

Seven died, making a mortality of 13 per cent., but in 3 of these there was scarcely any opportunity for the antitoxin to have any effect. Another was a laryngeal case already requiring tracheotomy; another was not injected until the sixth day; another was not under the treatment until the fourth day, and after apparent recovery died of heart failure on the thirteenth day; and the last had a badly sloughing throat and a pulse of 132, with a subnormal temperature before the antitoxin was injected. Of 17 cases injected on the first and second days, only 1 died, and that was a laryngeal case requiring tracheotomy. Dr. Eastes showed that, although the antitoxin had a marvellous effect on the local disease, it was not nearly so effectual against the sequelæ, and therefore he especially urged early treatment to prevent the after-consequences of the disease. In the 54 cases there had been no local ill effects except urticaria and erythema. The mortality of cases of diphtheria admitted into the Folkestone Sanatorium in twenty months, for comparison, had been 22.9 per cent. Dr. BIDDLE related a case of diphtheria treated with antitoxin, which recovered. Dr. EASTES'S paper was discussed by several members, and he replied.—Mr. WHITEHEAD REID and Mr. SCHÖN showed surgical cases.

After the meeting tea and coffee were served in the board-room of the hospital.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

The second meeting of the session 1894-5 was held at the Birmingham Medical Institute on November 8th, 1894; Mr. H. LANGLEY BROWNE (President) in the chair. Eighty-three members and nine visitors were present.

New Members.—The following were elected members of the Branch: Surgeon-Major Burton; J. H. Brice, L.R.C.P.; John Stead, M.B.; Sydney Legge, M.R.C.S.

Communications.—Dr. SHORT showed a case of Tumour of the Mediastinum in a man, aged 34. The main points were: (1) That the condition commenced fourteen months ago, and that the man was still able to walk about with care; (2) that the superior vena cava was compressed by the growth; and (3) that the collateral circulation could be very plainly seen by way of the internal mammary and epigastric veins, the blood flowing downwards from the former veins by means of a large branch dilated to the size of the little finger to reach the iliac veins through the epigastric.—Mr. J. T. J. MORRISON showed a girl, aged 4, after operation for Double Genu Valgum. The operations performed were on the left limb, osteotomy of femur and removal of a wedge of bone from the tibia; and, on the right limb, forcible fracture (osteoclasm). The result was very satisfactory, the limbs being now symmetrical and in a normal line.—Mr. F. MARSH showed (1) a man, aged 25, with a history of Purulent Discharge from Both Nostrils (chiefly the left), with frontal pain for ten years. The left sinus was trephined on September 21st, and the right one on October 26th. The patient was now completely cured. (2) A man, aged 23, with a history of Purulent Discharge from the Right Nostril and Pain over the Right Frontal Region for five years. The right sinus was trephined on October 26th; the drainage tube had not yet been removed. In both cases the bone was exposed by a median incision, a $\frac{5}{8}$ -inch trephine was used, and a rubber drainage tube passed through the sinus and brought out through the nostril.

ABERDEEN, BANFF, AND KINCARDINE BRANCH.

An ordinary general meeting of this Branch was held at Aberdeen on November 21st, 1894, Professor STEPHENSON, the President, in the chair.

New Members.—Drs. Bell, Skene; Mowat, H.M.S. *Edinburgh*; Ogston, Rosemount; and Usher, Aberdeen, were admitted members of the Branch.

Communications.—Dr. BLAIRIE SMITH read an account of a case of Spasmodic Wry Neck, and afterwards exhibited the patient, a man aged 41. The paroxysms were extremely severe, occurring three or four times a minute, and lasting from five to fifteen seconds. They were chiefly the result of tonic contractions of the right sterno-mastoid and trapezius muscles, and produced marked twisting of the head to the left along with retrocollis. Mental emotion and the erect posture were powerful excitants to the attacks; sleep

abolished them. Considerable improvement had taken place under large doses of sodium bromide. The paper was discussed by the PRESIDENT, Drs. BOOTH, EDMOND, and RIDDELL.—Dr. J. SCOTT RIDDELL read a paper on the Pathology and Treatment of Appendicitis, indicating the cases in which surgical interference was called for. He described the methods of treating relapsing appendicitis by excision of the vermiform appendix, and gave details of a case on which he had successfully operated for this condition. An interesting discussion followed, in which the PRESIDENT, Drs. BLAIRIE SMITH, EDMOND, BOOTH, MCKERROW, ROSE, and DEAN took part.

HALIFAX, NOVA SCOTIA, BRANCH.

A REGULAR meeting was held at Halifax on November 8th; Dr. THOMAS MILSOM (President) in the chair.

New Member.—The Council reported that John Stewart, M.B., had been elected a member of the Branch.

Anderson Appeal Fund.—Surgeon-Captain BAREFOOT moved, and Dr. M. CHISHOLM seconded, that the sum of 2 guineas be forwarded from the Branch to the Anderson Appeal Fund. The motion, being put, was carried.

Proposed Alteration of Day of Meeting.—Surgeon-Captain BAREFOOT gave notice that at the next meeting he would move that the day of meeting be altered from Thursday.

The Antitoxin Committee.—The report of the Committee on Antitoxin was received and considered, and the Committee was continued to report at the next meeting.

Communications.—Dr. FABRELL showed a specimen of Osteosarcoma of the Tibia, removed that day by amputation.—The discussion on Cancer was opened by Dr. FABRELL, and continued by Drs. G. M. CAMPBELL, D. A. CAMPBELL, GOODWIN, BLACK, Surgeon-Colonel ARCHER, Drs. CHISHOLM, MADER, and others. The discussion was adjourned at a late hour.

SPECIAL CORRESPONDENCE.

PARIS.

Professor Raymond at the Salpêtrière.—Paying Patients in Paris Hospitals.—The Association Médicale Mutuelle de la Seine.—Medical Assistance in Rural Districts.—Changes in the Staff of Paris Hospitals.—General News.

PROFESSOR RAYMOND, Charcot's successor, in his opening lecture at the Salpêtrière, sketched the career of his distinguished predecessor and the development of his service at the Salpêtrière. Charcot felt a glow of pride when he announced to his pupils that his service could boast of an anatomico-pathological museum with a studio for taking casts and photographs of pathological specimens, limbs, etc. M. Raymond made a slight digression to tell his listeners that this laboratory so vaunted by Charcot was in reality only an ill-lighted narrow passage insufficient to meet the wants of the service. Dr. Raymond has, with the co-operation of the Dean of the Medical Faculty, the Director of the Public Assistance, and the Director of the Salpêtrière, succeeded in organising a fresh laboratory, which does not realise his ideal, but nevertheless is spacious and well lighted. Dr. Raymond looks forward to the establishment of laboratories of applied psychology and therapeutics, and to the thorough reorganisation of the laboratory of electrotherapy.

The Municipal Council has requested the Hospital Administration to send in a statement of the number of patients treated in each hospital, especially paying patients, from January 1st to November 1st, 1894; also the number of days each patient remained under treatment. It is probable that it is contemplated to raise the fees paid by patients.

L'Association Médicale Mutuelle of the Seine Department numbers 320 members. A yearly subscription of 8s. entitles its members to receive 8s. a day when unable to practise either temporarily or permanently. In case of death the widow or children receive an indemnity.

The Var Conseil Général has voted a tax of half a centime for gratuitous medical assistance in rural districts. The fees for the visits are fixed at 1s. 0 $\frac{1}{2}$ d. in the daytime, and 2s. 6d. at night; a further fee of 3 $\frac{1}{2}$ d. for every kilometre is to be

paid. The communes where the patients are to be treated in hospitals are also indicated by the Council. Fees for operations range from 2s. 8d. upwards.

On January 1st the following changes will take place in the staff of the Paris hospitals: MM. Audhoui and Strauss will be attached to the Hôtel Dieu; MM. Labadie-Lagrave and Moutard-Martin to the Charité; M. Chauffard to the Cochin; M. Moizard to the Enfants Malades; MM. Comby and Josias to the Trousseau; M. Danlos to the Saint Louis Hospital; M. Déjerine to the Salpêtrière; M. Muselier, M. A. Petit, and M. Netter to the Pitié; M. Charrin to the Maternité; M. Marie to the Bicêtre; M. Merklen to the Laënnec; M. Babinski to the Broussais; M. Siredey to the St. Antoine; MM. Galliard and Richardière to the Tenon.

M. D'Arsonval has been elected by the professors of the College of France to the chair occupied by the late Professor Brown-Séquard.

BERLIN.

Doctors and the Right of Way in the Streets.—Death from Tattooing.

On days of certain Court and military ceremonies important Berlin thoroughfares—generally the Unter den Linden and some of its approaches—are closed to public traffic, sometimes for hours. An agitation has been going on for some time to obtain leave for medical practitioners, in the exercise of their profession, to pass through the barrier of policemen, and has at last ended in a compromise. Doctors furnished with a proper pass are to be allowed to go through the closed streets henceforth; but they will have to get out of their carriages to do so, their pass only admitting them on foot.

A death from tattooing has occurred in a suburb of Berlin. Common red paint had been used to rub in the design; blood poisoning set in, and the victim, a lad of 18, died after great suffering.

CHICAGO.

New Isolation Hospital: Arrangements and Cost.—A Low General Death-rate and High Infant Mortality.—Factory Inspection.

If arrangements are carried out according to plans now made Chicago will soon have an isolation hospital sufficiently appointed to meet most reasonable demands. From authoritative source we gather the following items in this connection. The plans are for a building to occupy a site facing Thirty-Fourth Street, between Hamlin and Lawndale Avenues, recently purchased by the city real estate agent for the purpose. There are to be two small buildings detached from the main building. One of these is for a temporary detention hospital for all suspected cases of contagion, and cases in which a complete and satisfactory examination cannot be made at once. This building is to contain three wards, with requisite bath and dressing rooms. Across the walk from the detention wards is shown a small house or lodge for the keeper, with appropriate living apartments. In the rear of these two buildings is shown the administration building, with receiving rooms, superintendent's rooms, dining-room, offices, baths, closets, kitchen, and extra dining-room. The main corridor leads to the doctors' quarters and offices, the steward's office and rooms, drug store, and store rooms. Back of this are the servants' quarters, and still further back is a garbage crematory for all animal and vegetable matter. Still in the rear is shown the morgue and crematory for human bodies, as it is the intention to cremate the bodies of all small-pox patients, and thus do away with all danger of spreading the pest from that source. The ambulance sheds and stables are to the left of the morgue and crematory.

The centre line of these buildings divides them into two parts or sections, making the male and female wards separate. Running from the front line of the administration building to the right is the receiving room, practically detached from the main building. The receiving apartment contains a series of bath and dressing rooms. After patients are stripped, their cases diagnosed thoroughly, and they are assigned to wards, it is so arranged that their clothing may be sent direct to the disinfecting room. Patients are then

sent to the proper wards and are given proper treatment. There are two wards in each of the two wings, and sixteen beds to each ward. This is in addition to the detention wards. The rooms are so arranged that when a patient enters he is sent to the proper ward for treatment, and is changed to other rooms as his case improves, until he finally leaves at the other end of the building when cured. In this way patients in various stages of the diseases are not thrown together, but violent cases are kept in one place together, those less violent in another, and the convalescents in another. Altogether the plan is as complete as it is possible to make it for the money.

Health Officer Reynolds will ask for 200,000 dollars, the amount deemed absolutely necessary for the institution. This amount will furnish Chicago with a new and modern small-pox hospital with all known improvements. It is thought with such a hospital the health department may feel prepared to meet any sort of epidemic, even cholera, without fear. All provision is made for humane and proper handling of patients and with the best methods for the protection of the community. As the department is now equipped many persons have the idea that they may as well go to the morgue as to the small-pox hospital; but with a modern hospital, properly arranged for the care of patients, it will be far safer than one's own home, not only to the patient's friends and associates but to the patient himself.

According to the report of the Health Bureau covering the year 1893, the death-rate for Chicago was 16.9 per 1,000, thus rating it, next to Berlin, the healthiest of the great cities. There are some very interesting figures in this report, among which we note that more than half the deaths for the period covered were of infants and children under 6 years of age; in other words, there was a total of 22,083 deaths and 13,664 were infants or children under the age above specified. Of these 13,664 deaths, 1,613 resulted from cholera infantum, 975 from scarlet fever, 234 from measles, 210 from whooping-cough, 1,326 from convulsions, and 1,029 from malnutrition. Of the causes of death at all ages during the year, the most important from a sanitary point of view were the diseases of the respiratory apparatus, pneumonia, and bronchitis, causing 3,710 deaths; tuberculous diseases, consumption, 2,315 deaths; typhoid fever, 670 deaths in 1893, against 1,489 in 1892 and 1,997 in 1891. In addition to these, there were 3,369 deaths from diseases of the digestive apparatus and alimentary canal, a large proportion of which were due to preventable causes. There were 140 cases of small-pox during the year, and there resulted 23 deaths. The percentage of deaths among the unvaccinated was 23.4, while every one of those who were vaccinated recovered.

An interesting branch of the work of the Bureau is hinted at in the statement that the factory inspectors visited 17,649 work places, which employed 306,432 persons. They examined 17,177 houses complained of on account of insanitary conditions, and secured the abatement of 25,000 nuisances, such as defects in plumbing and drainage.

CORRESPONDENCE.

THE PAY WARDS OF THE GREAT NORTHERN CENTRAL HOSPITAL.

SIR.—Dr. R. W. Burnet and Mr. Macready, in their letter published in the BRITISH MEDICAL JOURNAL of November 24th, very properly go back upon the original constitution of the Great Northern Central Hospital, and find in it a justification for the pay system recently adopted by the hospital. As one of the framers of that constitution, may I be permitted to put your readers in possession of one or two facts?

In the first place, the scheme for the founding of a new hospital was initiated by the North London Branch of the British Medical Association. I was invited to read a paper on the subject at the rooms of the Medical Society, Chandos Street. The paper was read, and a scheme was outlined which was generally approved by the members of the Northern Branch of the Association, of whom a good number were present, and by others concerned. That scheme included a system of pay wards.

It may be asked: How came the general practitioners who