Report of the City of Glasgow Fever and Smallpox Hospitals : 1897.

REPORT

OF THE

CITY OF GLASGOW

FEVER AND SMALLPOX HOSPITALS

FOR THE

Year ending 31st May, 1897.

BY

ALEX. JOHNSTON, M.D., D.P.H.,

PHYSICIAN-SUPERINTENDENT.

ALSO,

A.—REPORT ON CASES TREATED IN SMALLPOX HOSPITAL, BY R. S. THOMSON, M.D., VISITING PHYSICIAN.

B.—SUMMARY OF HOSPITAL STATISTICS, AND OF COST OF TREATMENT SINCE 1883, BY THE SENIOR MEDICAL OFFICER OF HEALTH.

C.—LIST OF PAPERS PUBLISHED BY STAFF DURING YEAR.

Submitted to the Committee on Health, 6th December, 1897, and ordered to be printed.

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MEMBERS OF SUB-COMMITTEE ON HOSPITALS, 1896-97.

The Lord Provost.
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James Steele, *Convener*.

Three a Quorum.

Meets every alternate Monday at 1.15 p.m.

STAFF.

Physician and Superintendent.

Alex. Johnston, M.D., D.P.H.

Assistant Physicians (as on 31st May, 1897).

Belvidere Fever Hospital—

E. L. Marsh, M.B.
W. E. MacHarg, M.B.
W. A. Mackay, M.B.
R. S. Frew, M.B.

C. S. Marshall, M.B.

Kennedy Street Hospital—

J. Brownlee, M.A., M.B.
J. G. M'Coll, L.R.C.P. & S. (Edin.).

Visiting Physician to Smallpox Hospital.

R. S. Thomson, M.D., B.Sc.

Matron—Mrs. Sinclair.
House Steward—Charles M'Andrew.
Registrar and Clerk of Works—James Wilson.

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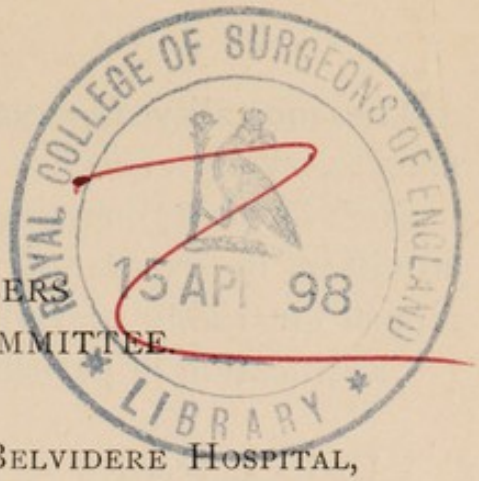

To the Chairman and Members
of the Health Committee.

Belvidere Hospital,
Glasgow, *1st November, 1897.*

Gentlemen,

During the year ending 31st May, 1897, there were admitted into the City of Glasgow Fever and Smallpox Hospitals 4,861 cases, a number slightly in excess of the average (4,812) for the three previous years, when the numbers were respectively:—

Year.	Number.
1893-94,	= 4,850
1894-95,	= 4,981
1895-96,	= 4,606

The general mortality for the past year was 10·2 per cent. —calculated, as usual, on completed cases—this being a slight increase on the average (9·4 per cent.) for the preceding three years, when the rates were:—

Year.	Mortality.
1893-94,	= 10·9 per cent.
1894-95,	= 7·8 „
1895-96,	= 9·6 „

The 4,861 cases admitted were made up as follows:—

Classified Infectious Diseases,	= 4,568
Unclassified „	= 42
Non-infectious Diseases,	= 143
Nursing Mothers,	= 108
	4,861

Of the total cases, 2,335 were males, forming 48 per cent., and 2,526 females, equal to 52 per cent.

The mortality for males was 10·7 per cent., and for females 9·7 per cent.

Such is the general rule that, while female cases are admitted in excess of males, the higher mortality rate almost invariably prevails among the males.

Classification of patients according to age shows :—

Under 10 years,	- -	=	3,382, or 69·5 per cent.
Between 10 and 25 years,	-	=	1,132, or 23·2 ,,
Over 25 years,	- - -	=	347, or 7·1 ,,

These proportions are fairly constant in the Hospitals from year to year.

The daily average of patients under treatment in the Hospitals, and the average duration of their residence, is shown as under :—

Year.	Daily Average.	Average Stay.
1893-94, - -	624 cases, - -	41·2 days.
1894-95, - -	644 ,, - -	42·9 ,,
1895-96, - -	651 ,, - -	46·5 ,,
1896-97, - -	627 ,, - -	41·9 ,,

Both show a reduction on the figures for the two previous years, but are practically identical with those of three years ago.

In my Report for 1895-96 I pointed out that the increases were to be attributed to the unusually large number of cases of Enteric Fever which were then under treatment—Enteric Fever requiring prolonged care and attention.

In the present Report it will be noticed that the chief feature of the year's admissions has been the relative preponderance of Measles.

As cases of Measles require a much shorter residence in Hospital than Enteric Fever, the diminished daily average and average stay are thus quite compatible with an increase in the total of admissions.

The admissions for the past three years are shown for comparison as under :—

	1894-95.	1895-96.	1896-97.
Scarlet Fever, - - -	2,729	2,488	1,956
Diphtheria, - - -	241	169	180
Enteric Fever, - -	356	670	545
Typhus Fever, - -	46	60	13
Smallpox, - - -	209	36	2
Chickenpox, - - -	30	37	29
Measles, - - -	819	390	1,442
Whooping-cough, . -	204	461	348
Erysipelas, - - -	111	69	53
Unclassified { Infectious, -	24	21	42
Unclassified { Non-infectious,	91	129	143
Nursing Mothers, - -	121	76	108
Total, - -	4,981	4,606	4,861

Scarlet Fever has not been very prevalent, and has, in fact, been a diminishing quantity annually since the year 1892-93.

It is, however, of more interest to note that the mortality from that disease has been steadily, though slowly, falling—last year's mortality rate of 4·5 per cent. being the lowest on record in the history of the City of Glasgow Fever Hospitals.

Following, by analogy, the treatment of Diphtheria by a prepared anti-toxin serum an attempt has been made, on a semi-scientific basis, to treat cases of Scarlatina Anginosa by means of a therapeutic serum. The severe throat lesion in this type of Scarlatina constitutes practically the disease itself, and is possibly due to the growth and development of streptococci, which can be isolated in great numbers from the fauces of many patients suffering from Scarlatina Aginosa.

An anti-streptococcus serum, prepared from the growth of this special micro-organism, has been introduced into medical practice, and has been receiving a careful trial in the Hospitals. Very little can as yet be said as to its value,

but certainly nothing startling has happened to make one believe that the new serum is of great value.

Measles.—The outstanding feature of last year's admissions compared with previous years is the great increase of cases of Measles.

Measles is usually a disease of the spring and early summer, but last year the epidemic was a winter one—the cases coming into Hospital between November, 1896, and March, 1897.

The rate of mortality, 11·3 per cent., is undoubtedly high, and is largely to be accounted for by greater liability to complications which occurs in the winter months. While the rate of mortality from Scarlet Fever has been steadily diminishing, that of Measles has, unfortunately, been almost stationary, and, by way of drawing attention to the really serious nature of the latter disease, I have made out the following table of rates as observed in Hospital for some years past:—

MORTALITY RATE.

Year.	Scarlet Fever.	Measles.
1888-89, - - -	7·3 per cent.	9·8 per cent.
1889-90, - - -	6·5 ,,	10·8 ,,
1890-91, - - -	5·9 ,,	10·3 ,,
1891-92, - - -	5·9 ,,	12·2 ,,
1892-93, - - -	6·4 ,,	8·7 ,,
1893-94, - - -	6·6 ,,	8·6 ,,
1894-95, - - -	4·9 ,,	7·2 ,,
1895-96, - - -	5·5 ,,	7·9 ,,
1896-97, - - -	4·5 ,,	11·3 ,,

Typhus Fever and *Smallpox* have been almost in abeyance during the past year—13 cases of the former and only 2 of the latter disease.

The 13 cases of Typhus Fever admitted during the year is the smallest number since the opening of Belvidere Hospital in 1870; the previous smallest annual total having been 37 cases admitted during the year 1892-93.

Diphtheria.—During the year, out of a total of 242 cases sent to Hospital certified as suffering from Diphtheria, 180,

or 74·3 per cent., were found to be affected with that disease. The remaining 62 cases (25·7 per cent.) are classified as under :—

Measles,	25
Scarlet Fever,	16
Tonsillitis,	4
Broncho-pneumonia,	3
Herpes,	2
Cervical Adenitis,	2
Enteric Fever,	1
Coryza,	1
Stomatitis,	1
Bronchitis,	1
Cervical Abscess,	1
Febricula,	1
Laryngitis,	1
Phthisis Laryngea,	1
Whooping-cough,	1
Syphilitic Sore Throat,	1
	62

Such a result shows very clearly the difficulties presented in the diagnosis of Diphtheria, which, when not conforming strictly to type, has to be diagnosed from practically only one clinical sign.

Unfortunately, the high hopes entertained of the value of the bacteriological examination have not been such as to aid greatly in the detection of clinically ill-defined cases, although a certain slight degree of importance and value must always be connected with such. The practical outcome of such difficulties in diagnosis of Diphtheria may be stated as follows :—

Diseases affecting the throat, neck, and chest, especially if the respiration be embarrassed, and if the patient be in a state of collapse, or otherwise look dangerously ill, are very liable to be mistaken for cases of Diphtheria.

Such diseases may be either of an infectious or non-infectious nature. The latter forms an unimportant group, as no harm can result from their being temporarily associated in a ward with cases of Diphtheria. In fact, so far as my experience goes, no such case has ever contracted Diphtheria by being associated with cases of Diphtheria in a Diphtheria Ward.

The infectious diseases, on the other hand, which for all practical purposes may be considered as two in number—Measles and Scarlet Fever—are a constant source of annoyance and even danger. Of course, it must be understood that in such cases the characteristic eruption of these diseases is badly developed or absent when the diagnosis of Diphtheria is given, and the faucial or laryngeal symptoms generally exaggerated.

By such mistakes the infection of Scarlet Fever is very easily conveyed into a ward and spread amongst cases suffering from Diphtheria.

The remarkably low mortality rate of the year 1895-96, when the treatment of Diphtheria by the anti-toxin serum was fully established, has, unfortunately, not been maintained.

Year.	Cases.	Died.	Mortality Rate.
1894-95, - - -	241	69	28·6 per cent.
1895-96, - - -	169	23	13·6 „
1896-97, - - -	180	38	21·1 „

Average mortality for the past three years = 20·0 per cent. While 180 cases of Diphtheria were admitted to Hospital, only 104 of these were selected for special treatment by the anti-toxin serum, the other 76 not being considered suitable, either from the exceeding mildness of the attack, or from the fact that the patient was moribund on admission.

The following table shows the nature and results of the anti-toxin cases :—

AGE.	MALES.			FEMALES.			TOTAL.		
	Admitted.	Died.	Mortality.	Admitted.	Died.	Mortality.	Admitted.	Died.	Mortality.
Under 1 year, -	4	4	100·0	4	2	50·0	8	6	75·0
1 and under 2, -	12	4	33·3	5	1	20·0	17	5	29·4
2 ,, 3, -	8	2	25·0	7	2	28·5	15	4	26·6
3 ,, 4, -	9	3	33·3	10	1	10·0	19	4	21·0
4 ,, 5, -	7	2	28·5	11	1	9·0	18	3	16·6
5 ,, 10, -	10	3	30·0	14	2	14·2	24	5	20·8
10 ,, 15, -	...	...	...	1	...	...	1	...	...
15 ,, 20, -	1	1	100·0	...	...	...	1	1	100·0
Over 20 years, -	1	1	100·0	...	...	...	1	1	100·0
	52	20	38·5	52	9	17·3	104	29	27·8

Of the 180 cases treated, operative interference was demanded to relieve urgent dyspnœa in 32.

	Cases.	Died.	Mortality.
Intubation, - -	11	5	45·4 per cent.
Tracheotomy, - -	12	4	33·3 ,,
Tracheotomy (after unsuccessful Intubation), - -	9	3	33·3 ,,
	32	12	37·5 per cent.

The age-periods at which the operations were performed are shown in the following series of tables:—

TRACHEOTOMY.

Age.	Cases.	Died.
Under 1 year,	—	—
1 and under 2,	1	1
2 „ 3,	1	1
3 „ 4,	2	—
4 „ 5,	4	—
5 „ 10,	4	2
	12	4

INTUBATION.

Age.	Cases.	Died.
Under 1 year,	1	1
1 and under 2,	5	2
2 „ 3,	2	1
3 „ 4,	—	—
4 „ 5,	—	—
5 „ 10,	3	1
	11	5

INTUBATION FOLLOWED BY TRACHEOTOMY.

Age.	Cases.	Died.
Under 1 year,	2	2
1 and under 2,	2	1
2 „ 3,	2	—
3 „ 4,	—	—
4 „ 5,	2	—
5 „ 10,	1	—
	9	3

Of the 38 fatal cases, 9 were admitted in a moribund state, viz.:—

2* died 1 hour after admission.
1† „ 2 hours „
1 „ 4 „ „
1 „ 5 „ „
1 „ 7 „ „
2 „ 9 „ „
1 „ 13 „ „

* In spite of Tracheotomy being performed. † Complicated with Empyema.

Amongst the fatal cases are 16 which survived the primary manifestations of the disease, and succumbed at a later stage to the following complications :—

Broncho-pneumonia, - - - -	3 cases.
Cardiac Syncope, - - - - -	3 ,,
Convulsions, - - - - - -	1 ,,
Hæmorrhages, - - - - - -	1 ,,
Measles, - - - - - - -	1 ,,
Paralysis, - - - - - - -	3 ,,
Paralysis and Uncontrollable Vomiting, -	4 ,,
	16 cases.

Enteric Fever is a disease in which death often results from perforation of the intestine and general peritonitis. From time to time this condition (which, if left to nature, always terminates fatally) has been under consideration, as affording opportunity for surgical interference.

The chances of recovery after operation are so slight that it had never been deemed prudent in Belvidere to submit patients to the risk. However, as the result of an inquiry by one of the Assistant Physicians (Dr. J. F. R. Gairdner) into the whole subject of Intestinal Perforation and Laparotomy in Enteric Fever, Dr. T. K. Dalziel was invited in consultation on two cases which presented themselves. As a result the operation of laparotomy was performed as described under :—

(1.) Thomas L., age 21, admitted 19th January, 1897. The patient had apparently been ill about three weeks, and on admission was found to be suffering from peritonitis in an early stage. From the history obtained it was believed that a perforation of the intestine had occurred shortly before admission.

At 1.30 o'clock a.m. on 20th January, or 16½ hours after the occurrence of the perforation, laparotomy was performed. The perforation was found and closed, and the peritoneal cavity washed out and drained. Patient rallied well after the operation, but gradually sank, and died at 7.30 a.m., or 6 hours after the operation.

Examination after death showed that the operation had been perfectly successful in closing the perforation.

(2.) William T., age 21, admitted 11th January, 1897. Patient progressed favourably until 7th February, when, about midnight on that day, it was diagnosed that intestinal perforation had occurred. Laparotomy was performed at 1.30 a.m. on 8th February, or 2 hours after the development of the condition. The operation was completed in half-an-hour, and the patient rallied to the extent of being able to express his satisfaction at being made comfortable. He, however, gradually sank, and died at 5.50 p.m. on same day, or about 16 hours after operation.

Examination after death showed that the operation itself was perfectly successful.

In each of these cases the only possible chance of recovery the patient had lay in the success of a very difficult surgical operation. Apart from the risks of the operation itself, the debilitated state of the patient and the diseased condition of the tissues to be operated on make recovery a very remote possibility; but, considering the fact that a few cases have recovered after operation, and that no cases of general peritonitis due to perforation have ever been known to recover if left to nature, I hold the operation to be, in every way, a justifiable one.

So far as I am aware, these are the only cases ever operated on in Glasgow.

Outbreak of Epidemic Roseola.—The specific identity of this disease (variously known as Rubeola, Rötheln, and German Measles) has been insisted on by several medical writers, denied by others, and held as possible or unproven by many. The chief difficulty experienced by the agnostics has been that of reconciling the various published accounts of the malady, and the consequent probability that several trifling febrile affections have in the past been confused and described as if one disease.

During the past year several wards at both Belvidere and Kennedy Street Hospitals have been visited by such an epidemic disease as I venture to describe under the name of Epidemic Roseola—a name which I think best describes the essential points.

Occurring, as it did, amongst children convalescent from

both Measles and Scarlet Fever, exceptional opportunities presented themselves for the study of the differential diagnosis of the three diseases.

The febrile disturbance was trifling, the temperature rarely exceeding 102° F.

The presence of sore throat was very constant, but seldom so severe as to require any special treatment.

The cutaneous eruption was the essential feature of the disease; usually appearing on the second day of illness; affecting the face as well as the trunk and limbs; of a mottled structure, finer than that of Measles, but not so finely speckled as that of Scarlet Fever; in colour, a bright roseolar or "terra cotta" shade, quite distinct from the brilliant scarlet of Scarlet Fever, or the purple hue so well known as characterising the red rash of Measles.

The process of desquamation of the cutis following the disappearance of the eruption was very variable both in extent and degree, but was usually fine and powdery in character.

Complications of a serious nature were remarkable by their absence, and the mortality was nil.

The incubation period of the disease appeared to be variable (about 10 or 12 days), and infection seemed to be given off during the pre-eruptive stage.

The chief points of distinction of Epidemic Roseola from Measles are:—

(1) Early appearance and rapid disappearance of the eruption.
(2) Absence of characteristic fever.

The chief points of distinction from Scarlet Fever are:—

(1) Distribution of eruption.
(2) Absence of serious complications.

Mixed Infection. — Cases are occasionally admitted suffering from two or more infectious diseases at the same time, and consequently the resources of the Hospitals are taxed to find suitable accommodation for them so as to prevent any spread of infection.

During the past year there were admitted to Belvidere the following cases :—

Measles and Scarlet Fever,	1 patient.
Scarlet Fever and Whooping-cough,	1 ,,
Measles and Whooping-cough,	4 ,,
Diphtheria and Measles,	1 ,,

While shortly after admission a further list of cases of double infection was discovered by the evidences of a second disease appearing, as follows :—

Whooping-cough and Scarlet Fever,	3
Whooping-cough and Measles,	3
Measles and Scarlet Fever,	2
Measles and Whooping-cough,	7
Diphtheria and Scarlet Fever,	4
Diphtheria and Whooping-cough,	1
Diphtheria and Measles,	1

At Kennedy Street Hospital there were admitted suffering from two diseases the following :—

Scarlet Fever and Whooping-cough,	4
Epidemic Roseola and Whooping-cough,	1

While soon after admission the following association of diseases was observed :—

Scarlet Fever and Measles,	5
Scarlet Fever and Chickenpox,	1
Scarlet Fever and Epidemic Roseola,	4
Scarlet Fever and Whooping-cough,	3

The outcome of such complications was a certain spread of infection among the patients, as shown in the following tables of Indigenous cases :—

BELVIDERE.

Scarlet Fever,	= 21 cases.
Diphtheria,	= 3 ,,
Enteric Fever,	= 2 ,,
Chickenpox,	= 1 ,,
Measles,	= 36 ,,
Whooping-cough,	= 4 ,,
Erysipelas,	= 2 ,,
Epidemic Roseola,	= 20 ,,

Kennedy Street.

Diphtheria,	=	1 case.
Enteric Fever,	=	4 ,,
Chickenpox,	=	1 ,,
Measles,	=	21 ,,
Epidemic Roseola,	=	10 ,,
Whooping-cough,	=	1 ,,
Scarlet Fever,	=	1 ,,

The following tables show the nature and number of cases of infectious diseases contracted by members of the staff in the discharge of their duties:—

Belvidere Hospital.

	Male.	Female.
Scarlet Fever,	—	5
Enteric Fever,	—	6
Measles,	—	1
Erysipelas,	—	1

Kennedy Street Hospital.

	Male.	Female.
Scarlet Fever,	1	3
Diphtheria,	1	—
Measles,	—	2
Epidemic Roseola,	—	1

An outbreak of Epidemic Influenza occurred among the nursing staff at Belvidere during the months of January and February, 1897, but was unattended by any serious consequences.

No deaths resulted among the staff of the Hospitals from any infectious disorders.

Clinical Instruction to Students of Medicine has been provided at Belvidere for many years, and has attracted students in gradually-increasing numbers.

For the past four years I have personally conducted three distinct cliniques annually:—

1st Course, from October to December.
2nd ,, ,, January to March.
3rd ,, ,, April to July.

These are often subdivided into two, three, or four sections, according to the number of applicants for membership of the class. Each section meets for a series of about twelve demonstrations.

The following tables show the number of students who have attended during the past four years :—

1893-94,	Male, - 111	111	
	Female, - —		
1894-95,	Male, - 63	69	
	Female, - 6		
1895-96,	Male, - 113	117	
	Female, - 4		
1896-97,	Male, - 110	125	
	Female, - 15		

Thus during the last four years 422 medical students have passed through the Belvidere cliniques, and acquired a practical acquaintance with the Acute Infectious Diseases which we now isolate and treat in our Fever Hospitals.

The attendance and conduct of the students has always been exemplary, and, in this connection, I may add that I have been quite unable to trace a single instance in which infection has either been brought to or carried away from Belvidere. It is, moreover, extremely satisfactory to note that not a single student of the whole 422 has contracted any infectious disease as a result of the visits to Hospital.

It may be also noted that during the Winter Session 1894-95 the first class for female students, numbering 2, was held, and that the ladies now form an appreciable, and by no means unimportant, section of the students of medicine in Glasgow.

Lectures to Nurses.—During the winter months courses of systematic instruction by lectures and demonstrations are given to the Probationers undergoing training in Fever Nursing.

Separate classes, with different subjects, are provided for first and second year Probationers.

The numbers who have attended these courses of instruction for the past four years are as follows :—

Session.	Probationers. Junior.	Senior.
1893-94,	39	61
1894-95,	46	43
1895-96,	30	44
1896-97,	30	44

The lectures to Junior Probationers embrace the subjects of Elementary Chemistry, Anatomy, and Physiology ; while those to the Senior Probationers include the systematic study of general medical nursing, with special application to the care of those sick from infectious diseases.

Examinations.—In addition to class examinations at the end of the courses of instruction, a Qualifying Examination is conducted for all Nurses who have completed their period of training in the wards, and who have attended regularly each series of lectures during their two years' residence in the Hospitals. The successful candidates are then granted a Certificate of Proficiency in Fever Nursing.

The examination includes—

(1) Written papers ;
(2) Oral examination ;
(3) Practical work ;

and the position of the candidates on the list is determined by the sum total of the marks obtained.

The following table shows the numbers of entrants and passes for the Hospital Certificate during the past four years :—

	Entered.	Passed.
1893-94,	26	21
1894-95,	21	21
1895-96,	29	28
1896-97,	29	24

Statistical tables of the year's work in the Hospitals are appended.

I have the honour to remain,

GENTLEMEN,

Your most obedient Servant,

ALEX. JOHNSTON.

STATISTICAL TABLES.

TABLE I.

GENERAL STATEMENT.

Remaining in Hospitals, 1st June, 1896, - - -	607
Admitted during 1896-97, - - - - - -	4,861
	5,468
Dismissed—	
Cured, Relieved, and Died, - - - -	4,997
Remaining in Hospitals, 31st May, 1897, - - -	471
	5,468

Total Number of Deaths, - - - 497

Nett Mortality, - - - - 10·2

Of the Deaths, 91 occurred within 48 hours of admission to Hospital.

Daily Averages—

Patients, - - - - - - - - 627

Nurses and Servants, - - - - 319

Officers, - - - - - - - - 14

Each patient has been under treatment on an average 41·9 days.

TABLE II.

Showing Monthly Distribution of Principal Diseases throughout the Year.

	Scarlet Fever.	Diphtheria.	Enteric Fever.	Typhus Fever.	Smallpox.	Chickenpox.	Measles	Whooping-cough.	Erysipelas.	Unclassified.		Nursing Mothers.	Total.	Daily Average Number of Patients in Hospital.
										Infectious.	Non-infectious.			
1896.														
June, - -	111	12	26	1	...	11	151	39	5	1	17	14	388	601·1
July, - -	100	12	42	1	...	3	152	17	...	3	7	8	345	524·8
August, -	187	20	60	1	...	2	77	19	6	2	13	11	398	502·0
September, -	209	25	68	...	...	1	47	23	1	3	14	6	397	578·1
October, -	221	16	35	4	...	...	99	18	8	1	24	6	432	671·2
November, -	213	15	34	3	...	2	183	14	8	6	5	8	491	703·7
December, -	215	20	25	1	...	2	231	30	8	...	11	14	557	768·2
1897.														
January, -	157	6	50	1	...	...	122	47	7	4	10	8	412	745·7
February, -	155	15	43	...	...	4	104	34	7	4	17	10	393	690·2
March, -	145	14	72	...	...	3	114	38	2	5	13	7	413	639·5
April, - -	122	13	50	1	1	...	98	44	...	4	7	9	349	590·4
May, - -	121	12	40	...	1	1	64	25	1	9	5	7	286	514·5
Total, -	1,956	180	545	13	2	29	1,442	348	53	42	143	108	4,861	627·0

TABLE III.

Showing the Number of Various Diseases.

(A) BELVIDERE FEVER HOSPITAL.

	Remaining in Hospital 1st June, 1896.	Admitted.	Dismissed Cured or Died.	Remaining in Hospital 31st May, 1897.
Scarlet Fever,	142	811	870	83
Diphtheria,	11	180	176	15
Enteric Fever,	85	545	544	86
Typhus Fever,	...	13	13	...
Smallpox,	...	...	...	...
Chickenpox,	...	...	...	...
Measles,	90	1,442	1,466	66
Whooping-cough,	76	348	360	64
Erysipelas,	7	53	59	1
Unclassified, Infectious,	1	37	30	8
Unclassified, Non-infectious,	14	140	150	4
Nursing Mothers,	5	95	94	6
Total,	431	3,664	3,762	333

(B) SMALLPOX HOSPITAL.

	Remaining in Hospital 1st June, 1896.	Admitted.	Dismissed Cured or Died.	Remaining in Hospital 31st May, 1897.
Smallpox,	...	2	...	2
Chickenpox,	5	29	33	1
Unclassified, Infectious,	...	1	1	...
Unclassified, Non-infectious,	...	3	2	1
Nursing Mothers,	...	5	5	...
Total,	5	40	41	4

(C) KENNEDY STREET HOSPITAL.

	Remaining in Hospital 1st June, 1896.	Admitted.	Dismissed Cured or Died.	Remaining in Hospital 31st May, 1897.
Scarlet Fever, - - -	171	1,145	1,182	134
Un-classified, Infectious, -	...	4	4	...
Un-classified, Non-infectious,	...	...	...	...
Nursing Mothers, - -	...	8	8	...
Total, - -	171	1,157	1,194	134

(D) SUMMARY.

	Remaining in Hospital, 1st June, 1896.	Admitted.	Dismissed Cured or Died.	Remaining in Hospital, 31st May, 1897.
Scarlet Fever, - - -	313	1,956	2,052	217
Diphtheria, - - -	11	180	176	15
Enteric Fever, - -	85	545	544	86
Typhus Fever, - -	...	13	13	...
Smallpox, - - -	...	2	...	2
Chickenpox, - - -	5	29	33	1
Measles, - - - -	90	1,442	1,466	66
Whooping-cough, - -	76	348	360	64
Erysipelas, - - -	7	53	59	1
Un-classified, Infectious, -	1	42	35	8
Un-classified, Non-infectious,	14	143	152	5
Nursing Mothers, - -	5	108	107	6
Total, - - -	607	4,861	4,997	471

TABLE IV.

SCARLET FEVER.—(A) BELVIDERE.

Ages of Patients.	Males.			Females.			Total.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1 year, -	5	1	20·0	4	...	0·0	9	1	11·1
1 and under 2,	13	1	7·6	12	3	25·0	25	4	16·0
2 ,, 3,	31	7	22·5	26	2	7·6	57	9	15·7
3 ,, 4,	27	1	3·7	41	3	7·3	68	4	5·8
4 ,, 5,	47	6	12·7	46	4	8·6	93	10	10·7
5 ,, 10,	142	3	2·1	171	7	4·0	313	10	3·1
10 ,, 15,	39	2	5·1	72	1	1·3	111	3	2·7
15 ,, 20,	18	...	...	23	...	...	41	...	...
20 ,, 25,	22	1	4·5	19	1	5·2	41	2	4·8
25 ,, 30,	15	2	13·3	19	1	5·2	34	3	8·8
30 ,, 35,	5	...	...	6	...	...	11	...	...
35 ,, 40,	1	...	...	4	...	...	5	...	...
40 ,, 45,	1	...	...	...	...	...	1	...	...
50 ,, 55,	...	...	...	1	...	...	1	...	...
Over 60, - -	...	...	...	1	...	...	1	...	...
Total, -	366	24	6·5	445	22	4·9	811	46	5·6

Complications in Fatal Cases of Scarlet Fever.

	Males.	Females.
Diphtheria, - - - - - - -	1	...
Nephritis, - - - - - - -	4	4
Sc. Anginosa, - - - - - - -	6	12
Sc. Maligna, - - - - - - -	1	2
Sc. Puerperal, - - - - - - -	...	1
Septicæmia, - - - - - - -	...	1
Tubercular Meningitis, - - - - -	2	...
Uræmia, - - - - - - - -	1	...

(B) KENNEDY STREET.

Ages of Patients.	Males.			Females.			Total.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1 year, -	6	1	16·6	6	1	16·6	12	2	16·6
1 and under 2,	19	5	26·3	14	3	21·4	33	8	24·2
2 ,, 3,	35	2	5·7	29	3	10·3	64	5	7·8
3 ,, 4,	56	2	3·5	60	3	5·0	116	5	4·3
4 ,, 5,	56	2	3·5	48	1	2·0	104	3	2·8
5 ,, 10,	206	4	1·9	265	9	3·3	471	13	2·7
10 ,, 15,	73	1	1·3	107	1	0·9	180	2	1·1
15 ,, 20,	39	...	...	42	1	2·3	81	1	1·2
20 ,, 25,	25	1	4·0	22	1	4·5	47	2	4·2
25 ,, 30,	13	...	...	5	...	...	18	...	...
30 ,, 35,	3	...	...	8	2	25·0	11	2	18·1
35 ,, 40,	2	...	...	3	...	...	5	...	...
40 ,, 45,	1	...	...	1	...	...	2	...	...
45 ,, 50,	...	...	...	1	...	...	1	...	...
Total, - -	534	18	3·3	611	25	4.0	1,145	43	3·7

Complications in Fatal Cases.

	M.	F.		M.	F.
Bronchitis, - - -	1	...	Measles and Ulcerative Stomatitis, - - -	1	...
Broncho-pneumonia, -	1	...	Nephritis, - - -	1	...
Cellulitis of Neck, - -	1	...	Sc. Anginosa, - - -	5	11
Hyperpyrexia, - - -	...	1	Sc. Maligna, - - -	2	6
Mastoid Abscess, - -	1	...	Ulcerative Stomatitis, -	1	...
Measles, - - - - -	...	2	Uræmia, - - - -	3	...
Measles and Broncho-pneumonia, - - -	2	...	Whooping - cough and Broncho-pneumonia, -	...	2
Measles and Cancrum Oris,	1	...			

(C) SUMMARY.

Ages of Patients.	Males.			Females.			Total.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1 year,	11	2	18·1	10	1	10·0	21	3	14·2
1 and under 2,	32	6	18·7	26	6	23·0	58	12	20·6
2 ,, 3,	66	9	13·6	55	5	9·0	121	14	11·5
3 ,, 4,	83	3	3·6	101	6	5·9	184	9	4·8
4 ,, 5,	103	8	7·7	94	5	5·3	197	13	6·5
5 ,, 10,	348	7	2·0	436	16	3·6	784	23	2·9
10 ,, 15,	112	3	2·6	179	2	1·1	291	5	1·7
15 ,, 20,	57	...	...	65	1	1·5	122	1	0·8
20 ,, 25,	47	2	...	41	2	4·8	88	4	4·5
25 ,, 30,	28	2	...	24	1	4·1	52	3	5·7
30 ,, 35,	8	...	...	14	2	14·2	22	2	9·0
35 ,, 40,	3	...	...	7	...	...	10	...	...
40 ,, 45,	2	...	...	1	...	...	3	...	...
45 ,, 50,	...	...	...	1	...	...	1	...	...
50 ,, 55,	...	...	...	1	...	...	1	...	...
Over 60, - -	...	...	...	1	...	...	1	...	...
Total, -	900	42	4·6	1,056	47	4·4	1,956	89	4·5

TABLE V.

DIPHTHERIA.

Ages of Patients.	Males.			Females.			Total.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1 year, -	6	4	66·6	6	3	50·0	12	7	58·3
1 and under 2,	16	6	37·5	8	2	25·0	24	8	33·3
2 ,, 3,	11	3	27·2	9	3	33·3	20	6	30·0
3 ,, 4,	10	4	40·0	16	1	6·2	26	5	19·2
4 ,, 5,	9	1	11·1	14	1	7·1	23	2	8·6
5 ,, 10,	18	4	22·2	28	2	7·1	46	6	13·0
10 ,, 15,	2	...	...	5	...	...	7	...	...
15 ,, 20,	2	2	100·0	3	...	...	5	2	40·0
20 ,, 25,	2	...	...	1	...	...	3	...	...
25 ,, 30,	4	...	...	3	...	...	7	...	...
30 ,, 35,	1	...	...	2	...	...	3	...	...
35 ,, 40,	1	...	...	1	1	100·0	2	1	50·0
40 ,, 45,	...	...	...	1	...	...	1	...	...
Over 75, - -	1	1	100·0	...	...	...	1	1	100·0
Total, -	83	25	30·1	97	13	13·4	180	38	21·1

TABLE VI.

ENTERIC FEVER.

Ages of Patients.	Males.			Females.			Total.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 5 years, -	13	1	7·6	11	1	9·0	24	2	8·3
5 and under 10,	70	7	10·0	40	2	5·0	110	9	8·1
10 ,, 15,	57	6	10·5	49	9	18·3	106	15	14·1
15 ,, 20,	43	9	20·9	36	6	16·6	79	15	18·9
20 ,, 25,	44	10	22·7	33	13	39·3	77	23	29·8
25 ,, 30,	43	15	34·8	28	6	21·4	71	21	29·5
30 ,, 35,	22	6	27·2	12	4	33·3	34	10	29·4
35 ,, 40,	11	2	18·1	11	3	27·2	22	5	22·7
40 ,, 45,	9	4	44·4	3	...	...	12	4	33·3
45 ,, 50,	2	...	...	2	...	...	4	...	...
50 ,, 55,	...	...	...	4	1	25·0	4	1	25·0
55 ,, 60,	...	...	...	1	...	...	1	...	...
60 ,, 65,	1	1	100·0	...	...	...	1	1	100·0
Total, -	315	61	19·3	230	45	19·5	545	106	19·4

Complications in Fatal Cases.

	M.	F.		M.	F.
Bronchitis, - - -	...	3	Peritonitis, - - -	2	1
Congestion of Lungs, -	...	1	Phthisis Pulmonalis, -	1	...
Hæmorrhage, - -	3	3	Pleurisy, - - -	...	1
Meningitis, - - -	1	...	Pneumonia, - - -	2	3
Perforation and Peritonitis, -	2	3	Relapse, - - -	...	1
			Tubercular Meningitis,	1	...

TABLE VII.

TYPHUS FEVER.

Ages of Patients.	Males.			Females.			Total.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 5 years, -	1	...	...	...	...	...	1	...	...
5 and under 10, -	...	...	...	...	...	...	...	...	...
10 ,, 15, -	1	...	...	...	...	...	1	...	...
15 ,, 20, -	...	...	...	1	...	...	1	...	...
20 ,, 25, -	3	...	...	1	...	...	4	...	...
25 ,, 30, -	3	2	66·6	...	...	...	3	2	66·6
30 ,, 35, -	...	...	...	...	...	...	...	...	...
35 ,, 40, -	1	1	100·0	...	...	...	1	1	100·0
40 ,, 45, -	1	1	100·0	1	1	100·0	2	2	100·0
Total, - -	10	4	40·0	3	1	33·3	13	5	38·4

TABLE VIII.

MEASLES.

Ages of Patients.	Males.			Females.			Total.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1 year,	40	11	27·5	38	7	18·4	78	18	23·0
1 and under 2,	67	25	37·3	81	30	37·0	148	55	37·1
2 ,, 3,	90	18	20·0	76	14	18·4	166	32	19·2
3 ,, 4,	106	10	9·4	114	19	16·6	220	29	13·1
4 ,, 5,	90	2	2·2	96	6	6·2	186	8	4·3
5 ,, 10,	226	9	3·9	229	13	5·6	455	22	4·8
10 ,, 15,	15	...	...	25	...	...	40	...	...
15 ,, 20,	17	...	...	17	...	...	34	...	...
20 ,, 25,	42	...	...	31	...	...	73	...	...
25 ,, 30,	13	...	...	20	...	...	33	...	...
30 ,, 35,	4	...	...	4	...	...	8	...	...
Over 50, - -	1	...	...	...	...	...	1	...	...
Total, - -	711	75	10·5	731	89	12·1	1,442	164	11·3

Complications in Fatal Case.

	M.	F.		M.	F.
Acute Tonsillitis, - -	1	...	Laryngitis and Pneumonia,	1	2
Bronchitis, - - -	2	1	Marasmus, - - -	1	5
Broncho-pneumonia, -	40	45	Meningitis, - . -	1	...
Broncho-pneumonia and Cancrum Oris, - -	...	1	Nephritis, - - -	1	...
Cancrum Oris, - -	...	3	Phthisis Pulmonalis, -	...	1
Colitis, - - - -	...	1	Pneumonia and Convulsions, - - - -	1	...
Convulsions, - - -	2	3	Septic Rhinitis, - -	1	...
Diarrhœa, - - -	1	2	Ulcerative Stomatitis, -	...	1
Diphtheria, - - -	1	1	Whooping-cough and Broncho-pneumonia, -	1	...
Diphtheria and Broncho-pneumonia, - - -	...	1	Whooping-cough and Cancrum Oris, - -	1	...
Enteritis, - - -	1	...	Whooping-cough, - -	4	1
General Tuberculosis, -	...	1			
Laryngitis, - - -	2	4			

TABLE IX.

WHOOPING-COUGH.

Ages of Patients.	Males.			Females.			Total.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 1 year, -	28	12	42·8	21	7	33·3	49	19	38·7
1 and under 2,	28	7	25·0	19	8	42·1	47	15	31·9
2 ,, 3,	21	1	4·7	20	7	35·0	41	8	19·5
3 ,, 4,	25	2	8·0	29	3	10·3	54	5	9·2
4 ,, 5,	23	1	4·3	32	1	3·1	55	2	3·6
5 ,, 10,	51	5	9·8	50	2	4·0	101	7	6·9
10 ,, 15,	...	...	...	...	...	...	...	...	...
15 ,, 20,	...	...	...	1	...	...	1	...	...
Total, - -	176	28	15·9	172	28	16·2	348	56	16·09

Complications in Fatal Cases.

	M.	F.		M.	F.
Bronchitis, - - -	1	1	Measles, - - -	...	1
Broncho-pneumonia, -	10	6	Measles and Broncho-pneumonia, - -	...	1
Broncho-pneumonia and Convulsions, - -	...	1	Measles and Convulsions,	...	1
Cancrum Oris, - -	...	1	Nephritis and Convulsions, - - -	1	...
Convulsions, - - -	7	7	Pneumonia, - - -	1	...
Diarrhœa, - - -	1	...	Stomatitis and Bronchitis,	1	...
Marasmus, - - -	...	2			

TABLE X.

ERYSIPELAS.

Ages of Patients.	Males.			Females.			Total.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 5 years,	2	1	50·0	3	1	33·3	5	2	40·0
5 and under 10,	...	...	...	1	...	...	1	...	...
10 ,, 15,	1	...	...	2	...	...	3	...	...
15 ,, 20,	1	...	...	3	...	...	4	...	...
20 ,, 25,	1	...	...	4	...	...	5	...	...
25 ,, 30,	2	...	...	2	...	...	4	...	...
30 ,, 35,	4	...	...	2	...	...	6	...	...
35 ,, 40,	...	...	...	1	...	...	1	...	...
40 ,, 45,	3	...	...	4	...	...	7	...	...
45 ,, 50,	5	...	...	1	...	...	6	...	...
50 ,, 55,	3	1	33·3	...	...	...	3	1	33·3
55 ,, 60,	1	...	...	2	1	...	3	1	...
60 ,, 65,	...	...	...	2	...	...	2	...	...
65 ,, 70,	...	...	...	1	...	...	1	...	...
70 ,, 75,	...	...	...	1	...	...	1	...	...
75 ,, 80,	1	...	...	...	...	...	1	...	...
Total, -	24	2	8·3	29	2	6·8	53	4	7·5

TABLE XI.

SMALLPOX.—VACCINATED.

Ages of Patients.	Males.			Females.			Total.		
	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.	Admitted.	Died.	Mortality per cent.
Under 5 years,	...	...	...	...	...	...	...	...	...
5 and under 10,	...	...	...	...	...	...	...	...	...
10 ,, 15,	...	...	...	...	...	...	...	...	...
15 ,, 20,	...	...	...	...	...	...	...	...	...
20 ,, 25,	1	...	...	...	...	...	1	...	...
25 ,, 30,	...	...	...	...	...	...	...	...	...
30 ,, 35,	...	...	...	...	...	...	...	...	...
35 ,, 40,	1	1	...	...	...	...	1	1	...
40 ,, 45,	...	...	...	...	...	...	...	...	...
50 ,, 55,	...	...	...	...	...	...	...	...	...
55 ,, 60,	...	...	...	...	...	...	...	...	...
60 ,, 65,	...	...	...	...	...	...	...	...	...
Total, -	2	1	50·0	...	...	...	2	1	50·0

TABLE XII.

UNCLASSIFIED DISEASES.

(A) BELVIDERE FEVER HOSPITAL.

(1) INFECTIOUS.

	Admitted.		Died.	
	Males.	Females	Males.	Females
Puerperal Fever, - - - - - - -	...	26	...	9
Epidemic Roseola, - - - - - -	5	6	...	...
Total, - - - - - - -	5	32	...	9
	37		9	

(2) NON-INFECTIOUS.

	Admitted.		Died.	
	Males.	Females	Males.	Females
Abscess,	1	1	...	...
Acute Gastro-enteritis,	...	1	...	1
Alcoholic Neuritis,	1	...	...	...
Anæmia,	1	...	...	...
Boils,	1	...	...	...
Bronchitis,	...	1	...	...
Broncho-pneumonia,	6	2	3	2
Catarrh,	2	...	...	...
Cellulitis,	6	7	...	2
Chancre,	1	...	...	...
Cephalalgy,	1	...	...	...
Colitis,	1	...	1	...
Coryza,	...	2	...	...
Diarrhœa,	1	...	...	...
Erythema,	1	...	...	...
Febricula,	3	3	...	...
Gastro-Intestinal Catarrh,	...	2	...	...
Herpes,	3	...	...	...
Laryngitis,	...	1	...	1
Nephritis,	1	1	1	...
Nil,	7	1	...	...
Pelvic Cellulitis,	...	1	...	...
Periostitis,	...	1	...	...
Phthisis Laryngea,	1	...	...	...
Phthisis Pulmonalis,	2	1	1	1
Pleurisy,	2	...	...	...
Pneumonia,	29	12	2	2
Premature Birth,	1	...	1	...
Ptomaine Poisoning,	1	3	...	...
Purpura Hæmorrhagiea,	1	...	...	...
Pyrexia,	1	...	...	...
Retention of Urine,	1	...	...	...
Rheumatism,	1	...	...	...
Septic Wound,	3	4	...	...
Stomatitis,	1	...	...	...
Syphilis,	1	1	...	...
Tonsillitis,	3	4	...	...
Tubercular Meningitis,	3	2	3	2
Typhlitis,	1	...	...	...
Total,	89	51	12	11
	140		23	
Nursing Mothers,	95			

(B) SMALLPOX HOSPITAL.

(1) INFECTIOUS.

	Admitted.		Died.	
	Males.	Females	Males.	Females
Chickenpox,	19	10	1	...
Measles,	...	1	...	...
Total,	19	11	1	...
	30		1	

(2) NON-INFECTIOUS.

	Admitted.		Died.	
	Males.	Females	Males.	Females
Syphilis,	...	2	...	1
Pemphigus,	1	...	...	...
Total,	1	2	...	1
	3		1	
Nursing Mothers,		5		

(C) KENNEDY STREET HOSPITAL.

INFECTIOUS.

	Admitted.		Died.	
	Males.	Females	Males.	Females
Epidemic Roseola, - - - - - -	...	2	...	...
Measles, - - - - - - - - -	...	2	...	...
Total, - - - - - - - -	...	4	...	...
		4		Nil.
Non-Infectious, - - - - -	Nil.			
Nursing Mothers, - - - - -	8			

APPENDIX.

A.

REPORT

BY THE VISITING PHYSICIAN

OF THE

CITY OF GLASGOW SMALLPOX HOSPITAL

For the Year ending 31st May, 1897.

During the past year there were admitted to the Hospital, in all, 35 patients and 5 nursing mothers. Of the former, 29 were cases of children suffering from Chickenpox—of whom 9 were from the City Poorhouse, 1 from the Western Infirmary, and 1 from the Royal Hospital for Sick Children. The other cases were admitted from various parts of the City.

Only 2 cases of Smallpox were treated. Of these, one was a sailor from Dunkirk, admitted to the Hospital on 23rd April; the other a workman employed in Parkhead Forge, admitted on 30th May. Both patients were still in Hospital on 31st May. Neither had been vaccinated since childhood.

Of the other cases, 2 were syphilitic—one a young woman of twenty-one, the other a child of seven months. Both were admitted as cases of Chickenpox, as was also 1 case of Pemphigus. In addition to these, 1 case of Measles, certified Smallpox, was treated.

Of the cases under treatment during the year, 2 died—one a case of Chickenpox, and the other the case of Infantile Syphilis. In both instances death was due to Catarrhal Pneumonia.

During the year special demonstrations were arranged on Smallpox and the other cases in the wards, more especially for the benefit of those students attending the regular fever clinique in Belvidere; but the privilege of attending these was extended to others, intimation being given by notices posted at the different infirmaries and at the University. These demonstrations were numerously attended. It is intended to take advantage for clinical instruction of the admission of cases of Smallpox by similar intimations issued from time to time.

R. S. THOMSON,
Visiting Physician.

December, 1897.

B (1).—City of Glasgow Fever and Smallpox Hospitals.—Number, Average Residence, and Cost of Treatment of Patients from 1883-84.

Year.	Patients.			Total Ordinary Expenditure.	Average Daily Cost per Patient.	Average Cost of Treatment per Patient.	Average Cost of Bed per Year.
	Total under Treatment.	Average Daily Number in Hospitals.	Average Residence in Days.	£ S. D.	£ S. D.	£ S. D.	£ S. D.
1883-84	3,200	338	41·7	15,772 0 0	0 2 6·6	5 6 4·0	46 10 9·0
1884-85	3,828	355	38·1	19,754 6 7	0 2 11·0	5 11 1·5	53 4 7·0
1885-86	2,154	215	40·3	15,550 6 6	0 3 11·5	7 19 6·2	72 4 9·5
1886-87	2,993	332	43·3	16,504 3 5	0 2 8·7	5 17 11·9	49 14 7·5
1887-88	3,056	327	42·5	17,768 17 10	0 2 11·6	6 6 1·0	54 5 9·6
1888-89	3,459	357	41·7	18,171 15 6	0 2 9·5	5 16 4·9	50 18 11·5
1889-90	3,582	361	36·8	17,899 7 3	0 2 8·6	4 19 11·7	49 11 7·0
1890-91	4,286	460	39·2	21,092 15 11	0 2 6·1	4 18 5·9	45 17 0·7
1891-92	4,850	491	37·1	26,808 9 7	0 2 11·8	5 10 8·2	54 11 10·8
1892-93	6,749	699	37·8	36,263 18 8	0 2 10·1	5 7 5·4	51 17 6·1
1893-94	5,528	624	41·2	34,551 14 3	0 3 0·5	6 5 2·6	55 9 3·5
1894-95	5,482	644	42·9	34,039 19 0	0 2 10·8	6 4 2·2	52 17 3·4
1895-96	5,127	651	46·5	34,892 12 8	0 2 11·1	6 16 1·5	53 11 5·6
1896-97	5,468	627	41·9	34,224 14 9	0 2 11·9	6 5 2·5	54 11 0·5

N.B.—The above calculations of cost do not include Interest on Capital expended in erecting Hospitals.

B (2).—City of Glasgow Fever and Smallpox Hospitals.—Residence, and Average Cost per Patient

Year.	Scarlet Fever.		Enteric Fever.		Whooping-cough.		Typhus.	
	Average Residence (Days).	Average Cost per Patient.	Average Residence (Days).	Average Cost per Patient.	Average Residence (Days).	Average Cost per Patient.	Average Residence (Days).	Average Cost per Patient.
		£ s. d.		£ s. d.		£ s. d.		£ s. d.
1883-84	51·7	6 11 10·0	44·4	5 13 2·6	58·9	7 10 2·3	35·8	4 11 3·5
1884-85	50·2	7 6 5·0	45·1	6 11 6·5	44·4	6 9 6·0	35·2	5 2 8·0
1885-86	54·7	10 16 6·2	46·6	9 4 5·5	36·2	7 3 3·5	31·5	6 4 8·2
1886-87	56·1	7 12 10·5	48·7	6 12 8·5	44·3	6 0 8·6	31·3	4 5 3·5
1887-88	55·2	8 3 9·1	50·3	7 9 2·7	42·1	6 4 10·7	33·2	4 18 5·9
1888-89	56·7	7 18 3·4	52·5	7 6 6·7	50·1	6 19 10·3	34·2	4 15 5·7
1889-90	54·4	7 7 9·4	50·2	6 16 4·5	53·0	7 3 11·8	34·9	4 14 9·7
1890-91	54·3	6 16 5·1	49·0	6 3 1·3	40·3	5 1 3·0	32·4	4 1 4·9
1891-92	53·7	8 0 2·5	49·3	7 7 0·9	43·8	6 10 10·0	31·3	4 13 4·5
1892-93	50·6	7 3 10·0	49·1	6 19 6·8	42·6	6 1 1·1	32·8	4 13 2·8
1893-94	52·7	8 0 2·0	52·5	7 19 6·7	51·0	7 15 0·0	34·8	5 5 9·2
1894-95	57·4	8 6 3·2	51·8	7 10 0·6	61·0	8 16 8·4	34·8	5 0 9·6
1895-96	57·7	8 8 11·0	57·2	8 7 5·4	54·1	7 18 4·5	33·1	4 16 10·8
1896-97	58·1	8 13 8·0	55·3	8 5 3·6	53·5	7 19 11·0	28·8	4 6 1·1

* Includes Erysipelas, Diphtheria, Chickenpox, and Puerperal Fever;
† Includes Nursing Mothers, besides
N.B.—The above calculations do not include Interest

STATEMENT SHOWING PATIENTS CLASSIFIED AS TO DISEASE, AVERAGE FOR EACH YEAR FROM 1883-84.

MEASLES.		OTHER INFECTIOUS DISEASES.*		SMALLPOX.		ALL OTHER DISEASES.†	
Average Residence (Days).	Average Cost per Patient.	Average Residence (Days).	Average Cost per Patient.	Average Residence (Days).	Average Cost per Patient.	Average Residence (Days).	Average Cost per Patient.
	£ S. D.		£ S. D.		£ S. D.		£ S. D.
34·8	4 8 8·9	...	...	27·5	3 10 1·5	26·4	3 7 3·8
30·6	4 9 3·0	...	...	19·2	2 16 0·0	22·0	3 4 2·0
26·2	5 3 8·5	24·7	4 17 9·2	24·1	4 15 4·7	21·8	4 6 3·5
29·5	4 0 4·6	26·5	3 12 2·5	...	...	26·2	3 11 4·7
22·2	3 5 10·3	29·0	4 6 0·4	16·5	2 8 11·4	21·3	3 3 2·3
26·6	3 14 3·1	28·3	3 19 0·0	18·5	2 11 7·7	23·9	3 6 8·6
30·6	4 3 1·6	21·4	2 18 1·6	24·0	3 5 2·4	22·5	3 1 1·5
25·4	3 3 9·8	25·2	3 3 3·8	24·0	3 0 3·6	25·4	3 3 9·8
26·2	3 18 2·0	22·9	3 8 3·8	38·0	5 13 4·4	20·8	3 2 0·6
26·1	3 14 2·3	20·0	2 16 10·2	30·0	4 5 3·3	20·2	2 17 5·0
27·7	4 4 2·2	22·4	3 8 0·9	42·2	6 8 3·0	23·1	3 10 2·5
27·7	4 0 2·8	26·2	3 15 10·7	30·4	4 8 0·7	27·1	3 18 6·0
29·2	4 5 5·8	31·2	4 11 4·1	30·1	4 8 1·4	29·4	4 6 0·8
29·3	4 7 7·0	32·6	4 17 5·4	31·5	4 14 1·9	28·1	4 3 11·9

prior to 1885-86, these are included in "Other Diseases."
Persons sent in by mistaken Diagnosis.
on Capital expended in erecting Hospitals.

C.

PAPERS PUBLISHED BY MEDICAL STAFF.

The following is a list of Papers, founded on the practice of the Hospitals, published by present or former members of the Staff during the currency of the year :—

In "Glasgow Medical Journal."

"Notes on a Case of Scarlatinal Nephritis in which a grave Cerebral Lesion was found *post mortem*." By FRED. DITTMAR, M.A., M.D. June, 1896.

"Peritonitis in Enteric Fever, with regard to Surgical Interference; being a Study of Forty-seven Cases from the Records of Belvidere Fever Hospital." By J. FRANCIS R. GAIRDNER, M.B. February, 1897.

"Notes on the Occurrence of a Number of Cases of Epidemic Roseola or Rötheln in the City of Glasgow Fever Hospital, Kennedy Street." By JOHN BROWNLEE, M.A., M.B., C.M., and CAMPBELL S. MARSHALL, M.B., C.M. March, 1897.

"Intubation and Tracheotomy in Diphtheria." By ANDREW WATSON, M.B., C.M. April, 1897.

In "The Lancet," April 3rd, 1897.

"The Administrative Treatment of Undefined Cases certified as Scarlet Fever." By FRED. DITTMAR, M.A., M.D., and JOHN BROWNLEE, M.A., M.B.

The following received "Commendation" for their Thesis for the Degree of M.D. in July, 1896 :—

FREDERICK DITTMAR, M.A., M.B., C.M.—"Scarlatinal Albuninuria."
JAMES TODD, M.B., C.M.—"Puerperal Scarlatina."