

Vote of Thanks to the President.—The meeting terminated with a vote of thanks to Dr. W. G. Van Dort (President), proposed by Dr. M. SINNE TAMBY and seconded by Dr. A. B. SANTIAGO, for his very instructive paper. This was carried.

JAMAICA BRANCH.

AN ordinary meeting was held at the Jamaica Institute on March 28th, Dr. HENDERSON in the chair.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Antitoxin in Diphtheria.—Dr. RAGG gave a history of several cases of diphtheria occurring in one family, in which the early injection of antitoxic serum appeared to greatly modify the virulence of the disease.

Ectopic Gestation.—Dr. G. V. LOCKETT read notes of a case of ectopic gestation, the sac being extraperitoneal and abdominal. An operation was performed, and in six weeks the patient, a negress aged 39, was convalescing and up and about, when unfortunately she was taken ill suddenly and an abscess bursting into the left lung, she died.

Tuberculous Disease of Knee.—Dr. LOCKETT also read notes of a case of chronic tuberculous disease of the knee-joint, with large synovial cyst. At operation this sac, lined with synovial membrane, contained altered synovial fluid and thick flakes of lymph. It could be traced under the semi-membranosus and in all probability communicated with the knee-joint. These cysts occurred in hydrops articulari—now considered tuberculous—and Charcot's disease. The latter was out of court from the signs, symptoms, and history of the cases.

The Treatment of Hydrocele.—Dr. HENDERSON, in opening a discussion on the curative treatment of hydrocele, strongly advocated the use of carbolic acid as an injection after tapping, and cited a number of cases in which he had used it with uniformly good results. He effected a complete cure in about 80 per cent. of the cases treated, with a minimum of discomfort to the patients.—Dr. RAGG had used iodine for the same purpose, preferably the liniment or the Edinburgh tincture, which was stronger than the B.P., and had not noticed any excessive pain or inflammatory reaction. This was contrary to the experience of most of the other members present.—Dr. ALLWOOD had not been so successful with either iodine or carbolic acid as the previous speakers, and got the best results from excision of the sac as completely as possible. All agreed that whatever method was used there was always more or less some orchitis.

SOUTH AUSTRALIAN BRANCH.

THE twenty-second annual meeting of this Branch was held at Adelaide University on June 27th.

Confirmation of Minutes.—The minutes of the previous meeting were read and signed.

Report of Council.—The report of the Council stated that during the past year the membership of the Branch had been maintained satisfactorily, and the financial position was sound. Death had removed two—Dr. Robert Stewart and Dr. S. J. Magarey—both prominent and able members of the Branch. One or two members had left South Australia; several had gone to South Africa, and there gained distinction for themselves and for the Commonwealth. Seven new members had been elected. Members had considered the proposed new constitution of the Association, and the resolutions of the Branch forwarded to London were now under consideration by a special Subcommittee, which included our representative on the General Council. An address to H.R.H. the Duke of Cornwall and York was in preparation. The report and financial statement were adopted.

Election of Officers.—The following members were elected officers for the ensuing year: *Vice-President*: Dr. Archibald A. Hamilton. *Honorary Treasurer*: Dr. W. T. Hayward. *Honorary Secretary*: Dr. J. B. Gunson. *Ordinary Members of Council* (3): Drs. M. Jay, Otto W. Smith, and W. R. Cavenagh-Mainwaring. The President (Dr. C. E. Todd) and retiring President (Dr. Brummitt) are members *ex-officio*. The members of the Parliamentary Bills Committee were re-elected. The local editor of the *Australasian Medical Gazette* was re-elected.

Presidential Address.—Dr. R. BRUMMITT delivered the annual

address and vacated the chair, which was taken by the newly-elected President, Dr. C. E. Todd.

Votes of Thanks.—Votes of thanks to retiring officers and to the Council of the University were carried.

SPECIAL CORRESPONDENCE.

BELFAST.

Health of Belfast: Annual Report of the Superintendent Medical Officer of Health: Tuberculosis: Typhoid Fever.

THE superintendent medical officer of health has lately issued his annual report on the health of Belfast. Since 1896, when a Special Committee was appointed to report on the high death-rate, and even more so since the serious epidemic of typhoid fever in 1898, public feeling has been very strong, and prolonged and even angry discussions in the city council on the subject have been not infrequent. Although the mortality is not excessive, being 21.7, and has shown a steady but slow decline in the last decennium, it is still felt to be unduly high. The report fills 48 double octavo pages, but as 12 of these are simply ominous lists of streets in which typhoid fever has occurred, there are really only 36 pages; it contains three charts and 17 short tables of statistics; there is no index, and we miss such helps to the general reader as "main divisions" and "headings," and general graphic arrangement and orderly sequence. There are no maps. It is not perhaps altogether a fair comparison to put this report side by side with that of Dr. Hope on Liverpool; still even making allowance for the fact that the population of the latter town is nearly double that of Belfast, we cannot congratulate ourselves on the result. In the Liverpool report there are 203 pages, not inclusive of an index of 6 pages, of a preface of 4 pages, and of an appendix of 18 pages, 2 maps, and 2 large charts. There are also photographs and tables of statistics innumerable; it is easier to find information on a certain subject in these 230 pages than in the 36. A comparison with the reports of Manchester, Glasgow, and Birmingham does not remove our uneasiness. A comparison with the reports of some towns with a smaller population than Belfast even intensifies it. The population of Kingston-upon-Hull for 1899 was estimated at 234,270, nearly 100,000 less than that of Belfast; yet its report contains 140 pages, an index of 2 pages, a large map with coloured dots showing the distribution of the fatal cases of the severe zymotic diseases, and numerous tables and coloured charts. The population of Cardiff for 1899 was estimated at 185,826, little more than half that of Belfast; its report is four inches longer and a little broader than the one under comparison, and contains 76 pages, four large charts, and an index of one page. One is forced to the conclusion that as regards mere amount of matter and general fulness and what we may term the dignity of the report, it is markedly deficient. This unfavourable conclusion is not altered on a closer inspection of the materials dealt with; there is no mention of prosecutions under the Health Act; no hospital reports, or the very scantiest reference to fever hospital accommodation; no returns of vaccination; no reports on the housing of the poor except on the vaguest terms in the description of the Registrars' districts; no returns as to the density of the population, although an excellent table giving the deaths is given; no mention of the foreshore or of the smoke nuisance; no mention of the increase or decrease of alcoholism, of the working of the main drainage scheme, of the sanitary destructors; no list of officers in the department, or of the cost of the department; no lady inspectors. It is impossible to verify all the figures, but two instances may be cited which still further increase the uneasy feeling aroused by the report. On page 20 the total death-rate of Liverpool is given as 25.7, and that from zymotic disease as 3.1; whereas Dr. Hope's figures in his report are 23.1 (on page 7) and 3.6 (on page 19), nor are the figures quoted correct for the previous year. Again, in Table I, 3 cases of measles and whooping-cough are returned as notified during the last three years, and no cases of diarrhoea or chicken-pox. Of course this arises from these diseases not being notifiable; yet, from Table IV, we learn that during this period there were 242 deaths from measles and 439 from whooping-cough, and 882 from diarrhoea. Thus any estimate of the total zymotic disease in the

city from Table I. is hopeless, and the figures given are misleading. The estimate for the population was 359,000, the census showed it to be 348,965 at the end of a decennium; this was very close calculation, and the responsible authority must be congratulated; the corrected death-rate is thus 21.7. It is very satisfactory to record the decline from 25.5 in 1891, but the satisfaction would have been more complete if evidence were adduced enabling one to differentiate Old Belfast from New Belfast. A few years ago a large circumjacent suburban area was added; the point really at issue is to know whether the death-rate in Old Belfast is being reduced. Thus, in Table II we find 372 cases of typhoid and 120 of simple continued fever notified from district No. 3, which is part of Old Belfast, whereas in district No. 7, a new suburban area, 8 and 3 cases respectively were notified; and as a satire upon our modern hygiene, the latter, which consists chiefly of the village of Greencastle, is described as "situate below high water level, 4 ft. to 6 ft. below level of adjoining roadway whose sanitary arrangements have been woefully neglected in the past," necessitating "a complete system of drainage," whereas No. 3 has "good wide streets the greater number of the houses comparatively recently built, with fair attention to sanitary arrangements." Both are inhabited chiefly by operatives. Surely there must be some *tertium quid*? But the evidence, such as it is, does not support the idea that some districts in Old Belfast are improving *pari passu* with the town as a whole.

The medical officer again complains of his inability to place on record the causes of 4,006 deaths out of 7,642.

I know nothing of where any deaths take place, except from the Registrar-General's returns, which merely state that so many deaths occur in a certain district.

"Even this meagre information is only given as regards chest affections and zymotic disease." This and many other defects arise from the anomalous position of the superintendent medical officer of health. He has no real power or control. The medical officers of health for the fourteen districts, who are also the dispensary medical officers and all gentlemen in large private practice, supply him with what information they can, and he acknowledges their kindness; but the want of proper organisation and due centralisation neutralise to a great extent the efforts not only of the officers of health, but also of the Health Committee; and to ask the superintendent medical officer of health to draw up an annual report from the materials at his disposal is to ask him to make bricks without straw.

The two heavy items in the mortality list are consumption and typhoid. To phthisis we have two pages devoted, one of which is nearly occupied by Table XI. It caused 1,115 deaths out of 7,642. It is the highest actual number ever recorded, although the death-rate is stated to have steadily declined since 1891. The mortality from all forms of tuberculous disease is not given. In Liverpool with nearly twice the population the mortality was 1,287, and from all forms of tuberculous disease 1,717. In the Liverpool report there is mention of experiments by Dr. Elliott as to the infectivity of houses where tuberculous patients have recently died, the number of animals seized for tuberculosis, and eight pages on tuberculosis and milk—about twelve pages altogether. During 1900 Edinburgh issued a report on the prevention of consumption of 120 large pages. Cardiff, with only 208 deaths, devotes four pages, each larger than the page of the Belfast report. The special report on tuberculosis by Dr. Newman, the Medical Officer of Health for Clerkenwell, gives the death-rate from phthisis for the East of London as 2.19, and for Clerkenwell as 2.32. In Belfast it is 3.1, nearly exactly double what it is in the North and West of London (1.6). It is the merest mockery to talk of consumption being a preventable disease, and yet for the responsible Board of the city not to take, or at least to record, one single practical step to endeavour to lessen this terrible mortality.

There were 1,777 cases of typhoid fever and 813 cases of simple continued fever notified during the year, with a total of 269 deaths; in Liverpool 731 cases—1,046 fewer than in Belfast—with 120 deaths are reported. In 1899 Cardiff reported 94 cases with 19 deaths; and in the same year Kingston-upon-Hull acknowledged 43 deaths. If the incidence of the disease for the year had been the same as that of Liverpool, roughly 200 more people would have been living at the end of the year

than actually were; and the expense, anxiety, and pain of 2,000 cases of a tedious, dangerous, and in every way detestable disease would have been saved to the inhabitants.

There are some points on which the authorities are to be congratulated. Small-pox and plague were prevalent in Glasgow, yet, although the traffic between the two cities is enormous, we were saved from both. The commendable activity and promptitude shown enables one to judge what might be done in other directions. It is extremely satisfactory also to note the examinations that are being made of the house drains, although the number discovered defective is astounding; and also the use that is being made of the pathological laboratory for the examination of diphtherial membrane and for Widal's test. The mortality from measles, whooping-cough, scarlatina, diphtheria, and infant mortality compare favourably—sometimes very favourably—with that of other large towns, so that if once the two endemic scourges of the city were successfully dealt with, there is little reason to doubt that the mortality would fall to that of London.

SYDNEY.

Sydney Hospital Branch Dispensary.—The London Sanitary Institute.—Prince Alfred Hospital.—Australian Natives' Association.—Australasian Trained Nurses' Association.

WITH a view to providing medical attendance and medicine to the deserving poor of the eastern suburbs the Board of Directors of the Sydney Hospital has erected a dispensary upon a piece of land in a prominent thoroughfare bequeathed to the directors by the late Mr. William Perry. The building has been erected at a cost of £3,000; separate rooms are provided for the dispensing of medicine, and for an honorary physician and surgeon who will attend daily. Adjoining the dispensary are two shops which form part of the building, and which have been let with a view of aiding materially in the expense of carrying on the dispensary.

At a meeting held recently in the Town Hall, under the presidency of the Mayor, Sir James Graham, M.D., the certificates of the London Sanitary Institute were presented to those persons who had qualified to receive them. Sir James Graham stated that those who were to receive the certificates had specially studied to qualify for them. Until lately, although a series of lectures on Sanitation had been given at the Technical College, the municipal authorities had never seriously turned their attention to the enormous importance of insisting that every sanitary inspector or officer should be thoroughly well trained and equipped in every way for his work. Eight hundred students attended sanitary lectures in Sydney and country during the past year, the subjects studied being practical sanitation and plumbing, sanitary inspection, and sanitary and municipal engineering. Much of the activity in this direction was due to the outbreak of plague last year, which has aroused the citizens to the importance of perfect sanitation.

The total amount collected up to date towards the furnishing of the new Queen Victoria Memorial wings at Prince Alfred Hospital is £11,683. Miss McGahey, the matron of the hospital, left for England and America a fortnight ago. She is to collect information in Great Britain and America, with a view to the equipment of the new wings of the hospital being as perfect and up to date as possible.

The Australian Natives' Association, which, as I have before explained, is a purely political association, but which has lately been registered as a Friendly Society to enable it to maintain its existence and progress at the expense of the medical profession, held an annual session in June last. Some resolutions then passed may be of interest as showing the aggressive nature of this new illegitimate medical benefit society. It was resolved that the following communication be sent to the Friendly Societies' Association:

That they forward a paper to all candidates for the State Parliament asking if they are prepared to support a measure to enforce medical practitioners to consult with any duly qualified medical man when so desired, and to establish by legislation a system of fees for consultation, attendance, etc. "That in the event of the Friendly Societies Association not acting on the foregoing resolution the Board is hereby empowered to forward such questions to all Parliamentary candidates."

The Council of the New South Wales Branch of the British Medical Association declared the Australian Natives' Associa-

tion to be one prejudicial to the interests of the profession, and no member of this Branch of the British Medical Association will take the position of medical officer, nor consult with any of the medical officers of this Society. The object of the Board of the Australian Natives' Association is of course to endeavour by Act of Parliament to get over the difficulty they have experienced in securing good medical attendance. It is beginning to be realised here that the only way to deal with the increasing abuse of the club system is to abolish all medical contract practice.

The annual meeting of the Australasian Trained Nurses' Association was held in July under the presidency of Dr. Norton Manning. The Association is in a flourishing condition due largely to the efforts of Sir J. Graham in the initiation, and more recently to the large amount of time and interest devoted to it by the President, Dr. Norton Manning. The annual report states that there are now on the roll of members the names of 414 trained nurses, of whom 368 are resident in New South Wales, and there are 63 medical members. The matrons of 55 public hospitals in this State are members of the Association. A benevolent fund has been started and has received help from various quarters. Miss McGahey, the Matron of the Prince Alfred Hospital, is to represent the Association at the Congress of Nurses at Buffalo, U.S.A., in September of this year. It is hoped that before long branches of the Association will be formed in Victoria, Queensland, and Tasmania. Auxiliary branches for midwifery and mental nurses have been formed. The financial statement showed a credit balance of £352, and the benevolent fund £70. The adoption of the report and balance sheet was moved by Dr. Sydney Jones and seconded by Dr. Clubbe, and carried. Sir James Graham advocated the claims of the benevolent fund, and in his capacity as Mayor promised the use of the town hall for a public meeting to be called in the interests of the fund.

HONG KONG.

Death of Dr. A. P. Carvalho.—Decrease in Bubonic Plague Returns.—The Sanitary Condition of the Colony.—Small-pox.

ALBERTO PEDRO DE CARVALHO, M.R.C.S., L.R.C.P., L.S.A., died here on April 5th, at the age of 41. He was born in Hong Kong in 1859, proceeding when a boy to Portugal for general education. In 1882 he was registered as a medical student at University College, London, obtained the L.S.A. in 1886, and a year later became M.R.C.S. and L.R.C.P. Returning to the Colony he entered general practice, but owing to a nervous breakdown had almost ceased to practice during the three years before his death. Dr. Carvalho was a faithful, kind, and able practitioner, and rendered good service to the Alice Memorial Hospitals for many years.

The epidemic of bubonic plague is now practically over for this year. It has been somewhat severer than former years, especially in so many Europeans being attacked. For the week ending July 13th the cases were 26, and 21 deaths. The following table shows cases and deaths to noon of July 18th:

Cases.			Deaths.		
Chinese	...	1,487	Chinese	...	1,450
Other Asiatics	...	51	Other Asiatics	...	34
Europeans	...	28	Europeans	...	9
Total Cases	...	1,566	Total Deaths	...	1,493

These returns give a mortality of 95.33 per cent. of all the cases, while among Chinese alone 97.51 per cent., among Asiatics (other than Chinese) 66.66 per cent., and among Europeans 32.14 per cent. were fatal.

Many schemes and suggestions have been brought forward at the Sanitary Board and in the daily papers for the improvement of the health of the Colony. The real difficulty lies in the housing of the Chinese and the maintenance of thorough cleanliness. The merchants of the Colony regard the yearly recurrence of plague as a great hindrance to the trade of the Colony, and a petition, largely signed, has been presented to His Excellency the Governor, praying that a Sanitary Commission be sent to the Colony at once with power to enforce the carrying out of its suggestions.

Small-pox has now practically disappeared, coincidentally, as in former years, with the onset of the hot season.

CORRESPONDENCE.

THE CONSTITUTION REPORT.

SIR,—I should have been very loth to believe that any attempt had been made to boycott those members who were prepared to offer arguments in opposition to the recommendations of the Constitution Committee, but the letters from Drs. Cave and Ince convince me that such an attempt was not only made but was successfully carried into execution.

I may here say, Sir, that I was prepared to discuss the report of the said committee on Tuesday but the President thought that the superior attraction of certain garden parties would be more congenial than the discussion of that report, and accordingly adjourned the first general meeting at an early hour.

And this instance reminds me of what I have from time to time ineffectually proposed, and that is that the business of the Association should be commenced early on Tuesday morning and continued until it was finished, and also that no entertainments of any sort should be allowed to be fixed until such time as the general business of the Association had been concluded.

It will naturally be asked whether the Association mean the annual meeting to be considered as a picnic or as a business and scientific meeting. You will excuse me if I say that I am of opinion that it is quite possible to combine a certain amount of pleasure with a large amount of business, but it is essential that *all* the business should be finished before the pleasure commences.

Now with regard to the important question of delegation: Is it not apparent that considering every member of the Association must belong to one of the Branches, that every question of importance should be first discussed by the Branches, and afterwards, if necessary, relegated to the annual meeting of members for final decision?

Why on earth should we have a body intervening between the Branches and the Council, and not responsible to either of these bodies?

That the Branches cover too wide an area goes without saying, and that the idea of division is a good one everyone admits; but surely the division of a Branch should first of all report to the Branch what they consider desirable, and the Branch should then, as a matter of course, report after discussion what decision they (the Branch) have come to to the Council. There is nothing in the present or in the proposed constitutions to prevent any Branch from communicating their decision or their opinions to the other Branches. Speaking as an old and, I may add, as a reforming member of the Association, I would say that what is wanted is:

1. A subdivision of the Branches, so that every member could without inconvenience attend meetings.
2. A keener interest in the medico-political and medico-ethical questions of the day.
3. An election of an executive body from the Council which should meet so frequently that it would be possible to discuss adequately all the questions that arise.
4. A strong determination on the part of members that the Council should make such arrangements at the annual meeting that no disturbing element in the shape of entertainments should interfere with the proper control of the business.—I am, etc.,

Cardiff, Aug. 19th.

T. GARRETT HORDER.

SIR,—It is impossible not to feel sympathy with Drs. Cave, Fleming, and Ince in their attempts to defend a lost cause. But singularly enough they do not seem to realise the curious position in which their arguments place them. In the first place they complain of the closure. This certainly was not invented by the revolutionary party in the Association. Moreover, it was not applied by the caprice of the chair, but by the express will of the meeting, and yet these gentlemen who opposed the setting up of a representative meeting are not willing to accept the verdict of an assembly to which they were anxious to appeal. But the position is even more curious. The subject under discussion had actually been through the process of the "referendum" and had come back with the approval of 25 Branches against 8; of 99 meetings against 16, and approximately of 950 members against 250.