

profession, and if they do not aim at perfection in hospital work.

I will not trouble you any more, however bitter your "last word" may be.—I am, etc.,

Kneesworth Hall, Royston, July 14th.

SYDNEY HOLLAND.

* * * We will let Mr. Holland have the last word—*aigre-doux* though it be.

UNNECESSARY NOISES ABATEMENT BILL.

SIR,—The proposed bill dealing with unnecessary noises, or any noise nuisance, to come formally before the Representative Meeting, was described before the Worthing and Chichester Division as above as a Noise Nuisance Abatement Bill.

The fuller episodes and details of this much-needed bill can best be left to be amplified and improved through all the Divisions as well as the Public Health Committee of the British Medical Association. It was on that understanding, probably, that the Division received my proposal.

The need of practically restraining noise nuisances has so long been felt to be justified that it will be shortest to grant the premiss, and so avoid the masses of details of the societies concerned with proving the nuisances, and refer to what can be included to obtain relief in the bill.

Adopting the briefest lines: Any notices for abatement, and to be expeditious, should be cast in the broadest way; these notices should be obtainable from both justices and local authorities.

There should be restriction or prevention as to: (1) Any marked noise nuisance; (2) defined noise nuisances; (3) noise nuisances being a menace or injurious to health; (4) a noise nuisance preventing work or the peaceful enjoyment of life and dwelling; (5) all avoidable noises and those likely to be a nuisance between the hours of 7 p.m. and 8 a.m. Appeals to the county courts to be only allowed after the first cessation of the noises complained of.

The Powers of the court to be extended to: (1) The licensing of any noise nuisance that may be deemed necessary, but under restrictions of place and time, and open to a review on any subsequent complaint; (2) by limit of the noise nuisance in respect of time, or the employment of noiseless methods, or in the manner pointed out in the complaint; (3) to abate or enforce the court's ruling by stopping the noise, by fine, or by fine and imprisonment. Statutory power should also be extended to the province of the constable—an important issue for making the work effective—that he shall call on any person to desist from or to stop making a noise nuisance on complaint of a householder, or in the night time, and to prosecute for any refusal. The local authority shall prosecute any person, landlord, householder, or other person connected with a noise nuisance, if complaint be made to them, and is provable, by an inhabitant of their district. Any householder, if an aggrieved person, should also have power to prosecute offenders under the Act, before a court, and without the aid of a lawyer.

Specific Noises.—These should be included in the bill, such as all noises of vermin, animals, birds, barrel organs, steam organs, migratory shows, whistling, hawking, all process or building noises, singing, bands, church bells, engine noises, brawling, noisy vehicles, noises from implements, instruments, etc.

Special Noise Nuisances, to be included as occasion requires, by publication, through the Local Government Board, or after appeal to the Privy Council.

Saving Clauses.—These are essential. The Local Government Board or the Act must be able to exempt special or manufacturing areas, or special noises such as military and official undertakings, or non-residential and purely business areas. Regulations and licensing should be made optional for local authorities to deal with a legitimate amount of entertainments within buildings or compounds prepared for such. (These fair entertainments can never be classed with the pestering growth of street entertainments at every other corner for hundreds of yards together.) Process or building noises and unavoidable or necessary noises should be allowed on licence after application to the magistrate or local authority, but subject to restraint by time and place on due complaint under the Act. Momentary noises, if unavoidable, should not be included as noise nuisances. The whole Act to be adoptive at first, and obligatory over England after, say, three years.

The initial deficiencies of the above tentative provisions may stimulate suggestions and appropriate additions according to experience from the Divisions, and from the important support and help of health officers.—I am, etc.,

Bognor, July 24th.

H. ELLIOT-BLAKE.

THE OLDEST HOSPITAL FOR SICK CHILDREN IN THE UNITED KINGDOM.

SIR,—My statement that the Hospital for Sick Children, which was opened in the year 1852 in Great Ormond Street, was the first hospital for children ever established in this country, appears to me, contrary to what Mr. Briscoe writes, to rest on the very surest foundations.

To quote all the authorities for my belief would occupy too much of your space, consequently I limit myself to quoting a few, including the Committee of the Royal Infirmary itself.

On May 18th, 1850, the *Lancet* published a "statement, which has been laid before the public by the Committee of the Royal Infirmary for Children in the Waterloo Road," of which the following is an extract:

"This charity was established in 1816 as an Hospital or Infirmary for children. . . . The great cost of the structure was paid out of money borrowed for the occasion. . . . Shortly afterwards the chief founder of the Charity died, and with his death the charity faded and from the bright promise of a Children's Hospital . . . the institution became comparatively neglected and existed merely as a Dispensary. . . . It is still a Dispensary, and not yet a Hospital."

In the *Lancet* of March 22nd, 1851, occur the two following passages:

"The printed report which was circulated through the room showed that there existed in London only one Dispensary for the special treatment of the Diseases of Children, and neither in this city nor throughout the British Empire was there any Hospital exclusively devoted to their reception.

"In the *Lancet* nearly twelve months since we took occasion, in making some remarks on the Royal Infirmary for Children, to express our surprise and regret that no Hospital for Sick Children was to be found in the Metropolis."

In the *Lancet* of April 2nd, 1898, in the obituary of Dr. Charles West, it is stated:

"At the same time that he was working at St. Bartholomew's Hospital he was trying, but in vain, to induce the Committee of the Dispensary for Women and Children to open a children's hospital, and when he failed, he persuaded, in January, 1850, eight other gentlemen, one of them Dr. Bence Jones, to issue an appeal in favour of establishing such an institution. . . . On March 19th, 1851, at a public meeting at which Lord Shaftesbury, then Lord Ashley, was chairman, the Children's Hospital was founded. A fortnight afterwards what had once been the house of the great physician, Dr. Meade, 49, Great Ormond Street, was taken for the hospital."

The Foundling Hospitals are of course hospitals in a different sense of the word from institutions such as the Waterloo Infirmary or the Hospital for Sick Children.—I am, etc.,

STEWART JOHNSON,
Secretary.

The Hospital for Sick Children,
Great Ormond Street, London, W.C., July 13th.

PULMONARY EMBOLISM AFTER HYSTERECTOMY.

SIR,—I am indebted to Mr. Bland-Sutton for pointing out that besides the death from pulmonary embolism, which occurred under my care in the Gynaecological Wards of the Middlesex Hospital in 1897, there was another on November 11th, 1903. This latter, I regret to say, I had completely forgotten.

As regards my hysterectomies at Middlesex Hospital between 1896 and 1906 (both inclusive) I find that the correct number is 101, among which there were 6 deaths. The last death (and the sixty-fifth case of the series) was from pulmonary embolism, on November 11th, 1903, and from that date within the years taken by Mr. Bland-Sutton, there were 36 consecutive cases without a death. I find I had also 37 consecutive successful cases between December 6th, 1898, and October 15th, 1902. Doubtless every one will agree with Mr. Bland-Sutton that pulmonary embolism is a danger after hysterectomy, and this is not to be wondered at when we remember that many women suffering from fibroids are allowed to bleed for years before being operated on; the result of these repeated haemorrhages being an abnormal condition of the blood with enfeebled heart (and other) muscle. That this condition predisposes to pulmonary embolism is well shown by the case of the woman who died from it in my ward whilst waiting to have her health improved before I performed hysterectomy.

Whether this accident is more likely to be avoided by the operator endeavouring to get the blood and heart muscle into better condition, or by his covering his hands (which presumably he has made aseptic) during operation with sterilized rubber gloves (to which Mr. Bland-Sutton seems to pin his faith) I will leave to the common sense of your readers.—I am, etc.,

London, W., July 20th.

WILLIAM DUNCAN.

THE INHERITANCE OF DEFORMITIES.

SIR,—In the *BRITISH MEDICAL JOURNAL* of July 18th, p. 168, there is a statement that "reference to Hasselwander's table shows that, while one case is specifically