

(Sydney), E. W. Fairfax (Woollahra), C. Hardcastle (Hillgrove), W. R. Clay (Hornsby).

Communications.—Dr. F. A. BENNET exhibited a patient suffering from a skin disease. Drs. ANGEL MONEY and HANKINS made remarks on the case.—Drs. RENNIE and CRAIG exhibited a boy who had been operated on some two years ago for hydatid cyst of the brain.—Dr. ARTHUR read a paper on the choice of an anaesthetic in the adenoid operation.—A discussion ensued in which Drs. SAWKINS, PALMER, CHAS. MACLAURIN, MCKAY, HINDER, BRADY, MACDONALD GILL, SINCLAIR GILLIES, SCOT SKIRVING, and WILKINSON took part. Dr. ARTHUR replied.—Dr. KIRKLAND read a paper on Atrophic Rhinitis, which was commented on by Dr. BRADY.—Dr. HINDER exhibited a uterus removed from a ruptured pregnancy, occurring in stump left after removal of a former ruptured tubal pregnancy.—Dr. NOLAN exhibited a dissection of the temporal bone.

Governor's Levee.—The PRESIDENT announced that the Governor-General would hold a levee on July 7th, and invited as many as possible to be present.

A Knighthood for Dr. MacLaurin.—The PRESIDENT announced that the Hon. Dr. MacLaurin had been knighted by His Majesty, and a vote of congratulation was carried by acclamation.

Notice of Motion.—Dr. WORRALL gave notice that he would move at the next meeting of the Branch the following addition to the Articles of Association:

No member of the New South Wales Branch of the British Medical Association engaged in private practice shall allow himself to be interviewed on professional matters by representatives of the lay press, without a written undertaking that his identity shall not be disclosed.

SPECIAL CORRESPONDENCE.

NEWCASTLE-UPON-TYNE.

Royal Victoria Infirmary Fund.—*Progress of the New Infirmary Buildings.*—*Death of Workmen due to Sulphuretted Hydrogen.*—*Proposed Glasgow University Club for Newcastle and the North of England: Complimentary Banquet to Professor McKendrick.*—*The Medical School.*

It will be remembered that the stimulus to build a new infirmary was largely the result of the activity of the then Mayor of the city, Mr. (now Sir) Riley Lord, during his year of office nearly six years ago. It was thus that he thought should be commemorated the Diamond Jubilee of the late Queen Victoria. He appealed to the public for £100,000 and he got it. The fund raised was subsequently augmented through the generosity of Mr. W. A. Watson-Armstrong, of Cragside, and the late Mr. John Hall, a shipowner of Newcastle-upon-Tyne, each of whom gave £100,000. With this £300,000 it was therefore proposed to build and partly endow the new infirmary. By the addition of interest from the bank, the proceeds of entertainments in the city and neighbourhood, the Diamond Jubilee Fund has now reached the magnificent sum of £110,453. At a meeting of the Executive Committee of the fund held in Newcastle on September 5th it was decided to close accounts, and to dissolve the Committee, whose work will be undertaken by the authorities of the Royal Infirmary. Hearty congratulations were extended to Sir Riley Lord, and the thanks of the district conveyed to him on the motion of the Vice-Chairman of the Royal Infirmary Committee, Sir George Hare Philipson. The success which has attended the efforts of the former Mayor and his colleagues is gratifying to all. After writing off a few subscriptions that were unavoidably lost through death, etc., it is pleasing to learn that only five subscriptions are outstanding, and these the Secretary stated would, he thought, within the next few days be paid to the governors. In acknowledging the vote of thanks, Sir Riley Lord said that at first it was only intended to raise £50,000. The fund was opened on August 24th, 1896, and was subsequently raised from £50,000 to £60,000, but as this was readily obtained a special effort was made to obtain £100,000. The appeal was successful. The reason for the delay in closing the accounts of the Committee was the hope that some of the outstanding promised subscriptions would be paid. The new infirmary

when completed would be a memorial of the loyalty of the people of Tyneside and neighbourhood to their late Queen, after whom the building would be named, and of the sympathy of the public with the sick and lame poor. The inception of the new infirmary movement originated with Mr. Alexander Laing, a well-known Newcastle merchant, but it was a scheme which the late Professor George Yeoman Heath had much at heart, and which he encouraged.

Considerable dissatisfaction has been expressed at the slowness with which the building progresses. So much is this in arrear that both at the final meeting of the Executive of the Diamond Jubilee Committee and at that of the Building Committee of the Royal Infirmary held last week grave doubts were felt as to the possibility of the building being completed within the specified time, namely, three years. The contractor is being pressed to double the number of workmen on the ground and to make the best possible use of the few months that remain before the approach of winter.

At Hebburn-on-Tyne where excavations are being made for a graving dock and where some of the work is being carried on in iron cylinders or caissons, three men were suddenly deprived of life on July 17th, and one man in the same cylinder on August 25th. The caisson is sunk on the south bank of the Tyne close to some alkali waste deposited from chemical works that existed there several decades ago. From this refuse there is always a certain amount of liquid exuding which is rich in sulphuretted hydrogen. From time to time this liquid has found its way into the caisson. On July 17th, when one of the men was engaged in the cylinder he was heard to shout and seen to fall. A workman descended to render assistance, but almost immediately on reaching the bottom he too shouted and fell down apparently dead. A similar fate befell a third workman who tried to render help. On removing the bodies from the cylinder the three men were found to be dead. Upon two of the bodies a necropsy was made by Dr. Malcolm of Hebburn. Some of the water at the bottom of the caisson was analysed and found to contain a very large quantity of sulphuretted hydrogen dissolved in it. Everything pointed to sulphuretted hydrogen as the cause of death of the three workmen. It is known that a very small percentage of this gas is sufficient to induce alarming symptoms and to cause death if the respiration of purer air is not attended to. The probability of the death of the workmen having been due to the breathing of other gases can be excluded as naked lights burned freely and with safety in the caisson. Another serious disaster occurred in the same cylinder on August 25th. The caisson contained 46 feet of water. A diver who had been working therein for about an hour was about to come up to a wooden platform several feet from the mouth of the caisson. A workman was standing on the platform to assist this man and on reaching down to remove the glass from the mask of the diver he was overcome by the fumes of the gas and fell forward into the water. Two men at once rushed to the rescue and to the help of the diver, who fortunately was still having air pumped to him. These men were also overpowered by the gas. On removal of the four men from the cylinder it was found that the workman who had removed the glass from the diver's mask was dead. Attempts to resuscitate him failed. One man was completely unconscious, but by means of artificial respiration, oxygen inhalations, the hypodermic administration of ether and liquor strychninae by Dr. A. M. G. Walker of Hebburn, who fortunately was present at the time, this man recovered.

For some years past it has been felt that there ought to be a tightening of the bonds between the alumni of Glasgow University and their Alma Mater. In the Scottish Universities students are not as a rule brought into such close contact with their professors as they are in the older universities of England, and as a consequence many graduates leave their alma mater without knowing their teachers, while the professors do not know enough of their students to take that warm interest in their subsequent career it is thought they ought. It is for this and other reasons that university clubs are being established. As Professor McKendrick is the Extern Examiner in Physiology at the University of Durham this year, and has to be in Newcastle on September 18th and 19th, the medical members of the local Glasgow University Club are making his visit the occasion of entertaining their esteemed teacher of physiology to a complimentary banquet

to be held in Newcastle on the evening of September 17th. Already a large number of names has been received. The invitation to attend the banquet is extended to all students—theological, arts, and medical—who have been educated in whole or in part at Glasgow University. Those who wish to be present should at once send their name to the Honorary Secretary, Dr. Frank Russell, Heaton Road, Newcastle-upon-Tyne.

The entries for the final examination for degrees in medicine, surgery, and hygiene this month are larger than usual. The College of Medicine is to be opened on October 1st without any public ceremony.

LIVERPOOL.

Retirement of Dr. Caton from the Royal Infirmary.—Opening of the Session of the Medical School.—Visit of Sir F. Treves. New Operating Theatres at the Royal Infirmary.

DR. CATON, Emeritus Professor of Physiology in University College, has retired from the position of Physician to the Royal Infirmary, which he has held for fifteen years. The election of his successor is to take place on October 1st, and will be in the hands of the electoral committee of the Infirmary which consists of the committee of management, including the members of the medical board, and sixty other trustees.

The formal opening of the Medical Faculty of University College is fixed for Friday, October 10th, when Sir Frederick Treves has consented to deliver the inaugural address and to distribute the prizes to the successful students. The occasion will doubtless be memorable, and the chairman and the members of the Medical Faculty are making every effort to render the meeting worthy of it and of the distinguished visitor. It will be held in the Philharmonic Hall, which is capable of seating about 2,500 persons, the spacious orchestra being used as the platform. It is proposed that former students of the school should enter the hall in procession along with the teaching staff and others connected officially with the College, and should occupy seats on the platform. Numerous invitations have been sent to former students to attend, but owing to change of address and other circumstances it is feared that some may have been overlooked or that the letters have miscarried. It is therefore hoped that all former students of the school who have not already done so will write to Dr. Bradshaw, 51, Rodney Street, signifying their intention to be present, when they will be supplied with platform tickets. Academic dress will be worn.

After the opening ceremony Sir Frederick Treves will visit the Royal Infirmary and formally open the two new operating theatres. These, which are the gift of a prominent member of the Committee, have been constructed at a cost of over £1,500, and have been completed in a manner calculated to fulfil all the most modern requirements of aseptic surgery. A large number of visitors will be present, and a spacious marquee will be erected in the grounds for their accommodation. In the evening the biennial medical faculty dinner will be held in the Adelphi Hotel, Sir F. Treves and several other distinguished guests are expected to be present.

CHICAGO.

The Chicago Lying-in Hospital.—The Medical Curriculum.—An Epidemic of Typhoid Fever.—Birth Statistics.—Mortality Returns.—Medical and Surgical Equipment on Railways.

AN enlargement of the Chicago Lying-in Hospital—a charity conducted by several of the large medical schools jointly—is proposed. The institution has lately received some substantial gifts of money, of which it is deserving. At present the main building is located in a residence quarter on the west side, and supports one branch dispensary in the poor quarters. The purpose is to open at least three new dispensaries, one on Goose Island, a factory district of the north-west side; one in the Ghetto, the foreign section of the south-west side; and one in the stockyards region, there being a dense and poor population in all the districts mentioned.

At a recent meeting of the Illinois State Board of Health it was determined that students of medicine pursuing a regular course of medical instruction must apply themselves at least

seven months each year, and must cover four years of such studentship before graduating, in order to be allowed a licence to practise. This action is necessary in view of the fact that many small and remote medical colleges, whose graduates seek the privilege of practising in Illinois, fall far below the standard thus set. Indeed, it is claimed that at least 50 per cent. of the medical schools in this country are below rather than above the limits of study thus defined.

An epidemic of typhoid fever, of mild extent and degree, is prevailing in this city at present, occasioned no doubt by the protracted wet spell throughout the months of June and July. The precipitation during the months mentioned was the heaviest known for years, and it is held that the sewerage system suffered overflow, and that drainage became inefficient, producing a contamination of the public water supply. The Health Board has sent out cautions against the drinking of unsterilized water, although judging from the patronage of the public fountains it would seem the danger is minimized.

Statistics of births present some interesting features, notwithstanding that such statistics are incomplete in point of numbers, there being a certain number of births that always escape record. The accompanying figures are for the first four months of the present year, and bring out the fact that more boys than girls were born, and that the number of twin births showed a marked decline. Another point brought out in the returns is that while the number of native fathers is about the same as that of foreign-born ones, the number of foreign-born mothers very considerably exceeds that of women born in this country.

	Births.	Male.	Female.	Not Given.	White.	Coloured.
January ...	1,585	836	733	18	1,578	7
February ..	2,121	1,091	1,007	23	2,117	4
March ...	2,157	1,098	1,047	12	2,151	6
April ...	1,510	775	723	12	1,504	6

The number of twin births in January was 10; February, 13; March, 8; April, 5.

As to nativity of persons the figures are:

	Fathers.			Mothers.		
	U.S.	Foreign.	Not Stated.	U.S.	Foreign.	Not Stated.
January ...	527	889	169	602	838	145
February ..	725	1,116	280	830	1,031	260
March ...	723	1,177	257	802	1,103	252
April ...	529	784	197	571	751	188

The very small number of "coloured" births plainly illustrates the inadequacy of the official returns, and particularly with this class of the population.

Because of the very frequent rains and the cool weather throughout the entire month of July, the city's mortality for the midsummer period fell below its average. The total number of deaths in the city of Chicago during July, 1902, is given at 2,279, which represents a decrease for the month in the annual mortality rate of some 2.7 per cent. The absence of high temperature during the period and the consequent influence upon the mortality is shown by the fact that in July, 1902, but seven deaths from sunstroke were returned, while during the same month in 1901 sixty-one deaths from the same cause occurred.

Something of an innovation is to be carried out by the North-Western railway system, the headquarters of which are in Chicago. The plan is to equip every freight and passenger train with emergency chests containing splints, cotton bandages, antiseptics, restoratives, etc., and to open a school of instruction in first aid to the injured. The employees on all trains are to be required to attend the same and demonstrate that they comprehend the purpose of the teaching. The

great purpose of the plan is to save lives, in the case of injuries, by the prompt and intelligent use of modern principles of treatment such as could be reasonably applied by an ordinary train crew, the contention being that an injured person under such circumstances will be able to reach the nearest hospital in a far better condition, and that his chances in all respects will be correspondingly heightened.

CORRESPONDENCE.

INFANT MORTALITY.

SIR,—I shall be much obliged if you will allow me to make use of your columns to thank Sir William Gairdner for his very kind letter (BRITISH MEDICAL JOURNAL, August 30th, p. 642) in reference to a paper read by myself before the British Medical Association.

The figures I quoted were taken from the last report of the Registrar-General, and while I am glad to think that there are counties where there has been a reduction in infantile mortality yet there are others in the reverse position. The figures given in the last report for the whole country are as follows:

Year.	Annual mortality of Infants under one year per 1000.			
1838-42 (five years)	152
1847-50 (four years)	154
1871-60	154
1871-80	149
1881-90	142
1891-1900	154
1891	149
1892	148
1893	159
1894	137
1895	161
1896	148
1897	156
1898	160
1899	163
1900	154

It will be noticed that in the years 1895, 1898, 1899 the mortality is 160 and upwards, between 1860 and 1870 the ratio of 160 was reached three times, but in the last half-century was never exceeded except in the decade 1891-1900.

Since Sir William's letter appeared I have had the pleasure of reading his most interesting paper, and no doubt the figures he gives are encouraging so far as many of the counties are concerned, but I am afraid that if you turn to some of the districts like London, Yorkshire, and Lancashire the reverse will be found to be the case. London from 1841 to 1850 had an infant mortality of 157, from 1891 to 1900 it was 160.

Sir William Gairdner appears to lay stress upon home industries as pernicious, and no doubt they are so, but I am afraid that those industries that compel the mothers to leave their infants at home are at least equally pernicious. In my paper I drew attention to the low mortality amongst the Jewish as compared with Christian children in Manchester, a condition of affairs I had found to prevail in some parts of the Continent. The *Richmond Dispatch* (United States) of August 17th, in a leading article on the paper, points out that the same low mortality occurs amongst the Hebrew race in New York. Dr. Manuel Fishburg, who practises in East Side, New York, states that the wretched wards largely inhabited by Russian Jews, who live amid insanitary surroundings, had a mortality of only 15.92, while that for the whole of New York was 18.53. How far environment and how far food is the cause of the mortality I am not prepared to say, but I think the evidence we have is sufficient to prove that the frightful mortality prevailing amongst infants (specially amongst illegitimate children) requires the immediate attention of Parliament. In the last report of the Registrar-General it appears that pulmonary phthisis accounted for 43,000 deaths; 143,000 children died before they were 1 year of age! If His Most Gracious Majesty could only have his attention drawn to this question, and would only take it up in the practical way he took up the phthisis question, I should have good hope that some real effort might be made to stop the slaughter of the innocents that goes on year by year.

Again thanking Sir William for his letter, which will doubtless do much to help on the cause we both have at heart, I am, etc.,

Didsbury, Sept. 7th. JNO. MILSON RHODES, M.D.

RETURN CASES OF SCARLET FEVER.

SIR,—In the BRITISH MEDICAL JOURNAL of August 16th you published a paper by me on the above subject, in the closing paragraphs of which I stated:

I wish to point out, however, that this calculation only has reference to the part played by hospital-infecting cases in the home. But the potentiality for mischief of these cases is limited so far as the home is concerned, whereas outside the home it may be unlimited. As Dr. Niven says: "A case known to be in the infective stage of scarlet fever ceases to be dangerous to children outside the home, as a rule. But overlooked cases, and cases returned from hospital in an infective condition, mix freely with persons outside, and are in a position to do much greater harm." "It seems reasonable, therefore, to suggest that, when the community as a whole is considered, infection carried from hospital may do even more harm than is indicated by the figures having reference to the home only, and that it may, indeed, in some cases entirely neutralize the advantage otherwise obtainable by hospital isolation."

At the time of writing this I was not aware of a valuable report made to the Local Government Board by Dr. Darra Mair (dated May 10th, 1902) on "a prevalence of throat illness in and near the Ditcham Park Estate, Hampshire." As this report supports my contention somewhat strikingly I venture to call attention to its essential facts. On May 23rd a child named Case arrived on the Ditcham Park Estate after being discharged from the Portsmouth Isolation Hospital, where she had been isolated for scarlet fever since April 9th; thirteen days later (June 3rd) a child with whom she had been playing was attacked with "sore throat," and five days later still (June 10th) another child in another house, with whom the Case child had also been playing, developed scarlet fever.

These 2 cases were the beginning of an outbreak, consisting altogether of 22 cases, 6 of which were scarlet fever, and 16 "sore throat" (presumably diphtheria). Some of the latter were severe, and two proved fatal.

Dr. Darra Mair had no difficulty in connecting the source of the outbreak with the Case child who had been passed through the Portsmouth Isolation Hospital. Other sources of infection could be practically excluded, excepting, of course, the imperfectly disinfected clothing theory. Post-scarlatinal diphtheria existed at the Portsmouth Isolation Hospital, and about a week prior to the child's discharge she had suffered from "adenitis." Dr. Mair concludes:

That the Case child retained scarlatinal infection on discharge from the Portsmouth Hospital, a contingency which happens with some frequency in spite of great care in connexion with isolation hospitals, seems to be probable from the facts I have recorded; and if it be assumed that she also retained, even in small degree, diphtherial infection, the course of events following her arrival at Woodcroft becomes easy of comprehension. That she became the origin of a series of cases of scarlet fever, and at the same time of a series of cases of diphtheria, is an elucidation of what occurred which would not be difficult to maintain.

The point I wish to bring out is this. None of these 22 cases of illness happened to occur in the actual house to which the Case child returned from hospital. Hence there was technically no "return case" as usually defined and recorded. Had the outbreak occurred in a large town, instead of in a sparsely-populated rural district, there would have been no Local Government Board inquiry, no "return case" would have been recorded, and probably the real source of infection would never have been suspected. Is it unreasonable to believe that the part played by infection carried from hospital in spreading disease is not yet fully understood?

I would mention incidentally that Professor Simpson in his investigation into the subject of return cases for the Metropolitan Asylums Board ruled out all supposed return cases in which the disease was not of the same nature as that for which the original case was admitted to hospital. Thus one of his cases, Frederick J. (p. 9 of his report), was treated in hospital for scarlet fever, and detained seventy-five days. Within eighteen days of his return five persons in the house were attacked with diphtheria. A pure culture of diphtheria bacilli was found in Frederick's throat. Yet the cases were ruled out, and not counted as "return cases."—I am, etc.,

Leicester, Sept. 6th. C. KILLICK MILLARD.