

Scotland.

EIGHTH ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD FOR SCOTLAND.

The annual report of the Local Government Board for Scotland grows in bulk, as well as in interest, year by year. There is in Scotland no "supplement containing the report of the medical officer to the Board," embracing a record of original research undertaken at the instance of the Board, a circumstance probably to be attributed to the parsimony of the Treasury. The Scottish report is a severely business-like document, furnishing a chronicle, in considerable detail, of the administration of the Poor-law and Public Health Acts in Scotland.

Parochial Relief.

The number of persons, including dependants, in receipt of parochial relief on May 15th, 1902, was 100,848, an increase of 1,820 as compared with the previous year. In ratio to population, however, there was no increase of pauperism, the rate per 1,000 of the population standing, as in the three preceding years, at 22. Included in these figures are the lunatic poor, who numbered 13,849, being at the rate of 3.1 per 1,000 of the population, a rate fractionally higher than in the preceding year. The lunacy rate has risen slowly but steadily, and without intermission, from 1.8 in 1868 to its present level. Of the ordinary poor, 10,865 were indoor, 76,019 outdoor. One very satisfactory feature in the Scottish system is illustrated in the fact that of 6,693 pauper children, 5,721 were boarded-out in rural districts.

Notification of Phthisis.

Probably the most interesting and important part of the report is that in which the Board deals with the question of the notification of phthisis. The Board was approached by several local authorities during the year as to the desirability and competency of extending the application of the Infectious Disease (Notification) Act to phthisis. The Board's view on the subject was that while phthisis may be correctly classed as an infectious disease, it differs in important respects from the diseases scheduled in the Notification Act. The Board was doubtful how far the provisions of the Public Health Act are adapted to dealing with phthisis. The ordinary methods of dealing with infectious diseases are in large part directed against conditions of infectivity which do not apply in the case of phthisis, and it overlooks some conditions which do apply. Having regard to all the circumstances of the case, the Board's decision was that it would not at present be expedient to approve the proposal. At the same time, the Board urged that local authorities should not lose sight of the subject. It points out that coincidentally with the application of general sanitation in the chief cities of this country, and without specific recognition of the infectivity of the disease, the mortality from phthisis has steadily diminished, in some cases as much as 40 per cent. in twenty-five years; and it insists upon the importance of the performance of the ordinary statutory duties of local authorities in respect of the abatement of overcrowding, the improvement of ventilation, and the removal of insanitary conditions generally in the houses of the working classes. The Board was of opinion that in the first instance experience ought to be acquired rather by the voluntary than by the compulsory notification of phthisis, when the medical profession and the public would have the opportunity of learning what are the advantages and disadvantages of notification.

Infectious Disease and Vital Statistics.

The report furnishes interesting information as to the incidence of infectious disease in, and as to the vital statistics of, Scotland in 1901. One point of interest which emerges in connexion with the prevalence of infectious diseases is that the mean scarlet fever case-rate in the rural districts of Scotland was nearly 2 per 1,000 higher than the mean of the principal towns. The mean rural death-rate was 15.0 as compared with 18.6, the mean burghal rate. The death-rate was higher in the burghal than in the rural areas of all the counties of Scotland, excepting in Fife, Kinross, Stirling, Sutherland, and Zetland. It is noted that the deaths exceeded the births in the rural portions of the county of Bute, and in the burghal portions of Wigtonshire. The mean infantile death-rate in rural Scotland was 103, as contrasted with 141 in burghal Scotland. The mean birth-rates in the classified divisions of Scotland were as follows: Principal towns, 30.7; large towns,

31.2; burghs under 10,000, 27.3; rural districts, 28.7. The mean death-rates were: principal towns, 19.4; large towns, 17.2; burghs under 10,000, 16.5; rural districts, 15.0.

A PORT SANITARY AUTHORITY FOR THE CLYDE.

The Local Government Board for Scotland has issued the draft of a provisional order, which they propose to confirm on the expiry of twenty-one days, establishing a sanitary authority for the Customs Port of Glasgow. The Board's Commissioner, Mr. Jamieson, K.C., who held a local inquiry on the subject some eighteen months ago, had reported that the result of the inquiry "had clearly established a case for the constitution of a port sanitary authority for the Customs Port of Glasgow." It appears that the Customs Port of Glasgow embraces the higher navigable reaches of the Clyde, and includes waters now within the jurisdiction of the sanitary authorities of Glasgow, Govan, Partick, and the eastern district of Dumbartonshire. The Corporation of Glasgow is, under the order, constituted the port sanitary authority for this area, with power to levy contributions, on the basis of valuation, upon the other sanitary authorities concerned towards the expenses of the port sanitary administration. The other authorities are to have no representation upon the port local authority. The order leaves the lower reaches of the river, included in the Customs Port of Greenock, as at present, in the hands of the sanitary authorities of Greenock and Port Glasgow. The Corporation is authorized to establish a boarding station for ships proceeding to the Customs Port of Glasgow, within the jurisdiction of the Greenock local authority. The Glasgow Health Department will henceforth control, so far as the public health is concerned, all the shipping that passes what is locally known as the Tail of the Bank at Greenock. Greenock itself will retain its powers over the shipping bound for that port and Port Glasgow. But the prevention of the introduction of diseases from abroad by ships coming up the river to the harbour of Glasgow and all its docks will be in the hands of one authority, at the head of which will be the Medical Officer of Health of Glasgow.

The result is not regarded as wholly satisfactory; it is pointed out that the opportunity has been lost of establishing one port sanitary authority for the whole port of the Clyde. The order sins against the fundamental constitutional principle that taxation and representation should go hand in hand; the sanitary authorities of Govan and Partick will have to contribute to the cost of the new port sanitary authority without having any voice in the management. The order offends against another generally accepted principle by authorizing the intrusion of one local authority into the domain of another.

SOMNOFORM IN DENTAL PRACTICE.

On Wednesday, June 10th, Dr. Rolland and Dr. Field Robinson, of Bordeaux, gave a demonstration of the use of somnoform in the dental department of the Edinburgh Royal Infirmary similar to that which, as was stated in the BRITISH MEDICAL JOURNAL of June 13th, they gave recently in Birmingham. A number of the staff and of prominent medical men in the city were present. Somnoform is a mechanical mixture of ethyl chloride 60 per cent., methyl chloride 35 per cent., and ethyl bromide 5 per cent. Since 1896 ethyl chloride has of course been largely used in general anaesthesia on the Continent, and particularly in France and Germany. In the latter country it has largely displaced nitrous oxide in dental surgery. It occurred to Dr. Rolland that the pure ethyl chloride might be improved on by mixing it with a proportion of the more volatile methyl chloride and so hasten the absorption and promotion of anaesthesia, while the addition of a small amount of bromethyl tended to prolong the anaesthesia and analgesia. The apparatus shown was somewhat similar to the bag and facepiece of a Clover's inhaler by means of which air is excluded at the anaesthetist's will, and a better anaesthesia obtained. Many of the cases were certainly very successful, the anaesthesia was rapidly induced in from 30 to 40 seconds, and an available period of 60 to 75 seconds obtained. The patients did not suffer from pain and vomiting. At the same time Dr. Luke, the Anaesthetist to the Royal Infirmary, who has been using pure ethyl chloride in much the same way for some months, cannot see any great advance or difference, while this drug has the advantage of being more stable and less apt to undergo changes than such a mixture as "somnoform." There is always the risk of free bromine separating in bromide of ethyl, and this perhaps accounts for the indifferent results,

nausea, etc., caused when the remnant in a bottle kept for some time was used. To avoid this, Dr. Rölland prefers to keep the mixture stored in glass bulbs, each containing 5 c.cm., sufficient for one dose. Such a method of storing is expensive, and each administration costs 8d., or about 1 franc.

DEATH UNDER CHLOROFORM.

In relation to the above paragraph, it is not inappropriate to quote the following from the *Scotsman* (Edinburgh) of June 9th:

A young woman, Euphemia Stevenson Thomson (24), daughter of Mr. Alexander Thomson, butcher, 60, Raeburn Place, Edinburgh, died yesterday in a dental surgeon's premises in the neighbourhood, whither she had gone to have teeth extracted. Chloroform had been administered to her under the direction of a doctor.

We have no doubt that chloroform in this case was administered with skill and caution, although one may doubt the wisdom of administering chloroform in "a dental surgeon's premises," instead of in the patient's own home and bed; but one may hope that the day is not far distant when chloroform will never be used as the anaesthetic for teeth extraction.

EDINBURGH ROYAL INFIRMARY RESIDENTS' CLUB.

The annual general meeting of members of the Club took place in the North British Station Hotel, Edinburgh, on June 12th, when the reports of the secretary and treasurer were presented. Thereafter the ninth annual dinner was held, Sir Thomas R. Fraser, President of the Club, occupied the chair, and was supported by Drs. David Christison, John Fraser, Alexander James, George A. Gibson, and James Ritchie. In all 59 past and present residents were present at the dinner, and several others put in an appearance later in the evening. The President, after proposing the usual loyal and patriotic toasts, gave the toast of the evening, "The Residency," in a most interesting speech full of reminiscences of the infirmary. A most pleasant evening was spent. Songs were sung by Drs. Alex. James, Hill Thompson, Rowan, and Mr. George Chiene. The menu card was a great artistic success, and suggested the work done by the President on the subjects of *strophanthus hispidus*, Calabar bean, and cobra venom. Before the proceedings terminated Dr. Burn Murdoch in a brief speech, proposed the toast of "The President," which was enthusiastically honoured. The evening closed with "Auld Lang Syne." Sir W. Mitchell Banks has been elected president, and Mr. H. J. Stiles and Dr. Edwin Bramwell succeed to the vacant places on the committee. Dr. R. J. A. Berry has resigned his position of treasurer which he has held from the formation of the Club, and Dr. W. Macrae Taylor succeeds him.

NEW EDINBURGH DISTRICT ASYLUM.

At a meeting of the Edinburgh Parish Council held on Monday, June 15th, Dr. John Keay, Medical Superintendent of Inverness District Asylum, was appointed Medical Superintendent of the new Edinburgh District Asylum, now in course of erection at Bangour. The salary is to be £500 for two years, with an increase to £800 at the end of that period, with house and allowances, but without board.

SCOTTISH MICROSCOPICAL SOCIETY.

At a meeting held in Edinburgh on June 12th the following gentlemen were elected office bearers of the Society:

President: David Hepburn, M.D., F.R.S.E.; *Vice-Presidents*: W. C. Crawford, F.R.S.E., and E. A. Robertson, M.A., B.Sc.; *Secretaries*: W. G. Aitchison Robertson, M.D., D.Sc., F.R.C.P.E., and J. A. Terras, B.Sc.; *Treasurer*: Alexander Fraser, M.A.; *Curator*: The Rev. A. B. Morris, F.I.S.; *Council*: R. H. Traquair, M.D., F.R.S.; J. B. Buist, M.D., F.R.C.P.E.; Professor Charles Workman, M.D., F.R.C.P.E.; Miss L. H. Huie; George Hunter, M.D., F.R.C.P.E.; Professor James Hunter, F.R.C.S.E.; John Cameron, M.B., Ch.B.; and G. W. Watson, L.D.S.

Two communications were made to the Society: (1) Some pathological conditions of the dental pulp, with lantern demonstration, by Mr. G. W. Watson, L.D.S.; and (2) on the origin of the pineal body as an amesial structure, deduced from the study of its development in amphibia, by Mr. John Cameron, M.B., Ch.B.

BEQUESTS TO HOSPITALS.—Under the will of the late Mrs. Mary Susannah Catherine Chapman, of London, £200 has been bequeathed to the East London Hospital for Children at Shadwell, £100 each to the Brompton Consumption Hospital, the National Hospital for the Paralysed and Epileptic, and the National Hospital for Diseases of the Heart and Paralysis, and £50 each to Queen Charlotte's Lying-in Hospital, the Cancer Hospital, and the Chelsea Hospital for Women.

Ireland.

THE GRANARD NURSING SCANDAL.

THERE is likely to be considerable trouble before the hostilities aroused by the nursing scandal in the Granard workhouse come to an end. The Chairman of the Board suggested a conference between representatives of the nursing nuns, the medical officer, and the guardians, and a meeting was convened for June 11th. Dr. Kenny did not send a representative, but forwarded a letter in which he intimated that he would rely on the decision of the Local Government Board. Neither did the nuns send a representative, the matter having been taken out of their hands by the Roman Catholic Bishop. In the course of a letter to the Board that prelate says:

You must bear in mind that in the present matter there is no question of forgiveness of injuries so much as of retaining a situation that requires as a condition of success, character, friendly sympathy, mutual co-operation, and, on the part of the nuns at least, a religious devotion to the sick poor. Now I ask you, in the remembrance of your late investigation and official decision, is there even a possibility that such virtues could find a home in Granard Union Hospital as at present constituted? I am convinced there is not, and, therefore, I not only approve of the nuns' resignation, but I insist upon their retiring at once. Religion, morality, and self-respect demand it. In writing thus I have not been unmindful of the reasons that suggest a contrary decision:—(1) That this resignation may seem to some an acknowledgement of guilt on the part of the nuns. (2) That their resignation will be a victory for their adversary. (3) That they must lose their pension or retiring allowance by resigning now, probably on the eve of amalgamation. To all of these I give answer—no amount of money, no achievement of success would be an equivalent of another year's misery and peril in this hospital. I regret to be obliged to say that, in my opinion, the action of the Local Government Board in this case bodes incalculable evil for our public institutions in the future.

There is a further suggestion that some one has been guilty of perjury. A number of the guardians have intimated that they will resign if the nun nurses are withdrawn, and as the Bishop appears to be inflexible, there may be much change in the constitution of the present Board. Perhaps that would be an advantage; but in any case the workhouse hospital will go on. The guardians will be able to secure the services of trained lay nurses, as has been done in so many other places. At a meeting of the guardians on June 15th the resignation of Mother Rose and Sister Mitchell was accepted, and the following resolution was passed:

That we solemnly renew our protest against the action of the Local Government Board in refusing to give judgement on the question of the harmony in the hospital. The Board insisted on having this matter included in the referendum given to the inspector, and the Local Government Board reluctantly conceded. Why, therefore, should we not have judgement on this point? Shall we be driven to suspect that the fountain of justice has been polluted, and that the object is to screen the guilty person?

Thereupon the mover of the resolution gave notice that he would move on that fortnight that the resolution to pay Dr. Kenny's substitute be rescinded.

NATIONAL MATERNITY HOSPITAL.

At the tenth annual meeting of the National Maternity Hospital, Holles Street, Dublin, the report showed that 842 maternity patients had been treated; 150 in the gynaecological wards; extern cases attended at their own homes, 925; at dispensary, 4,891. Two adjacent houses have been purchased for the purpose of erecting a new wing. The governors have applied for and have obtained a charter.

THE PREVENTION OF TUBERCULOSIS.

The annual meeting of the Dublin branch of the National Association for the Prevention of Tuberculosis was held in the Royal College of Physicians, Dublin, on Monday, June 15th, under the presidency of Mr. R. O'Brien Furlong, C.B. The report submitted by Dr. A. E. Boyd (Honorary Secretary) showed that the deaths from tuberculosis in Ireland in 1901 were 12,323, or 2.8 per 1,000—15.6 per cent. of the total death-rate of the country. In England the death-rate from this cause had been falling since 1842, and during the ten years 1891-1900 averaged 2 per 1,000 of the population. In Dublin there were 1,871 deaths from this cause, equal to 4.98 per 1,000, while the corresponding average in London—the Administrative Council area—for the previous ten years was 2.53 per 1,000. The report emphasized the importance of isolating those infected with the disease. The income of the branch amounted to less than £25. The following resolutions were passed: