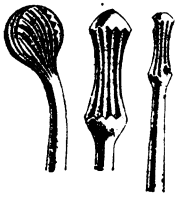


APPLIANCES AND PREPARATIONS.

A Concave Burr.

MR. T. JEFFERSON FAULDER (London, W.) writes: Those who use round-headed burrs for making and enlarging openings into the antrum of Highmore find some difficulty in keeping the burr in action on the broken edge of bone.



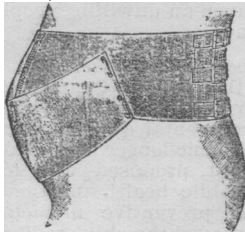
This difficulty is obviated by using an instrument shaped as in the illustration, in which the serrations are in a concavity instead of on a convexity. Once in place the burr has no tendency to slip off the edge of bone. In a great many cases the instrument can be used perfectly straight, like a Lichtwitz trocar. It is then most effective and

rapid, there being little or no eccentric action. Where necessary—for example, in presence of deviated septum—it can be used slightly curved towards the burr. The makers are Messrs. Mayer and Phelps.

An Obstetrical Belt.

Dr. BETHEL SOLOMONS (Gynaecologist to Mercer's Hospital, Dublin) writes: I have always experienced great difficulty in obtaining for my patients an obstetrical belt which was comfortable and economical. Having tried many varieties, I asked Messrs. Fannin of Dublin to make

the one which is illustrated here. It consists of two pieces of elastic (silk or cotton). The upper and longer piece, exclusive of straps, is 38 in. in length by 6 in. in breadth, and is fastened at the back with buckles. It may be worn alone during the sixth month. In the seventh month the lower and shorter piece, which is 18 in. in length by 6 in. in breadth, is attached to the other by safety



pins, as illustrated. Its position is adjusted to the growth of the fetus—for example, at the end of the seventh month its place would be very little inferior to the longer piece, while at term it would be as in the figure. It will be found useful in antenatal clinics, as the cost is small.

ROYAL MEDICAL BENEVOLENT FUND.

At the meeting of the Committee held on July 13th nineteen cases were considered and £202 5s. voted to the applicants. The following is a summary of some of the cases relieved:

Daughter, aged 60, of M.R.C.S. Eng. who died in 1869. Applicant's only income is £28 a year from investments. She acts as general help in a home in return for food and fire. She suffers from chronic ill health, and has had several operations. Her invalid sister lives with her, and she is quite incapable. Voted £10 in two instalments.

Widow, aged 64, of M.D. who died in 1889. Applicant's only income is £54 16s. from another charity. She lives alone, and friends pay the rent. Cannot manage owing to the high cost of living. Voted £5.

Daughter, aged 50, of M.D. Dub who died in 1882. Suffers from ill health and is unable to work. She receives £50 from friends and £7 10s. from investments. Shares home with a friend and pays part rent. Asks for further help owing to the high cost of living. Relieved five times, £22. Voted £5.

Daughter, aged 70, of M.R.C.S. Eng. who died in 1878. Applicant is a trained nurse, but cannot earn much now on account of her advanced age. She has no other income but what she earns, and lives with her sister, who has to keep her. Relieved twice, £30. Voted £18 in twelve instalments.

Widow, aged 71, of M.D. Glasg. who died in 1876. Her only income is £20 from another charity. She lives with her married daughter, who can scarcely afford to keep her. She is crippled with rheumatism. Relieved six times, £78. Voted £18 in twelve instalments.

Widow, aged 59, of F.R.C.S. Edin. who died in February, 1919. Applicant's husband had received help from the Fund. On the death of her husband she took a post as temporary clerk at £2 a week, but has now had to give this up, and asks for help until she obtains another post. No other income. Rent 8s. a week. Relieved once, £5. Voted £5.

Subscriptions may be sent to the Honorary Treasurer, Sir Charters J. Symonds, K.B.E., C.B., F.R.C.S., at 11, Chandos Street, Cavendish Square, London, W. 1.

The Royal Medical Benevolent Fund Guild is overwhelmed, in these days of exorbitant prices for clothing and household necessaries, with applications for coats and skirts for ladies and girls holding secretarial posts, and suits for working boys. The Guild appeals for second-hand clothes and household articles for the benefit of the widows and children who, in happier times, would not have needed assistance. The gifts should be sent to the Secretary of the Guild, 43, Bolsover Street, W. 1.

THE INFLUENZA EPIDEMIC OF 1918-19.

MORTALITY STATISTICS.

As a supplement to the eighty-first annual report of the Registrar-General a report has been issued on the mortality from influenza in England and Wales during the epidemic of 1918-19. The deaths allocated to influenza during 1918 numbered 112,329—53,883 males and 58,446 females. After deducting 7,591 deaths among non-civilian males, the 104,738 civilian deaths correspond to 3,129 per million civilian population, an epidemic mortality not hitherto approached in this country since registration commenced, the cholera epidemic of 1849 (with 3,033 deaths per million population) alone being excepted. During the forty-six weeks, June 23rd, 1918, to May 10th, 1919, the total deaths allocated to influenza were 151,446, including 140,989 civilians, and the corresponding civilian death rate was 4,774 per million per annum. It is well known that during influenza epidemics the mortality attributed to pneumonia, bronchitis, heart disease, and phthisis is increased, and that other deaths than those allocated to influenza are in reality due to that cause. These additional deaths, due to the epidemic but not certified as following influenza, are estimated in the report. In the case of females three modes of estimation giving tolerably concordant results are employed. First, the excess for 1918, quarter by quarter, of mortality from pneumonia, bronchitis, heart disease, and phthisis over the corresponding mortality for 1913-17, is added to the excess of deaths ascribed to influenza. Secondly, the excess of the recorded total mortality for 1918 over the non-epidemic mortality, estimated according to the ratio of deaths from other causes in 1918 to the average of other years, is taken as an index of the number of deaths attributable to the epidemic. Thirdly, a method is tried depending on "the unwarranted assumption that, in the absence of the epidemic, mortality would have been as favourable during the third as during the first and second quarters." For male deaths, the estimation, which was made conservatively, offered additional difficulties; population figures were only available for civilians, and the character of the civilian population had been profoundly changed by enlistment during 1913-17. The figures for the estimated deaths caused by the epidemic from July to December, 1918, are: 59,000 civilian males and 73,000 females—132,000 in all. The total loss of life due to the epidemic in England and Wales during 1918 appears to have been rather over than under 140,000; of these deaths, 112,329 were certified, and the remainder are estimated, to be due to influenza. In the estimation of the deaths due to the epidemic in 1919, May 10th has been chosen as marking the termination of the epidemic. The estimated civilian deaths from January 1st to May 10th, 1919, were: Civilian males, 24,750; females, 26,750. The round figure of 200,000 represents the total deaths in England and Wales attributable to the epidemic in 1918 and 1919.

Age Distribution.

The type of age distribution which had consistently characterized influenza mortality for many years changed suddenly and completely with the onset of the summer epidemic of 1918, and the new type of age distribution continued to characterize the succeeding waves of the epidemic. For comparison of the age distribution of influenza mortality the statistics for females only have been used; allocated but not estimated deaths have been taken into account and the mortality incidence has been standardized. Deaths at ages 0-15, and especially at 15-35, which had formed since 1889 a fairly uniform proportion of the whole number, with a tendency of late years to decrease in relative importance, suddenly increased from 7 to 11 per cent. at 0-15 to 25 per cent., and from 8 to 10 per cent. at 15-35 to 45 per cent. In middle age (35-55) the proportion was comparatively little affected, but showed some increase over the years immediately preceding. Ages of 55-75 and over 75 had for many years provided 60 to 70 per cent. of registered deaths; in the epidemic of 1918 the proportions fell to 10 per cent. (55-75) and 2 per cent. (75 and upwards).

"It may be doubted whether so sudden and so complete a change of age incidence can be paralleled in the history of any other disease, yet all the weight of medical testimony goes to show that the influenza of 1918 was essentially the same as that of former years."