

before them, very properly refused to burden the institution still further upon its capital account. Early in the year 1899 Mr. Thomas Webb of Tunbridge Wells, a director of the Ocean Colliery Company of Cardiff, came to the relief of the committee with the offer of a donation of £1000 towards the erection and equipment of a new theatre in memory of his wife, and the architect to the infirmary, Mr. Edwin Seward, F.R.I.B.A., of Cardiff, prepared plans for the building. Upon their completion it was found that if the new theatre was to satisfy the requirements of the present day the cost would be at least £1500, and upon this fact coming to the knowledge of Mr. Webb he very generously increased his contribution to that sum.

The alterations and additions to the building give to the infirmary two operating theatres, a room for the surgical staff, two ante-rooms for the administration of anæsthetics, and a students' room, all on the ground floor and within 30 feet of the casualty entrance to the institution and only about 10 feet from the lift. In the old theatre and in the students' room the floors have been reconstructed and covered with terrazzo, the walls have been painted, electric lights have been installed, and a sink has been fixed in the theatre provided with fittings similar to those in the new theatre described below. The full size of the new theatre is 18 feet by 25 feet, but this area is reduced to 18 feet square by the three-tier students' gallery, which is divided from the floor of the theatre by a single iron rail and is approached from the students' room by a separate passage. The height of the building from the floor to the inside of the roof ridge is 23 feet. The whole slope of the roof upon the north side is glazed along its entire length with fixed glass; the underside of the slates upon the other slope is finished with Keen's cement painted white. Three metal-framed casement windows are placed in the north wall of the theatre. Each of the ante-rooms is divided from the adjoining theatre by sliding doors running upon an iron carrier above and in a groove at the floor level. The floors are laid with terrazzo and in the theatres there is a slight fall towards a current channel in the terrazzo which in turn discharges into the open air upon a channel leading to a trapped gully. The walls are lined to a height of seven feet from the floor with light green glazed bricks; above this dado in the new theatre there are white glazed bricks to the ceiling slope, and elsewhere the walls are covered with Keen's cement finished with hard white paint. All corners are rounded and ledges are generally avoided; there are no architraves to windows or doorways. In the gable wall of the new building is placed a Blackman's extraction fan about 12 inches in diameter operated by an electro-motor and capable of rapidly changing the whole of the air in the theatre. Inlet ventilators with hit-and-miss internal gratings and with an area of 18 inches by nine inches are fixed a few inches above the floor-level in all the rooms. In front of the principal of these openings there are hot-water radiators so constructed that they will swing at right angles to the wall, and as each radiator has a distinct connexion with the hot-water pipes the temperature of the building can be regulated at will. Artificial lighting is provided with incandescent electric lights, the central light over the operating table being a combination of 16 16-candle power lamps. In each theatre and in the staff room there is a white glazed sink; the water fittings of white metal enable hot, cold, or tepid water to be drawn off or sprayed from distinct taps. There are no pedal fittings, but over the handles of the taps, which are fixed at right angles to the water-pipes, there are placed loose white metal coverings which can be removed and sterilised each time they are used. In the dividing wall of the two theatres and opening into either is an autoclave made by Sulzer of Winterthur for the sterilisation of instruments or dressings. An instrument case with glass doors and glass shelves is to be placed in one of the ante-rooms.

A great deal of painstaking care appears to have been bestowed in matters of detail upon the construction of the building and the staff are to be congratulated upon having the coöperation of an architect who has realised the necessity for providing a building which shall be entirely hostile to the propagation of micro-organisms. The sterilised loose covering for the water taps is a novelty and will probably be found an improvement upon the pedal fittings. It will be a great comfort to the operating surgeon to know that his instruments and dressings have been subjected to the thoroughly effectual sterilisation of Sulzer's autoclave. There appears to be only one detail capable of improvement

and that relates to the sliding doors between the ante-rooms and the theatres; the grooves in which these doors run will undoubtedly be the receptacle for dust and dirt and will be extremely difficult to keep clean.

## DINNER TO SURGEON-GENERAL JAMESON, C.B.

At a meeting recently held it was determined to invite Surgeon-General Jameson, C.B., to a complimentary dinner offered to him by his professional brethren. Surgeon-General Jameson has acted as Director-General of the Army Medical Department for the past five years and has had to discharge during that period duties involving the greatest responsibility, especially in connexion with the medical requirements of the war in South Africa.

Sir William Church has consented to take the chair and the dinner will probably take place in the latter part of July. An executive committee has been appointed to make the necessary arrangements, and communications will be received by the honorary secretary, Mr. Cuthbert Wallace, F.R.C.S. Eng., 75, Lambeth Palace-road, S.E.

The proposal has been cordially accepted by the President of the Royal College of Physicians of London (Sir William S. Church, Bart.), the President of the Royal College of Surgeons of England (Sir William MacCormac, Bart., K.C.B.), the President of the Royal College of Physicians of Edinburgh (Dr. Fraser), the President of the Royal College of Surgeons of Edinburgh (Dr. Dunsmore), the President of the Royal College of Physicians of Ireland (Sir Christopher Nixon), the President of the Royal College of Surgeons in Ireland (Mr. Thomas Myles), the President of the Faculty of Physicians and Surgeons in Glasgow (Dr. Finlayson), the President of the General Medical Council (Sir William Turner, K.C.B.), the Rt. Hon. Lord Lister, F.R.S., Sir Thomas Barlow, Bart., K.C.V.O., Sir Douglas Powell, Bart., K.C.V.O., Sir Thomas Smith, Bart., Sir Joseph Fayrer, Bart., K.C.S.I., Sir Frederick Treves, K.C.V.O., C.B., Sir John Batty Tuke, M.P., Sir Hector Cameron, Sir Dyce Duckworth, Sir William Thomson, C.B., Dr. F. W. Pavy, F.R.S., Dr. Patrick Heron Watson, Mr. Willett, Professor McCall Anderson, Mr. J. Langton, Mr. H. T. Butlin, Mr. Howard Marsh, Mr. A. A. Bowlby, C.M.G., Professor John Chiene, C.B., Mr. C. Stonham, Mr. W. Watson Cheyne, C.B., F.R.S., Mr. G. H. Makins, C.B., Mr. John Morgan, Dr. Allchin, Dr. Anderson, Dr. Bowles, Dr. Shore, Mr. Alfred Cooper, Dr. Farquharson, M.P., Dr. Philip Frank, Mr. Reginald Harrison, and Professor D. J. Cunningham, F.R.S.

## VITAL STATISTICS.

### HEALTH OF ENGLISH TOWNS.

IN 33 of the largest English towns 6965 births and 3336 deaths were registered during the week ending June 8th. The annual rate of mortality in these towns, which had been 16·8, 16·7, and 16·3 per 1000 in the three preceding weeks, further declined last week to 15·2. In London the death-rate was 14·2 per 1000, while it averaged 15·8 in the 32 large provincial towns. The lowest death-rates in these towns were 7·9 in Derby, 12·2 in Brighton and in Bristol, 12·6 in Cardiff, and 12·7 in Blackburn; the highest rates were 18·8 in Halifax, 19·1 in Norwich, 19·4 in Oldham, 19·7 in Nottingham, and 21·2 in Gateshead. The 3336 deaths in these towns included 320 which were referred to the principal zymotic diseases, against 386 and 360 in the two preceding weeks; of these 320 deaths, 91 resulted from measles, 75 from whooping-cough, 57 from diarrhoeal diseases, 49 from diphtheria, 32 from scarlet fever, and 16 from "fever" (principally enteric). No death from any of these diseases was registered last week either in Leicester, Preston, or Huddersfield; in the other towns they caused the lowest death-rates in Croydon, Brighton, and Derby, and the highest rates in Swansea, Bolton, Blackburn, Sunderland, and Gateshead. The greatest mortality from measles occurred in Nottingham and Bolton; from whooping-cough

in Swansea, Wolverhampton, and Sunderland; and from diarrhoeal diseases in Plymouth and Burnley. The mortality from scarlet fever and that from "fever" showed no marked excess in any of the large towns. The 49 deaths from diphtheria included 15 in London, eight in Liverpool, five in Sheffield, three in Blackburn, and three in Leeds. No fatal case of small-pox was registered last week in any of the 33 large towns; and only one small-pox patient was admitted during the week into the Metropolitan Asylums Hospitals and remained under treatment on Saturday, June 8th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital at the end of the week was 2462, against numbers increasing from 1522 to 2352 on the six preceding Saturdays; 314 new cases were admitted during the week, against 323, 341, and 318 in the three preceding weeks. The deaths in London referred to diseases of the respiratory organs, which had been 249, 191, and 240 in the three preceding weeks, declined again last week to 137, and were 61 below the corrected average. The causes of 27, or 0·8 per cent., of the deaths in the 33 towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Bristol, Leicester, Salford, Hull, Newcastle, and 12 other smaller towns; the largest proportions of uncertified deaths were registered in Manchester, Bradford, Sunderland, and Gateshead.

#### HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 20·7 and 20·1 per 1000 in the two preceding weeks, further declined again to 19·6 during the week ending June 8th, but showed an excess of 4·4 per 1000 over the mean rate during the same period in the 33 large English towns. Among these Scotch towns the death-rates ranged from 13·7 in Paisley and 13·8 in Aberdeen to 20·1 in Leith and 20·4 in Glasgow. The 625 deaths in these towns included 48 which were referred to whooping-cough, 21 to measles, 18 to diarrhoea, seven to diphtheria, six to "fever," one to small-pox, and one to scarlet fever. In all, 102 deaths resulted from these principal zymotic diseases last week, against 89, 94, and 97 in the three preceding weeks. These 102 deaths were equal to an annual rate of 3·2 per 1000, being 1·7 per 1000 above the zymotic death-rate during the same period in the 33 large English towns. The fatal cases of whooping-cough, which had been 40 and 47 in the two preceding weeks, further increased last week to 48, of which 25 occurred in Glasgow, 11 in Edinburgh, six in Dundee, and four in Leith. The deaths from measles, which had been 19 and 17 in the two preceding weeks, rose again to 21 last week, and included 13 in Glasgow, three in Edinburgh, and two in Greenock. The fatal cases of measles, which had been 30 and 24 in the two preceding weeks, further declined last week to 18, of which 11 were registered in Glasgow, three in Dundee, and two in Edinburgh. The deaths from diphtheria, which had been two and four in the two preceding weeks, further rose last week to seven, and included four in Glasgow and two in Greenock. The six fatal cases of "fever" exceeded the number recorded in any recent week, and included four in Glasgow, where the death from small-pox was also registered. The deaths referred to diseases of the respiratory organs in these towns, which had been 101 and 107 in the two preceding weeks, declined again last week to 98, and were slightly below the number in the corresponding period of last year. The causes of 23, or nearly 4 per cent., of the deaths in these eight towns last week were not certified.

#### HEALTH OF DUBLIN.

The death-rate in Dublin, which, in the three preceding weeks, had been 25·4, 24·4, and 21·3 per 1000 of the population, as estimated from the results of the recent census, further declined to 20·1 during the week ending June 8th. During the past four weeks the death-rate in the city has averaged 22·8 per 1000, the rates during the same period being 15·3 in London and 20·9 in Edinburgh. The 144 deaths of persons belonging to Dublin were nine below the number in the preceding week, and included nine which were referred to the principal zymotic diseases, against 10, nine, and five in the three preceding weeks; of these five resulted from whooping-cough, two from diarrhoea, and one from scarlet fever. These nine deaths were equal to an annual rate of 1·3 per 1000, the zymotic death-rate during the same

period being 1·5 in London and 2·8 in Edinburgh. The fatal cases of whooping-cough, which had been eight, five, and two in the three preceding weeks, rose again last week to five. The 144 deaths in Dublin last week included 21 of children under one year of age and 32 of persons aged upwards of 60 years; the deaths both of infants and of elderly persons showed a decline from the numbers in the preceding week. Six inquest cases and two deaths from violence were registered, and 60, or nearly one-half, of the deaths occurred in public institutions. The causes of six, or more than 4 per cent., of the deaths in the city last week were not certified.

## THE SERVICES.

### ARMY MEDICAL SERVICE.

SURGEON-GENERAL A. F. PRESTON, Principal Medical Officer in Ireland, has arrived in London, having as Senior Surgeon-General at home to take temporary charge until the appointment of a new Director-General.

### ROYAL ARMY MEDICAL CORPS.

Captain C. Dalton takes over command of C Company at Aldershot. Surgeon-Captain R. S. Smith, A.M. Reserve, assumes medical charge of troops, field hospital, &c., at Barry Camp. Brigade-Surgeon-Lieutenant-Colonel Wilson, Vol. M.S.C., assumes medical charge of the troops, &c., at Irvine Camp.

### VOLUNTEER CORPS.

*Artillery*: 1st Shropshire and Staffordshire: Surgeon-Major E. Cureton to be Surgeon-Lieutenant-Colonel. *Rifle*: 1st (Exeter and South Devon) Volunteer Battalion the Devonshire Regiment: Surgeon-Lieutenant R. Pickard to be Surgeon-Captain. 2nd Volunteer Battalion the Sherwood Foresters (Derbyshire Regiment): Surgeon-Major A. Chawner to be Surgeon-Lieutenant-Colonel. 1st Sutherland (the Sutherland Highland): Surgeon-Lieutenant J. K. Tomory to be Surgeon-Captain and to remain Supernumerary. 2nd Volunteer Battalion the Gordon Highlanders: Hugh Gordon Cowie to be Surgeon-Lieutenant.

### VOLUNTEER MEDICAL STAFF CORPS.

The Edinburgh Company: Surgeon-Captain D. Hepburn to be Surgeon-Major. The Glasgow Companies: George Henry Edington to be Surgeon-Lieutenant; Matthew Dunning to be Surgeon-Lieutenant.

### SOUTH AFRICAN WAR NOTES.

The following have been discharged from hospital to duty:—Major C. W. Allport, R.A.M.C., and Civil Surgeons Charles Seymour Langley, Frederick Charles James, John Harry Saunders, Leonard Bostock, and Edward Albert Nathan.

No change is reported in Lieutenant Bean of the New South Wales Medical Staff.

Civil Surgeon Wilbond is reported improving.

Civil Surgeon Donald Graham is reported dangerously ill with enteric fever (Rietfontein West, June 10th).

Colonel Baker, R.A.M.C., and Civil Surgeons T. H. Gardner, E. Archer-Brown Cotterell, Robinson, Johnson, Bruce Hodge, and Hott are on passage home.

Major H. J. Wyatt, R.A.M.C., and Major A. Wright, R.A.M.C., have arrived in England from South Africa.

### THE FRENCH MEDICAL SERVICE DURING THE RECENT OPERATIONS IN CHINA.

In a supplementary report, which is published in the *Archives de Médecine Navale* for April, Dr. Mercié, principal medical officer in Chinese waters, gives an able and outspoken account, from a medical point of view, of the events which took place in the north-east of China during June, July, and August, 1900. Commencing with Admiral Seymour's relief expedition, which he characterises as "a brilliant feat of arms" and in which France was represented by 163 sailors under Captain de Marolles, with Dr. Autric in medical charge, Dr. Mercié proceeds to give a graphic description of the state of unpreparedness in which his department found itself on the outbreak of hostilities. As late as May, and even up to the first days of June, no one believed that the Chinese would fight. The ease with which the Japanese had triumphed over them in 1895 completely masked the situation. The fact that since then the Chinese arsenals had