Report of the City of Glasgow Fever and Smallpox Hospitals, Belvidere, for the year ending 31st May, 1903 / by John Brownlee; Also, report, with tables, by Dr. R.S. Thomson.

Contributors

Brownlee, John, 1868-1927. City of Glasgow Fever and Smallpox Hospitals. London School of Hygiene and Tropical Medicine

Publication/Creation

Glasgow: Printed by Robert Anderson, 1904.

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REPORT

OF THE

CITY OF GLASGOW

FEVER AND SMALLPOX

HOSPITALS, BELVIDERE,

FOR THE

Year ending 31st May, 1903,

BY

JOHN BROWNLEE, M.A., M.D.(Glasg.), D.P.H.(Camb.),
Physician-Superintendent.

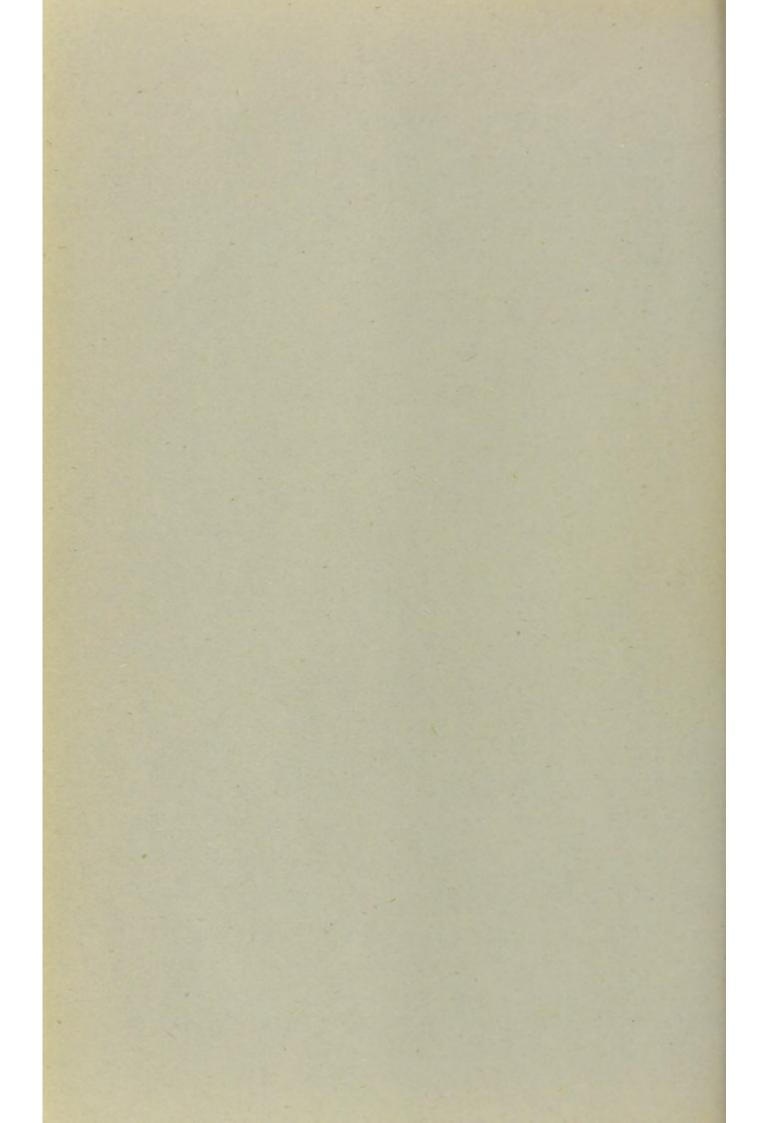
ALSO,

REPORT, WITH TABLES, BY DR. R. S. THOMSON, VISITING PHYSICIAN, CITY OF GLASGOW SMALLPOX HOSPITAL.

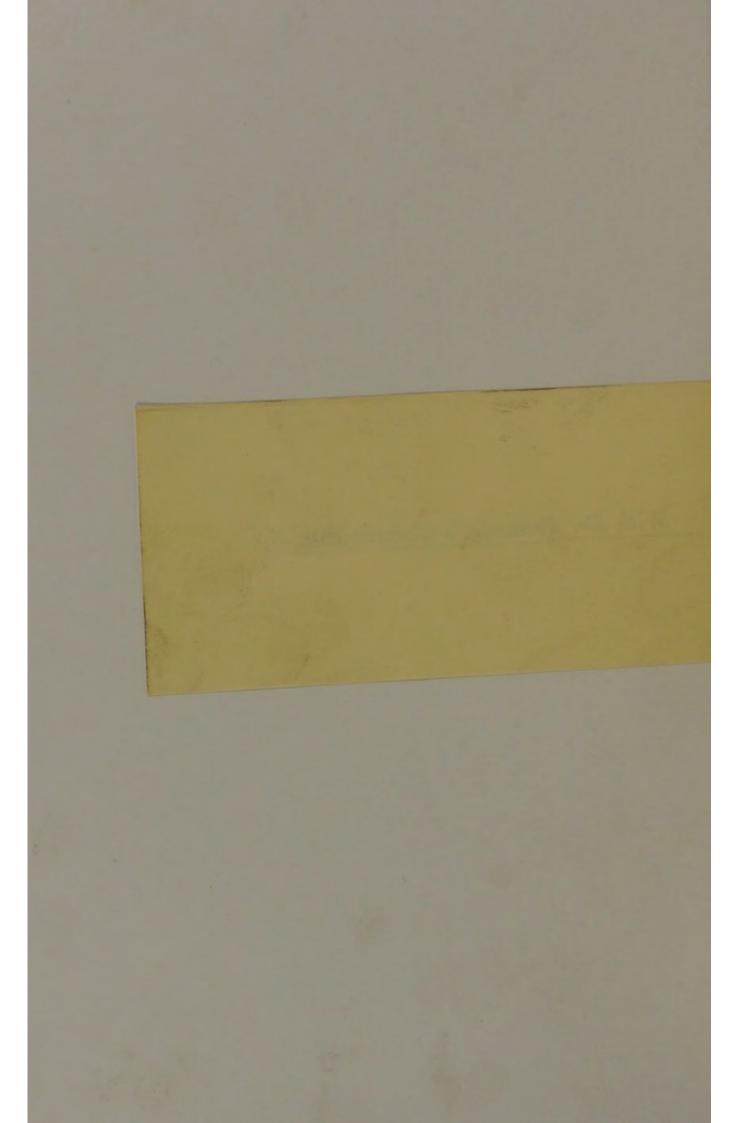
Submitted to the Committee on Health, 6th April, 1904, and ordered to be printed.

GLASGOW:

PRINTED BY ROBERT ANDERSON, 142 WEST NILE STREET.
1904.



With Dr. Brownlee's Compliments.



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GLASGOW:

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MEMBERS OF SUB-COMMITTEE ON HOSPITALS, 1902-1903.

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Physician and Superintendent.

JOHN BROWNLEE, M.A., M.D.(Glasg.), D.P.H.(Camb.).

Assistant Physicians (as on 31st May, 1903).

A. Love, M.B.

A. ROBIN, M.B.

T. B. TIERNEY, M.B.

J. DAVIDSON, M.B.

J. Anderson, M.B.

Visiting Physician to Smallpox Hospital.

R. S. THOMSON, M.D., D.Sc., F.F.P.S.(Glasg.), F.R.S.(Edin.).

Assistant Physician.

Consulting Surgeon.

T. K. DALZIEL, M.B., F.F.P.S. (Glasg.).

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TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

GENTLEMEN,

I have the honour to submit the Report of the City of Glasgow Fever and Smallpox Hospitals for the year ending 31st May, 1903. On that day there were 310 patients in the Hospitals. During the year 2.163 patients were admitted; of these 265 died. gives a mortality over all of 12.2 per cent., which is higher than that of the preceding year, and which is due to the general severity in the type of disease which has been experienced. The average number of patients in Hospital has been 301, and the average period of stay in the Hospital 50.7 days. During the year we experienced an exceptionally severe type of Diphtheria, more moribund cases being admitted than in any recent year; but, after allowance has been made for this, the percentage of deaths among those cases which were admitted while there was still some prospect of successful treatment has been the lowest in the history of the Hospital. During the spring of the year there was a small outbreak of Enteric Fever among patients and staff, seven nurses and eight patients being attacked; of the former, one died of an exceptionally malignant attack of the disease, but in all the others recovery followed, and among them all the type of the disease was very mild. The source of the infection, even after a most careful examination of all possible causes, was not ascertained.

The usual lectures to nurses were delivered during the year by Dr. Love and myself, again in three courses. They were well attended, and in the examinations held at the end of the session the results on the whole were very good. Seventeen senior probationers were examined, both orally and in writing, for the Hospital Certificate, and to fifteen of these the certificate was granted.

The lectures to students were held in four courses, two summer and two winter, and were fairly attended.

The working of the Hospital during the year has been uneventful, and I here take the opportunity of thanking the officials and the staff of the Hospital for the loyal support which I have always received.

I have the honour to be,

GENTLEMEN,

Your obedient Servant,

JOHN BROWNLEE.

NOTE ON THE INFLUENCE OF THE CONCENTRATION OF THE POPULATION IN INFLUENCING THE MORTALITY IN INFECTIOUS DISEASE.

While watching the progress of disease among patients in the Hospital, I have often been struck with the difference of resistance toward such diseases exhibited by patients drawn from the different strata of society, and desired to obtain some index as to the amount which the debilitating conditions present in the more densely populated parts of Glasgow lessen the effective resistant

powers of the inhabitants towards acute disease.

Owing to the former absence of a record regarding the home circumstances of the patients, I have as yet only a small body of statistics referring to the Hospital proper bearing on this point; but, while the deductions from these might be more strictly accurate on account of general better diagnosis, yet, as their small number makes them uncertain bases for any conclusions, I have extracted from the Annual Reports of the Medical Officer of Health the complete figures for the years 1898 to 1902, inclusive, which relate to Scarlet Fever, Diphtheria, and Enteric Fever. These diseases have been chosen as being both abundant and also notifiable. While Measles and Whooping-cough might be equally or even more useful in this regard, yet, as notification is not compulsory, and as the numbers of known cases probably never exceed half of the actual, it is at present futile to seek statistically for the effect produced by the conditions here considered.

To illustrate the general effect of density of population and insanitary conditions in augmenting the severity of infectious disease quantitatively, I give the following Table. The sanitary districts of Glasgow are combined in groups according as the room density falls within certain limits. It gives in parallel columns the numbers of the districts, the room density, the total number both of cases and deaths for each of the infectious diseases above mentioned, and also the mortality per cent. It

will thus be seen that not only, as is well known, are these diseases more numerous in the poorer districts of the City, but much more fatal. With regard to Scarlet Fever, the mortality in the poorer districts is twice that in the best; with regard to Diphtheria, it is six times. increase in the latter case is more sudden, and shows, to my mind, how much more promptly antitoxin is used among the wealthy classes than among the poor. use in the doubtful case of Diphtheria entails no risk and no discomfort beyond the possible occurrence of nettle rash, or some other erythema, eight to ten days after its administration. The delay of even one day in its administration may mean the difference between recovery and death. The difference in mortality in Enteric Fever is not nearly so marked, and the rise is not nearly so uniform, the maximum of severity being attained when the concentration of the population has reached only a moderate amount. As Scarlet Fever and Diphtheria are both diseases of children, and Enteric Fever one of adults, these results, taken in conjunction, afford interesting material for consideration. They seem to show that the vitality of children is much more powerfully depressed by unhealthy surroundings than is that of adults.

TABLE SHOWING THE NUMBER OF CASES AND MORTALITY OF DIPH-THERIA, SCARLET FEVER, AND ENTERIC FEVER IN THE SANITARY DISTRICTS OF GLASGOW, GROUPED ACCORDING TO ROOM DENSITY FOR THE YEARS 1898 TO 1902.

		Di	PHTHE	IA.	SCARI	LET FE	VER.	Ente	RIC FE	VER.
Districts.	ROOM DENSITY.	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Group I.— 26, 27, 28, 29, }	.2—1	140	7	5.0	864	20	2.3	106	10	9.4
Group II.— 17, 24, 25, Bl., }	1—1.2	338	43	12.7	2,148	76	3.2	389	50	12.8
Group III.— 1, 9, 12, 15, 19, 23, 30,	1.2—2	693	137	19.6	5,439	226	4°I	1,308	217	15.8
Group IV.— 5, 10, 14, - }	2-2.25	298	67	22.4	2, 184	110	5.0	711	116	16.3
Group V.— 3, 4, 6, 11, 13, 18, 20, 21, 22, 31, Sp. & Rv.,	2.25—5.2	758	203	26.7	5,610	284	5.06	1,743	296	16.9
Group VI.— 2, 7, 8, 16, -}	2.5—2.75	391	106	27.1	2,091	118	5.6	1,003	164	16.3

Room density means the average number of persons per room.

Group I. consists of 26, Pollokshields and Strathbungo; 27, Pollokshields West and Bellahouston; 28, Hillhead; 29, Kelvinside. Population, 1901—34,868.

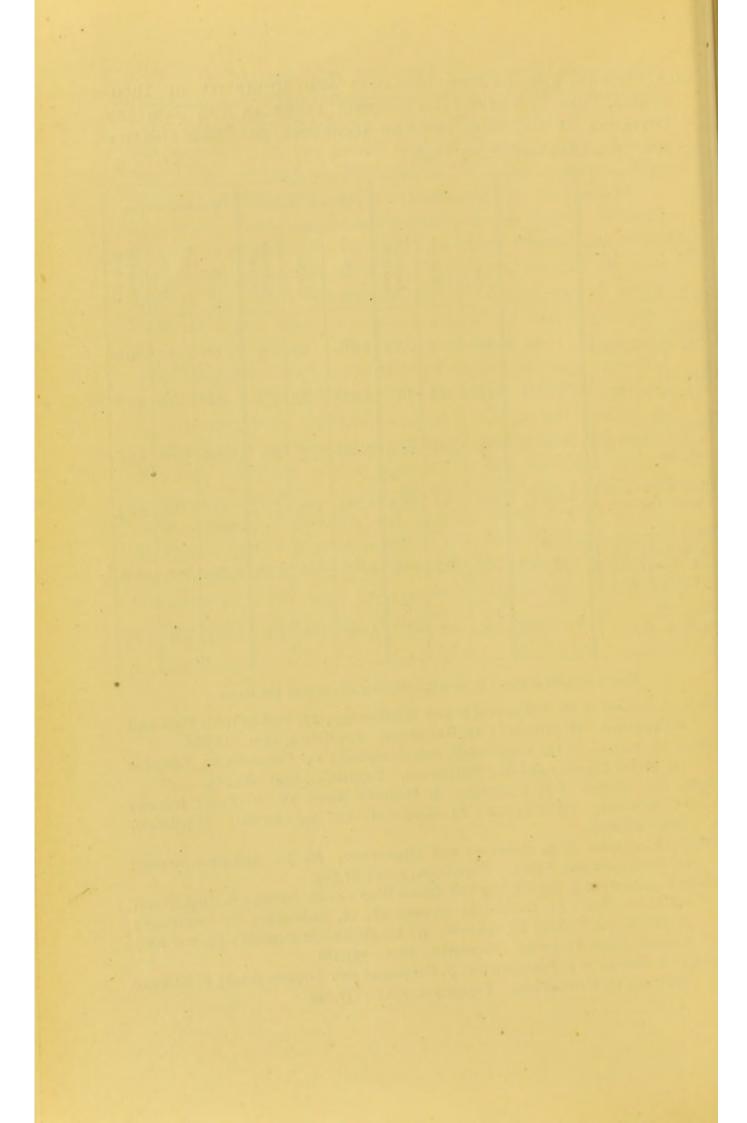
Group II. consists of 17, Kelvinhaugh and Sandyford; 24, Crosshill; 25, Langside and Mount Florida; and Bl., Blythswood. Population, 1901—83,255.

Group III. consists of 1, Exchange; 9, Monteith Row; 12, St. Enoch Square; 15, Woodside; 19, Kingston; 23, Govanhill; and 30, Maryhill. Population, 1901—201,098.

Group IV. consists of 5, Bellgrove and Dennistoun; 10, St. Andrew's Square; 14, Bridgegate and Wynds. Population, 1901—87,885.

Group V. consists of 3, High Street and Closes West; 4, St. Rollox; 6, High Street and Closes East; 11, Calton; 13, Brownfield; 18, Anderston; 20, Laurieston; 21, Hutcheson Square; 22, Gorbals; 31, Possilpark and Barnhill; Sp. and Rv., Springburn and Rockvilla. Population, 1901—237,161.

Group VI. consists of 2, Port-Dundas; 7, Greenhead and London Road; 8, Barrow-field; and 16, Cowcaddens. Population, 1901—117,445.



STATISTICAL TABLES.

TABLE I.

GENERAL STATEMENT.

-		-	310
-	-	-	2,163
			2,473
-	-	-	2,171
-	-	-	302
-	265		
	12'2	per o	cent.
ital,	-	-	301
	-	50	·7 days.
	ital,	265 12°2	

TABLE II.

TABLE SHOWING THE MONTHLY DISTRIBUTION OF THE PRINCIPAL
DISEASES DURING THE YEAR 1902-1903.

																_		
			Scarlet Fever.		Diphtheria.		Enteric Fever.		Typhus Fever.	100	Measles.		Whooping-cough.		Fresinglas	and to firm	Tota Admissi to Hospit	ons
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1902.					-													
June, -	-		82	6	10	1	23	2	2		45	6	11		5		207	19
July, -	-		74	6	12	3	13	2			15	1	13		2		147	17
August, -	-		81	4	9		13	4			12	2	9	1	I		138	13
September,	-	-	84	5	11	1	13	3					7	4			135	18
October, -			139	7	II	4	22	3	6	3	3		20	5			225	25
November,	-	-	83	5	13	I	10	2	12	4	8		15	4	3	•••	169	21
December,	-	-	68	5	22	6	14	3	2	1	2		51	11			180	26
1903. January, -	-	-	72	7	26	6	29	11			4		35	11	9	3	196	40
February,			60	4	7		35	9	8	-2	11		25	3			173	25
March, -	-		45	3	21	4	24	7	3	1	10	I	21	8			152	25
April, -		-	73	2	11	1	23	5			12		13	5			148	16
May, -	-	-	64	5	IC	4	35	4			36		12	2	5		184	19
Totals,			925	59	163	31	254	55	33	11	158	10	232	54	25	3	2,054	264

Forty patients died within 24 hours of admission.

TABLE III.

ENTERIC FEVER.

Age-	MA	LES.	Fem.	ALES.	Ton	TAL.	Mortality
Periods.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	per cent.
o— 5	10		4		14		
5—10	27	4	16	I	43	5	11.6
10—15	17	4	13	I	30	5	16.6
15—20	25	6	8	3	33	9	27.2
20—25	25	6	20	7	45	13	28.8
25—30	24	7	16	5	40	12	30.0
30-35	11	4	6	I	17	5	29*4
35—40	11	I	6	2	17	3	17.6
40-45	4	I	1		5	1	20'0
45—50	3	1	***		3	I	33.3
50—55	I	I	3		4	I	25.0
55—60	****		2		2		
60—65		***	I		I		
Totals,	158	35	96	20	254	55	21.6

Three patients died within 24 hours of admission.

TABLE IV.

TYPHUS FEVER.

Age- Periods.	Ma	LES.	Fem.	ALES.	Тот	AL.	Mortality
Periods.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	per cent.
o— 5	4		2	2	6	2	33.3
5—10		,,,,	5	I	5	I	20'0
10—15	3	***	2		5		
15—20	I		I	. 1	2	I	50.0
20—25	I		I		2		
25—30	I				I		
30—35			I	1	I	ı	100.0
35—40	2		4	2	6	2	33.3
40—45							
45—50	2	2			2	2	100.0
50—55		i					
55—60			I	I	1	1	100.0
60—65	1	1	1	I	2	I	50.0
Totals,	15	2	18	9	33	11	33.3

Two patients died within 24 hours of admission.

TABLE V. DIPHTHERIA.

		TOTAL	Cases.			FAUCIAL	CASES.	
Age-Periods.	Ma	les.	Fema	ales.	Ma	iles.	Fem	ales.
0— I	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
I— 2	14	3	13	6	2		3	I
2- 3	15	3*	13	5	5		5	1
3-4	11	I	10	3 -	5		4	I
4- 5.	14	I	10	2	4		6	I
5—10	13	I	25	2	8	I	19	I
10—15	•••		5				4	***
15—20	I		I	***	1	*	I	
20—30	3		3		3		3	
30—40	I		I		1	***	I	
40—50			I				1	
Totals,	78	10	85	21	30	I	47	5_
Mortality percent.	12	8.8	24	.7	3	.3	10	0.6
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IS NOT THE		LARYNGEAL CASES.			9			
		ARYNGE	AL CASE	s.		TRACHE	OTOMIES	
Age-Periods.	I.	ales.	AL CASE	s. ales.	Ma	Trache	Fen	nales.
	I.		AL CASE	s.	Ma	Trache	Fen	15
Age-Periods.	Ma Cases.	ales. Deaths.	Fem Cases.	ales.	Ma Cases.	TRACHE	Fen	nales.
Age-Periods.	Ma Cases. 5	Deaths.	Fem Cases.	Deaths	Cases.	TRACHE	Cases.	Deaths
Age-Periods. O— I I— 2	Cases. 5	Deaths. I	Fem Cases. 3	ales. Deaths	Cases. 3	TRACHEGALES. Deaths. 1	Cases.	nales. Deaths-2
Age-Periods. O— I I— 2 2— 3	Cases. 5	Deaths. I 3	Fem Cases. 3	Deaths 3	Cases. 3 7 4	TRACHEGALES. Deaths. 1 3	Cases. 2 7 6	Deaths-24
Age-Periods. O— I I— 2 2— 3 3— 4	1 Ma Cases. 5 12 9 6	Deaths. 1 3 3 1*	Fem Cases. 3 10 8	ales. Deaths 3 5 4 2	Cases. 3 7 4 4	TRACHEGALES. Deaths. 1 3 1	Cases. 2 7 6 5	Deaths- 2 4 4 2
Age-Periods. O— I I— 2 2— 3 3— 4 4— 5	1 Ma Cases. 5 12 9 6 10	Deaths. 3 3 1*	Fem Cases. 3 10 8 6	ales. Deaths 3 5 4 2	Cases. 3 7 4 4 6	TRACHEGALES. Deaths. 1 3 1	Cases. 2 7 6 5 1	Deaths- 2 4 2
Age-Periods. O— I I— 2 2— 3 3— 4 4— 5 5—IO	1 Ma Cases. 5 12 9 6 10 5	Deaths. I 3 1 1	Fem Cases. 3 10 8 6 4	ales. Deaths 3 5 4 2 1	Cases. 3 7 4 4 6 1	TRACHEGALES. Deaths. 1 3 1	Cases. 2 7 6 5 I 3	Deaths- 2 4 2 I
Age-Periods. O— I I— 2 2— 3 3— 4 4— 5 5—IO IO—I5	1 Mar Cases. 5 12 9 6 10 5	Deaths. I 3 3 I* I	Fem Cases. 3 10 8 6 4 6	s. ales. Deaths 3 5 4 2 1 1	Cases. 3 7 4 4 6 I	TRACHEGALES. Deaths. 1 3 1	Cases. 2 7 6 5 1 3 1	nales. Deaths- 2 4 2 I
Age-Periods. O— I I— 2 2— 3 3— 4 4— 5 5—IO IO—I5 I5—20	1 Ma Cases. 5 12 9 6 10 5	ales. Deaths. 1 3 3 1 * 1 .	Cases. 3 10 8 6 4 6 1	s. ales. Deaths 3 5 4 2 I I	Ma Cases. 3 7 4 4 6 1	TRACHECALES. Deaths. 1 3 1	Fen Cases. 2 7 6 5 1 3 1	nales. Deaths-2
Age-Periods. O— I I— 2 2— 3 3— 4 4— 5 5—10 10—15 15—20 20—30	1 Ma Cases. 5 12 9 6 10 5	ales. Deaths. 1 3 3 1*	Cases. 3 10 8 6 4 6 1	s. ales. Deaths 3 5 4 2 1 1	Ma Cases. 3 7 4 4 6 1	TRACHECALES. Deaths. 1 3 1	Fen Cases. 2 7 6 5 1 3 1	1
Age-Periods. O— I I— 2 2— 3 3— 4 4— 5 5—10 IO—I5 I5—20 20—30 30—40	1 Ma Cases. 5 12 9 6 10 5 47	ales. Deaths. 1 3 1	Cases. 3 10 8 6 4 6 1	s. ales. Deaths 3 5 4 2 1 1	Cases. 3 7 4 4 6 I	TRACHEGALES. Deaths. 1 3 1	Fen Cases. 2 7 6 5 1 3 1	1

The asterisk indicates a patient who died from Scarlet Fever.

Seventeen patients died within 24 hours of admission, leaving, when subtracted, a mortality of 9.5 per cent., the lowest in the history of the hospital.

There was one case of Conjunctival Diphtheria.

TABLE VI.

SCARLET FEVER.

Age-	Ма	LES.	Fem	ALES.	Тот	ALS.	Mortality
Periods.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	per cent.
0— 1	9	2	3	I	12	3	25.0
I— 2	22	3	21	2	43	5	11.6
2— 3	33	2	28	- 9	61	11	18.0
3- 4	41	3	56	5	97	8	8.2
4- 5	44	7	32		76	7	9.5
5— 6	52	I	54	4	106	5	4.7
6— 7	34	I	55	4	89	5	5.6
7— 8	36	2	49	2	85	4	4.7
8- 9	23	I	39	2	62	3	4.8
9—10	20		22		42		
10—15	52	2	75	3	127	5	3.9
15-20	32	I	28	I	60	2	3.3
20-25	12		15	I	27	I	3.7
25—30	9		12		21		
30-35			3		3		
35—40	4		3		7		
40-45	1		3		4		
45—50	2		1		3		
Totals,	426	25	499	34	925	59	6.3

Eleven patients died within 24 hours of admission.

TABLE VII. MEASLES.

Age- Periods.	Ma	LES.	FEM	ALES,	Ton	TALS.	Mortality
Periods.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	per cent.
o— 1	9	I	6	2	15	3	20*0
I— 2	II	I	8	I	19	2	10.2
2— 3	7	2	10	2	17	4	23.2
3— 4	10		16		26	***	
4 5	8		9		17		
5— 6	9	I	5		14	I	7.1
6— 7	9		7		16		
7— 8	3		4		7		
8— 9	3		2		-5		
9—10	3		I		4		
10—15	2		4		6		
15—20	I		2		3		
20—25	2		4		6		
25—30	***		I		I		
30—35	I				I		
35—40			I	***	I		
Totals,	78	5	80	5 .	158	10	6.3

TABLE VIII.

WHOOPING-COUGH.

Age.	Ma	LES.	Fema	ALES.	Тот	AL.	Mortality
Age- Periods.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	per cent.
o— 1	14	7	12	3	26	10	38.4
1— 2	19	11	17	9	36	20	55.2
2— 3	12	2	23	7	35	9	25.7
3— 4	13	3	19	4	32	7	21.8
4- 5	17	I	19	3	36	4	11.1
5— 6	14	I	15	I	29	2	6.9
6- 7	9		12	I	21	ı	4.7
7— 8	. 5		5	1	10	1	10,0
8— 9			3		3		
9—10	I	***	ı		2		
10—15	I			*	I		
15—20	***		I		I		
Totals,	105	25	127	29	232	54	22.8

One patient died within 24 hours of admission.

TABLE IX.

ERYSIPELAS AND PUERPERAL FEVER.

Age-		Ervsi	PELAS.		PUERPERAL FEVER.		
Periods.	Ma	des.	Fen	nales.	PUERPERA		
0 5	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
5—10							
10—15							
15—20			2	I	5		
20—25	I		I		14	7	
25—30		·	2	***	10	3	
30—35	I		3	***	10	6	
35—40			3		3	I	
40-45	2		I		1	I	
45—50	2		2	I			
50—55	2	1	I				
55—60							
60—65	I						
65—70	I	***			***		
70—75							
Totals, -	10	I	15	2	43	18	

TABLE X.
UNCLASSIFIED DISEASES.

(a) INFECTIOUS.

				Ма	LES.	Fem.	ALES.
				Cases.	Deaths.	Cases.	Deaths.
Influenza, -	-			6		I	***
Febricula,	-	-	-			5	
Continued Fever,	-	-	-	I	I	2	2
Tuberculosis—							
(a) Acute, -						2	2
(b) Meningitis,	-	-	-	3	3		
Malaria,	-	2	-	1			***
Syphilis,	-	-	-	I			
German Measles,	-		-	14		17	
Varicella,	-	1.	-	3			
Parotitis,		-	180			2	
Totals, -	-			29	4	29	4

TABLE X.—Continued. UNCLASSIFIED DISEASES.

(b) NON-INFECTIOUS.

				MA	LES.	FEM	ALES.
				Cases.	Deaths.	Cases.	Deaths.
Pneumonia, -		-	-	19	3	6	I
Broncho-pneumonia,		-		2	I	4	I
Bronchitis,		-		2		1	
Pleurisy,		-		2			
Laryngitis,			-	I	***	I	I
Stomatitis,	-	-	-			1	
Tonsillitis,		-	-	15		9	
Gastric Catarrh, -		-		I			
Constipation,		-	-			2	,
Cholangitis, -		-			***	I	I
Nephritis,			-	1			
Meningitis,				I	I	- 2	I
Hemiplegia,		-	-		***	I	***
Marasmus,			-			2	:
Rheumatism,					***	I	
Endocarditis,						2	I
Septic Conditions, -				6	I	7	***
Bubonic Conditions							
Plague,				I		1	***
Erythemata,				3		2	***
Exfoliative Dermatitis,				***		I	I
Leucæmia,			-			I	I
Corneal Ulcer,			:	***		I	***
Labour and Alcoholism						I	
Nil,				13		21	
Nursing Mothers, -						- 8	***
Members of Staff w Infectious Diseases, -				7	1	13	***
Total,			-	74	7	89	8

TABLE XI.

Number of Patients admitted suffering from two Diseases.

Measles and Whooping-cough, -	-	7.	-	-	2
Scarlatina and Whooping-cough,	-	-	-	-	2
Scarlatina and Chickenpox, -		-	-	-	g

TABLE XII.

Number of Patients admitted incubating a Disease different from that for which they were admitted.

					DISEASE WHIC	H DEVELOPED.	
Disease for w	hich A	dmitte	d.	Measles.	Whooping- cough.	Chickenpox.	Mumps.
Scarlatina,			-	2	3	4	2
Diphtheria,	-		-			2	
Whooping-co	ugh,	-	-				2

TABLE XIII.

Number of Patients infected with Diseases other than that present on admission to Hospital.

Disease for which			DISEAS	E Acqui	RED.		
admitted.	Scarlatina	Measles	Chicken- pox.	Mumps.	Röthlen	Whooping- cough.	Enteric.
Scarlatina, -		4	5			4	5
Measles,	I				2	2	
Whooping-cough,		7		7			
Diphtheria, -	3		***				
Chickenpox, -		2					
Smallpox,			I				
Enteric,			- I				
German Measles,						I	

TABLE XIV.

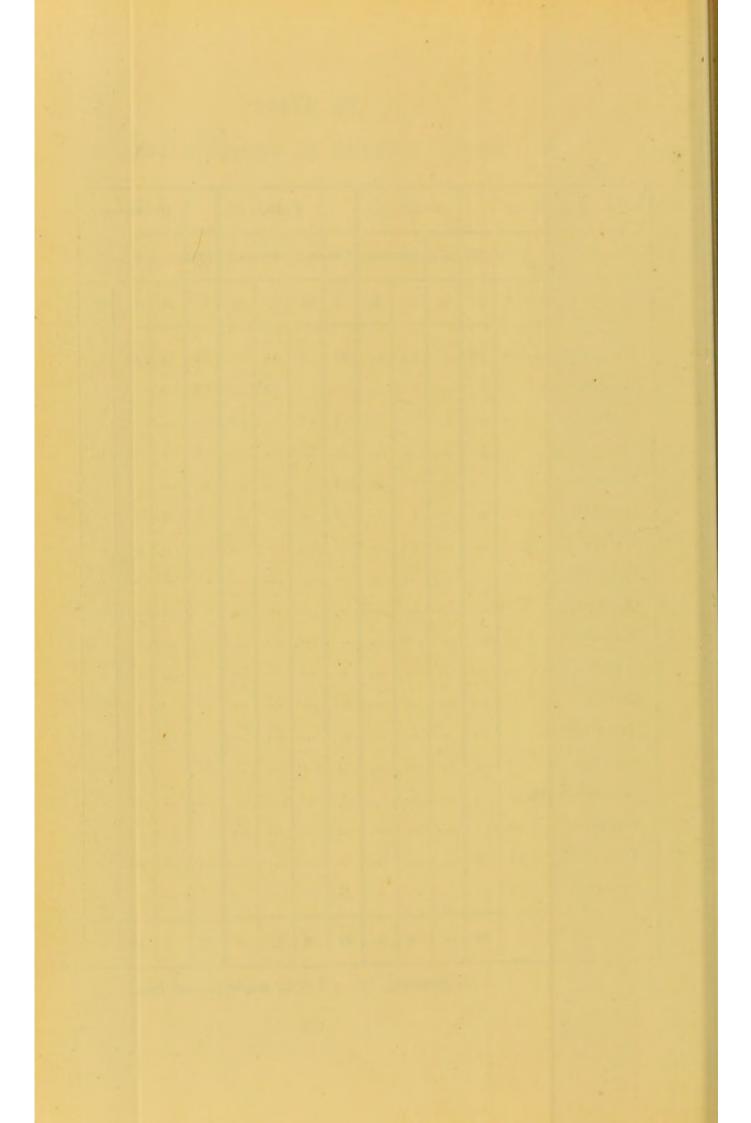
INFECTIOUS DISEASES AMONG THE STAFF.

					Scarlet Fever.	Typhoid Fever.	Measles.
Nurses,		-		-	2	7	2
Cleaners,	-	-	-	-	2	I	

•

AGE-PERIODS3.	0.			30-	30-40.			40-	40-50.		20	and 1	50 and upwards.	rds.
	em	emales.	Ma	Males.	Fem	Females.	Ma	Males.	Fem	Females.	Ma	Males.	Fem	Females.
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	13	:	3	:	I	. !	:	:	:	:	:	:	I	:
Perforation,	н	Н	:	:	I	I	:	:	:	:	. :	:	:	:
Hæmorrhage,2	13	:	61	63	н	i	н	I	:	:	;	:	I	:
Pneumonia,	200	63	1	:	н	:	:	:	:	:	:	:	:	:
Bronchitis, .		:	:	:	:	:	:	:	:	:	Н	H	:	:
		:	:	:	:	- 1	- :	:	:	:	:	. :	:	1
Pericarditis, .		:	. :	:	. :	. :	:	:	:	:	:	:	:	1
Otorrhœa,		- 1	1	:	:	:	:	:	:	1	:	:	:	:
Thrombosis,	н	:	I	:	:	:	:	:	:	1	:	:	:	:
Nephritis,	н	:	:	:	I	н	:	:	:	:	:	1	:	:
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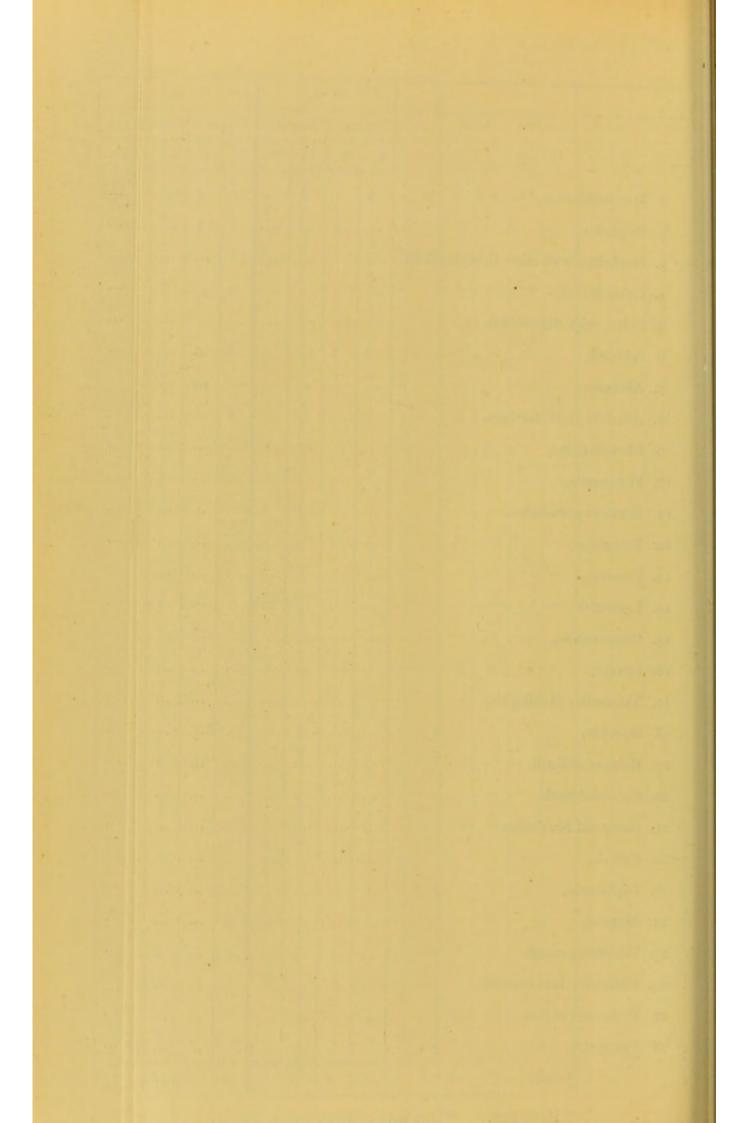
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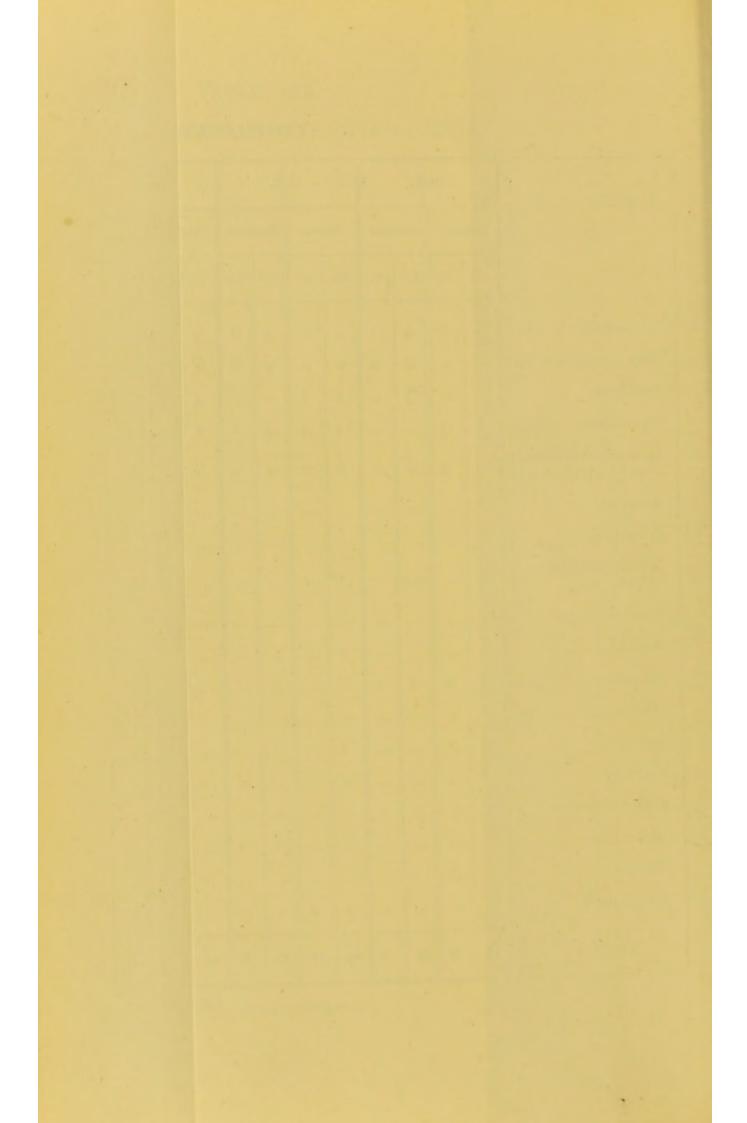
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			Uncomplicated, -	Broncho-pneumonia,	Bronchitis,	Convulsions, -	Broncho-pneumonia and Convulsions,	Enteritis,	Stomatitis,	Noma and Cancrum Oris, -	Local Abscesses,	Arthritis,



APPENDICES.

A.—REPORT OF VISITING	Physician, Smallpox Hospital,	30
B.—List of Donors to	HOSPITAL, &C., 1901-1902,	35

APPENDIX A.

REPORT BY THE VISITING PHYSICIAN

OF THE

CITY OF GLASGOW SMALLPOX HOSPITAL

FOR THE

Year ending 31st May, 1903.

On the 1st of June, 1902, there was in the City of Glasgow Smallpox Hospital a total of 26 cases, including 16 Smallpox, 7 Chickenpox, and 3 others.

During the Hospital year 109 persons were admitted, of whom, however, only 12 were suffering from Smallpox, the others suffering from Chickenpox and other diseases stated in the accompanying list, or nursing mothers, while one healthy infant accompanied its mother, who was suffering from Scabies:—

				Cases.
Smallpox,	- 4	1.5	- 2	12
Varicella (Chickenpox),	-	-	-	69
Varicella and Whooping-cou	gh, -	-	-	8
Varicella and Measles, -	-	-	-	4
Varicella and Scabies, -	-	-	-	I
Varicella and Phthisis, -	-	=	-	I
Varicella and Mumps, -	-	-	-	I
Lichen,	-	-	-	2
Syphilis,	-	-	-	2
Scabies,	-	-	-	2
Scarlet Fever,	-	-	=	I
Measles,	-	-	7 =	I
Gastric Catarrh,	-	-	-	I
Nursing Mothers-no illness	, -	-	-	3
Babies with Mothers-no ill	ness,	-	-	I

Smallpox.—The first case of Smallpox was admitted on the 14th of June, 1902, and the last for the year on the 16th of May, 1903, so that the cases did not constitute a limited epidemic, but were received from various sources over a period of about 11 months.

In the majority of the patients the attack was comparatively mild, but in one, who was unvaccinated, the illness proved fatal.

In one of the II cases who recovered the patient stated that she had been revaccinated about twenty years previously, but the evidence of this was incomplete.

Chickenpox.—In the course of the year 84 cases of Chickenpox were admitted to the wards. Of these 69 were uncomplicated, in 8 cases this disease was complicated by the presence of Whooping-cough, 4 with Measles, while 3 cases were complicated with Phthisis, Mumps, and Scabies respectively. Two of the complicated cases of Chickenpox died, one which was removed to its home at the request of its parents, while the other died in Hospital. The first of these died of Phthisis, and the other of Catarrhal Pneumonia, which developed during the course of Whooping-cough.

With regard to the other cases given in the list there is nothing of special interest to note.

R. S. THOMSON, Visiting Physician.

Table I.—City of Glasgow Smallpox Hospital, Belvidere.—
1903; Classified as to Age, Character,

				C)NE	Scar			1	Two Scars,							
		FOVEATED.				Unfoveated.			D.	Foveated.				Unfoveated.			
Age Periods.	Area of Scars.	Discrete.	Confluent.	Hæmorrhagic.	Deaths.	Discrete.	Confluent.	Hæmorrhagic.	Deaths.	Discrete.	Confluent.	Hæmorrhagic.	Deaths.	Discrete.	Confluent.	Hæmorrhagic.	Deaths.
o—5	$\begin{cases} \text{Under } \frac{1}{4} \text{ sq. in.} \\ \frac{1}{4} - \frac{1}{2} \text{ sq. in.} \end{cases}$											***			***		
5—10	$\begin{cases} Under \frac{1}{4} \text{ sq. in.} \\ \frac{1}{4} - \frac{1}{2} \text{ sq. in.} \\ Over \frac{1}{2} \text{ sq. in.} \end{cases}$																
10—15	$\begin{cases} \text{Under } \frac{1}{4} \text{ sq. in.} \\ \frac{1}{4} - \frac{1}{2} \text{ sq. in.} \\ \text{Over } \frac{1}{2} \text{ sq. in.} \end{cases}$																
	$\begin{cases} \text{Under } \frac{1}{4} \text{ sq. in.} \\ \frac{1}{4} - \frac{1}{2} \text{ sq. in.} \\ \text{Over } \frac{1}{2} \text{ sq. in.} \end{cases}$																
20—25	$\begin{cases} \text{Under } \frac{1}{4} \text{ sq. in.} \\ \frac{1}{4} - \frac{1}{2} \text{ sq. in.} \\ \text{Over } \frac{1}{2} \text{ sq. in.} \end{cases}$									 I							
25—30	$\begin{cases} \text{Under } \frac{1}{4} \text{ sq. in.} \\ \frac{1}{4} - \frac{1}{2} \text{ sq. in.} \\ \text{Over } \frac{1}{2} \text{ sq. in.} \end{cases}$					 I											
30—40	$\begin{cases} \text{Under } \frac{1}{4} \text{ sq. in.} \\ \frac{1}{4} - \frac{1}{2} \text{ sq. in.} \\ \text{Over } \frac{1}{2} \text{ sq. in.} \end{cases}$																
40—50	$\begin{cases} \text{Under } \frac{1}{4} \text{ sq. in.} \\ \frac{1}{4} - \frac{1}{2} \text{ sq. in.} \\ \text{Over } \frac{1}{2} \text{ sq. in.} \end{cases}$																
50 and upwards.	$\begin{cases} \text{Under } \frac{1}{4} \text{ sq. in.} \\ \frac{1}{4} - \frac{1}{2} \text{ sq. in.} \\ \text{Over } \frac{1}{2} \text{ sq. in.} \end{cases}$	I															
	Total,	4				I				4		***					

VACCINATED CASES TREATED FROM 1ST JUNE, 1902, TO 31ST MAY, AND DIMENSIONS OF SCAR; WITH RESULTS.

		7	Гнкев	SCAR	s.			Four or More Scars.									
	FOVEATED.				JNFOV	EATE	D.		Fove	ATED.		ι	Jnfov	EATE	D.		
Discrete.	Confluent.	Hæmorrhagic.	Deaths.	Discrete.	Confluent.	Hæmorrhagic.	Deaths.	Discrete.	Confluent.	Hæmorrhagic.	Deaths.	Discrete.	Confluent.	Hæmorrhagic.	Deaths.		
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		•••		***			***		***	***	***		***	***			
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Table II.—Unvaccinated and Doubtfully Vaccinated Cases of Smallpox treated from 1st June, 1902, to 31st May, 1903.

	VAC	CINATION	о Doubt	FUL.		Unvacc	INATED.	
Age.	Discrete.	Confluent.	Hæmorrhagic.	Deaths.	Discrete.	Confluent.	Hæmorrahgic.	Deaths.
o—5,								
510,								
10—15,								****
15—20,								
20—25,					'			***
25-30,					•••			
30—40,						I		I.
40—50,						***		
50 and upwards,								

TABLE III.—TOTAL CASES OF SMALLPOX, 1902-3, OCCURRING IN VACCINATED PERSONS.

				MAL	ES.	F	EMALE	s.	TOTAL.			
Ages of Par	TIENT	s.	Admitted.	Died.	Mortality.	Admitted.	Died.	Mortality.	Admitted.	Died.	Mortality.	
20—25, -	-		I						I			
25—30,	-		2			1			3		***	
30—35,	7	-	3			2			5			
35—40, -											***	
40-45, -	-	-		***					***			
45—50, -	-	-									***	
50—60, -	-		I			1			2			
Total,			7			4			11			

APPENDIX B.

The following is a list of the donors of toys, books, money, &c., for the patients in hospital at Christmas and New Year, 1902-3:-

Bailie Steele, City Chambers.

Mrs. Andrew Sharp, Jun., 9 Clarence Drive.

Mrs. Blair, 23 Moray Place, Regent Park.

Mrs. W. L. Hatrick, 9 Windsor Quadrant. Mrs. A. S. Brown, 18 Royal Terrace.

Mrs. Dallachy, Greenhead Terrace.

Misses M'Ewan, 13 Huntly Gardens.

Matthew Gilmour, Esq., Fernbank, Cambuslang—for Trinity U.F.

William Manson, Esq., Ivy Bank, Tollcross.

Mrs. Ure, Cairndhu, Helensburgh.

Mrs. MacBrayne, 11 Park Circus Place.

Messrs. Thomas Flint & Co., 397 Sauchiehall Street.

Mrs. Neil, 316 St. Vincent Street. Messrs. R. Sloan & Son, 217 Argyle Street.

Miss Hamilton, 11 Prince's Square. Miss Waddell, Inveresk, Kilmalcolm.

Victoria Place Baptist Church Sunday School-per Mr. A. Archibald, 203 Aikenhead Road.

Claremont Street U.F. Church, per the Rev. Adam C. Welch, B.D.

Mrs. Nicholson, 19 Whittingehame Drive. Mrs. Wm. Wotherspoon, 9 Park Circus.

Mrs. J. B. Campbell, 61 Cecil Street, Hillhead.

Mrs. Smith, 5 West Garden Street.

Mrs. Davies, 58 Glencairn Drive, Pollokshields.

Mrs. John Hamilton, I North Park Terrace, Hillhead.

Mrs. Gray, 2 St. John's Road, Pollokshields. Hugh J. Miller, Esq., 3 Armadale Street. Mrs. John M. Jopp, Ellora, Bearsden.

Misses Gebbie, Carron Bank, Helensburgh.

Mrs. T. Clement, Cliff House, 28 Albert Drive, Pollokshields.

Mrs. Birrell, 5 Rosslyn Terrace.

Messrs. Stewart & Young, Broad Street, Mile-end.

Miss Maud Jeffries, per Dr. A. Love. Mrs. Stewart Lawrie, 48 Prince's Square. Mrs. Barras, Westbourne, Bellahouston. H. G. Tyler, Esq., 51 Dundas Street, City.

R. S. Scott, Esq., 220 Kenmure Street. Calton Parish Church Sabbath School.

Sherbrooke Free Church—per Rev. S. G. MacLennan.

The Hon. Misses Burns, Wemyss House, Wemyss Bay-a Basket of Flowers weekly during season.

Mrs. Stephen, Kelly, Wemyss Bay—a Box of Flowers weekly during

Proprietors of the Glasgow Weekly Herald-6 copies of the Weekly Herald every week.

In addition there were several anonymous donors.



