

Mr. C. E. S. FLEMMING, Dr. KING, and Mr. PAUL BUSH commented on it.—Mr. J. R. BENSON read notes of a case of rheumatic myositis; and remarks upon it were made by Dr. BEGG, Mr. FLEMMING, and Dr. WALKER DUNBAR.—Mr. J. B. DUNLOP showed a specimen of cerebellar tumour; and Dr. MICHELL CLARKE and Mr. BEAUMONT discussed it.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.

THE autumn meeting of this Branch was held at Newport on November 28th, Dr. R. G. PRICE, President, in the chair. Thirty members were present.

Communications.—Dr. W. J. GREER read notes of cases: (1) Exophthalmic goitre, in which unilateral cervical sympathectomy was performed; (2) a case of paraplegia due to increased secondary lordotic curvature treated by prolonged forcible extension. Photographs of this case were shown.—Dr. R. J. PATON exhibited a patient after gastro-enterostomy in whom Senn's plates were used.—Dr. H. H. TIDSWELL made some remarks on hysteria, which were followed by a discussion.—Dr. W. M. STEVENS made some observations on the diagnosis of splenic enlargements and their clinical significance.

Contract Medical Practice.—It was proposed by Dr. MULLIGAN, and seconded by Dr. ESSEX:

That the sympathy of the meeting be extended to the Swansea members who are endeavouring to secure more equitable terms in contract practice.

This was carried by acclamation, and responded to by Dr. T. D. GRIFFITHS, the President-elect of the Association.

SOUTHERN BRANCH: WINCHESTER DISTRICT.

A MEETING of this District was held at St. Patrick's Hall on November 25th, Mr. BULLAR, President, in the chair, twelve members being present.

Election of Officers.—Mr. Royds (St. Mary Bourne) was appointed President; Mr. Bullar (Southampton) was elected Extraordinary Associate Member. The other officers were re-elected.

Communications.—Dr. APPLEBE read notes of a midwifery case in which the gangrenous intestines of the fetus were the first presenting part; the infant's death was attributed to the pressure of a uterine fibroid. The patient recovered.—Dr. HARNAN read notes on the lessons he had learned by the recent treatment of phthisis in the County Hospital. Modern remedies had failed to do more good than old ones. He was opposed to the erection of large sanatoria for persons suffering from phthisis.—Mr. BULLAR read notes on the treatment of suppurating frontal sinus by free anterior opening; he showed a patient and several photographs.—Mr. LETCHWORTH read notes of a case of very severe injury to the back, followed by unusual symptoms, where inability to empty the bladder existed for two months.—Mr. BRISCOE (Westbrooke House) read a paper, in which, after describing Hogarth's famous picture of a scene in a madhouse, he pointed out that the same types of insanity could be found in a modern asylum. He alluded to the great increase in number of persons of unsound mind, and laid great stress on the fact that a large number of the population not so classed were really insane—in some particulars. This alarming increase he attributed to conditions associated with over-excitement and to many pernicious habits.—Dr. LIVINGSTONE read a paper on a case of rodent ulcer; he had been furnished with notes of the case and with photographs by Dr. Harrison Low. The members being much interested, Dr. Livingstone undertook to bring forward the subject at the next meeting, as there was no more time for adequate discussion.

SPECIAL CORRESPONDENCE.

SYDNEY.

The Jubilee of the University of Sydney.—Additions to Prince Alfred Hospital.—Vaccination in New South Wales.—Vital Statistics.—Bubonic Plague.—The Coast Hospital.

THE University of Sydney has this year celebrated its Jubilee, and the functions in connexion with the event extended over a week. Congratulatory addresses were

received from a large number of universities and colleges all over the world, and several delegates attended from the other Australian States and adjacent countries. This year also marks the "majority" of the Medical School, as twenty years have now passed since the appointment of Professor Anderson Stuart to the Chair of Anatomy and Physiology was made, and the organization of the school commenced. Professor Stuart dealt with the history of the Medical School from its foundation to the present time in an address during the Jubilee week the full text of which appears in the current issue of the *Australasian Medical Gazette*, with illustrations of the first building erected for the school, and of the present handsome building, which was completed some twelve years ago.

The additions to Prince Alfred Hospital, the foundation stone of which was laid last year by the Prince of Wales, and which will complete the hospital according to the original plans, are now in course of erection. Considerable delay occurred after the money was voted by Parliament, but the work is now being proceeded with under the supervision of the Government architect's department by day labour. It is expected that the buildings will be ready for occupation in about two years' time.

The Chief Medical Officer to the Government has furnished his annual report on vaccination in New South Wales for the year 1901. Only 2,081 vaccinations were performed during the year, of which 2,028 were successful. Of this number only 66 were performed in Sydney and its suburbs, and 2,015 in the country districts. The number of births registered in the year was 37,826, so that only 5.5 per cent. of this number were vaccinated. These figures confirm what has been repeatedly urged by the Health Department, that we are practically an unvaccinated community, and only a small-pox visitation on a serious scale will convince the public of the necessity of the operation. During last year, on three distinct occasions, small-pox patients arrived in Sydney. The strenuous efforts of the Board of Health prevented its spread in the city; but this fact only shows how exposed we are to the danger of an epidemic at any time which will take strong hold on an unvaccinated community.

During the month of September 1,218 children were born in the Sydney metropolitan area, and 463 persons died. These totals are respectively 199 and 12 greater than the average for this month during the previous five years. The record of births is unusually high, and exceeds numerically the number for September in any of the last ten years. Relatively to population, the increase is also marked, the rate of 2.42 having been exceeded only twice during the decade, namely, in 1892 and 1893. In the district of Newcastle the birth-rate for the month of September was 2.93 per 1,000. During the quarter ended September last the number of births in the Sydney metropolitan area was 3,412, equivalent to a rate of 6.79 per 1,000; and the deaths numbered 1,506, or 3.0 per 1,000. These totals are respectively 234 and 51 greater than the average numbers registered for this quarter during the previous five years. Numerically the birth list is the greatest since the year 1893, and relatively to population the highest since 1897. The mortality-rate of children was exceedingly light during the month of September, there having been only fifteen deaths of children under 1 year of age in the city, and 70 of such cases in the suburbs, equivalent to a rate of 57.5 per 1,000 births. During the past ten years the average number of deaths in the city was 143 per 1,000 births, and 128 per 1,000 in the suburbs, or a total of 131 per 1,000 births in the metropolis. This great reduction in the infantile death-rate appears to be due to the very small number of deaths due to zymotic diseases. The decrease in the mortality from this class of diseases during the quarter ending in September last amounted to 23 per cent. below the quinquennial average.

Although no further cases of bubonic plague have been reported in this State, some sporadic cases still occur in North Queensland. The Department of Health in New South Wales is exercising every care against any further outbreak in Sydney. Unless a certificate of fumigation before leaving an infected port is produced, any vessel arriving in Sydney must be fumigated, and careful inspection is made of all shipping to see that the Board of Health regulations are strictly enforced.

The Coast Hospital at Little Bay is the only hospital at present in Sydney for infectious diseases. It is entirely a Government institution, and is under the direct supervision of the Chief Medical Officer to the Government. From Dr. Ashburton Thompson's report for the year 1901, it appears that the number of cases of enteric fever admitted during the year 1901 was 214, a decrease of 33 on the previous year. The number of deaths from this disease gave a percentage of 10.19, being almost identical with that of the previous year; 146 cases of measles were admitted as against 29 for the previous year. The scarlet fever cases showed an increase of 67 cases on the previous year, and diphtheria an increase of 62 cases. The total number of cases of all kinds under treatment during the year was 2,921. Of this number, 2,469 were discharged, and 168 died. The total annual cost per bed was £64 17s. 8½d.

HONG KONG.

Preventive Measures against Plague.—Government Bacteriological Department.

In former years during the winter months the Sanitary Board officials have carried out the house to house cleansing of Chinese dwellings. This year, however, it has been decided to throw the onus of cleansing on the householders themselves, and a notice has been issued stating that between certain dates—a month being allowed—every house, European and Chinese alike, must be thoroughly cleansed. After the expiration of the time limit the Sanitary Board officials will make an inspection and use what legal powers have been granted them to enforce obedience to their orders. This method takes away the objections of the Chinese to the great trouble they have been put to in former years, and as it has been often stated that they are willing to cleanse their houses themselves the hope is entertained that the colony will be in a better sanitary condition than in former years. Unfortunately, the Director for Public Works has found it necessary to shut off the water for several hours daily, and the Chinese have begun again to carry water even for their ordinary needs. Under the direction of Dr. Hunter the daily examination of rats is being continued, and the district from which infected rats are brought kept under special notice.

The Government has issued a circular stating that their bacteriologist will, on certain conditions, examine and report on bacteriological specimens—for example, diphtheria, typhus abdominalis, etc. This will no doubt be a great help to the general practitioners who find it impossible to give time to this special work.

INDIA.

Enteric Fever in India and Recent Researches.

ATTENTION was drawn in a leading article on Enteric Fever in India, published in the BRITISH MEDICAL JOURNAL of September 14th, 1901, to the frequent impossibility of explaining the incidence of the disease on the exclusively waterborne theory, and the increasing evidence of the importance of dust-borne infection. This view was criticized in your correspondence columns by a writer who sheltered himself behind the statement that it is nearly always impossible absolutely to exclude all chance of infection through water, and who consequently refused to accept any evidence of airborne infection however strong it might be, and disagreed with your conclusion that the most important factor in producing the steadily increasing death-rate from enteric (allowing for the proportion of young and susceptible soldiers in the country) was increasing soil pollution, and the importance of destroying by fire all the excrements of typhoid patients, and prohibiting trenching of night soil near cantonments. Since that time another yearly report of the Sanitary Commissioner of the Government of India has been issued, that for the year 1900, while much important research work bearing on the question has been lately published, so that it may be worth while to recur to the subject in the light of recent experience.

In the report for 1900 we read in the introductory remarks on the subject of enteric fever: "With regard to India it may be said that the medical officers on the spot seldom believe in any exclusive water theory, and that they have advanced good grounds for their opinions," so that we find such an able and experienced officer with a life-long experience of India as the

late Surgeon-General Harvey, after reading the original reports of the officers who dealt with the outbreaks on the spot, deliberately accepting the conclusions of these officers that enteric fever is seldom exclusively waterborne, although evidently not unacquainted with your correspondents' views on the subject, as he refers in his report to the "polemical writings and papers" of Leigh Canney. Further examples pointing to the dustborne nature of the disease in some cases are given in this report, such as the case of Aden, where "the disease was almost confined to the Royal West Kent Regiment in the Crater position, and this was considered to be due to the fact that that position was much more exposed to dust than Steamer Point." In other places dust storms and flies were considered to be important factors in the spread of the disease. In Quetta once more the disease was very prevalent. All the stools of known enteric cases were destroyed by fire—although those of natives, who are now known to suffer very frequently from the disease, would doubtless escape such disinfection—and Major Davies after another special inquiry came to the conclusion that the more probable source of infection was "faecal infection of the soil by the use of a bad pattern of native latrine, followed by the conversion of this infected soil into dust, and its dispersion throughout the lines by wind and dust storms, would afford the true explanation." The dissemination of dust from the filth trenches had been stopped, but that from native latrines allowed to continue.

It is scarcely necessary to multiply such instances of dust infection in view of the accumulated evidence of an experimental nature of the last year. The American Army Medical Commission and the researches of Majors Firth and Horrocks fully confirm and extend the basis of the dustborne theory of typhoid infection. The conclusions of the former that the disease continued in the military camps unabated in any degree after the introduction of a perfectly protected water supply, and the evidence adduced by them of infection clinging to tents is quite conclusive against the waterborne theory as an exclusive, or even in such cases as this an important source of infection. The evidence in Cuba and elsewhere of the power of flies to carry the disease from latrines to kitchens is equally conclusive. In confirmation of all this, and especially of the importance of prolonged contamination of the soil by faecal matter we now have the experiments of the Netley hygiene professors published in your issue of September 27th last, who have proved that the typhoid bacillus can survive in soil for much longer periods than was hitherto thought, while their observations have been independently confirmed by Professor E. Pfühl.

Their conclusions that infective material carried by winds and flies may play a large part in the development of the disease, and as to the danger of earth closets and trenching nightsoil superficially near cantonments, lend experimental support to the opinions long held by many medical officers in India in spite of dogmatic assertions by theorists to the contrary. I am inclined to think, however, that the best solution of the difficulty will be that discussed in an earlier letter on the septic-tank process in India, namely a watercloset system leading to a closed septic tank, for some recent experiments carried out in India have shown that the anaerobic and chemical conditions of the septic tank are inimical to the survival of the typhoid bacillus. Another point of great interest is the disappearance of the enteric bacillus from the soil after heavy rain, for I pointed out in a letter some two years ago that the disease is four times as prevalent during the dry months than it is in the wet ones in the plains of Northern India, and I gave this as an argument in favour of the disease being often dustborne, an explanation which now has received experimental confirmation. Something may now be done towards checking further soil pollution, although the frequency of infection among natives will make complete success a matter of great difficulty in the more crowded cantonments.

A BLACK LIST OF DEFAULTING PATIENTS.—The Macon Medical Society of Georgia is said to have adopted a black list upon which appear the names of those who are financially able to pay the doctor's fee, but who refuse to do so. The members of the Society have agreed that in future medical attendance will be refused such persons unless the fee is paid in advance.