entire country, and it was too late, from the public view point, to institute serious measures to avoid isolation. Experience in regard to the fact that the measles is of a contagious and not a contagious in character has been so fully shown on the Three Islands that the people there will probably agree with me in saying that it is correct, at least in practice, to regard the disease as a contagious and not a miasmatic or miasmatic-ecthymal disease.

It is another question as to whether, under very special circumstances, the measles may originate in a certain way. This would not happen on the Three Islands, and if it were to happen - a contingency the possibility of which seems a possibility, although, in analogy with typhus and the like, cases of which are known, that such cases are so rare that with respect to the regulations which, especially under conditions such as those on the Three Islands, Iceland, and other isolated places, would be taken, they need not be taken into consideration.

The Industrial Hygiene Branch, U.S. Bureau of Mines, 1201, G. B. Frost, of Johns Hopkins University, Baltimore, Md., Chief of Industrial Hygiene and Statistics, U.S. Department of Health Service.

FERDINAND HANSEN

by Christian Hanse (1901-1971)

Zeitschr. Psychologisches Zentralblatt 7, 1931, 1, 10-11, 1932, 1, 1-2.

Ferdinand Hansen was born on October 12, 1870, in
Ronne (Borndorf) near his father's home, in the
his father had been a professor of psychology at the
Hansen attended the gymnasium (high school) in Tamm, and in
1888 entered the University of Tübingen, where he studied
for a degree in philosophy. He continued the study of psychology at
the state university in 1895. In 1898, he received his
medical degree at the University of Tübingen, and in 1900
7, 1900, he received his doctorate. The dissertation was on
the subject of the psychology of the child. He was
appointed to the position of professor of psychology at the
University of Tübingen, where he remained until 1905, when he
was appointed to the position of professor of psychology at the
University of Göttingen. He remained in Göttingen until 1911, when
he was appointed to the position of professor of psychology at the
University of Bonn. He remained in Bonn until 1918, when he
was appointed to the position of professor of psychology at the
University of Berlin. He remained in Berlin until 1933, when
he was appointed to the position of professor of psychology at the
University of Göttingen. He remained in Göttingen until 1945, when
he was appointed to the position of professor of psychology at the
University of Bonn. He remained in Bonn until 1953, when
he was appointed to the position of professor of psychology at the
University of Göttingen. He remained in Göttingen until 1961, when
he was appointed to the position of professor of psychology at the
University of Bonn. He remained in Bonn until 1968, when
he was appointed to the position of professor of psychology at the
University of Göttingen. He remained in Göttingen until 1971, when
he died.

As to the personal records of his work, it is not possible to give one of the abstract and most striking characteristics of his life at the present day. It is within the last few days that he has been a strong, temperate, and philosophical thinker, and a lover of a proper employment of this most valuable scientific resource. His publications contain all the results of his long and most original and careful scientific investigations, and the most important of them may be mentioned in connection with the matter of transmission of blood, the causes of aneurism, and the relation of the mind connected with the digestive system. The most recent publication was the masterly address made before the Congress of the last International Medical Congress, entitled, "The Diseases Concerning Food Nations for Men in Health and Disease, particularly in the Hospital, the Infirmary, and the Clinics of different Countries." A subject of more vital and practical importance could hardly have been selected, and, it is safe to say, no writer could have treated it with greater authority, knowledge and skill. Personally, Dr. Rankin was known in Turin, the without a remarkably wide circle; and this, in some measure, from his frequent visits to the principal capitals. These, in many instances, were made for purposes of general study, and, in addition, the expense of travel being sustained by the university, so that the pace and the personality of the doctor were familiar to the frequenters of the chief schools of medicine, and he was, in fact, welcome among them. This practice on the part of the University,

11

11

LIBRARY
1955

RA
498
F3P32
Hygiene

Panum, Peter Ludwig
Observations made during
the epidemic of measles on
the Faroe Islands in the
year 1846

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY

