

THE NEWCASTLE SMALL-POX EPIDEMIC.

From statements made at a recent meeting of the Newcastle City Council, it appears that during the previous ten weeks 23 cases of small-pox had been reported from 9 households in the city, but apparently the energetic action taken by the medical officer of health, Dr. Armstrong, has averted more serious results. In connection with each case a list of "contacts" was made, and these persons were kept under daily observation for a period of eighteen days. Every small-pox patient was promptly removed to hospital, and the other members of the household were taken to the isolation hospital to allow of the disinfection of the house and its contents. Of the 23 cases 4 were in unvaccinated and 19 in vaccinated persons. Of the 4 unvaccinated cases, 1 was in the confluent form and 3 were semi-confluent. Of the 19 vaccinated cases, 3 were semi-confluent and 16 discrete, several of the latter having only two or three abortive spots and not being actually indisposed. While the unvaccinated cases will be permanently and seriously scarred, 1 only of the vaccinated cases is at all likely to bear permanent marks.

THE WORKHOUSE INFIRMARY NURSING ASSOCIATION.

We regret to learn from the twenty-first report of this valuable association that the "coming of age" of the association is not a new lease of life. The work done in the past in awakening the public and the official conscience is evident in every line of the report, but since the Order on Nursing put forth by the Local Government Board three years ago, it must be evident to anyone that the task of training and supplying nurses for Poor-law work has passed beyond the range of an institution supported by voluntary contributions. No organisation has arisen to take its place, so that we may still hope the Association will continue the more humble, but equally necessary, work of observing the progress of events, and informing the public on them. The report has some very interesting and informing quotations from the reports of the official inspectors.

THE OFFICE OF M.O.H. AND PUBLIC ANALYST.

At the last meeting of the Council of the Metropolitan Borough of Lewisham a report was brought up recommending that a Medical Officer of Health and Public Analyst be appointed at the salary of £300, £600 as medical officer and £200 as public analyst, and that the Council provide and furnish a laboratory. Dr. Lorimer Hart pointed out that in view of the fact that Lewisham was the third largest borough of the metropolis it would be undesirable that the medical officer of health should also hold the office of public analyst, since the duties of the former appointment would be more than sufficient to keep him fully employed. This view was also taken by Dr. Smyth and Dr. Visger, who thought that the work would be better carried out if the two offices were not combined in the same person. A long debate ensued, and it was terminated by the closure, when the recommendation of the committee was adopted. We have already expressed the opinion in general terms on this point that it is not desirable that the two offices should be combined, and we can only regret that the Lewisham Borough Council has not followed the example of the majority of the larger provincial boroughs in this respect. One of the speakers by some obscure process of reasoning appears to have come to the conclusion that the medical journals in advocating this division of appointments were in some way seeking to make "as many professional charges as possible." He subsequently withdrew and apologised for the remark, but it was astounding that any person should have said anything so foolish. Public analysts are not as a rule members of the medical profession at all.

SEWAGE-CONTAMINATED MUSSELS.

In a case heard recently at Yarmouth against a fish hawkker, it was proved that mussels exposed by him for sale were dangerous to health owing to the polluted water from which they were taken. The certificate of Mr. W. C. C. Pakes, of the Public Health Laboratory in Guy's Hospital, was to the effect that typical colon bacilli were present both in the mussels and in the water within the shells.

THE SANITARY INSPECTORS EXAMINATION BOARD.

The next examination for certificates of qualification for appointment of sanitary inspector or inspector of nuisances, under Section CVIII (2) (d) of the Public Health (London) Act, 1891, will be held in London on Tuesday, May 7th, and the four following days. Particulars will be forwarded on application to the Honorary Secretary, Wm. R. E. Coles, 1, Adelaide Buildings, London Bridge, London, E.C.

PUBLIC VACCINATION.

DR. R. W. S. CHRISTMAS (Public Vaccinator, Streatham No. 2 Division Wandsworth and Clapham Union) writes: The following correspond, and may be of interest to public vaccinators, the circumstances having happened during the performance of my duties as public vaccinator.

My questions to the Local Government Board were as follows:

(1) On calling and offering to vaccinate, the parent refused to allow me to make four insertions, but was willing to allow me to make two. Am I at liberty as a public vaccinator under these conditions to make only two insertions?

(2) Does the fact of a parent refusing to have four insertions of lymph, but willing to have two, constitute a refusal of vaccination rendering him liable to prosecution under the Act?

It will be seen by the letter of the Local Government Board that a public vaccinator under such circumstances may make only two insertions, and that no proceedings should be taken by the vaccination officer against the parent for refusing vaccination.

Local Government Board, Whitehall, S.W.,
March 29th, 1901.

Sir,—I am directed by the Local Government Board to acknowledge the receipt of your letter of the 8th instant, inquiring what you should do in the case where the parent of a child refuses to allow the child to be vaccinated in more than two places.

In reply, I am to point out that Art. 8 of the Vaccination Order, 1898, requires that in the performance of vaccinations the public vaccinator shall observe the instructions contained in the Third Schedule to the

Order, and that paragraph (7) of those instructions directs that "In all ordinary cases of primary vaccination the public vaccinator must aim at producing four separate good-sized vesicles or groups of vesicles not less than half an inch from one another. The total area of vesiculation resulting from the vaccination should not be less than half a square inch."

The Board considers that if, when the public vaccinator makes a visit for the purpose of public vaccination, any question arises as to the child's being vaccinated in less than four places, he should in all ordinary cases use his best efforts to induce the parent to allow the child to be vaccinated in the manner referred to in the instructions, and should explain fully the reason. On this point the Board may draw attention to paragraph 294 of the Final Report of the Royal Commission on Vaccination, in which it is stated as follows:

"Upon the whole, then, the evidence appears to point to the conclusion that the greater the number of marks the greater is the protection in relation to small-pox enjoyed by the vaccinated person. This further indication also seems to be afforded, that whilst the distinction in this respect between those with one and those with two marks is not very great, there is a very marked contrast between those with four, or even with three, marks, as compared with those with either one or two."

If, however, notwithstanding this explanation, the parent, in any particular case, will only consent to the child being vaccinated in two places instead of four, the Board are not prepared to say that the public vaccinator should decline so to vaccinate the child.

The Board may add that they would regard as a serious dereliction of duty failure on the part of a public vaccinator to use his best efforts to secure in all ordinary cases such adequate protection against small-pox as is contemplated by the instruction above referred to.

I am, Sir,

Your obedient servant,

JOHN LITHBY,
Assistant Secretary.

R. W. S. Christmas, Esq.,
Crosland, Streatham, S.W.

FEE FOR LUNACY CERTIFICATE.

EMLYN (Scotland) writes: I was called into the next parish to certify a pauper lunatic. I went twenty miles, had to sleep the night at my journey's end, and returned next day, having done the work I was called for. What fee can I claim from the local authorities of that parish?

. We are advised that unless a special arrangement was made with the inspector of poor as to the cost of the certificate, our correspondent is entitled to his usual professional charge for a journey occupying the time mentioned. If any difficulty arises about payment, he had better consult the Local Government Board of Scotland.

The defective death certification in some districts to which our correspondent also refers is most unsatisfactory. Unfortunately it is common in the North of Scotland, and has been repeatedly referred to in public health reports.

FEE FOR CERTIFYING LUNATICS IN WORKHOUSES.

E. A. R.—The note in the BRITISH MEDICAL JOURNAL of March 30th, p. 809, applies to English workhouses. The medical officer of an Irish workhouse is not entitled to any fee for certifying lunatics, but he need not do so unless he thinks fit. In some Irish workhouses the lunatic wards have been closed, and rightly so, as a workhouse is not the best place for the insane.

OBITUARY.**CHRISTOPHER MERCER DURRANT,**

M.D. Edin., F.R.C.P. Lond.,

Consulting Physician to the East Suffolk and Ipswich Hospital.

WE have to record with much regret the death, at the ripe age of 86 years, of Dr. Durrant of Ipswich. He had been ill for about ten days with cardiac symptoms, and died on April 6th.

Christopher Mercer Durrant was born at Lewes in 1814, and received his early education in that town. His professional career began with an apprenticeship of several years' duration with a medical practitioner at Maidstone, a period of his life to which he referred with satisfaction. After spending six months in Berlin for the purpose of studying German, he entered the University of Edinburgh as a medical student, and in 1839 took the M.D. degree. The same year he commenced practice as a physician in Ipswich. He was shortly thereafter appointed Physician to the East Suffolk Hospital, which had been established as recently as 1836. He took a very active part in the work of the hospital, even to the extent of sacrificing his annual holiday in its interest, and was credited with attracting a large number of patients to seek advice within its walls. A serious illness in 1879 obliged him to discontinue his work on the acting staff, but he became Consulting Physician to the hospital, and at the time of his death was its Senior Consulting Medical Officer. He became a Member of

the Royal College of Physicians of London in 1859, and F.R.C.P. in 1873.

He was the first President of the East Anglian Branch of the British Medical Association after its recognition by the parent Society in 1843, and when the jubilee of the Branch was held at Stowmarket in 1893 he again occupied the presidential chair. He contributed from time to time several papers to the BRITISH MEDICAL JOURNAL. He was a Fellow of the Royal Medical and Chirurgical Society of London, and an Extraordinary Member of the Royal Medical Society of Edinburgh. He took a warm interest in the Ipswich Nurses' Home, and in the Convalescent Home at Felixstowe, being on the Acting Committee of both institutions. He was a member of the Committee of the Ipswich Medical Book Club, and a Justice of the Peace for East Suffolk.

He was always the polished, courtly, eminently kind-hearted physician of the old school.

Dr. W. A. ELLISTON, President of the British Medical Association, writes: He was most highly esteemed in Ipswich, socially and professionally, and in his early and middle life did a large practice as a physician and consultant in this district. Sir Thomas Watson, in his celebrated lectures, spoke of Dr. Durrant as an accomplished physician.

JAMES POWELL WILLIS, M.B., B.S. DURH., R.N.,
Surgeon, H.M.S. *St. Vincent*.

WE deeply regret to have to record the death of Surgeon James Powell Willis, which occurred on March 27th at Cork from enteric fever after five weeks' illness. He was born in 1872, and was the son of Fleet Surgeon Simon Armstrong Willis, M.D. (retired). He received his early education at the Newcastle Grammar School, and was awarded a money prize in his last year as being the best scholar of that year. Before commencing his medical studies he gained an Arts Scholarship at the University of Durham in the preliminary examination. He had a very distinguished career as a student from 1888 to 1892, took prizes in each year in the various classes, and was awarded several scholarships, including the Tulloch, Charlton, and Goyder. He took the M.B. degree with honours, and the B.S. degree at Durham in 1892. He was Assistant Demonstrator of Anatomy in the University of Durham, and during the spring and summer of 1893 he acted as Clinical Assistant at the National Hospital for the Paralyzed and Epileptic, Queen Square. According to one who knew him well while there, he was modest, bright, and genial to all, painstaking and accurate in his work, and considerate and sympathetic to the patients.

In November, 1893, he entered the Royal Navy, being first of the 10 candidates selected from 48 who competed for the vacancies; he gained 2,952 marks out of a possible 3,000, which was, and is probably still, a record. In 1895 he went for a year's service, at his own request, on the Zambesi River. He looked forward on starting to opportunities for scientific work during that time, and remarked that as a precaution he was taking pounds of quinine, nevertheless he contracted intermittent fever. In 1897 by his own wish he was sent to the Royal Naval Hospital in Jamaica, and in December of that year he suffered from yellow fever, and when he returned to England in February, 1901, was in weak health. It was while on a month's leave to visit relatives at Cork that he contracted enteric fever, which proved to be his last illness. Besides being very industrious and gifted with a remarkable memory he was a man of great mental power, and he was equally happy in his disposition and character. Great sympathy is felt with his relatives in this seemingly untimely end to a life full of rich promise.

WE regret to have to record the death of Mr. JOHN LAWRENCE GROWSE, of Bildeston, Suffolk, which occurred on March 30th, after an illness extending over a period of nearly twelve years. He was born in the year 1833, and was a son of the late Mr. Robert Growse, who practised in Bildeston for nearly fifty years. He took an active interest in parochial work and in local organisations generally; he was a member of the School Board for some time, and was indeed an important factor in the public and social life of the place. His medical education he received at Guy's Hospital, and he took

the diploma of M.R.C.S., L.M., and L.S.A. in 1854. Not only his father, but his uncle also, was a notable practitioner at Hadleigh, Suffolk, and his brother, who died in comparatively early life, was a brilliant student of Guy's Hospital in the Fifties. Both socially and professionally, Mr. J. L. Growse was most highly esteemed in the Bildeston district of Suffolk.

THE death of Professor von FODOR, of Buda-Pesth, an obituary notice of whom appeared in the BRITISH MEDICAL JOURNAL, was, we learn from a private source, due to sequelæ of influenza. He was attacked by that disease some weeks ago. Pneumonia supervened, and this in turn was followed by thrombosis. Professor von Fodor had previously been the subject of arterio-sclerosis. Gangrene seeming to be imminent, amputation of the foot was performed. The operation was successful, and the patient appeared to be regaining strength. Further complications occurred, however, which soon proved fatal.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE CITY OF LONDON ASYLUM.

THE report for 1900 shows that during the year 334 males and 310 females were under treatment, and that the average number daily resident was 498. The number of admissions—184—was the largest in one year since the opening of the asylum in 1866. With regard to causation, previous attacks, heredity, and intemperance in drink head the list.

The number of patients discharged was 101, and the proportion of recoveries among them was 48.67 per cent., calculated upon the number admitted. This percentage would have been much higher had it not been for the large number of chronic incurable cases among the admissions. The death-rate of the daily average number resident was 6.22, or 4 per cent. below the average mortality in the asylums of England and Wales similarly calculated.

The scheme for the admission of private patients at 21s. a week continues to be a gratifying success; 48 were received during the year, and at its close there were 149 private patients in residence, an increase of 76 in twelve months. The Committee are to be congratulated upon having met the demand for the accommodation of this class of patients in such a public-spirited manner. For not only does it prove of great benefit to many respectable but needy families, saving them from the stigma of pauperism, but by skilful management it leaves a profit for the institution.

Influenza again broke out, and there were in all 37 cases in January and February, and again in October 6 cases. In both instances prompt isolation in the cottage hospital at once checked the spread of the disease. There were 5 cases of enteric fever. Four of these were nurses who, the Medical Superintendent (Professor White) admits, might have contracted the disease outside, but the fifth was a patient who certainly did not. It is thought probable that the disease is to be attributed to long-dormant infection set free by the removal of old floors in several wards. This raises an interesting question for investigation. No cases of ulcerative colitis occurred, and Professor White is strongly of the opinion that this bane of many of our asylums is the result of overcrowding, defective sanitation, and the lowered nerve tone of chronic insanity, and that its chief exciting cause is uncontrolled (permitted) constipation in gross fevers.

The new buildings are rapidly approaching completion, the new hospitals being occupied, sanitary spurs attached to all the wards; the mortuary and laundry are also completed and occupied, as well as all the buildings connected with the heating and lighting the building by electricity, all tending to bring the asylum up to the front rank of similar institutions.

Professor White has made the discovery that isolation in blocks is by no means agreeable to his patients, for on proposing to remove some of them into the female hospital, which is a terminal block, the majority strongly objected to the move—they all thought they would be too dull there in spite of its beautiful surroundings, and one said to him, "How would you like to live in a village through which no one passed?" and he adds, I learnt from them generally that the through traffic, which was so much condemned by some experts, brightened their days and gave them opportunities of exchanging ideas with other members of the community.

The Committee of Management of this asylum is a Committee of the Common Council of the City of London. In their report they say: "We again have to record our appreciation of the services of the medical superintendent. He has given us invaluable assistance and advice in connection with the recent improvements, and owing to his care and supervision the patients have been free, during the time the works have been in progress, from any mishap. We have during the year taken into consideration the efficient services he has continued to render, and the greater responsibilities of his office in view of the larger number of patients now maintained, and we have increased his salary from £1,000 to £1,250 per annum."

ESSEX AND COLCHESTER GENERAL HOSPITAL.

FROM the eighty-first annual report of this hospital we learn that 678 in-patients were admitted during the past year, being an increase of 95 on the previous year, and 2,067 out-patients, an increase of 94. The average stay of in-patients during the year has been 3½ days, and the average number of beds occupied 57½. Some 147 operations were performed, with only two unsuccessful results.