

some of our sanitary arrangements with advantage. Every house is visited, inside and out, by the inspector and by myself, at least once a year.

I do not mention these matters in any spirit of boasting, because all the latter portion have been carried out since I have held my present office, but to show you that, not finding the causes of these infantile deaths in the exterior sanitary surroundings, I felt that it was necessary to look within for them. Within, many houses were clean; some were dirty; but, whether clean or dirty, the children died all the same. What other causes then remained but those I have enumerated above? Situated in a lovely valley, with a sandy soil and mild climate, what is there in them to destroy the infant life of Worcester?

I believe, sir, the question is a much deeper and more complicated one than has hitherto appeared, at least to the official mind. But many medical officers of health, I find, are coming round to the same conclusion on these points as myself. Our prejudices are being worn off, and we are beginning to see things in a new light. I am inclined to agree with Dr. Buchanan that infantile summer diarrhoea is a new disease. I also think that infantile mortality, at least in the excessive degree in which we now have it, is connected with a new disease, one connected more with the social than with the physical condition of our urban population.

I cannot ask for more of your space now; but when, as you advise, I have got my facts in more precise order, I will trouble you again, in the hope of showing that what are now inferences from facts known chiefly to myself, will be clear to others from facts equally open to them also.—I am, sir, yours very faithfully,

WILLIAM STRANGE, M.D.,  
Senior Physician to the Worcester Infirmary, and  
Worcester, May 26th. Medical Officer of Health.

#### MORTALITY IN LYING-IN HOSPITALS.

SIR,—My attention has been called by a medical friend to the article in your last number on the Mortality in Lying-in Hospitals. You therein give me the credit for holding the opinion that the normal maternal mortality of puerperal women is 2.33 in 1,000 deliveries. I could not express such an opinion, as I was fully aware that the facts were very different.

In the last report of the Registrar-General, it is shown that, in the thirty years 1847-1876, 106,565 mothers died in childbed, being at the rate of 5 in the 1,000. The extreme limits were: in 1857, 4.2 in the 1,000; in 1874, 6.9 in the 1,000. In the year preceding the report (1876), the rate was 4.7.

The object I had in view was to contrast the home system with hospital practice; and I referred to the statistics, not of the London Maternity Charity only, but also of the Birmingham Lying-in Charity—the one confirming the other in a remarkable degree. In both cases, the facts were derived from about ten thousand cases; those of the Royal Maternity extending over three, those of the Birmingham Charity over ten years. The result in both these charities is shown to be all but identical in these particular years: in the one, 2.33 in the 1,000; in the other, 2.32.

In to-day's *Times*, I read from the Report of the British Lying-in Hospital for the past year that, in 400 cases treated at the patients' homes, there was not a single death; while in the hospital there were 2 deaths in 113, or 17.7 in the 1,000.

I stated that, in the English and Dublin hospitals, the deaths varied from 14 to 18 in the 1,000. Can this be contradicted? We hear that Queen's Charlotte's Hospital is now closed because the deaths of eleven mothers were registered in six weeks ending on the 10th of May. The number of deliveries is not stated; but, as the annual number treated in the hospital is under six hundred, these deaths must have occurred in about seventy to eighty cases at the outside.

If the normal death-rate be 5 in the 1,000, can the continuance of lying-in hospitals be advocated when they produce such results as we have seen here in the practice of the Queen Charlotte's and other hospitals? So long as they are maintained, so long shall we have this needless loss of most precious lives; and no commissions of inquiry can avert it.—I am, sir, your obedient servant, J. D. GOODMAN,

Chairman to the Committee of the Birmingham Lying-in Charity.  
Birmingham, May 28th, 1879.

\* \* We must remind Mr. Goodman that many deaths arising within the month after delivery are registered as from other causes than child-birth, the true one. The returns of the Registrar-General do not, therefore, represent the actual maternal mortality. With regard to the Birmingham Lying-in Charity, it must be borne in mind that the two chief lethal elements, primiparæ and single women, are reduced to a

minimum. The charity refuses its aid to single women, and the proportion of primiparæ which it relieves is unusually small. The actual maternal mortality throughout the country is, as we have stated, 1 in about 120.

SIR,—With reference to your articles on "Mortality in Lying-in Hospitals", whatever the general rate may be, it certainly does not apply without exceptions, and these exceptions must tend to reduce the general average. Permit me, without laying claim to any special skill, to state that, during twenty-five years' general practice in an agricultural part of Staffordshire, with a moderately large midwifery practice, from the titled lady to the labourer's wife, I never lost a single case of which I had the management from the commencement.\* My cases during the time, at the lowest estimate, must have amounted to one thousand, and included, I believe, every possible complication. Five involved craniotomy, made necessary by pelvic malformation or tumour. I used the forceps (Simpson's) very freely, especially during the latter years of my practice, and never regretted its use.

I believe my "luck" was proverbial in the neighbourhood where I practised; and no doubt "luck", whatever that may be, had something to do with it; but still the fact remains, to myself a matter of thankfulness. I enclose my card; and remain, yours, etc.,

ONCE A GENERAL PRACTITIONER.

SIR,—You are quite right when you say the figures on which Mr. J. D. Goodman bases his notions of what he supposes ought to be the rate of maternity mortality are erroneous. They are chiefly those of the Birmingham Lying-in Charity, in which no unmarried women are treated and very few primiparæ. Such figures are worthless without a knowledge of this qualification.—I am, etc., BIRMINGHAM.

#### HOSPITAL AND DISPENSARY MANAGEMENT.

##### SALISBURY PROVIDENT DISPENSARY.

THE report of this institution for the year 1878 is a model of brevity, and the success which it records must be most gratifying to the managers. It appears that the dispensary was reorganised, and placed on its present footing, a year ago, and yet it has already enrolled more than 6,200 members, who last year contributed £963. The honorary subscriptions only amounted to £154, so that the institution has made a remarkably good start, and is well on the road to become self-supporting. The benefits of the dispensary are not confined to Salisbury itself, but extend to several of the adjacent villages. Ten medical men are on the acting staff, and amongst these the sum of £635 was divisible at the close of the year. This was exclusive of the midwifery fees, which are here paid direct to the surgeons.

##### LIMPSFIELD CONVALESCENT HOME.

A FEW years ago, it was a question whether the Limpsfield Convalescent Home could be carried on. Now, however, we are glad to learn that it has been reorganised, and established on a permanent basis. A new building has been erected, one of "Lascelles' patent cottages", which will accommodate twelve patients, with the matron and servant. The patients occupy six bedrooms, there being two beds in each room, which is a convenient arrangement in the case of sisters or friends. There is a large sitting-room with a bay window, appropriately termed by Mr. Lascelles "a sun-bath", which commands a lovely view. There is also a smaller sitting-room for the use of the matron. The cost of the new home was £732, and since it was opened in July last, forty-four patients have been received into it. From the notices which appear in the report, it is evident that the arrangements at Limpsfield are such as not merely tend to restore the health of the inmates, but also to cheer and encourage them when they return to the battle of life. The home is within easy reach of the east end of London, and it deserves to be well supported, in order that it may hold out a strong helping hand to our teeming population.

##### HOSPITAL OUT-PATIENT REFORM.

SIR,—The thanks of the Profession are due to Mr. Holmes and the Out-Patient Reform Committee for their energetic endeavours to reform the system of out-door medical relief, and remove the abuses at present existing. In the *JOURNAL* of May 17th, there is an account of an interview between a deputation from the Reform Committee and the Weekly Board of the Royal Free Hospital, at which Mr. Holmes advanced certain propositions, one of which "to exclude patients who are

\* One case—an epileptic—died of convulsions when six months advanced; and this is the only death, if it can be considered such.