Report of the Committee of Management of the Fulham Hospital, for the year 1877.

Metropolitan Asylum District.

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REPORT

OF THE

COMMITTEE OF MANAGEMENT

OF THE

FULHAM HOSPITAL,

FOR THE YEAR

1877.

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1878.

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FIRST ANNUAL REPORT

OF THE

COMMITTEE OF MANAGEMENT

OF THE

FULHAM HOSPITAL,

To the 31*st December*, 1877.

The Committee for the Fulham Hospital propose to follow the course pursued by the other Hospital Committees, and to make an Annual Report at the close of each year, accompanied by such facts and statistics as may be of assistance to the Managers in the important work of dealing with epidemics. With the view of making such Reports complete, the Committee preface the present one with a brief statement of the circumstances under which the Fulham Hospital was erected.

During the severe epidemic of Smallpox, in 1871-72, when great difficulty was experienced in finding accommodation for the large number of cases brought under their care, the Managers became convinced of the advisability of securing reserve sites upon which Hospitals could be built, in order to meet similar emergencies, and they accordingly purchased from the Kensington and Westminster Sick

Asylum Board a piece of land, of about 6½ acres in extent, situated in the Seagrave Road, Fulham.

The land was enclosed, and as it was not then required, it was let to a tenant at a rent of £50 per annum—care being taken that the Managers should have a right of entry at a short notice. This arrangement continued until October, 1875, when, in consequence of a recommendation of a Select Committee of the House of Commons, appointed to consider the action of the Managers in regard to the Hospital at Hampstead, it was considered advisable to erect, in substantial materials, the Administration Offices—*i.e.*, Residential accommodation for the Staff, Stores, Kitchen, Laundry, and Engine House—of a new Hospital, leaving the Pavilions for the accommodation of the sick, to be constructed in temporary materials, as soon as the next epidemic occurred.

A similar course was pursued with some land purchased by the Managers in the Old Kent Road, Deptford. It was considered that in this manner the requirements of the whole Metropolis would be met, and that all ground of complaint on the part of the inhabitants of any particular district, that the Hospital in their neighbourhood was unduly used for the reception of infectious cases coming from other and more remote parts of London, would be removed.

On the 8th of October, 1875, the Managers appointed a Committee to carry out the foregoing recommendations, and plans were obtained for the proposed buildings. The approval of the Local Government Board was obtained on the 11th of March, 1876, and in July the Tender of Mr.

Chappell, Contractor, to erect the Administrative block at Fulham, was accepted.

In the October following, Smallpox again broke out, and it soon became apparent that the Metropolis was threatened with another epidemic of the disease.

The Contractors were urged to proceed as rapidly as possible, and to complete the work within the time named in their contracts, viz., Lady-day, 1877. The Committee lost no time in considering the subject of the accommodation to be provided for patients, and after some correspondence with the Local Government Board as to the nature of the buildings to be placed on the ground, it was decided that 10 Pavilions should be erected, 5 to be 144 feet, and the remaining 5 to be 133 feet in length, so as to keep them at least 10 yards from the adjoining property. The whole to be 24 feet wide, and 14 feet high to the wall plate, with ward kitchen, bath room, lavatory, and latrines attached. These Pavilions, which would provide for 300 cases, were to be built on concrete foundations, with brick piers in cement, slate roofs, and corrugated iron sides, with felt and match-board linings.

The consent of the Metropolitan Board of Works to recognise these buildings as *permanent* was obtained, and contracts were entered into for the erection of 4 Pavilions on the 4th December, 1876, and for the remaining 6 Pavilions on the 2nd January, 1877.

The epidemic continuing to advance, pressure was put on the Contractors to push forward with all the works; arrangements were made for the supply of the requisite furniture,

clothing, &c; Dr. Fox, the Rev. R. A. Westhorpe, and Mr. T. Arrowsmith were appointed respectively as Medical Superintendent, Chaplain, and Steward; a staff of nurses and servants were engaged; contracts for supplies were entered into, and other preliminary steps for opening the Hospital were taken.

As it appeared that male cases preponderated, and as the other Hospital Committees were willing to receive a larger proportion of females than usual, it was decided that five of the Pavilions, which the Contractor had promised to complete by the 15th of February, should be appropriated to male cases, and that until female patients were received, the whole of the Hospital work should be performed by male attendants.

On the 12th of February the Hospital was inspected by the Managers, and on the 16th of March three of the Pavilions were opened, and as the others were finished, they were furnished and occupied.

By the 5th of May the Administrative buildings, the ten Pavilions, the Reception Rooms, and the Mortuary had been completed, and the grounds on one side of the Hospital, laid out and partially planted.

Instructions were given to the Architect to prepare plans for a Porter's Lodge, a Waiting Room, and an Ambulance Shed, which, for the sake of convenience, had been omitted in the original works.

During April and part of May, male patients only were admitted, but in the latter month, with the view of relieving

the pressure at the other Hospitals, the Committee made arrangements for the admission of female cases. For this purpose a request was made to the Homerton Committee that some of the nurses and ward servants belonging to the Fever Hospital, then in process of disinfection, should be temporarily attached to Fulham for duty in the wards. They performed their duty thoroughly well, and did credit to the training they had received. Your Committee beg to express their thanks for the ready response made to their request.

On the subsidence of the epidemic in July, several of the attendants were discharged, and during the following months further reductions were made in the Staff concurrently with the diminished number of Patients. On the 12th of October the Managers decided, on the recommendation of the General Purposes Committee, that no more acute cases should be admitted into the Hospital after that date; and as Dr. Fox desired to return to private practice, his appointment as Medical Superintendent was terminated. The Committee take this opportunity of stating that he discharged all his duties most efficiently, and to their entire satisfaction. His Report is appended, and shows that a total of 629 patients were received. Of these, 303 were convalescents from other Hospitals, 320 were acute cases, and 7 were suffering from diseases other than Smallpox. Of the acute cases, 47 died, being a mortality of 14·72 per cent., a rate lower than at any other Hospital of the Board, and which may probably be attributed to the fact that the patients came from healthier localities than the majority of those admitted into other Hospitals, and that the disease was consequently of a less virulent type.

Notwithstanding the unprecedently short period within which the Hospital was erected, the hurried manner in which it was found necessary to open it, in order to enable the Managers to keep pace with the epidemic, and the difficulties inseparable from the management under such circumstances, the Committee are pleased to be able to state that, owing to the energy and ability displayed by all the Officers and attendants, as well as by the good conduct of the patients themselves, all obstacles to the efficient treatment of the disease were overcome.

Although no acute cases have been received since the 12th of October, the Hospital has never been closed, as it was found necessary during November and December to admit convalescents from the Stockwell Hospital, in order to relieve the pressure upon that Institution. Altogether, 60 of such cases have been received, and at the close of the year, 15 remained under the care of Mr. Makuna, the Assistant Medical Officer.

Regulations of a strict character have been adopted for reducing to a minimum the risks attached to the visiting of patients by their friends, and all the nurses and servants coming into contact with the patients, are required to change their clothing and use free ablution before going out upon their ordinary leave.

The daily cost for the maintenance and clothing of patients was 1s. 1d. per head up to Lady-day, and 1s. 5d. per head for the half-year ending at Michaelmas. The Hospital has been assessed at £960 gross, and at £800 net annual rateable value.

Several important questions arise from the Report of the Medical Superintendent, and are well worthy of the serious consideration of the Managers. The most prominent appear to be:—(1.) A more efficient performance of vaccination during infancy, revaccination at or about puberty, and a house to house visitation in suspected localities, at the outbreak of and during an epidemic. (2.) The provision of Hospital accommodation for non-pauper patients, and the speedy removal to a Hospital, of all cases that cannot be effectively isolated at their own homes. (3.) More perfect arrangements for the conveyance of the sick from their own homes to the Hospitals, and (4.) The registration of all cases of contagious and infectious disease, not necessarily for removal, but in order that the Public Health Officers may be able to adopt, at an early period, preventative means for checking the spread of such diseases.

Your Committee firmly believe that until such or similar measures are made compulsory, and a uniform system adopted for carrying them out in all parts of the Metropolis, no real progress can be made in combating the outbreaks of Small-pox, or other epidemic diseases, as they arise.

(Signed) J. A. BOSTOCK,
Chairman.

REPORT

OF THE

MEDICAL SUPERINTENDENT

OF THE

FULHAM HOSPITAL.

To the Committee of the Fulham Hospital.

1st November, 1877.

Gentlemen,

I have to report that from the opening of the Hospital for the admission of Patients suffering from Small-pox, on March 10th, 1877, to its closure to the reception of such cases, on October 12th, 1877, 629 Patients were admitted. Of these, 303 were Convalescents transferred from other Hospitals of the Board, viz., 77 from Stockwell, 35 from the Homerton Fever Hospital, and 191 from the Homerton Smallpox Hospital. The remaining 326 cases were received directly from the neighbouring Parishes, as set forth in Table I, and with these only I propose to deal in this Report.

* TABLE I.

Parish or Union.	Under 6 Years of Age.		Over 6 Years of Age.		Total.	
	Unvaccinated.	Vaccinated.	Unvaccinated.	Vaccinated.	Unvaccinated.	Vaccinated.
Chelsea	2	3	5	70	7	73
Fulham	4	4	9	22	13	26
Kensington	7	5	27	99	34	104
Westminster	...	...	1	10	1	10
Wandsworth and Clapham	...	...	6	37	6	37
Paddington	...	...	1	1	1	1
St. George's Union	...	...	...	1	...	1
	13	12	49	240	62	252
	25		289		†314	

* In explanation of Table I, it is necessary to say that the last Vaccination Act was passed in 1871, *i.e.*, six years ago. I believe a far less proportion of the cases of Smallpox occurring in Fulham Union were sent in than from Kensington and Chelsea, and it was arranged that Males under 6 and Females from Wandsworth and Clapham should go to Stockwell.

† In addition to this number 3 Patients were received who had been inoculated in infancy, and 2 children, aged 5 and 6 years respectively, from Chelsea, who had been vaccinated only a few days before admission, and 7 miscellaneous cases, making 326 in all.

Since the Hospital received Patients only during the later months of the epidemic, and as, from unavoidale peculiarities of organisation on first opening, Male Patients only (and those above 6 years of age) were admitted for some time, and since the numbers to be dealt with are very small, it cannot be expected that the results arrived at in the appended tables should approximate very closely to what I may call the standard conclusions existent. However, the main facts connected with the subject of the protection afforded by vaccination against Smallpox, are sufficiently well borne out and striking, and remembering that it is the constant dropping of the water that wears away the stone, I hope these results may do their little service. I wish here to draw attention to the mode of compilation of the tables and other differences in the reports from the various Hospitals of the Board. A reference to them will show that the tables all differ more or less in construction, and in the value assigned to evidences of vaccination; so that the results arrived at are quite unsuitable for comparison. I would suggest that a series of the best possible form of tables be framed and adopted throughout the Board Hospitals, and any further tables deemed desirable by the several framers of the reports could, of course, be added at their discretion.

Diseases other than Smallpox admitted.

Of the 326 Patients admitted, 319 were suffering from Smallpox, and 7 from other diseases, viz,: from Rothëln 1, Roseola 2, Pustular Scabies 1, Syphilitic Acne 1, Syphilitic Erythema 1, Ascarides with Purpura 1. Of these latter, 6 were successfully vaccinated or re-vaccinated on admission, and, although placed in the acute ward,* did not contract

* There are no special wards for isolating doubtful or other cases that it is undesirable to send away at once.

Smallpox; in the case of the seventh, unsuccessful attempts (probably owing to high Syphilitic Fever) were made at re-vaccination, and the eruption of modified discrete Smallpox appeared on the fourteenth day after admission. Lest some should be disposed to lay too much stress on the fact of these cases being sent in, I would say, that although doubtless culpable mistakes are occasionally made, yet, considering the necessity of a prompt diagnosis, and the difficulties arising from the nature and history of the case, bad light, and pressure of work, the percentage of such errors is very small indeed.

The Patient admitted suffering from Ascarides was a somewhat interesting case. She was an unvaccinated, anæmic, dusky-looking child, 11 years old; admitted late at night, crying out with severe pain in the head and back and aching of the limbs; erythematous patches and a few purpuric spots and blotches over the body; herpes of the lip; temperature 104°; tongue furred in centre, papillæ prominent at tip and edges; had vomitted before admission. She remained in much the same condition for three or four days, tossing about in bed and crying out, with great but capricious thirst and constipated bowels. Then she passed a large worm per rectum, the temperature declined, the spots faded, and under proper treatment, six more worms came away, and she rapidly convalesced.

Statistics.

Of the 320 cases of Smallpox treated (one contracted it in Hospital), 47 died, or 14.72 per cent.,* if we do not

* 16.75 per cent. amongst Males, and 11.62 per cent. amongst Females. I make no deductions for those dying within forty-eight hours after admission.

reckon an inoculated Patient, who died from Acute Rheumatism when about to be discharged.

The *unvaccinated** were 62 in number, and of these 27 died, or 43·54 per cent.; and I may add, as part of the experience gained in this Hospital, that this high death-rate only partially tells the tale of the effects of Smallpox in this class. The disfigurement, the vitiated constitution, and the greater severity and number of the complications and sequelæ, must not be forgotten.

Five Patients were admitted stated positively to have been vaccinated,† but showing no evidence; none of them died, although all were very severe confluent cases. Three men, aged respectively 77, 51, and 50 years, were admitted, who said, probably correctly, they had been *inoculated* in infancy; they all suffered from discrete Smallpox, and 2 died, but 1 from an acute attack of rheumatism supervening on the chronic condition. The remaining 250 cases showed some evidence of vaccination, good, bad, or indifferent, and 19 died, or 7·6 per cent.

In Table II I have taken notice both of the *number of cicatrices* and the *quality*. Precision on the latter point in such a table is not always possible, owing to the many shades of quality met with where two or more cicatrices exist on the same arm.

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* It is necessary to explain that this class is constituted of all adults showing no marks and confessedly unvaccinated, and of children who showed no kind of cicatrix whatever. The few adults who stated positively that they had been vaccinated, but showed no evidence, are classed with the vaccinated.

† There is some room for doubt in a certain number of these cases whether a bad cicatrix may not have become obliterated in course of time, and it is even held by some that a person may be protected, though not marked, in very exceptional cases.

TABLE II.

Patients admitted with Smallpox.	No. of Patients.	Character of Cicatrices.	Cases.	Died.	Rate per Cent. of Mortality.	Average duration of stay in Hospital of Patients discharged recovered.
Unvaccinated	62	...	62	27	43·54	46·25 days.
Stated to be Vaccinated, no Cicatrices	5	...	5	0	...	
Having 1 Vaccine Cicatrix ...	56	good	16	2	12·5 } 16·07	29·25 „
		indifferent ...	40	7	17·5 }	32·25 „
„ 2 „ Cicatrices ...	77	good	23	0	— } 7·79	27·0 „
		indifferent ...	54	6	11·1 }	30·75 „
„ 3 „ „ ...	66	good	19	1	5·26 } 6·06	28·50 „
		indifferent ...	47	3	6·38 }	28·75 „
„ 4 „ „ ...	35	good	6	0	} no mortality	26·50 „
		indifferent ...	29	0	}	27·50 „
„ 5 or more Vaccine Cicatrices	16	...	16	0	no mortality	22·50 „
Inoculated	3	...	3	1	(superadded disease 1)	
	320	...	320	47	14·72	31·25 „

Although dealing with such limited numbers, the results arrived at are very striking. It is necessary to remember, gentlemen, that for a person to be considered well vaccinated, he must show at least *four* vaccination marks; and further, each of these marks must possess a certain quality known to medical men as good. Bearing that in mind, you will observe the following points. Firstly, *not a single Patient died out of* 51 *admitted who had four or more marks, of whatever quality they were;* further, they were all mild cases, and, with one or two exceptions, all above puberty, *i.e.*, the effect of vaccination was wearing out. Secondly, whereas the *unvaccinated* died at the rate of 43·54 per cent., the *vaccinated* (and many had the merest apology for vaccination marks) died at the rate of 7·6 per cent. Thirdly, that *as the number of marks increase, especially if they be of good quality, so the protection increases*, as shown both by lessened percentage of deaths and number of admissions. Only 1 Patient died, even amongst those possessing two or three *good* marks, and that man by reason of a lung complication called Pleurisy. Lastly, to give some idea of the relative severity of the disease in the different classes, I have added a column in the table showing the average duration of stay in Hospital. What more convincing proof of the protection afforded by vaccination against Smallpox could you have than this?

TABLE III.

*Ages.	Vaccinated.		Unvaccinated.		Mortality per Cent.	
	Admitted.	Died.	Admitted.	Died.	Vaccinated.	Unvaccinated.
Under 5 Years	11	1	11	6	9·09	54·54
From 5 to 10 Years	21	1	15	7	4·76	46·66
„ 10 „ 15 „	34	0	12	0	no mortality.	
„ 15 „ 20 „	52	1	8	4	1·92	50·00
„ 20 „ 25 „	48	7	4	1	14·58	25·00
„ 25 „ 30 „	34	5	3	1	14·70	33·33
„ 30 „ 35 „	21	1	1	1	4·76	100·00
„ 35 „ 40 „	13	1	1	1	7·69	100·00
„ 40 „ 45 „	8	1	6	6	12·50	100·00
„ 45 „ 50 „	3	0	1	0	...	...
„ 50 „ 55 „	3	1	...	...	...	...
„ 55 „ 60 „	2	0	...	...	...	...
„ 60 „ 65 „	1	0	...	...	...	...
„ 65 „ 70 „	1	0	...	...	...	...
Totals	252	19	62	27	7·60	43·54

* No Child under 9 Months admitted.

Table III shows that *the excessive mortality amongst the unvaccinated is not limited to any particular age*, though most marked in the periods of infancy and past the prime of life. The second point illustrated is *the necessity that re-vaccination should be carried out at puberty*. It will be noticed that the great majority of admissions amongst the vaccinated are between the ages of 10 and 30, and especially between 15 and 25. The explanation is, that those who have been vaccinated indifferently begin to get susceptible to Smallpox about 10 years old, and the number so susceptible swells, by the addition of those who have been fairly well vaccinated, as puberty is reached and left behind; and even with the best vaccinated the effect wears out, as a rule, after a time.

So too with the mortality; up to 20 years of age Small-pox in the vaccinated is a comparatively mild disease, and as a rule only kills Infants and the delicate. There were only 3 deaths amongst 118 Patients; whilst between 20 and 30 years of age it becomes a much more serious matter, as seen by 12 deaths occurring amongst 82 Patients. Why the admissions decrease so rapidly after 35 years of age is not at once clear. Probably because the class is a comparatively small one, and prior epidemics have found many of them out. The point is then *that for complete immunity from the Smallpox amongst those who have never had the disease re-vaccination at or about puberty is necessary*. And this is further borne out by two classes of facts: Firstly, out of 44 persons engaged on the Staff of the Hospital, all of whom had been re-vaccinated before commencing their duties (for I am drawing arguments only from the experience gained here), and putting aside those who had suffered from Smallpox or

been engaged in other Hospitals of the Board, only 1 contracted the disease, and that in the mildest imaginable form, and it is only right to say that I did not re-vaccinate the young man, but thinking he was well protected, took his somewhat doubtful word for the matter. Secondly, amongst all the cases admitted, in but 3 had the operation for re-vaccination been performed; in two confessedly unsuccessfully at the age of 15 and 11 respectively, in the third apparently successfully only five months previous.

Operation of Vaccination Act of 1871, *and Unvaccinated Cases.*

By reference to Table I., it will be seen that since the Act of 1871, but few children escape vaccination, still a certain number (varying in different Parishes) do, and how? Apparently in three ways mainly: in part by prolonged ill health, in part after two or more unsuccessful attempts at vaccination, and in part, and to a greater extent, owing to the devices of anti-vaccinationist parents, who resort to constant change of residence within their Parish, or into another Parish, &c., &c., to elude the Officer. But beyond these who have escaped the Act of 1871 there are a large number of the population (see Tables I. and III.) who are still unvaccinated, and contribute so greatly to the mortality from Smallpox, the worst feature being that so many of these are the supports of families. You will remember that I reported to you the large number of unvaccinated cases admitted from Kensington; and in consequence of your representations, a house to house visitation was made in the north of the Parish, "resulting in a discovery of 290 unvaccinated children born in all parts of the Kingdom, and some on the

Continent," and an additional 49 in schools, making 339 in all. However commendable this action of the Parish, because so exceptional (and there are Parishes with a larger proportion of unvaccinated cases than Kensington in all probability), would it not be wise to deal with all these cases, by setting in motion some machinery more constant than a spasmodic effort at the tail of an epidemic?

There is no good material here on which to discuss whether vaccination is of late more thoroughly performed than formerly. But this is certain from the tables, that it is still most inefficiently done in a very great number of cases.

Occupations of Patients.

There is not much to notice about the occupations of the Patients admitted. I here subjoin a condensed statement, though I do not attach much importance to it. However, it will serve to illustrate some remarks further on concerning the condition of life of those sent in :—

General Labourers, 52.
Skilled Labourers, 35.
Servants (mostly Females), 42.
Wearing Apparel Makers, 13 (Bootmakers 4, Tailors 3, Dressmakers 6).
Working in Laundries, 8 (Ironers 4, Washerwomen 4).
Serving in Public Houses, 7.
Serving in Shops, 12.
Remaining are Housewives, Infants, Schoolchildren, &c., &c.

The numerous Female Servants seem to contract the disease partly by visiting their friends in infected districts, and partly from shops. It is very instructive that in these cases the disease rarely spreads to the other members of the household, because of their superior vaccination, their immediate re-vaccination, and the removal of the diseased Servant. Inebriates and persons with pre-existing disease, such as Syphilis, are bad subjects, though the very worst forms of the disease are not rarely seen in strong healthy adults. It is noticeable that three Plumbers, aged 26, 29, and 37 years, with two, three, and one indifferent marks respectively all died with a very bad type of the disease.

Spread of Disease by Hospital.

Numerous workmen have been employed on the buildings in the immediate vicinity of the Hospital, and on the premises. Only two or three cases of Smallpox amongst them have come to my knowledge; in one there was a strong probability that the disease was contracted on the premises; in the other instances the disease was clearly traced to infection outside the Hospital. None of the dustmen, undertakers, or purveyors caught Smallpox.

A theory was started that the wave of epidemic in West Brompton was due either to the infected air of this Hospital blowing over the district or to infection conveyed by clothing of the Staff. However, Dr. Dudfield set his heel on the idea in his report to the Kensington Vestry, in September, and Dr. Collier (the Medical Officer of Health for Fulham) stated that he had no reason to think that the disease had spread

from the Hospital. The fact is, that very slight inquiry would show that the disease originated and spread itself in an exceedingly commonplace and very intelligible manner. I may mention that no one engaged on attendance on the sick was allowed to go out on leave without having first changed his clothes.

Some attention has been lately excited by a letter in the *Times* on the spread of the epidemic by relatives visiting their friends in Hospital. There was a strong probability that a young man contracted the disease in this Hospital by visiting a dying relative. You cannot prevent a man coming to see his dying wife, and the only thing is to cut down the visiting to a minimum, and see that, as far as possible, the visitor is properly vaccinated, that the visit is limited in duration, and that all contact with the Patient and the bedding is avoided.

Work in the Wards.

I saw three interesting cases of concurrent Cowpox and Smallpox in Hospital, and I here detail them :—

M. B., ætat. 41, with three moderately good marks done in infancy, exposed to infection from about September 20th, successfully re-vaccinated on September 27th; very sparse eruption of Variola appeared on October 6th, 1877.

M. C., ætat. 6 years, unvaccinated; a child died from Smallpox in the house on May 21st; successfully vaccinated on May 21st; child admitted with pustular discrete Variola on the 31st May.

H. V., ætat. 5 years, unvaccinated, successfully vaccinated on May 7th; eruption of Variola discreta appeared on May 15th.

It is very common for Patients and their relatives to say they have been afflicted with Smallpox previously. No case was admitted to my knowledge of Smallpox attacking a subject for the second time.

A word on "Hæmorrhagic Smallpox." I saw two classes of cases, though connected by many gradations. In the first class the eruption is almost entirely suppressed; there is a considerable amount of blood voided by the nose, mouth, rectum, urethra, or beneath the skin and conjunctiva; aspect dusky; delirium not marked as a rule; much restlessness; pulse bounding and rapid; very rarely surviving beyond the third to fifth day of appearance of eruption, and always certainly dying. The second class is a much more extensive one, and includes almost all shades of marked malignancy. The eruption generally does not develop well or completely; odour offensive; more or less subconjunctival suffusion, epistaxis, buccal hæmorrhage or menorrhagia, and petechiæ, or more or less extensive blotches and patches beneath the skin, or hæmorrhage into the eruption. There may be a certain proportion of recoveries, and fatal cases do not die before the fifth day after appearance of eruption. I saw only three of the first kind, but many of the second, and I make these remarks to reconcile the statements of medical men as to the numbers of "hæmorrhagic" cases seen; for whilst some include all these cases in the term, others only a part or, perhaps, only the first class. Such cases are seen

in greater proportion amongst the unvaccinated, and rarely amongst children.

Four cases of Erysipelas occurred in the Hospital, and are of interest, as arising in large, new, well-ventilated wards, where no suspicion of overcrowding could be entertained, and where no bad cases existed. They all occurred in different wards, after long intervals; in two cases in Convalescents, a fortnight after their transfer here from other Hospitals; in the other two cases, where rapidly-healing wounds existed in persons convalescing from very severe attacks of Confluent Smallpox.

Hospital Accommodation for Non-Pauper Cases.

Before concluding this Report, I will add a few words on the measures adopted to meet epidemics of Smallpox in London. Doubtless an immense stride was made when the Metropolitan Asylums Boards were empowered to provide accommodation for the *destitute* class; but to combat the disease efficiently, or with reasonable prospect of success, two things are necessary, viz., further steps in the direction of accommodation, and some co-operation on the part of the Parishes. The time has arrived when Hospital accommodation must be afforded to other classes than the destitute; indeed the barrier is already broken down, for numerous non-destitute Patients are even now sent in by certain of the Parishes, although, of course, they have to be subjected to the hardship of being pauperised on admission. Looking beyond the destitute, it is the enormous class just above, who practically become Paupers when illness, possibly through no fault of their own, affects them, that require these means of isola-

tion for the safety of the community. And again, it is needed for the class of minor tradespeople (for small shops and public-houses are, in my experience, eminently centres of infection) and others, who, although in decent circumstances, cannot, from the nature of their employment or the premises they occupy, *effectively* isolate the disease.

It would be interesting to know to what extent, though a rough guess may be made from the Registrar-General's Weekly Return, the admissions into the Board Hospitals during the recent epidemic represent the number of cases of Smallpox occurring in the Metropolis, what proportion were sent into Highgate Hospital, and what the position in life and means of real isolation of those treated at home. If, then, it is granted that it is desirable to afford isolation to a certain proportion of non-Pauper Patients, it follows that accommodation fitting to their several social grades be provided. So arise these important questions: Are the existing Hospitals to be utilised for all classes? Are the Parishes to multiply Infectious Diseases Hospitals *ad infinitum?* Or are things to remain as they are at present, incompletely constituted?

Compulsory Removal.

In the next place comes the difficult subject of the compulsory removal to a Hospital. I do not discuss to what length this should be carried, but it must be manifest to all that the present powers are far too limited and unreal. No doubt there is much seeming hardship in compulsory removal, but, given the existence of such an evil as Smallpox, stringent measures must be adopted, and such are indeed the

most humane to the family immediately concerned, whilst most conducive to the protection of the community at large.

Compulsory Registration of Infectious Disease.

There is one point almost universally agreed on, and without doubt forming the keystone of any future effective measures for the suppression of Smallpox. It is the compulsory notification to the Sanitary Authorities, within reasonable time, of the outbreak of infectious disease. It is all fighting in the dark without this. Compare the stringent regulations with regard to infectious cattle diseases, *e.g.*, glanders, and the measures for dealing with infectious diseases affecting man.

I will simply illustrate the matter by two cases, amongst numerous others, which came under my notice. For instance, in a house in North Kensington, occupied by twenty-two persons, a child contracted Smallpox in June; no Medical man was called in, and the existence of the disease was deliberately concealed by the father, even from the other inmates of the house, for about a fortnight. Someone, observing blankets covered with scabs exposed on a wall, communicated anonymously with the authorities; the latter, however, found it not a case in which removal could be compelled. The upshot of the matter was that twelve other inmates of the house were attacked successively, and eleven removed to Fulham Hospital; and further, five persons in two houses immediately at the back, in consequence probably of the exposure of the blankets. The Medical Officer of Health was advised that this exposure was not an offence within the 38th Section of the Sanitary Act of 1866.

A second case was that in Rectory Lane, Walham Green, Fulham, in September. In this street an outbreak of fourteen cases occurred, and the Medical Officer of Health reported that he attributed it to the fact that he was not informed of the existence of the disease for a fortnight after the commencement of the outbreak. The houses were occupied (with the exception of a beerhouse) by the artisan class. One Child was admitted at Fulham, and I believe seven at Highgate.

I could multiply these illustrations to a large extent.

Re-vaccination.

And should a case come early to the notice of the authorities, the Patient be as promptly removed, and the premises disinfected, what further steps are taken to protect the household and neighbourhood by vaccination and re-vaccination; only some few practitioners carry out immediate re-vaccination, and, as I have repeatedly seen, with the happiest results. In the majority of cases nothing of the sort is done, and so we admit in wearisome succession case after case from the same house, the same street, and the same neighbourhood. The epidemic pursues its way unchecked, and Smallpox ever finds easy victims to attack. Dr. Seaton's remarks on this head cannot be too often repeated, or too deeply engraven on the minds of Parish authorities. "Those who are past or approaching puberty should, except such as have already since puberty been successfully re-vaccinated, be re-vaccinated at once; *and those under puberty who have two or more thoroughly characteristic marks should not be meddled with;* the children whose marks are not thoroughly good, or

who have but a single good mark, should be re-vaccinated. In a crowded court this course should not be limited to the house in which the Smallpox appeared, but extended to each house. If, on the outbreak of an Epidemic of Smallpox, this plan were uniformly adopted, together, of course, with the immediate vaccination of all who in the house or court were found unvaccinated, there can be little doubt the Epidemic might be cut short, and very certainly indeed the occurrence of fatal or severe cases of Smallpox would be all but entirely prevented."

In conclusion, Gentlemen, I beg to offer you my congratulations on the marked success with which the Hospital was worked under many difficulties and exceptional circumstances.

I have the honour to be,

GENTLEMEN,

Your obedient Servant,

(Signed) THOMAS C. FOX, M.B. (LOND.),

Medical Superintendent.

FULHAM HOSPITAL.

Scale of Officers' Salaries.

Office.	Salary.	Rate of Increase per Annum.	Other Advantages.
Makuna, M.D., Medical Superint....	£25 per month	.....	Furnished Apartments, Rations, and Washing.
Westhorpe, Rev. R. A., Chaplain...	12 „	.....	Nil.
Bytheway, H., Matron	9 „	.....	Do. do. do.
Arrowsmith, T., Steward	12 „	.....	
Assistant Medical Officer	15 „	.....	
Steward's Clerk	72 per ann.	.....	Board.
Engineer	42s. per week	.....	Nil.
Stoker	30s. „	Nil.	Nil.
Gate Porter (Day)	23s. „	1s. per week to 28s.	Lodging and Uniform.
„ (Night)	21s. „	1s. „ 25s.	Uniform.
Gardener	30s. „	Nil.	Nil.
Porters (General)	15s. „	1s. „ 17s.	Board, Lodging, and Washing.
Porter (Stores)	£42 per ann.	£2 per ann. to £48	
Superintendent Night Nurse ...	38 „	£2 to £48 ...	Board, Lodging, Washing, and Uniform.
Head Nurses	38 „	2 „ 48 ...	
Nurses	28 „	2 „ 34 ...	
Assistant Nurses	20 „	1 „ 26 ...	
Ward Servants	18 „	1 „ 22 ...	
Head Laundry Maid	36 „	2 „ 40 ...	
Head Laundry Man	72 „	.....	
Laundry Men	42 „	.....	
Laundry Women	20 „	£2 to £24 ...	
Cook (Male)	78 „	.....	
Assistant Cook	48 „	.....	
Mess Room Woman	18 „	£1 to £22 ...	
House Maids	18 „	1 to 22 ...	

FEVER AND SMALLPOX HOSPITALS.

Rules Regulating the Visiting of Patients.

I. The Visiting of Patients in these Hospitals is limited to the nearest relatives and intimate friends of Patients dangerously ill. One Visitor will be allowed daily to each of such Patients. Such visits can only be made with the permission of the Medical Superintendent, and will be limited in duration to a quarter of an hour—except in very urgent cases, when two Visitors will be allowed and the duration of the visits may be extended.

II. Notice will be sent to the nearest known relatives or intimate friends of Patients dangerously ill, with an intimation that they may be visited. Such notice will be accompanied by a copy of the regulations under which visits can be made.

III. A list of Patients dangerously ill will be sent daily at one o'clock by the Medical Superintendent to the Gate Porter, to enable him to answer inquiries.

IV. Visitors are warned that they run great risk in entering the Hospitals. No one should attempt to enter the Wards of the Smallpox Hospital without having been previously properly re-vaccinated, and if he lives in the house where Smallpox has occurred, he is urged to apply at once to the Public Vaccinator (whose address can be obtained from any of the Parish Officers) in order that the remainder of the occupiers of such house may be vaccinated.

V. Visitors are advised—

(*a*) Not to enter any of the Wards when in a weak state of health, or in an exhausted condition.

(*b*) To partake of food before entering the Hospitals.

(*c*) To avoid touching the Patient, or exposing themselves to his breath, or to the emanations from his skin.

(*d*) To sit on a chair at the bedside, at some little distance from the Patient, and not to handle the bedclothes.

VI. Visitors will be required to wear a wrapper (which will be provided at the Hospital) to cover their dress when in the Wards, and to wash their hands and face with carbolic soap and water before leaving the Hospital, or to use some other mode of disinfection, at the discretion of the Medical Superintendent.

VII. Visitors are **strongly urged** not to enter any omnibus, tramway, or other public conveyance, immediately after leaving the Hospitals.

By Order of the Managers.

15*th December*, 1877.