

Majesty the Queen of the warmth of the reception accorded to them by the inhabitants of Sheffield on the occasion of their visit. The letter continued as follows:

The opening of the new University buildings was felt by their Majesties to be an occasion of great importance.

His Majesty has recognized with pleasure the desire felt in some of the great centres of industry and commerce that Universities should take a prominent part in the promotion of scientific knowledge and research.

His Majesty heard with much satisfaction from the Chancellor of the University how generous and how largely successful have been the efforts of the promoters of your new University, to which, as His Majesty told you in reply, he fervently wishes long-continued prosperity.

His Majesty recognizes that, in these days of constantly increased application of science and of scientific method to every department of modern life, it is to the Universities that the nation must largely look for maintaining that position in relation to great commercial and industrial problems which is essential to the social well-being of his empire.

BIRMINGHAM.

West Bromwich Nurses' Home.—Lunacy in Birmingham.—

Midwives Act.—Infantile Mortality from Epidemic Diarrhoea.

On July 11th the Earl of Dartmouth, accompanied by Lord Lewisham, laid the foundation-stone of the new nurses' home which is to be attached to the West Bromwich District Hospital. The home is being erected at a cost of £3,000, and when completed there will be accommodation for twenty-four nurses. Mr. G. F. Chance, on behalf of the hospital Board, welcomed the Earl of Dartmouth, who then laid the stone. The Treasurer announced that £13,000 was needed for the home, for the adornment of the hospital, and for many necessary improvements. Towards this sum £5,000 has been subscribed, leaving £8,000 still to be collected. After the ceremony a luncheon was held in the Town Hall, at which there were speeches by Mr. G. F. Chance, the Mayor of West Bromwich, the Earl of Dartmouth, and others.

There is apparently a steady increase in lunacy in Birmingham. In April, 1904, there were 1,657 cases, and in March of this year, 1,701. The death-rate is 10.64 per cent. as against 10.60 per cent. for last year. A new asylum at Hollymore has been opened recently by the late Lord Mayor.

The Health Committee has found that a large number of those registered under the Midwives Act are very undesirable persons, and in many cases it has been obliged to reprimand them. In one case it applied to the Central Midwives Board for removal of the name from the Register. The authorities at the Lying-in Hospital are making arrangements for an efficient training school for midwives for Birmingham.

According to the health report for last week for the city of Birmingham, the death-rate is the lowest recorded for this time of the year, being only 10.6 per 1,000. This is due to the absence of epidemics and to the favourable meteorological conditions. During previous years there has been an enormous infantile mortality in Birmingham during August and September, due to epidemic diarrhoea. To check this, the Health Committee has issued a circular drawing attention to the fact, and pointing out that the majority of these deaths can be prevented. The use of fresh milk and the utmost attention to cleanliness are among the precautions mentioned.

SOUTH WALES.

Proposed Water Board for Glamorgan.—Swansea Waterworks.—

Small-pox at Cardiff.—Cwmaman Waterworks Extension.—

Children's Ward at the Llanelly Hospital.—Housing at Abersychan.

At a meeting of the Bridgend Urban District Council, held on July 11th, a circular letter was read from the clerk to the Glamorgan County Council with regard to the water supply of the county, and the need of immediate steps being taken by the various district councils of the county as to the water supply pointed out. It was calculated that if the rate of increase in the population during the past twenty years continued during the next twenty years there would be a total shortage of water, according to the present supplies, at the end of that period of 20 million gallons daily. The suggestion was that there should be a central body with proper powers. A resolution was passed approving of the proposed scheme, and suggesting that a conference of representatives of the county councils of Glamorgan, be held to consider the question.

On July 15th the South Wales Municipal Engineers, who had been inspecting the Swansea municipal undertakings, visited the Cray Waterworks as guests of the Swansea Corporation.

They were conveyed by a special train, and were accompanied by the Mayor and several members of the Corporation. Mr. R. H. Wyrill, M. Inst. C. E., Borough Engineer, piloted the party. At Cray they were met by the Mayor of Brecon, Mr. Rich, and Mr. B. Mackenzie, the manager of the works of construction. The visitors were shown over the works and greatly admired the manner in which the undertaking is being carried out, and made special complimentary reference to the low comparative cost, considering the results obtained. During the afternoon Mr. Wyrill read a paper, in which he described the various Swansea Waterworks undertakings. He explained that in the Cray scheme, of which he is the author, the watershed consists of 2,640 acres of excellent gathering ground in the wettest portion of South Wales. The storage reservoir will contain 1,000,000,000 gallons of water, and will be 100 acres in extent, being $1\frac{1}{2}$ miles long and $\frac{1}{4}$ mile wide. The top water is 1,000 ft. above the sea level, and the water is impounded by a dam 1,250 ft. long and of a depth of 144 ft. from foundation to top-bank level. The depth from the overflow level to the surface of the rock at the old river course is 100 ft., the rock excavation in the centre of the dam being 37 ft. deep. The gathering ground and the site is on the old red sandstone. The estimated cost of the Cray works is £566,000, of which £483,000 has been expended.

Three fresh cases of small-pox were notified at Cardiff during the week ended July 15th. All three were removed to the Small-pox Hospital.

At a meeting of the Llandilo Rural District Council, held on July 15th, a tender at £1,749 16s. was accepted for carrying out the Cwmaman Waterworks Extension. The Inspector of Nuisances reported that the playground and out-premises of the Brynamman Council School were in a deplorably insanitary condition. It was resolved to call the Education Committee's attention to the matter.

Mrs. Buckley, the relict of the late Dr. H. Child Buckley, formally opened the children's ward at the Llanelly Hospital on July 15th. This addition to the well-equipped institution has been erected by Mrs. Buckley. Only subscribers to the hospital were present, and they were subsequently entertained at a garden party.

The housing of the working classes came up for consideration at the monthly meeting of the Abersychan Council upon the presentation of a report by the sanitary inspector as to the South Ward. According to this report there were eleven cases in which the cubic space allowed each adult was 100 cubic ft. below the minimum of the Local Government Board. Altogether, there were 441 persons living in overcrowded houses. A member proposed that notices be served upon the owners of houses where the cubic space allowance was under 300 cubic ft. per adult, to abate the nuisance. An amendment was proposed that no action be taken in the matter until the Council had taken some steps to provide better housing accommodation for the people. In support of the amendment it was stated that, in a recent case, people had been turned out of their homes, with the result that eighteen or nineteen persons slept in one cottage for several nights. The amendment was carried by a small majority.

CORRESPONDENCE.

THE SANATORIUM TREATMENT OF CONSUMPTION: IS IT WORTH WHILE?

SIR,—I venture to express the view that the writers of some of the many letters on this subject have overlooked two points of the greatest importance:

(1) That the poor who cannot pay for sanatorium treatment constitute the bulk of the victims of consumption; and (2) that the prospect of a successful issue to treatment would be vastly greater in a sanatorium than in the tenements, often a single room; not often more than two rooms, occupied by the sufferers amongst the poorer classes—in London, at any rate. Isolation in such homes is impossible; and so the disease spreads.

But, apart from the very poor, there are numerous classes of sufferers for whom sanatoriums offer the best prospect of more or less prolonged "relief" if not "cure," and for whom practically no accommodation is available—people who, whilst in health, are well able to provide for their personal and family wants, but whose means soon become exhausted when they are stricken with this fell disease; so that, at last, they may have no refuge but the workhouse. My attention to this aspect of the case was painfully revived lately by a paragraph in the July issue of the *London Teacher* as follows:

Last month the engagements of four mistresses were terminated on the ground that they are suffering from phthisis, a promise being made in each case of reinstatement if reported as completely restored to health within twelve months.

I do not know the circumstances of the unfortunate ladies referred to, but I fear there may be little probability of their ever getting back to their duties if unable to obtain sanatorium treatment during the probationary period. Doubtless there are other similar cases amongst the many thousands of teachers in the London elementary schools.

Then look at the case of the children. The London Education Authority directs, in their *School Management Code* (Article III, ix), that

Consumption is to be regarded as dangerous, and sufferers, therefore, must be excluded if this disease is accompanied by coughing or spitting.

It surely would be "worth while" to take measures to ascertain the existence of consumption before the disease arrived at a probably incurable stage; but whether the disease be in the early or the later stage, there is no place to which the poor children can be sent for treatment in the absence of public provision of sanatoriums.

I did not intend to write at such length, but could not forbear drawing attention to this aspect of the controversy going on in your columns, especially in view of the fact that, at this very time, the managers of the Metropolitan Asylums Board are anxiously considering as to whether they should take steps to get themselves constituted the sanatorium authority for London for the benefit of poor consumptives in need of the assistance they could so well give.

Of a surety it is "worth while" that they should undertake this beneficent work.—I am, etc.,

London, W., July 17th.

T. ORME DUDFIELD.

SIR,—I fear that some of your correspondents who have replied to my letter have not read it very carefully, or I have altogether failed to make my meaning and purpose in writing clear. I am not against sanatorium treatment when applied with brains, and not as a mere routine of "feed and freeze;" nor can I find anything in my letter to particularly rouse the ire of superintendents. The question is not, Is sanatorium treatment a failure? but Is it worth while? Is the economic gain to the State at all commensurate with the economic loss sustained by a year or two's treatment in a sanatorium? There is no good in importing German statistics into the discussion unless a German climate can also be imported. I tried to show the worthlessness of statistics built up on the opinion of the patients as to their condition after treatment. We must have reliable statistics, scientifically and accurately compiled. At present there is no standard, no consensus of opinion as to classifying patients on admission, on dismissal, nor afterwards; and one of your correspondents throws doubt on the diagnostic value of the tubercle bacillus. Surely the mere opinions of interested parties are not to be designated statistics, nor will the general practitioner be won over by being told that he can know nothing of sanatorium treatment. I freely admitted the value of fresh air and good food in almost all diseases, especially wasting diseases; and I am willing, also, to admit the value of medical supervision, where possible, in all diseases, but not more so in consumption than, say, in typhoid.

But this does not touch more than the fringe of the economics of sanatorium treatment. The question is, Is it worth while? Because the rich support hydropathics and spas and get benefit, has never been put forward as a plea for erecting palatial buildings, State-supported or by subscription, for the poor; and why should we, therefore, be asked to support expensive sanatoriums for the poor till it has been clearly shown that in this country such treatment will give distinctly better results than the much more economic and practicable methods heretofore in vogue—and, let me add, in great measure still the only methods practised or possible for the general practitioner's average patient?

Let me try to put briefly the economics of sanatorium treatment for a working man in figures. I understand that sanatorium superintendents advocate a course of two years and light employment afterwards. Rarely do they promise a return to old occupations and environments. Now, no unaided sanatorium run on the present lines could be self-supporting if less than £2 10s. were charged per week per patient. Add a loss of 30s. per week in wages; in two years this amounts to £4 16s. and, assuming the patient now able to earn £1 a week, it will take him eight years to wipe out the economic loss to the community. Would any insurance com-

pany give an average life prospect of eight years to a patient known to be once consumptive, even if the disease had been cured or arrested in a sanatorium? We know from statistics that half at least are dead by the end of that period. How, then, can we speak of such treatment as being an economic gain to the State? And how are the poor to get its benefit unless by State or public support?

I am constrained to ask some of your correspondents whether their knowledge of the value of fresh air and good food in disease is contemporaneous with this present campaign against consumption.—I am, etc.,

ALEXANDER DON, M.B., C.M., F.R.C.S.Ed., M.A.

Dundee, July 17th.

PUBLIC VACCINATORS AND GENERAL PRACTITIONERS.

SIR,—“Inquisitive's” reforms are so far-reaching and progressive that it is impossible to keep pace with him. It appears now that he would abolish not only the public vaccinators, but the Local Government Board inspectors as well. Perhaps the Local Government Board itself will go next. I cannot follow him to these heights.

His mathematics are equally beyond my reach. Try my hardest I cannot make £300 divided among 100 men come to more than £3 as the average share of each. Yet “Inquisitive” says this is “clearly an absurd estimate.” Clearly views of clearness differ. “Inquisitive” thinks his share of the plunder would be £28; but this would not, could not, alter the average. If he, or any one living in one of the larger districts, were to get £28, which is, at least, £25 more than the average, it would only mean that several others living in the same district would suffer by getting considerably less than their share. As to “Justitia's” supposed grievance, it cannot be taken seriously by any one acquainted with public vaccination. If we can “ingratiate ourselves” sufficiently to escape from the house without a broken head and a torrent of abuse, this is as much as we expect, and more than we always attain. The former may usually be avoided by silence under provocation; the latter not always even so. Were it otherwise, the people we are compelled to call upon are not usually such as would be at all desirable as private patients, while the well-known fact that public vaccinators almost invariably sustain a considerable loss of private practice, instead of a gain, is one which speaks for itself.—I am, etc.,

July 15th.

PUBLIC VACCINATOR No. 1.

** We are unable to publish any further correspondence on this subject.

SUTURE OF GRANULATING WOUNDS.

SIR,—In the BRITISH MEDICAL JOURNAL of June 24th, p. 1376, Mr. Edmund Owen describes a method of secondary suture of cleft palates after failure of primary union. This method of converting an apparent failure into an ultimate success, entailing as it does very little loss of time, is one which is available, but not often used, in other branches of surgery. The principle of approximation of granulating surfaces, either with or without refreshing of these surfaces, is applicable in many operations. In its simplest form, it is seen in the suture which is left untied at the end of an operation to allow of drainage by a wick of gauze or rubber tube, and only tied when drainage has ceased to be necessary and the track of the tube or gauze is represented by a sinus lined with granulations.

The principle of secondary suture is also applicable to cases of perineorrhaphy, in which sutures have been inserted immediately after labour, but in which the perineal tissues have failed to unite.

Ten years ago, at Queen Charlotte's Hospital, I applied this plan of secondary suture to an ununited perineum one week after confinement. Firm union took place, thus saving the patient from possible prolapse with a second lying-up at some future date, and prolonging her stay in bed by one week only, and that at a time when the extra rest was least inconvenient and most likely to be of value. If every perineum in which primary suture had failed were treated by secondary suture as above, a great deal might be done to lessen the number of elaborate flap-splitting operations, the ultimate results of which are not infrequently far from satisfactory. Secondary suture of granulating surfaces has been, and is being, employed to a small extent for wounds in various regions, but its adoption as a recognized treatment of utmost universal applicability is still in the future.—I am, etc.,

Plymouth, July 15th.

C. HAMILTON WHITEFORD.