

## **Report of the City of Glasgow Fever Hospital.**

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# REPORT

*K.S. 7.*

OF THE

## CITY OF GLASGOW FEVER HOSPITAL,

*From 1st May, 1867, to 30th April, 1868.*

BY

DR. JAS. B. RUSSELL,

PHYSICIAN AND MEDICAL SUPERINTENDENT.

PRESENTED TO THE FEVER HOSPITAL COMMITTEE OF THE BOARD OF POLICE,  
3RD JULY, 1868, AND ORDERED TO BE PRINTED.

GLASGOW:

PRINTED BY ROBERT ANDERSON, 85 QUEEN STREET.  
1868.

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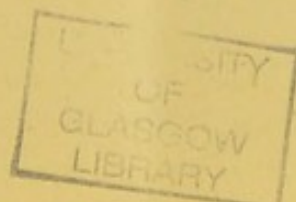

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## Committee on Fever Hospital.

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THE LORD PROVOST.

DAVID CARSON.

BAILIE GILKISON.

JAMES MARTIN.

" WILLIAM MILLER.

PETER DALLAS.

MATTHEW DICK.

JOHN URE.

JAMES COUPER.

WILLIAM BROWN.

THE LORD PROVOST, *Convener.*

BAILIE GILKISON, *Sub-Convener.*

*Three a Quorum.*

Meets every alternate Thursday, at 2.30 P.M.

---

Physician-Superintendent.

JAMES B. RUSSELL, B.A., M.D., 278 BATH CRESCENT.

Resident Medical Officer.\*

GAVIN P. TENNENT, M.B., C.M.

Matron.

MISS JANE GIBSON.

Clerk and Storekeeper.

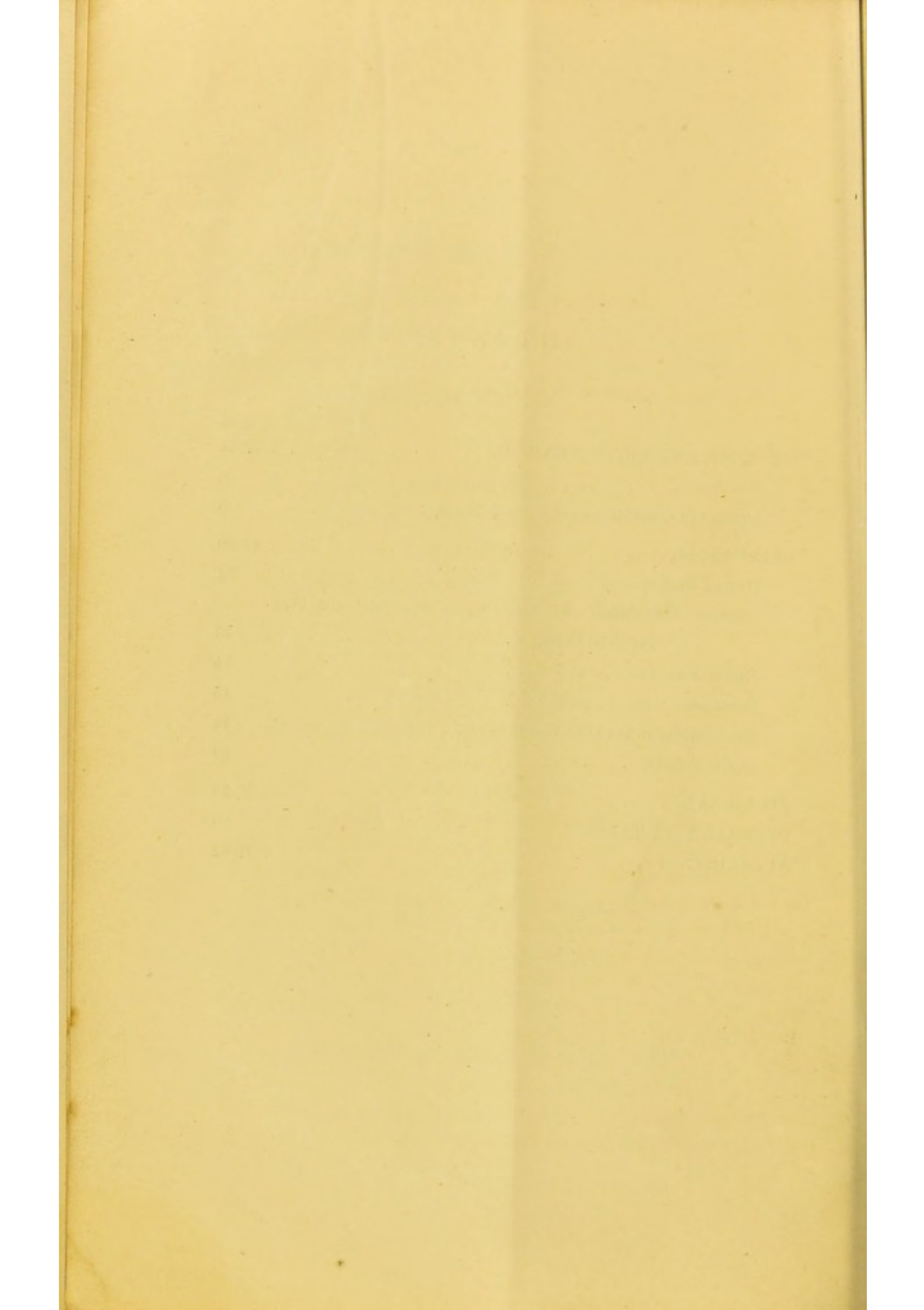
JOHN MUNRO.

\* This arrangement only came into operation on 1st July, 1868.

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# REPORT.

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It seems unnecessary to report upon this, the third year of the existence of the City of Glasgow Fever Hospital, at the same length, and with equal minuteness of detail, as upon the two preceding years. In accordance with the recommendation of Dr. Gairdner, Medical Officer of Health for the City, as expressed in a letter prefixed to my last Report, a Special Committee of the Board of Police was appointed in October, 1867, to overlook the affairs of the Hospital, and guide me in its management. Since then I have had the advantage of periodical inspections and reports by members of this Committee, so that the business of the Hospital has for great part of the year been made public in the minutes of the Board of Police; and the sanction thus obtained from time to time removes my chief motive for a review of the year so minute as I have hitherto striven to present.

The preceding year was remarkable for enforced idleness, and yet enforced expenditure, so that the most apparent feature was the disproportion between the work done and the money expended. But in that respect it was anomalous, and not to be referred to except to guide future action in similar circumstances. This year, as was anticipated in my estimates of expenditure submitted to the Committee in October, I hope to show that nearly double the amount of work has been done, while the outlay has increased by less than a twentieth. The Hospital was never so full as in January and February, 1868. Looking to the chief criterion of success, that which ought amply to justify any reasonable expenditure, the results of the treatment of the patients, this Hospital excelled itself in lowness of mortality at all periods of life as compared with



the two previous years, and contrasts more advantageously than ever with the practice of the Royal Infirmary, as given in the Annual Report for 1867, p. 20. While I wish to remain satisfied with the bare statement of this pleasing fact, I must say, for the sake of coming years, that, especially to non-medical judges, a mortality so low as 9 per cent. over all cases (that of the Infirmary being 16·9 per cent.) is not a rate which we can hope to maintain. It depends more on the nature of the cases than on the treatment to which they were subjected, or the general hygienic condition of the Hospital. Especially must I beg that no one will take 9 per cent. and 16·9 per cent. as representing fairly the ratio of mortality in the two institutions; but will, to determine this in a just way, resort to comparison at similar periods of age, as is done in Table No. IV. Still, after all deductions of this sort, seeing that pauper patients are now admitted, that we have had, as we shall show, many cases sent in moribund to swell the mortality, and yet that at every age there is a decided decrease in the death-rate, we may venture humbly to credit the Hospital with some share of the merit of lives saved. Further, I would venture to attribute a large share to the excellence of the nursing during the past year. The following is Miss Gibson's return of the changes in this department:—

On Staff, 1st May, 1867,	8;	subsequently engaged,	13,	...	...	21
Dismissed for	{	Drink, ... ..	3	}	12	
		Inefficiency, ... ..	2			
		Services not required, ... ..	7			
Resigned,	...	...	...	...	2	
					14	
Remaining on Staff, 1st May, 1868,	...	...	...	...	7	

As compared with returns in former reports, we have here a decided decrease in the dismissals for misdemeanours. The changes arose chiefly from the variations in the numbers of patients; so that I am left at the end of the year almost with the same individuals on the staff as at the beginning. These constitute what is called the "permanent staff," who are six in number, chosen with care, employed by six-month written



engagement, and methodically instructed. During the summer they are sufficient for the ordinary work as well as for any emergencies; and during the winter I adopted the following method of utilizing their services to the utmost. In Wards I. (female) and II. (male), four of the permanent staff were stationed, one by night in each ward, and one by day. Thus the best nursing at all hours was ensured to the patients in those wards; and into them were put all above thirty years of age, or who were evidently serious cases when admitted. Another member of the staff took charge of the nursery by day, where infants and young children were sent; while the remaining nurse had charge by day of a ward where boys and young men were treated. In these two wards night-duty was taken by carefully chosen night-nurses. During the height of the winter's pressure, all the wards in the Hospital were opened, and the nurses employed numbered 13; but even then, by following out as far as possible this principle of classification, the best of the nursing was reserved for those who most needed it, and every patient had one trustworthy and intelligent person at least during a portion of the day in attendance. The general result was, that personally I felt pleased with the nursing in the Hospital during last year, as I never was before; and, indeed, so far as the "permanent staff" is concerned, it was as nearly perfect as I hope to see. That it was good is shown by the fact that it is in the adult periods of life where we have improved most upon former practice, and where the general excellence is most marked. This subject of nursing, especially in the department of fever, is one on which I have dwelt in former reports, and which may seem to some unduly obtruded—indeed, to be a mere hobby. But it is a conviction established in my mind by observation, and daily strengthening with experience, that success in the treatment of continued fever can be gained only by faithful, minute, and intelligent attention from hour to hour on the part of the nurse, and to a certain extent also on the part of the medical attendant. The nursing is the most important. It must be had, cost what it may, for all cases;



while it is merely in selected cases, and at certain stages, that the medical man ought to see his patients frequently. Even in those he is helpless unless aided by a nurse, and powerless readily to detect carelessness, as he would in ordinary diseases when the patient is sensible and can report delinquencies. Therefore, while nursing in all its branches demands attention, fever-nursing I hold to be the most important of all. Through a variety of causes, especially from the dangerous nature of the duties, it tends to fall into the hands of the worthless or incapable. In place of such, we require the worthy and the intelligent. I very much desire the Board of Police and general public to understand clearly why a fever nurse should not only be a good nurse, but if possible the best of nurses. Her patients suffer from a disease which cannot be checked—which passes deliberately through its stages—which creates wants, while it deprives of the power of supplying them, and ultimately destroys the sense of their existence, just when the real need is at the greatest—which so stupefies the faculties that neglect is not observed, and ill-treatment is forgotten. A nurse in a fever ward, as a rule, can never be at rest, whether her watch be by day or by night. Indeed, when a ward is rapidly filled, so that all the beds contain patients in the heat of the fever, one nurse is quite insufficient for 11 patients, as I found once or twice last winter. Food must be given judiciously in small quantities from hour to hour, day and night, without distinction. One patient is stupidly sleepy, and must be roused now and then to take milk or beef-tea, not waiting until he asks it; another is delirious, perhaps violent, and must be soothed, and only as a last resource restrained, which is the first notion of a bad and lazy nurse; another is obstinate, or full of notions of poison in his drinks, and must be coaxed, or cheated, or overcome, in any way which will result in getting the nourishment into his stomach. Apart from such peculiar incidents, the majority, even in the ordinary course, are restless—tossing the clothes off, and requiring them to be put kindly on again—crying for drinks, and need-



ing that they be given with a soft word, not with a scold for the trouble of it—in many respects being as helpless as infants, while yet having the weight and unwieldiness of adults. There is, I assert, no sort of nursing so laborious and exacting as fever-nursing. Let any one who would be convinced of this look into a ward in each department of the Royal Infirmary at any time, but especially at night. As a rule, in the medical and surgical wards things are quiet. The night-nurse may keep her seat, and give a draught of water when it is asked—help to shift out of an uneasy posture, or administer the medicine at the prescribed hour, and do her duty well with little labour. But in the fever wards there generally are noisy delirium, and distracting calls from various quarters, and constant occasions for lifting and turning, and patients for whom there is no motion of the body for any purpose, or to any extent, without aid or actual lifting as of a dead thing—when duties have to be performed, gently and with tenderness, from which naturally one would shrink. Indeed I often have stood at midnight and looked upon a ward full of males, mostly adults—one strong and violent, and strapped down—others helpless and dependent as infants—others restless, and no sooner calmed than up again, burning with some wild fancy; and then wondered at the courage a woman must have to pass the long hours of a night watch alone in such company, and still more at the rarer gentleness, where such courage exists, which must combine with and soften its manifestations. Women enough are to be found who are callous and hard, equal to anything; who flock to a fever hospital, who protest their want of fear, who have had “the fivver” repeatedly, and whose faces seem incapable of kindly emotion; who by sleeping draughts and strait-jackets make things snug, and enjoy a quiet sleep during the night—who nevertheless, through the activity of their imagination and the extent of their “experience,” are able to give a marvellously natural and graphic account of how the patient “passed the night,” to the physician at the morning visit. We have depicted the harassing attentions



required of the fever nurse. But suppose her to be one of this sort—suppose she neglects her duty, goes to sleep, gives no drinks, no medicine, no wine—suppose she even drinks the wine: how can the delinquency be detected? The fever patient is usually stupid and incoherent; and even when most intelligent, his statements cannot be safely trusted. But, indeed, one never hears of a complaint even in such circumstances. A shrewd eye may see it written on the sunk face and parched tongue, and on their poor bodies in bed-sores; but otherwise a bad fever nurse is without a witness against her. I might show further how much independence of judgment, how much manual dexterity in certain delicate operations which she ought to perform, are required to make a good fever nurse; but I have already said enough to direct the attention of those who have fever wards or hospitals under their care, in the most pointed manner, to a scrutiny of their nursing as a part of the treatment of fever which lies close to the secret of success.

The requests for private nurses have been frequent and urgent during the year, but only on two occasions could be complied with—once by sending out a nurse, and once when a medical practitioner seized with fever became unmanageably delirious and a male attendant was applied for, and one of the porters sent. The gentleman recovered, and the assistance given was gratefully appreciated. On one occasion also a poor woman recently confined, and unfit therefore for removal, although ill of fever, was nursed by a nurse from the Hospital at the request of the District Medical Officer.

During the past year, in pursuance of the policy advised in my last Report, the Hospital has been thrown open to patients for payment to a greater extent than formerly—the charge being £2 per head. On these terms, 366 patients were treated for the City Parochial Board. Besides these, 6 private patients were treated at same rate; and one, who occupied a private room, paid £6. As it would divert attention from the proper objects of the institution to treat patients anywhere save in the open wards, I receive those private



cases only on condition that they enter the wards. In the one case mentioned exception was made, as separate nurses also were not needed. On these terms, so long as the patients whom the Board are bound to treat do not require all the accommodation, any person may be admitted. We have removed both Police and Pauper cases after hours, sometimes late in the night; and no person presenting a medical certificate at any hour is refused attention. If within Sanitary Office hours, the case is referred to the officials there; but if not, then the certificate is immediately acted upon, and the patient is removed.

During the period 1st May, 1867, to 30th April, 1868, the total number of patients admitted was 969. At the close of last year 24 were still under treatment, making a total of 993, who are accounted for thus:—832 dismissed, 96 died, and 65 remaining to be carried to next year. Summing up the statistics of the Hospital since its erection, we find that 2834 persons have been admitted, 2455 dismissed, and 314 have died. Table No. I. shows the number admitted, dismissed, and died, with the highest and lowest number in Hospital for each month in the year. The highest monthly admission was 131, in January; and the highest number under treatment at one time was 108, on the 31st of January, 1868. These numbers are the highest in the history of the Hospital. The highest number ever in the Hospital before this year was 89, on 1st December, 1865. At this time I found it impossible to carry on the general management of the Hospital and the treatment of so many patients unaided; and accordingly I applied for assistance, which was immediately granted by the Board. Joseph Coats, M.B., acted as resident assistant from 1st February for seven weeks. Rapid oscillations in the number of cases have always been a puzzling feature in the management of this Hospital. It is well to point this out to the Committee with reference to the adjustment of the staff to the requirements. In the month of January just spoken of we find a striking instance. On the 14th there were 50 patients in Hospital, and by the 31st



there were 108. In those 17 days, 96 patients were admitted. To anticipate and prepare for such emergencies is part of the duty of a superintendent; so that it is neither prudent nor even possible to vary the staff *pari passu* with the patients. Nor can the relation between number of patients and number of attendants be taken simply as a numerical proportion. The nature of the cases—as, whether they suffer from mutually infectious diseases—must also be enquired into. At two distinct dates there might be the same number of patients; but at one time homogeneous, so to speak, at another time heterogeneous, and therefore the number of attendants might be doubled in the latter case. To show how far I have been able to adjust the staff to the number of patients, I add to Table No. I. two columns showing the daily average for each month, and the number of nurses on the pay-bill for the corresponding period. During the summer months small-pox and scarlet fever were under treatment; so that 8 nurses were as necessary in June for 24 patients as in November for 52.

Having thus dismissed the round numbers of the Hospital work, I shall in the following paragraphs speak of each class of cases with reference to the final result, because at the time of writing that is with certainty known. In Table No. II. are displayed the monthly admissions of various diseases, with number of deaths from each disease *after treatment*. Of the 969 patients, 795 were cases of typhus, 55 of enteric fever, 35 of scarlet fever, 14 of small-pox, 3 of measles, 22 of febricula, and 45 of other diseases.

*Typhus.*—Table No. III. exhibits in quinquennial periods of age the usual data with regard to mortality and stimulation. The general mortality was 9·05 per cent., against 12·5 last year, and 11 the preceding. These percentages ought not, however, to be taken simply for any purposes of comparison. In Table No. IV., my own statistics for the three years of the Hospital are given in parallel columns with those of the Glasgow Royal Infirmary for 1867, and the London Fever Hospital for same year, the figures being in both cases from the published reports. From this Table I wish all compari-



sons to be made, and made in accordance with this principle—"that hospital is most successful which can show *the least mortality at the greatest number of periods.*" (Report 1865-6, p. 29.) Comparing ourselves with ourselves, I find that at 9 out of 14 periods of life the mortality is less than that of previous years. Comparing this Hospital with the Royal Infirmary during almost the same space of time, our mortality is considerably lower at all periods save three. Finally, as compared with the London Fever Hospital, Glasgow is lower at all periods save two. Many of the cases were hopelessly gone when admitted, as will appear when it is stated that 1 died 4 hours 40 minutes after admission, 1 within 8½ hours, 1 within 13 hours, 1 within 24 hours, 1 within 36 hours, and 3 within 48 hours; in all, 8 cases moribund on admission.

The *proportion stimulated* in the course of their illness is less this year than last. Owing to the admission of the pauper element amongst my patients—many being dissipated creatures accustomed to drink—I had to use whisky more frequently and freely than on previous years; so that, while a less number required to be stimulated, those who did, required the alcohol less diluted. As this was the first occasion on which I had treated parochial side by side with non-parochial cases, the opportunity seemed a favourable one for testing the accuracy of certain impressions of difference which the treatment of them separately had produced on my mind. The numbers are rather few to give safe ground for induction, except in a very broad way; but such as they are they will be found in Table No. V., which gives the number treated, died, and stimulated at the various periods of age, "Parochial" and "Non-Parochial" in contrast, with percentages. Of the 297 parish cases of typhus, 10 per cent. died, and 35 per cent. were stimulated; while of the 498 non-parochial cases, 8·4 per cent. died, and 36 per cent. were stimulated. But here, as in all such statistical enquiries, we must take a survey of these facts in relation to age. Running the eye over the different quinquennial periods, we discover an evident pre-



dominance of fatality, with increased need of stimulation, among the parochial cases above thirty-five, while below that age there is even a more marked contrast in the opposite direction. This striking fact is brought clearly out by taking all parochial cases below thirty-five, and contrasting them with all non-parochial cases below thirty-five; and so also with all cases above thirty-five. We then find that on the youthful side of thirty-five the parochial mortality is only 2·6 per cent., stimulation 23 per cent.; while the non-parochial mortality is 5·6 per cent., stimulation 33·3 per cent. On the aged side of thirty-five, on the contrary, the parochial mortality is 35·8 per cent., the stimulation 76 per cent.; while the non-parochial mortality is only 23·6 per cent., the stimulation 67 per cent. The lesson broadly gathered from these interesting facts I believe to be this, that it is the dissipation and abandoned life which are so generally the basis of pauperism, and not the effects of poverty and privation, pure and simple, which render typhus more dangerous to paupers than to the best fed and clothed of its victims. Indeed these figures confirm in the gross what every fever physician must have observed in single instances, that the half-fed and emaciated, if not also debauched, pass with greater impunity through fever than the highly nourished and muscular.

*The Average Residence* of typhus cases who recovered was  $19\frac{1}{2}$  days, of those who died nearly 8 days, and over all cases  $18\frac{1}{2}$  days. Last year those averages were lower. The increase in length of residence arises partly from the low mortality, and partly from the necessity of feeding up well the pauper patients, who had no home-comforts awaiting them.

*Enteric Fever* was more prevalent this year than last in Glasgow. 55 cases were treated, with 9 deaths, or 16·3 per cent.—a high mortality, being 2 per cent. above the Royal Infirmary and the London Fever Hospital. Two of the cases were moribund when admitted—one dying within 36 hours; and one remarkable case expired from abdominal hæmorrhage 4 hours after admission. Of the 9 deaths,



4 arose from exhaustion, either from long drain on the system, or from the vitality being borne down early by the impact of the poison; 2 were from perforation and consequent peritonitis; 1 from perforation killing by primary shock; 1 from peritonitis, its origin not being clear—probably splenic embolism; and 1 from hæmorrhage. As might be expected, as enteric fever haunts different localities\* from those frequented by typhus, so it prevails in a different grade of society. This is slightly indicated in those cases by the circumstance that only 13 out of the 55 were parochial cases. The *average residence* of those who recovered was  $28\frac{1}{2}$  days, of those who died 10, and over all cases  $25\frac{1}{2}$  days. All were treated as usual in the open wards, without being infected by typhus.

*Scarlet Fever.*—35 cases were admitted, and 8 died, or 22·8 per cent., a mortality which is extremely high. But when we separate the parochial from the ordinary cases, and find that 17 were sent in by the City Parochial Board, and 7 of those died, while of the remaining 18 received from various parts of the city only 1 died, we have an indication of the causes which contributed to this mortality. Two of the parish cases were sent from the Lying-in Hospital, Rottenrow, and were cases of puerperal scarlatina, which is almost always fatal. The others were children from the City Poorhouse—puny, sickly creatures, with latent constitutional diseases, most discouraging and vexing to treat. Of the deaths, 4 were from the direct effects of the poison, including the two puerperal cases; 3 were from pneumonia, and 1 from double pleurisy. The *average residence* of those who recovered was  $28\frac{1}{2}$  days, of those who died 8 days, and over all cases 24 days.

*Small-pox.*—14 cases were treated, with one death; 9 were unmodified by previous vaccination, 4 adults and 5 children,

\* I have made an investigation into the distribution of enteric fever in the city, which will be published elsewhere. The broad result is to show that, so far as hospital experience goes, the Infirmary included, it has no special habitats in Glasgow.



of whom 1 died; 5 were modified, 4 adults and 1 child. 5 of the cases were members of one family—3 unmodified, and 2 modified. The history of those cases is interesting, as illustrative of the practical difficulties, apparent to all who are actually acquainted with sanitary operations, especially in large towns, which would render Sir J. Y. Simpson's "stamping-out" process practically ineffectual. G. C., living at 80 High Street, took headache on 24th May, pain in his back on the 27th, and on the 28th observed spots on his face. They gradually developed themselves; but, feeling well, he went about his work as usual until the neighbours became alarmed, and said he had small-pox. A doctor being got, the patient was sent in to Hospital on 3rd June, presenting a copious eruption of distinct modified small-pox, the pustules beginning to burst. On 11th June this man's wife and two children, an infant of three months and a boy of three years, were admitted. The woman had well-marked modified small-pox. The baby, although unvaccinated, recovered from a severe confluent attack; but the boy, who took ill on the 8th, and was also unvaccinated, died. The house was now empty of its inmates; but on 13th June a young woman, aged twenty-two, was admitted, who had visited the wife occasionally after the husband's removal, and who sickened on the 10th. She also had not been vaccinated, and passed through a severe attack. Here therefore was a man going about for a week, during any day of which a doctor could have told him he had small-pox, but never suspecting it. Even after the disease was recognized, we have here parents, knowing that these two children were unvaccinated, taking no precautionary measures; and an adult woman, knowing herself to be unprotected, continuing to expose herself. While such ignorance is so common as it is, and the wrong-headedness founded upon it which leads people even to conceal a disease known to be infectious, no process of "stamping-out," though elaborate and perfect in print, and much to be desired in fact, can be prosecuted with success. Indeed any appearance of compulsory power of removal, or



of the interference of authority, even in the way of enquiry, is always found to render discovery more difficult, and to increase the effort to conceal, even from the neighbours, who are generally ready to tell from selfish motives. "Stamping-out" therefore would result practically in stamping-in; and so would the original process as applied to cattle, had they only as much power of combined action, and as much to say in the disposition of their own affairs, as human beings, and especially the British, have.

*Measles.*—The three cases treated were all sent in as small-pox.

*Febricula.*—Of the 22 cases so classified, many might more properly be called simple continued fever, as being longer and sharper than febricula, but yet not possessing the characters of any specific fever. Some cases were distinctly associated with typhus, but could not be so classified. The one death is due to cystitis, induced by over-distension of the bladder. When the patient (a male, seventy-four years of age, with enlarged prostate) was admitted, it was enormously distended; and he died exhausted, after being five weeks in Hospital. There never was any evidence of specific fever, nor could the case be connected with such fever.

*Other Diseases.*—These are cases sent in under the belief that they were labouring under one or other of the specific diseases already noticed. They were not sent in with the knowledge that they are what they here figure as being. The number of such cases this year was 45, or only 4·6 per cent. of error in the total number admitted, which is nearly one-half less than I have ever known before, and is, considering the difficulties attending diagnosis, and the propriety also of rather sending in a patient by mistake than allowing a patient to lie at home by mistake, very creditable to the diagnosis of the medical practitioners of the city. The proportion of error in the London Fever Hospital was 18 per cent. last year. Still, in looking over this list of cases, it is evident that there is yet some room for improvement; and as a ready help in eliminating error, I venture to urge the



use of the thermometer; and to state shortly the nature of the help to be expected.

The thermometer will not by one observation tell the practitioner what is the nature of the disease, but it decides the question—febrile or non-febrile, abnormally or normally hot. There may be every constitutional sign of fever—quick pulse, dry, brown tongue, flushed face, ambiguous eruptions, even a deceptive sensation of heat to the touch—and yet the temperature may be normal. *There is no unusual production of heat, and therefore there can be no fever.* On the other hand, there may be no prominent constitutional signs of fever, especially there may be a quiet pulse, and otherwise only such delicate indications as a practised observer would detect—for these are never wanting, even in such a case—and yet the temperature may be high. *There is unusual production of heat, and therefore there may be specific fever.* I give a few illustrations from this table of "Other Diseases." "Destitution:" temperature in arm-pit on evening of day of admission,  $98.2^{\circ}$  Fahr. "Purpura:" temperature as before,  $98.6^{\circ}$ . "Mercurial salivation:" temperature as before,  $99.6^{\circ}$ , the pulse being 150. "Post-partum Debility:" temperature as before,  $98.4^{\circ}$ . Of course the cases entered as "Nothing" were equally destitute of the one essential property of fever, abnormal heat. It may be that some of those cases were seen by the certifying practitioner a day or more before admission. It must also be remembered that feverishness in any degree, without local cause, is sufficient to warrant the removal of a person from a large family or a crowded stair. But, all allowances being made, there can be no doubt that some of those cases might have been detected by the thermometer. To ensure greater accuracy is not merely an object of professional ambition. The result of a mistake to the unfortunate patient is, that the stamp of fever is most likely placed upon him or her by the removal of the hair, unless in the rare cases when it is tidy, and not infested with vermin. The majority of such people live in lodgings; and so branded, they become



homeless—no lodging-house keeper will admit them. Some of the most vexing scenes I have witnessed have occurred in connection with such cases.

Disease.	Admd.	Died.	Disease.	Admd.	Died.
Pneumonia, .....	15	4	Brought forward,...	31	7
Cerebral,.....	5	3	Acute Eczema,.....	1	...
Bronchitis,.....	1	...	Itch,.....	1	...
Phthisis,.....	2	...	Purpura, .....	1	...
Hepatic,.....	2	...	Drink, .....	2	...
Bright's,.....	1	...	Delirium Tremens,.....	1	...
Uterine, .....	1	...	Phlegmasia Dolens, .....	1	1
Ovaritis,.....	1	...	Post-partum Debility,...	1	...
Choleraic Diarrhœa,.....	1	...	Destitution,.....	1	...
Dysentery,.....	1	...	Doubtful, .....	1	1
Mercurial Salivation,....	1	...	Nothing, .....	4	...
Carry forward,.....	31	7	Total,.....	45	9

Little can be said, which would be of general interest, regarding this list. All these cases were treated to some extent. Of the 15 cases of *pneumonia*, 4 died. The age of one of the fatal cases was 54; of another, 65. The site of the disease in the other two was the apex of the lung affected; and in one it had supervened during a drinking-bout. The case of *choleraic diarrhœa* occurred in August, 1867. It was specially reported upon to Dr. Gairdner, and differed from the cholera of October, 1866, in hardly any respect save the recovery of the patient. The case recorded as "*doubtful*" very much resembled enteric fever in many respects, but yet could not be so classified. It proved fatal, after an illness of eight days.

*General Remarks regarding Patients.*—366 were paupers, 7 paid their own expenses, and 596 were treated by the Board of Police. Of the pauper patients, 43 died, and 22 were interred by the parish; of the others, 57 died, and 10 were interred by the Board of Police; the remainder in each case by the friends. Exclusive of the officials of the Hospital, 12 employés of the Board were treated, and 2 died—viz., 1 sanitary inspector, 6 constables, 3 scavengers, and 2 lamp-



lighters. Of these, 8 were suffering from typhus, 2 from small-pox, 1 from measles, and 1 from pneumonia. The Hospital staff supplied only 3 cases—all of typhus: 1 nurse, who recovered; 1 scrubber, who died; and my domestic servant, who recovered. The scrubber was interred in the Hospital lair at Sighthill, at the expense of the Board.

*The Royal Infirmary Dorcas Society* has during the past year enabled us to supply comfortable clothing to such as were needy and seemed to be deserving. The Matron states that she has issued from their branch store at the Hospital 483 articles of clothing to 148 individuals—viz., 310 articles to 83 females, and 173 articles to 65 males.

The Chaplain of the Royal Infirmary, Mr. Topping, has again obliged us during the year, more especially by officiating at the interment of the scrubber, Mrs. Finlayson. The Roman Catholic patients lost the services of a faithful and judicious minister by the promotion of the Rev. Mr. Dwyer to a separate charge, early in the year. His duties are now discharged by the Rev. Mr. Oswald.

### CHOLERA HOSPITALS.

*The Greendyke Hospital* was maintained during the past year under the charge of private watchmen. Notwithstanding the extremely wet and boisterous winter, and the temporary nature of the erection, it continued in a perfectly serviceable condition. Under the pressure of January on the Fever Hospital, I found it necessary to employ the stock of bedding stored at Greendyke, as well as other portions of the stores.\*

*The Cranstonhill Hospital* remains as it was, and is in good condition, and ready for any emergency.

\* *June.*—Since the close of the year on which I report, this hospital has been entirely removed, and the remaining stores distributed partly to the Fever Hospital and partly to the Cholera Hospital at Cranstonhill, where they are held in reserve for future emergencies.



## FINANCIAL STATEMENT.

In October, 1867, various causes combined to induce the Board of Police to consider minutely the financial affairs of the Hospital, with reference especially to the comparative expense of using it for treatment, and of shutting it up. By the "Glasgow Police Act, 1866," the position of this Hospital, or of some hospital as a *permanent building* in possession of the Board, for the treatment of infectious diseases when required, seems to be secured. (Sect. 266.) There are thus certain charges in the annual expenditure which cannot be got rid of, which would continue supposing the Hospital to be closed, and which therefore, not being created by the treatment of patients, ought not to be charged to treatment. The total amount of this *permanent outlay* is £300 per annum on an average. This includes £150 for rent of land, £84 for watching, and the balance for coal, gas, painting, and other repairs necessary to "maintain" the building. Taking the requisite data from the Report for 1866-7, by the advice and with the aid of the Medical Officer for the city, Dr. Gairdner, I submitted to a Special Committee of the Board an estimate of the annual *working expenditure* of the Hospital, calculated for daily averages of patients over a year from 20 up to 60. These calculations were minutely examined by Bailie Miller and others; and the result of the investigation was to show, that so soon as the daily average over the year passes 40, the average cost of treatment falls within £2 per patient. The appended financial statement of the year 1867-8, which I now submit, will be found to confirm the estimates referred to. Indeed it must be explained that of the £300 which ought to be deducted as *permanent outlay*, I have deducted only the £150 paid as rent of the Hospital site. If we deduct the other half of the sum, we get both a more favourable and a more strictly correct result, which shows the financial gain for the year, of treating our own patients, to have been £182 on a daily average of 48 inmates.



Without this additional deduction, the working expenditure, as given in the Abstract appended, is £1909 16s. 4d. The receipts from the City Parochial Board and private patients were £750. The actual working cost of the Hospital to the Police Board is thus reduced to £1159 16s. 4d., which represents the outlay in the treatment of 596 patients.

It is difficult to estimate, from the aggregate sums, in what departments of expenditure there has been an increase or a decrease relatively to the work done. In all it has been my aim to reduce expenditure to a minimum, always having regard, in the first place, to the efficiency of the Hospital. The courteous advice and aid always rendered by the fortnightly visitors, and the Hospital Committee at its meetings, have made my efforts more successful than would otherwise have been possible. The Matron has managed the kitchen with minute care and economy. I have checked all the transactions of the storekeeper for the year, and compared the purchases with the recorded consumption, finding a sufficiently close agreement between the stock in hand and the balances. The actual figures will be found in the books, which are open to inspection, with the percentage of error noted, and also the average cost of each article for the year. Referring for a moment to a few of the departments, I may state that in household expenditure there is a decrease of £10; in stationery, a decrease of £8. One item, the expenses of horse and van, which drew down special criticism last year, suggests the record of a fact. The item *horse hire* was, by the purchase of a horse, done away with—31st October, 1867. So early as September, 1865, I recommended, in a memorandum addressed to the Sanitary Committee, the purchase of a horse, on the ground that "at the present rate of hiring its cost would be cleared in six or seven months." As seven months of last year had elapsed before the purchase, it will be observed that there still is an item of £32 2s. for "horse hire," which will not appear again. A cart has also been provided by the Committee, which is found to be very useful, and will also enable us to save various items, such as cartage



of coal. This will be another deduction in future statements. In the item Salaries, there is £14 additional for my temporary assistant in February and March. The item Wages is remarkable, as, last year, with a daily average of 24 patients, it was £350, while this year, with double the average number of patients, it is only £35 more. This arises from the circumstance that with six nurses 50 or 60 patients can be treated as easily as 20, and fewer nurses will not do for the smaller number.

The item Provisions still shows the influence of unusually high prices. Fortunately, very favourable contracts for beef and milk—the staple articles of our consumption—more than counterbalanced a rise in such articles as bread, potatoes, oatmeal, &c., and enables me to show a decrease in the aggregate cost per patient. The official dietary was somewhat improved last year,\* so that its money-value cannot justly be compared with previous years. The cost per week for food was: of nurses, 4s. 6d.; of scrubbers, 4s. 1½d.; of porters, 5s. 8½d.

The following are the usual data, with calculations of the expenditure, in various aspects, founded thereon:—

Average Daily Number of Patients, ... ..	48				
“ Residence of Typhus Cases, ... ..	18·5 days.				
“ “ Enteric Cases, ... ..	25·5 “				
“ “ Small-pox Cases, ... ..	20·5 “				
“ “ Scarlet Fever Cases, ... ..	22 “				
“ “ All Cases, ... ..	18 “				
		£	s.	d.	q.
“ Daily Expenditure, $\frac{£1910}{366} =$ ... ..		5	4	4½	
“ “ Cost of Patients, $\frac{£5 \ 4 \ 4½}{48} =$ ... ..		0	2	2	·37†
“ Cost of Typhus Case, ... (2s. 2d. ·37q.) × 18·5 =		2	0	2½	
“ “ all Cases, ... (2s. 2d. ·37q.) × 18 =		1	19	1½	

The only useful and really comparable view of the expenditure is to be gained from the “Classification of Expenses

\* Reprinted in this Report, p. 26, as amended.

† All the other Averages may readily be got in the same way.



24 *Comparative "Direct" Expenditure in various Years.*

with regard to Patients," given on page 38; and the following Table founded thereon.

		Average Expense of the Hospital per Day.				Average Expense of a Patient per Day.				Average Expense of Treatment of a Patient.			
		£	s.	d.	q.	£	s.	d.	q.	£	s.	d.	q.
Direct.	Food, .....	1	1	0	3.84	0	0	5	1.08	0	7	10	3.4
	Stimulants, .....	0	3	1	2.42	0	0	0	3.14	0	1	2	0.3
	Medicine, .....	0	1	1	3.65	0	0	0	1.16	0	0	5	0.7
Indirect.	Official, .....	2	14	7	0.73	0	1	1	2.59	1	0	5	2.6
	Conveyance, .....	0	5	2	3.16	0	0	1	1.23	0	1	11	2.1
	Firing, &c., .....	0	12	9	1.44	0	0	3	0.78	0	4	9	2.1
	Various, .....	0	6	4	2.56	0	0	1	2.39	0	2	4	2.8
Totals, .....		5	4	4	1.8	0	2	2	0.37	1	19	1½	

As strictly comparable items, I have tabulated in parallel columns the "direct" expenditure per patient for the three years of the Hospital.

	Average "Direct" Expense per Patient per Day.						Average "Direct" Expense of Treatment per Patient.					
	1865-6.		1866-7.		1867-8.		1865-6.		1866-7.		1867-8.	
	s.	d.	q.	s.	d.	q.	s.	d.	q.	s.	d.	q.
Food, .....	0	5	0.14	0	6	1.38	0	5	1.08	7	4	0.0
Stimulants, .....	0	1	0.00	0	0	3.94	0	0	3.14	1	5	2.0
Medicine, .....	0	0	2.02	0	0	2.25	0	0	1.16	0	8	3.0
Total "Direct" Expense,	0	6½		0	7¼		9	6½	10	4¼	9	6

An examination of this table suggests various remarks. For instance, the expense for stimulants has decreased each year, and was last year only a mere fraction over three farthings per day to each patient. The expense for medicine was also less last year than ever it has been. Indeed, the entire "direct" expense was lower, being 6½d. per day. In estimating the average "direct" expense for the terms of treatment, the difference in length of residence last year counterbalances the daily saving; but not quite, as the total

cost of food, stimulants, and medicine for each patient was 9s. 6d.; while in 1865-6 it was 9s. 6 $\frac{1}{4}$ d., and in 1866-7 it was 10s. 4 $\frac{3}{4}$ d.

EXPENDITURE—GREENDYKE CHOLERA HOSPITAL.

I have appended a note of the expenditure in connection with the watching of Greendyke Hospital during the year. There is also an account for earthenware, which was supplied during the furnishing of the Hospital.



# OFFICIAL DIETARY.—CITY OF GLASGOW FEVER HOSPITAL.

## NURSES.

	Sunday.	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
BREAKFAST AND SUPPER,	Egg. Sweet Milk, $\frac{1}{4}$ pint.	Bread, 2 lbs. Sweet Milk, $\frac{1}{4}$ pint.	Sweet Milk, $\frac{1}{4}$ pint.	Sweet Milk, $\frac{1}{4}$ pint.	Bread, 2 lbs. Sweet Milk, $\frac{1}{4}$ pint.	Sweet Milk, $\frac{1}{4}$ pint.	Bread, 2 lbs. Tea, 3oz., Sugar, $\frac{1}{4}$ lb. Salt Butter, $\frac{1}{4}$ lb. Sweet Milk, $\frac{1}{4}$ pint.
DINNER,.....	Broth, $1\frac{1}{2}$ pints.	Steak, $\frac{1}{2}$ lb. Potatoes, 1 lb.	Fish, $\frac{1}{2}$ lb. Potatoes, 1 lb.	Broth, $1\frac{1}{2}$ pints.	Steak, $\frac{1}{2}$ lb. Potatoes, 1 lb.	Fish, $\frac{1}{2}$ lb. Potatoes, 1 lb.	Steak, $\frac{1}{2}$ lb. Potatoes, 1 lb.

## SCRUBBERS.

BREAKFAST,	Egg.	Porridge.	Bread, 2 lbs. Porridge.	Porridge.	Bread, 2 lbs. Porridge.	Porridge.	Bread, 2 lbs. Tea, 3oz., Sugar, $\frac{1}{4}$ lb. Salt Butter, $\frac{1}{4}$ lb. Porridge.
DINNER,.....	Broth, $1\frac{1}{2}$ pints.	Steak, $\frac{1}{2}$ lb. Potatoes, 1 lb.	Fish, $\frac{1}{2}$ lb. Potatoes, 1 lb.	Broth, $1\frac{1}{2}$ pints.	Steak, $\frac{1}{2}$ lb. Potatoes, 1 lb.	Fish, $\frac{1}{2}$ lb. Potatoes, 1 lb.	Broth, $1\frac{1}{2}$ pints. Potatoes, 1 lb.

## PORTERS.

BREAKFAST,	Ham or Fish.	Bread, 2 lbs. Porridge.	Egg.	Bread, 1 lb. Porridge.	Bread, 2 lbs. Ham or Fish.	Porridge.	Bread, 2 lbs. Egg. Tea, 3oz., Sugar, $\frac{1}{4}$ lb. Butter, $\frac{1}{4}$ lb.
DINNER,.....	Broth, 1 pint. Steak, $\frac{1}{2}$ lb. Potatoes, 1 lb.	Broth, $1\frac{1}{2}$ pints. Potatoes, 1 lb.	Fish, $\frac{1}{2}$ lb. Potatoes, $1\frac{1}{2}$ lbs.	Steak, $\frac{1}{2}$ lb. Potatoes, 1 lb.	Broth, 1 pint. Steak, $\frac{1}{2}$ lb. Potatoes, 1 lb.	Fish, $\frac{1}{2}$ lb. Potatoes, $1\frac{1}{2}$ lbs.	Broth, $1\frac{1}{2}$ pints. Potatoes, 1 lb.
SUPPER,.....	Porridge.	Porridge.	Porridge.	Porridge.	Porridge.	Same as Breakfast.	Porridge.

DIRECTIONS.—Porridge as in No. 1 Diet; Broth, Tea, according to directions in Sick Dietary, excepting that the Boiled Meat shall be served up by itself.  
 AMENDED, 1867.

JAMES B. RUSSELL, M.D., *Physician and Medical Superintendent.*



## APPENDIX TO REPORT.

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TABLES REFERRED TO IN REPORT.

ABSTRACT OF WORKING EXPENDITURE.



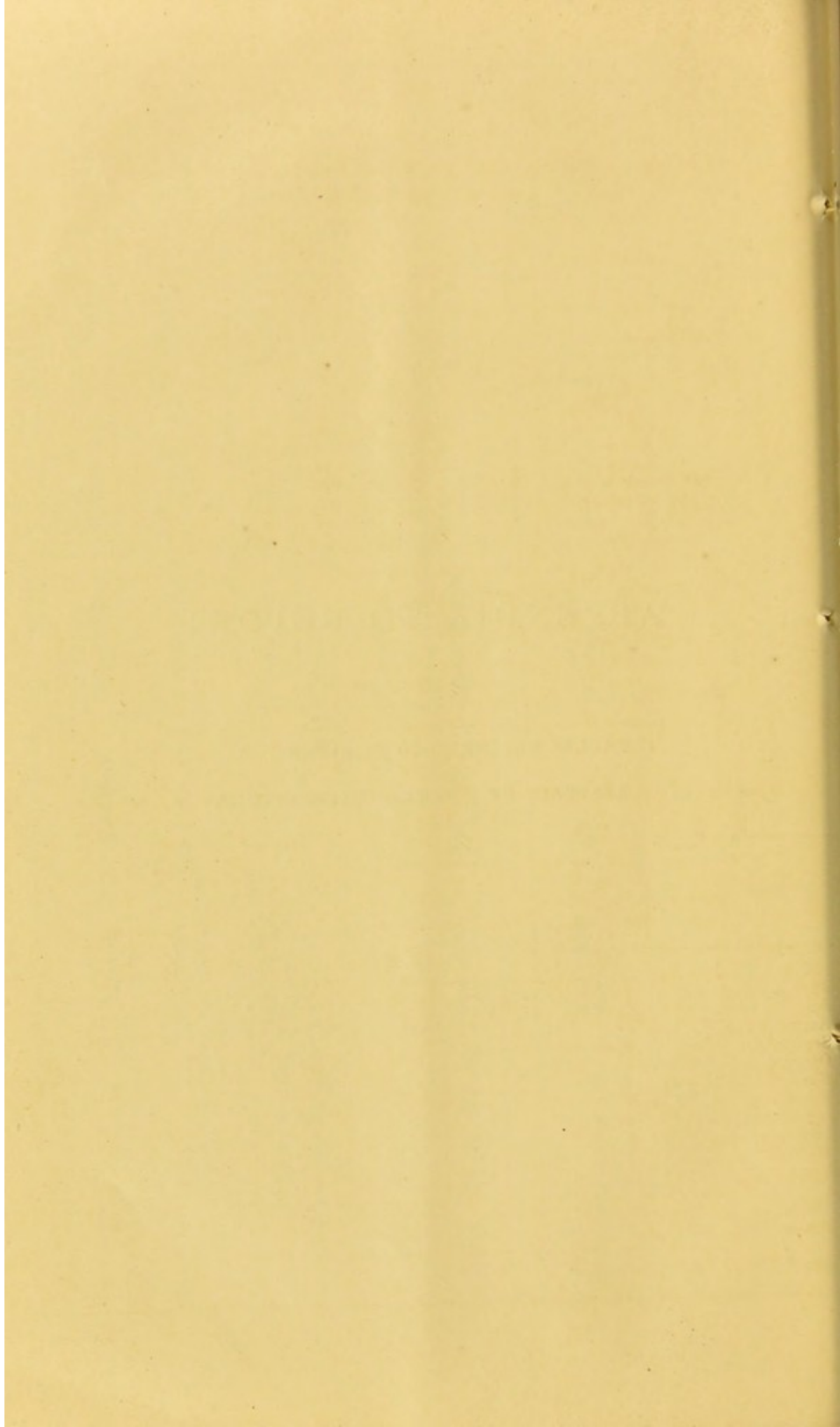


TABLE No. I.

*Monthly Admissions, Dismissions, and Deaths from all Causes,  
during Year 1867-8.*

MONTH.	Admitted.	DISMISSED.		NUMBER IN HOUSE.		Average Number in Hospital.	Number of Nurses on Pay-Sheet.
		Well.	Died.	Highest.	Lowest.		
1867.—May, .....	37	37	9	31	15	23	6
June, .....	45	35	2	29	16	24	8
July, .....	24	31	2	20	9	15	5
August, .....	60	37	2	35	15	25	6
September, .....	63	54	4	43	34	39	6
October, .....	81	70	9	49	38	43	7
November, .....	102	71	10	68	36	52	8
December, .....	109	103	13	79	54	68	11
1868.—January, .....	131	67	12	108	50	66	10
February, .....	118	129	12	105	81	91	13
March, .....	104	128	11	86	50	75	11
April, .....	95	70	10	65	43	52	8
Total 1867-8, .....	969	832	96				
“ 1866-7, .....	547	478	79				
“ 1865-6, .....	1318	1145	139				
Grand Total, .....	2834	2455	314				

TABLE No. II.

*Monthly Admissions of various Diseases, with number of Deaths from each,  
after Treatment.*

MONTH.	TYPHUS.		ENTERIC FEVER.		SCARLET FEVER.		SMALL-POX.		Measles.	FEBRICULA.		OTHER DISEASES.		TOTAL.	
	Admd.	Died.	Adm.	Died.	Adm.	Died.	Adm.	Died.		Adm.	Died.	Adm.	Died.	Adm.	Died.
May, .....	28	4	2	...	3	2	1	...	...	1	...	2	1	37	7
June, .....	25	1	1	...	1	...	9	1	...	...	...	9	1	45	3
July, .....	18	1	...	...	1	...	3	...	...	...	...	2	...	24	1
August, .....	53	2	...	...	...	...	1	...	...	3	...	3	1	60	3
September, ..	57	3	1	...	...	...	...	...	...	...	...	5	...	63	3
October, .....	59	9	12	2	6	...	...	...	1	1	...	2	1	81	12
November, ...	88	8	6	2	3	1	...	...	...	1	...	4	...	102	11
December, ...	89	9	8	1	8	3	...	...	...	1	...	3	...	109	13
January, .....	102	8	14	3	7	...	...	...	1	4	1	3	1	131	13
February, ....	99	8	6	...	5	2	...	...	...	4	...	4	1	118	11
March, .....	94	7	1	...	...	...	...	...	...	3	...	6	1	104	8
April, .....	83	12	4	1	1	...	...	...	1	4	...	2	2	95	15
Total, .....	795	72	55	9	35	8	14	1	3	22	1	45	9	969	100
Former Yrs.,	1538	176	81	12	26	4	41	3	1	37	...	101	12	1865	220
Grand Total,	2333	248	136	21	61	12	55	4	4	59	1	146	21	2834	320



TABLE No. III.

*Statistics of Typhus, 1867-8, showing Number Treated and Stimulated at Quinquennial Periods of Age in each Sex, with Totals and Percentages for each Age.*

AGE.	Treated.		Died.		Stimulated.		Total Treated.	Total Died.		Total Stimulated.	
	M.	F.	M.	F.	M.	F.			% Cent.		% Cent.
0—4,.....	27	35	...	3	3	3	62	3	4·83	6	9·7
5—9,.....	61	63	...	...	2	7	124	...	...	9	7·2
10—14,.....	89	63	2	4	15	16	152	6	3·94	31	20·4
15—19,.....	55	61	1	2	18	23	116	3	2·58	41	34·4
20—24,.....	49	40	2	6	23	15	89	8	8·98	38	41·5
25—29,.....	25	39	2	4	16	21	64	6	9·37	37	57·8
30—34,.....	17	28	2	2	8	12	45	4	8·88	20	42·2
35—39,.....	17	26	4	5	9	14	43	9	20·93	23	53·5
40—44,.....	19	22	6	5	14	18	41	11	26·82	32	78·
45—49,.....	14	17	6	5	11	11	31	11	35·48	22	70·9
50—54,.....	15	2	5	...	12	2	17	5	29·41	14	82·3
55—59,.....	3	4	2	1	3	3	7	3	42·85	6	85·7
60—64,.....	...	2	...	1	...	2	2	1	50·	2	100·
65—69,.....	1	1	1	1	1	1	2	2	100·	2	100·
All Ages,..	392	403	33	39	135	148					
All Ages and both Sexes,	795		72		283		795	72	9·05	283	352

TABLE No. IV.

*Comparative Table of Mortality of Typhus at Quinquennial Periods of Age in this Hospital, Years 1865-6, 1866-7, and 1867-8; London Fever Hospital, 1867; Glasgow Royal Infirmary, 1867.*

AGE.	CITY OF GLASGOW FEVER HOSPITAL, 1867-8.			CITY OF GLASGOW FEVER HOSPITAL, 1866-7.			CITY OF GLASGOW FEVER HOSPITAL, 1865-6.			GLASGOW ROYAL INFIRMARY, 1867.			LONDON FEVER HOSPITAL, 1867.		
	Trtd.	Died.	Per Cent.	Trtd.	Died.	Per Ct.	Trtd.	Died.	Per Cent.	Trtd.	Died.	Per Ct.	Trtd.	Died.	Per Ct.
0—4,	62	3	4·83	14	...	...	48	6	12·5	10	...	...	14	1	7·1
5—9,	124	...	...	49	1	2·	172	2	1·16	39	2	5·12	76	1	1·3
10—14,	152	6	3·94	73	...	...	245	3	1·22	87	3	3·44	174	2	1·1
15—19,	116	3	2·58	60	3	5·	204	15	7·3	158	13	8·22	237	8	3·4
20—24,	89	8	8·98	53	6	11·3	126	16	12·6	136	14	10·29	194	22	11·3
25—29,	64	6	9·37	25	3	12·	78	11	14·1	89	14	15·73	153	33	21·6
30—34,	45	4	8·88	27	5	18·5	80	15	18·7	79	21	26·58	106	17	16·
35—39,	43	9	20·93	22	5	22·7	68	15	22·	52	14	26·92	100	37	37·
40—44,	41	11	26·82	23	6	22·2	55	17	30·9	43	14	32·55	98	30	30·6
45—49,	31	11	35·48	16	7	43·7	33	7	21·2	34	12	35·29	83	37	44·6
50—54,	17	5	29·41	8	4	50·	17	6	35·2	15	8	53·33	69	33	47·8
55—59,	7	3	42·85	5	3	60·	18	9	50·	12	8	66·66	33	23	69·7
60—64,	2	1	50·	7	4	57·	5	3	60·	7	6	85·71	16	14	87·5
65—69,	2	2	100·	1	...	...	4	2	50·	...	...	...	15	12	80·
70—74,	...	...	...	1	1	100·	...	...	...	...	...	...	2	2	100·
75—79,	...	...	...	...	...	...	1	1	100·	...	...	...	1	1	100·
Not specified,	...	...	...	...	...	...	...	...	...	...	...	...	10	...	...
	795	72	9·05	384	48	12·5	1154	128	11·09	761	129	16·95	1381	273	19·7



TABLE No. V.

*Comparison of Parochial and Non-Parochial Cases as to Stimulation.*

AGE.	PAROCHIAL.					NON-PAROCHIAL.				
	Treated.	Died.	Per Cent.	Stimulated.	Per Cent.	Treated.	Died.	Per Cent.	Stimulated.	Per Cent.
0—4,.....	31	2	6.4	4	12.9	31	1	3.2	2	6.4
5—9,.....	45	...	...	1	2.2	79	...	...	8	11.2
10—14,.....	47	1	2.1	11	23.4	105	5	4.7	20	19.
15—19,.....	47	2	4.2	17	36.1	69	1	1.4	24	34.7
20—24,.....	21	...	...	6	28.5	68	8	11.7	32	47.
25—29,.....	19	...	...	6	31.5	45	6	13.3	31	68.8
30—34,.....	20	1	5.	8	40.	25	3	12.	11	44.4
35—39,.....	15	3	20.	9	60.	28	6	21.4	14	50.
40—44,.....	27	9	33.3	22	81.4	14	2	14.2	10	71.4
45—49,.....	13	5	38.4	10	77.	18	6	33.3	13	72.2
50—54,.....	6	3	50.	4	66.	11	2	18.1	10	90.
55—59,.....	4	2	50.	4	100.	3	1	33.3	2	66.6
60—64,.....	...	...	...	...	...	2	1	50.	2	100.
65—69,.....	2	2	100.	2	100.	...	...	...	...	...
70—74,.....	...	...	...	...	...	...	...	...	...	...
	297	30	10.	104	35.	498	42	8.4	179	36.

# ABSTRACT

OF

## WORKING EXPENDITURE

OF

### THE CITY OF GLASGOW FEVER HOSPITAL,

From 1st MAY, 1867, to 30th APRIL, 1868.

PAGE									
34.	Provisions,*	...	...	...	...	...	...	£611	17 5
35.	Wines and Spirits,	...	...	...	...	...	...	34	5 6
35.	Malt Liquors, ...	...	...	...	...	...	...	27	13 6
35.	Aerated Drinks,	...	...	...	...	...	...	13	7 0
36.	Household Expenses and Matron's Sundries,	...	...	...	...	...	...	55	14 6
37.	Firing, Lighting, and Cleaning,	...	...	...	...	...	...	233	17 6
38.	Medicines,	...	...	...	...	...	...	21	4 4
38.	Stationery,	...	...	...	...	...	...	12	2 10
39.	Expenses of Horse and Van :—								
	Horse Hire,	...	...	...	...	£32	2 0		
	Provender,	...	...	...	...	56	7 6		
	Miscellaneous,	...	...	...	...	7	5 8		
								95	15 2
40.	Salaries,	...	...	...	...	...	...	314	0 0
40.	Wages,	...	...	...	...	...	...	385	7 6
40.	Repairs, and Jobbing Accounts,	...	...	...	...	...	...	34	16 2
40.	Sundry Furnishings, ...	...	...	...	...	...	...	58	5 11
41.	Miscellaneous Accounts,	...	...	...	...	...	...	11	9 0
								£1,909	16 4
	Less Receipts from City Parochial Board and others,							750	0 0
	Actual Expenditure,	...	...	...	...	...	...	£1,159	16 4

\* Details will be found at the pages indicated.





# WINE AND SPIRITS.

ARTICLE.	STOCK LAST YEAR AND PURCHASED. Quantity.	Cost.	IN STOCK. Quantity.	Cost.	CONSUMED. Quantity.	Cost.
Port Wine,.....	10½ dozen,	£12 2 0	1½ dozen,	£1 6 0	9 dozen,	£10 16 0
Whisky, .....	16½ gallons,	13 1 4	½ gallons,	0 13 4	15½ gallons,	12 8 0
Brandy, .....	9½ "	11 12 0	½ "	0 12 0	9½ "	11 0 0
Claret,.....	½ dozen,	0 9 0	5 bottles,	0 7 6	1 bottle,	0 1 6
		<u>£37 4 4</u>		<u>£2 18 10</u>		<u>£34 5 6</u>

# MALT LIQUORS.

ARTICLE.	STOCK LAST YEAR AND PURCHASED. Quantity.	Cost.	IN STOCK. Quantity.	Cost.	CONSUMED. Quantity.	Cost.
Ale, .....	118 dozen,	£14 13 6	—	—	118 dozen,	£14 13 6
Porter,.....	130 "	13 0 0	—	—	130 "	13 0 0
		<u>£27 13 6</u>				<u>£27 13 6</u>

# AERATED DRINKS.

ARTICLE.	PURCHASED AND CONSUMED. Quantity.	Cost.
Lemonade,.....	25½ dozen,	£7 13 0
Soda Water,.....	24½ "	6 2 6
Carb. Loch Katrine,.....	1 "	0 5 6
		<u>£14 1 0</u>
Less Discount,.....		<u>0 14 0</u>
		<u>£13 7 0</u>



## HOUSEHOLD EXPENSES AND MATRON'S SUNDRIES.

MONTH.	BUTCHER.	GROCER.	PETTY CASH BOOK.	TOTAL.
1867.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
May, .....	2 5 6½	0 14 9	1 17 9	4 18 0½
June, .....	1 17 8½	0 13 5	2 4 9	4 15 10½
July, .....	2 2 6½	0 12 8	2 4 7	4 19 9½
August, .....	2 4 8	0 16 9	2 3 7	5 5 0
September, .....	2 5 8½	0 14 11	3 0 4	6 0 11½
October, .....	1 6 8	0 11 2½	2 4 1	4 1 11½
November, .....	2 6 10½	0 9 10	2 1 7	4 18 3½
December, .....	1 15 4	0 11 7	1 18 11	4 5 10
1868.				
January, .....	1 16 11½	0 11 6	1 19 10	4 7 5½
February, .....	1 15 2	0 8 9	1 16 11	4 0 10
March, .....	1 18 8	0 11 1	2 1 0	4 10 9
April, .....	1 10 11	0 8 8	1 10 2	3 9 9
	23 5 11	7 5 1½	25 3 6	55 14 6½

## FIRING, LIGHTING, AND CLEANING.

COAL.—Purchased and Consumed—Coal, 227 Waggon,.....	£124 17 0
" " Dross, 46 " .....	16 2 0
	<u>£140 19 0</u>
GAS.—Charge for Year,.....	49 17 6

## CLEANING.—

	IN STOCK AND PURCHASED.		IN STOCK.		CONSUMED.	
	QUANTITY.	COST.	QUANTITY.	COST.	QUANTITY.	COST.
	Cwt. Qrs. Lbs.		Cwt. Qrs. Lbs.		Cwt. Qrs. Lbs.	
Soft Soap,.....	30½	£18 19 9	½	£0 6 1	29½	£18 13 8
Hard Soap,....	3 1 20	5 4 8	1 0 19	1 15 9	2 1 1	3 8 11
Soda,.....	14 1 18	4 12 9	3 0 0	0 18 0	11 1 18	3 14 9
Sundries,.....	—	0 8 0	—	—	—	0 8 0
		<u>£29 5 2</u>		<u>£2 19 10</u>		<u>£26 5 4</u>

STRAW FOR HOSPITAL BEDDING.—Purchased, 388½ stones, .....

In Stock, 50 "	£18 17 4
	<u>2 1 8</u>

Consumed, 338½ stones,.....

	16 15 8
	<u>£233 17 6</u>



## MEDICINES.

Amount of Druggist's Accounts during year,.....	£25	14	1
Less for "Liebig's Extract," charged to			
Provisions,.....	£4	8	6
Less Discount on Balance,.....	1	1	1
		<u>5</u>	<u>9</u>
			7
			£20 4 6
Charged to this Item from Superintendent's Sundries			
Account—Ice, &c.,.....	£0	10	10
Cotton Wadding,.....	0	9	0
		<u>0</u>	<u>19</u>
			10
			£21 4 4

## STATIONERY.

Total for the year,.....	£12	2	10
		<u>£12</u>	<u>2</u>
			10

# EXPENSES OF HORSE AND VAN.

HORSE HIRE.—From 1st May to 30th November, 1867, at 21s. per Week,..... £32 2 0

PROVENDER.— Article.	PURCHASED AND STOCK.		IN STOCK.		CONSUMED.	
	Quantity.	Cost.	Quantity.	Cost.	Quantity.	Cost.
Hay,.....	113 cwt. 2 qrs.,	£37 3 4	..... 1 cwt.,	£0 6 6	..... 112 cwt. 2 qrs.,	£36 16 10
Oats,.....	6 bolls 3 bshs.,	8 13 9	..... 2 bushels,	0 9 0	..... 6 bolls 1 bsh.,	8 4 9
Beans,.....	3 bolls 1 bsh.,	4 6 10	..... 1 "	0 4 8	..... 3 bolls,	4 2 2
Barley,.....	3 bolls 1 bsh.,	5 3 11	..... 1 "	0 5 8	..... 3 bolls,	4 18 3
Bran,.....	6½ bags,	2 5 6	..... —	—	..... 6½ bags,	2 5 6
		<u>£57 13 4</u>		<u>£1 5 10</u>		<u>£56 7 6</u>

56 7 6 39

MISCELLANEOUS.—Tolls, Pontages, Boys for holding Horse, and Sundries entered in Vanman's Pass-Book, and charged in Superintendent's Sundries Accounts,..... £4 8 6  
 Saddler—Sundries,..... 1 3 8  
 Shoeing, Sharpening, &c.,..... 1 17 6  
 Repairs executed on Van,..... 2 18 6

Less Credited to this Account from Petty Receipts Book,..... £10 8 2  
 3 2 6  
 7 5 8  
 £95 15 2



## SALARIES.

Physician and Medical Superintendent, .....	£240	0	0
Assistant Physician—seven weeks, at £2 per week, .....	14	0	0
Matron, .....	60	0	0
	<u>£314</u>	<u>0</u>	<u>0</u>

## WAGES.

Storekeeper, .....	£65	10	8
Gatekeeper, .....	41	18	11
Vanman, .....	41	18	11
Under Porter and Barber, .....	34	15	0
Cook, .....	15	0	0
Laundry Maid, .....	12	3	0
Private Servant, .....	12	0	0
Nurses, .....	136	19	1
Scrubbers, .....	27	1	11
	<u>£387</u>	<u>7</u>	<u>6</u>
Less Credited to this Account from Petty Receipts Book, .....	2	0	0
	<u>£385</u>	<u>7</u>	<u>6</u>

## REPAIRS AND JOBBING ACCOUNTS.

Plumber, .....	£7	7	5
Glazier, .....	0	14	7
Printer—including printing Report, .....	19	15	0
Slater, .....	2	11	2
Repair of Heating Apparatus, .....	4	8	0
	<u>£34</u>	<u>16</u>	<u>2</u>

## SUNDRY FURNISHINGS.

Brushes, .....	£4	7	0
Books for Nurses and Patients, .....	2	8	2
India Rubber Sheeting, &c., .....	11	14	6
Clothing for Convalescents, .....	15	7	8
Upholsterer's Items, .....	6	7	3
Pottery, .....	4	1	9
Shroud Cloth, Washing Flannel, &c., .....	2	0	10
Ironmongery, .....	3	0	9
Cordage, .....	0	9	10
Window Blinds, .....	2	7	4
Cutlery, .....	1	16	10
Shoes for Convalescents, .....	4	4	0
	<u>£58</u>	<u>5</u>	<u>11</u>

## MISCELLANEOUS ACCOUNTS.

Interment of Nine Bodies,.....	£7 13 0	
Interment Dues at Sighthill for Scrubber,.....	0 6 0	
		£7 19 0
Advertising for Nurses, &c., .....		0 16 0
Superintendent's Sundries,.....	£7 13 4	
Deduct Charged to Horse and Van Account, £4 8s. 6d.;		
to Medicines Account, 10s. 10d.,.....	4 19 4	
		2 14 0
		£11 9 0

ACCOUNTS PROPERLY NOT CHARGEABLE TO  
ANNUAL OUTLAY.

Price of Horse,.....	£30 0 0
" Harness for do. (two Sets),.....	27 18 9
" Cart,.....	11 10 0
Rent of Ground,.....	150 0 0
	£219 8 9

CLASSIFICATION OF EXPENSES WITH REGARD TO  
PATIENTS.

DIRECT.	Food,.....				£385	15	4	
	Stimulants,.....	Wine and Spirits,.....	£34	5	6			
		Malt Liquors,.....		9	14	6		
		Aerated Drinks,.....		13	7	0		
					57	7	0	
	Medicines,.....				21	4	4	
INDIRECT.	Official,.....	Provisions,.....	£226	2	1			
		Domestic Expenses,.....		55	14	6		
		Malt Liquors,.....		17	19	0		
		Salaries,.....		314	0	0		
		Wages,.....		385	7	6		
						999	3	1
	Conveyance to Hospital,.....					95	15	2
Firing, Lighting, Cleaning, and Straw for Beds,.....					233	17	6	
Various, .....	Repairs and Jobbing,.....	£34	16	2				
	Stationery,.....		12	2	10			
	Sundry Furnishings,.....		58	5	11			
	Miscellaneous,.....		11	12	8			
					116	17	7	
					£1910	0	0	



## EXPENDITURE—GREENDYKE CHOLERA HOSPITAL.

WAGES.—Day Watchman,.....	£41	18	11	
Night     "     .....	41	18	11	
				£83 17 10
FIRING AND LIGHTING.—Coal—13 Waggon,.....	£7	4	2	
Gas,.....	10	7	10	
				17 12 0
POTTERY,.....				8 9 2
				£109 19 0

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