Pavilion Parade,
Brighton.

23rd April 1888

Dear Dr. Fraser,

I have made two small errors in my Thesis for M.B. degree, which I should be glad if you would kindly correct.

The title of my Thesis should be "Five Years Experience of Poor Case Medical and Surgical Practice - Under the Heading: Administration of Stimulants in Workhouse:"

For 1 fill = 2½ ounces

Kindly read 1 fill = 5 ounces

Yours Very Truly
Douglas M. Ross
Graduation Thesis for the degree of M.D.,
University of Edinburgh

"Five years experience of Poor-law medical practice"

by

Douglas McKeosick Boyd
M.B. (Univ. Edin.) M.R.C.S. ( Lond. )
9 Pavilion Parade, Brighton
I was appointed Medical Officer to the Brighton Workhouse at Warren Farm Industrial School on Oct. 6: 1882. The number of inmates in the Workhouse is 1031, 294 children in the school. Those in the Workhouse are classified as follows:

- Men: Embracing disabled 257
  - Old & infirm 318
- Women: Embracing disabled 165
  - Old & infirm 214
- Men: all others 38
- Women: do. 45

**1031**

The number in the Workhouse on my Medical Relief Book is 1459, including Embellish. We have also between one and two hundred of the "Unemployed" who are paid a certain wage for several hours' work a day. An interesting paper has just been published by Order of the Parish (the population of Brighton only was 99,049 in 1881).
House of Commons, on the Panpens of England & Wales from the year 1854 to the present date. On the whole, the statistics disclosed are of a satisfactory & encouraging nature. In 1854, the number of Panpens who received out-door relief in England & Wales in the fifth week of January amounted to 920,658 while the population at the same date was 19,042,412. This gives 4.83 Panpens for every thousand of the population. In the following year the number had risen to 65,4. Passing on to the intermediate years we find in the same week of the present year only 748,111 Panpens received relief—out-door & in-door—while the population has risen to 28,247,157. The percentage of Panpens to every 1,000 of the population represented by these figures is 27.5± or in
other words, pauperism in England and Wales has diminished by nearly one-half in the last thirty years. On the other hand, as might be expected, while pauperism, on the whole, has diminished to such a remarkable extent, the number of people who now receive indoor relief, as compared with 1854, is considerably larger. For instance, in the fifth week of that year out of 138,863 paupers received indoor relief, while in 1888 for the same period 200,034 people were relieved in this manner. The fact is of course accounted for by the stringent regulations which on the revision of the Poor Law were enforced with regard to giving out-door relief. These figures are eminently satisfactory as showing the advance made in the prosperity of the poorer classes during the last thirty years.
If however the figures of the last ten years are taken it will be seen that the great diminution in poverty occurred between 1854 and 1874; that since the last date it has decreased at a much slower rate.

The duties of the Poor Law Service are burdensome and anxious with inadequate pecuniary remuneration & reform is needed here.

With regard to the vexed question of the administration of alcoholic liquors in the workhouse. None of the inmates employed on work gangs kind receive beer or any sort of alcoholic liquors. This exclusion applies not only merely to the able-bodied in the common natural sense of the term, but to the much larger class of old people who are set to light work such as bending up split wood into bundles for firewood &c. When I was appointed Medical Officer half a pint of beer was permitted
Green at dinner to all in the House proper who were simply infirm through age & who were able to come up to the dining hall to their meals. At my suggestion this was entirely discontinued & I found that the withdrawal of it improved the discipline & conduct; lessened the temptation to enter & remain; discouraged malingerer; letters the rates & did something to induce those leaving the workhouse less likely to return & more likely to change from rate-absorber to rate-producer. In the sick wards & infirmary I find that a small amount in cases of Pneumonia, Heart disease, Cancer of the breast, Bronchitis, Paralysis of one kind or another is of use in enabling them to digest their food & to this extent I consider it necessary, thought for cure, yet for the prolongation of life. The remedial use 17
Alcohol is as a food + a present stimulant to a circulation which without it temporary and might disastrously fail. In hypochondria, I have found alcohol most readily assimilated food & the most effectual temporary stimulant. J. Crouston in his work on Mental diseases says "There is no doubt whatever in my mind that alcoholic stimulants alone with food are of the utmost service in many cases of Perpendicular Insanity, their food effect being more immediate in euphoria than in any other form of mental disease". With this opinion I cordially agree.

Ale & Spirits consumed by the Sick in the Brighton Workhouse.

<table>
<thead>
<tr>
<th>Year ending Dec</th>
<th>1883</th>
<th>1884</th>
<th>1885</th>
<th>1886</th>
<th>1887</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>247</td>
<td>425</td>
<td>339</td>
<td>114</td>
<td>1828</td>
<td>3988</td>
</tr>
<tr>
<td>Wine Grills</td>
<td>87</td>
<td>161</td>
<td>247</td>
<td>375</td>
<td>571</td>
<td>1381</td>
</tr>
<tr>
<td>Brandy Grills</td>
<td></td>
<td>23½</td>
<td>41</td>
<td>20½</td>
<td>23½</td>
<td>108½</td>
</tr>
<tr>
<td>Gin Grills</td>
<td></td>
<td>94</td>
<td>12½</td>
<td>1234</td>
<td>722</td>
<td>3268</td>
</tr>
<tr>
<td>Stout Grills</td>
<td></td>
<td>45</td>
<td>121</td>
<td></td>
<td></td>
<td>2046</td>
</tr>
<tr>
<td>Total Gills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6246</td>
</tr>
</tbody>
</table>
The reason why I have ordered Stout during last year, instead of Beer is that the former is Guinnes's Dublin Stout (Pint bottles) & the patients like it much better than the cheap beer obtained from our local brewers & they seem to thrive on it & my Consumptive Patients tell me "they could not be able to eat anything if it was not for the Stout." With regard to the cost, if I was deprived from prescribing Stout or Beer I should think it necessary to order milk or Cocoa or Arrowroot. I do not, however, think that either of these things would serve the purpose so well & yet they would cost as much or more. The increase in the amount of Wine & Mandy consumed is in great measure due to increase in numbers & admittance of more acute cases, during the last two years in the Infirmary & Sick wards. In "The Standard"
Of March 26: 1888 it is reported that Mr. Davy, Local Government Board Inspector for the South Eastern District, has been paying official visits to all the Workhouses in Kent & making inquiries into the consumption of stimulants therein. He states that whereas in Yorkshire the cost is one penny per pauper, in Kent it is one pound per pauper for stimulants consumed.

The cost in our Workhouse (for an average daily number of 951 inmates) during the year ending March 1887 is 1:10 per pauper per annum.

In the British Medical Journal of March 10: 1888, Professor Humphry of Cambridge gives most interesting details of Reports of the Collective Investigation Committee on Aged Persons & to which I have four returns. I cannot help quoting the words he uses in concluding the report. He says: "I cannot close this report without bearing testimony to the comfort..."
Kindness which the old people receive in the various union houses that I have visited. They are well fed, kept warm, free from exposure, walk out when they can & lie in bed when it suits them to do so, great attention is paid to their cleanliness. It was obvious that sentimental attachment had grown up in most instances between them & the Master & Mistress of the home & the medical & other attendants. It would I think tend to sooth the feelings of the unwilling ratepayer if he occasionally visited the poor house & witnessed the comfort which the aged & infirm are deriving from that largest charity ever known - the English Poor Law System - to which he contributes. 

With regard to the Maladies of Old People, I have found chronic to be the dominating one & in the aged it is liable
to become persistent & a slight increase coming upon the already reduced circulation & general weakness of the old person often produces a fatal result. The demands on the activity of the respiratory function are, it is true, diminishing in the aged in proportion to the diminished activity of the circulatory & other functions, but the respiratory capacity which depends much upon the elasticity of the thoracic walls & of the pulmonary tissue, is liable to diminish in still greater ratio. Hence the expiratory movements, which are in great measure the resultants of elasticity, are performed incompletely & with effort & the expulsion of mucous from the air-passage is effected with difficulty. Thus a continual source of irritation is provided, which, on slight provocation, extends into the smaller bronchial tubes & is reluctant to quit its hold there. With regard to treatment
I have found Iresine & Syrup of Iar as recommended by Dr. Murrall of most use (British Medical Journal 3rd March 1888).

The recoveries from Brain affections in old people are among the most remarkable of their maladies.

I have a case (Sept. 1887). At first in the Infirmary who has been an inmate for 5 years with hemiplegia of the right side from which she partially cleared.

Three months ago she had a fresh seizure, with complete paralysis of the right arm, unable to swallow anything & was fed by rectum; her daughter have actually brought her thrond; at the present time she has so far recovered as to move both arm & leg freely, although unable to leave her bed yet; she can converse, eats & sleeps well & has Clint back the thrond;

Says "she shall live a few years more".
In the aged the brain is gradually progressively shrinking. The interval between it and the skull caused by this shrinkage is being filled by fluid effusion in the subarachnoid or pia mater tissue. There may be temporary circularities and imperfections in this compensatory adjustment of pressure of fluid on the surface and of the blood circulating in the interior, which would to some extent account for these cerebral attacks and also for the recoveries from them.

The sudden alterations in the arterial coats must also be an important item. With regard to severe forms of malignant disease I have at present under my care three cases of Cancer of the breast aged respectively 85, 49, and 48; they make very little progress, one of them is almost entirely free from pain only a slight prickling; one woman has...
much pain, with occasional dace hemorrhage. With repeated the recovering power, the fluids often the quick recovering power. Iaged after operations, fractures & other accidents, ulcers, inflammatory & other affections, I wish to direct attention to the following cases—

1. William R. aged 78 yrs. at all, stout old man, with areous skin well-marked, admitted into the Infirmary on August 9, 1887, with chronic synovitis of the right knee joint; he was kept in bed with long splint at perfect rest; it ultimately supported & became very painful with considerate bulging on both sides of the patella, where free incisions were made, large quantity of pus & blood evacuated, (antiseptic precautions taken with Carbolic Spray) drainage tubes inserted; though very took place of all the structures around the joint & the patient was rapidly failing.
On March 12, 1888 I decided to amputate through the thigh (as low down as possible) as his pulse was intermittent & feeble & he could not possibly live more than 48 hours at the outside. Patient took Anesthetic (1 alcohol, 2 chloroform & 3 ether) well, although he required a large quantity. Amputates through the middle of the thigh, making the posterior flap long & composed of muscle as well as the anterior, as I apprehended there would be considerable amount of bleeding. The femoral was very trifling indeed; the femoral artery was decided calcaneous in fact almost like the stem of a clay pipe. Hot water was used to the flaps of all the vessels very carefully tied. With such a condition of arteries I was very much afraid of secondary hemorrhage but there has been none; very considerable
Slighting took place principally of muscles & tendons & small margin of skin of both flaps; stitches were taken out to relieve tension; carbolic dressing was discontinued on account of urine smelling strongly of the acid; carbolic poultices smeared with very weak carbolic oil applied to the wound sprynged out with a warm solution of Eau de Jodi (3i to 0i) three times a day; tetroform powder dusted over the suction enveloping the stump. He has had no sickness, nor pains, no pain of any consequence except when the stump is dressed; will take any amount of liquid nourishment but does not care for solid food; sleeps well; had a very small though only heel evidently from pressure which healed rapidly. At the end of three weeks all the sloughs had separated & the stump had a
healthy granulating surface.

His temperature has been carefully
taken right & morning since the
operation & has never reached 100
°. Only two or three evenings did it
rise to 99.° On 16° April the
patient was doing well.

2. Stephen Hanley 63 yrs, in falling
a blind to one of the windows slipped
from the steps on which he was
standing. I saw him directly
after the accident - found fracture
of the upper third of the shaft of the
humerus & Colles fracture of the
wrist both of the right arm with
dislocation of the left humerus
into the axilla. Attempted
reduction of dislocation by placing
my foot in the axilla but it was
ineffective; I had him removed to
the Infirmary. Placed him on a chair
by manipulation with knee
in the axilla it shot into the
socket without any difficulty.

The two fractures of the right arm
I put up. He has made a splendid recovery, with only slight stiffness in the right shoulder joint, he can do his work as well as he did before the accident. This man although he says he is 63 looks quite 40 years of age.

I have frequently noticed that the repair of wounds takes place in the aged as quietly as in middle life indeed sometimes more quietly.

The number of cases admitted with ulceraed lumps of various kinds discharged cured were:

from Jan. 1st 1883 to Jan. 1st 1884 - 42

" " 1884 " " 1885 - 69

" " 1885 " " 1886 - 45

" " 1886 " " 1887 - 74

" " 1887 " " 1888 - 94

Total 344

The average number of women (with ulcerated lumps) admitted & discharged well during the five years is 35 (annually).
My experience is that wounds in old people heal slowly as a rule provided they do not though. Dr. Harley in the Text 17 June 1887 observes that high breeding in most animals conduces to a marked diminution in the bodily recuperative capacity, also that the higher bodily recuperative capacity shown the more civilized man living in a rude state, whether in the form of savage, in the fiery, or tramp wanderer among ourselves, arises from the fact that the refining influences of civilization materially diminish the animal recuperative capacity. We are familiar also with the great reparative powers exhibited in some of the lower animal forms as compared with those of the higher animals. It would seem that the greater sensitiveness—

that is, irritability or susceptibility of the nervous system & of the tissues.
generally - which is associated
with higher organization, where
we may suppose the balance
of nutrition to be most delicately
preserved, are, in a measure, unfavourable
to reparative work. In the lower
and slower excitability of these tissues
may be found an explanation of
those recuperative powers which
aged 5 white I have referred.

In the British Medical Journal
for Dec. 3rd 1884 mention is made
of a case of Phosphorus poisoning
in an old woman 45 years of
age which I brought before the
Brighton & Sussex Medical Chirurgical
Society & the stomach, small
intestines & piece of liver shown.
Theresa Thomas 75 admitted
into the Workhouse Infirmary on
Monday 24th Oct 84 with a history
of having taken Phosphorus paste
on Wednesday Oct 19th. Serious
symptoms did not occur until
Saturday the 22nd Oct when the wax
Seized with sickness & collapse, vomiting & cramps in the stomach when a medical man saw her, who gave her nothing but a dose of castor oil. I examined her on admission into the Infirmary at 5 p.m. on the Monday following: she was collapsed & cold; severe vomiting of coffee-ground loothing matter but without fecal odour; intense thirst, pain in the epigastrium, pulse extremely feeble, small & accelerated; coldness of the skin, the tips of the fingers & toes were "dead"; thin & conjunctive jaundiced, a few petechiae on upper part of chest. Treatment - soda & milk, barley water, magnesia, lime water, 30 minims of O. terebinth. in line age every 1/4 hour until 2 1/2 hours were given. She became violent & delirious during the night & coma took a foaming air in great pain & the towards the early morning, hypodermic injection of morphia given. She died at
2 o'clock on Tuesday, 21 hours after admission. P.M. made next morning (26). Liver enlarged, in a high degree of fatty degeneration.

Pale, yellow & brittle. Some slight congestion of Peritoneal membrane of stomach, which was quite empty & contracted & covered with a thin, viscous, brownish exudate. There were some pustules on its surface of a dark violet-colour. The small intestines were very much congested & inflamed, with ecchymoses & the ileum was of a deep claret-colour & filled with fluid like hot water. Kidneys were enlarged & fatty. There was fatty degeneration of the heart & muscles. I placed the stomach & intestines (dib-ups & opened out) on a flat dish & went into the mortuary at dark but the only sign of luminosity was one spot on the surface of the Peritoneal membrane of the stomach
which occasionally lighted up exactly like a flower-worm. There was no farinaceous odour. On February 2nd 1888 Mr. Lingard Stokes at the Brighton Medical Society gave particulars of a case of phosphorous poisoning in a woman, aged about 20, who was seen to swallow some green-coloured paste five days before she died. The symptoms were vomiting, slight jaundice, coldness of extremities, severe pain in the abdomen, especially in the epigastrium, great thirst. On examination the muscles were found soft and fatty, the pericardium contained some brown tromphi, heart full, otherwise healthy; lungs healthy; liver greatly enlarged. The consistency of dough, beating down on the least pressure. Pale yellow colour, not a trace of liver colour being found.
The stomach showed the usual symptoms of gastritis, eulceration. The intestines were much inflamed but presented no luminous patches. The kidneys were large, white & fatty. The pyramids natural in colour & corticose white. The stomach contains a large quantity of chocolate-coloured pus which on first opening & heating gave off a slight-smelling Phosphorus. In this case there was no luminosity in the dark. In my case on account of the persistence of the vomiting I did not use the stomach pump nor administer an emetic. In both cases the patient died five days after taking the poison. In Mr. Stiles' case the patient was not seen alive.

While on the subject of poisoning I may mention a case of acute alcoholic poisoning in a child 5 years of age who swallowed
A child of neat brandy. He slept from 10 p.m. on Feb 13/88 to 10 p.m. on Feb 14. I was sent for to see the child at 9 a.m. on Feb 14. He was in a profound stupor, shaking & pinching made no impression. Pupils widely dilated & insensible to light. Temperature normal; he was perspiring freely with a strong smell of brandy. The mother informed me that the child had been totally sick during the night in the sleep, but when taken up it could not be roused & “lay like a dead child.” I gave him a hypodermic injection of one of Surrogate’s Wellsome (Aponopamine) tablets to pr. I saw the child again at 2 p.m. He was then awake, pupils still dilated but slightly sensitive to light, pulse 130 temp 99. When asked any question spoke like a person drunk & could not hold up his head; when asked to take a pencil from my hand made ineffectual attempts.
to do so. I gave him 10 St. Gela 3; milk & soda ad lib. May Cole 4.5 every 4 hours. Asked if he was in pain nodded & put his finger to his throat. The urine smelt just like pure Brandy. He was perfectly well & running about on the 20th. The bottle from which he drank the brandy was unopened sealed & at 4 p.m. on Feb 13th after the mother had put him to bed, he got up & picked the seal & pushed the cork into the bottle with his finger & fetched a large tumbler from the washstand & drank a pint straight off. Between 9 & 10 o'clock the parents came to bed & noticed he was very excited & said he felt he was going silly. Saccarately measured the quantity taken from the bottle & found exactly seven ounces missing. The boy says he did not spill any & none was found in the room. The father states that the brandy was given to him by a gentleman as a loan.
box & told him that it cost 7/ a bottle. Had it been impure spirit there is no doubt death would have resulted. There were no convulsions, only slight twitching of the muscles & tendons of the forearms. In the “Lancet” 1872, 2 p. 76 a case is reported (as noted in Taylor’s Medical Correspondence) of a child of 4 who swallowed between two & three ounces of brandy; he was found insensible, the breathing was scarcely perceptible & the pupils were widely dilated. Under treatment he recovered two days.

At the present time I have in the infirmary two women aged respectively 98 & 95 years, the former is childish; the latter is in possession of all her faculties with the exception of being slightly deaf, she is able to read with the aid of glasses. The frequent
failure of the organ of hearing is probably due in great measure to the liability to impairment of the delicate mechanism of the middle ear - the tympanum with its membrane tympani, its ossicles with their joints, its muscles, its eustachian tube & its lining membrane - in consequence of colds, shocks & a variety of causes. But in comparing the organ of hearing with that of sight in this respect, we must not forget that the looseness of elasticity & tauter action - which our mast assume to induce defects in hearing in old persons corresponding with the visual defects classed under the term presbyopia - does not, like the latter, admit of alleviation by an early applied physical apparatus. At least, nothing corresponding to the convenient, portable lenses for presbyopia has yet been adapted.
to meet the auditory defects which maybe attributable to a presbyopic condition.

I have made a very extended trial of the recent cardiac tonics, and I have found Digitalis the most powerful heart tonic and the most permanent in its effects. It is sometimes not well tolerated, and great care is required in its administration, causing nausea and sickness. Strophanthus have found the strongest rival to Digitalis. I use the tincture and tabloids prepared by Burroughs Wellcome & Co. The irregularity of the pulse usually disappears; it is a diuretic in disease, due to increased cardiac action causing increased blood pressure and in cases of pleuritic effusion 45 minutes of the tincture taken daily, owing to persistent diuresis, the area of dulness steadily diminishes. My patients always prefer tincture
Of *Strophanthus t. Digitalis* it is well tolerated with a little
Symphytum ammonis. I have found it most useful in cardiac
disease with failure of compensation;
the palpitation & feeling of anxiety
very much disappeared. In
several cases I have used it
with marked success; it does
not disagree with the patient
like *Digitalis*. As far as my
observations go *Strophanthus*
has no cumulative effect but
I am sceptical as to the food
effects being persistent. In
fatty heart the cardiac action
is steadied by it & irregularity
is diminished but no permanent
good is accomplished. Where
*Digitalis* fails I have tried
Sulphate of *Spartine* with good
results, the dyspnea & palpitation
being relieved beginning with
1/2 p. doses. It is not a diuretic
as far as my observations go.
with regard to the Etiology & Curability of Phthisis. I will

tempt in this paper mention a few of the

most ordinary causes that I have met with,

most of them preventable. In no disease

is hereditary predisposition more evident

than in this. Owing to sleeping position

when at work in men & women too,

proper expansion of the lungs does not

take place & predisposes to disease.

Overtaking, moist air holding in

suspension a large quantity of dust, dirt

but & which are inhaled cause

irritation, deleterious fumes from rooms

souces. Drinking to excess, strong

men in this way being on a disease

condition of liver & stomach, Phthisis

developes & rapidly carries off the patient.

Amongst the poor & the lower middle

classes the habit of tea drinking has

recently spread to a very marked degree.

As Physician to the Brighton & Hove

dispensary for some years I was particarly

struck by the amount of disease produced

by this pernicious habit, the women
Taking tea with every meal, the tea acts upon the glands & mucous membrane, the secretions become deranged. Painful obstruction follows. Antiscoria is the result with general malnutrition. Pathosis: Tea cannot be cured up free from tannin. Even if it be filtered, during the process of infusion, like coffee, & poured into a teapot free from leaves. We know that tea will impede assimilation & the resistance to cold. My own observations lead me to the conclusion that tea drinking will induce disease of the circulatory organs as well as affecting the blood pressure. The rule of all things in the season is not too much of anything, apply tea just as much as to flesh diet & to alcohol. Phthisis may be traced in a great measure to improper & insufficient clothing. In winter all persons should wear under clothing next the skin, in summer the same (thinner) extending from neck to toe. Our Consecrated Ward at the Workhouse Infirmary is high above the town on the Sussex Downs facing.
in the sea, there is consequently plenty of fresh air, with a large airing court for men & women & good nourishing diet recommended taken at regular hours. I have at present under treatment, millers, bakers, ostlers, pot-men, itinerant labourers & clerks. I have been astonished at the number of cases which recover. Certain physical signs remaining as no doubt the lungs have been permanently injured. I have frequently seen all the physical signs met with in the first stage entirely disappear, the indications of the second stage occurred in a great measure & vomits cleared by afflatus of their walls. I presumed leaving no physical signs whatever indicative of a cavity, but of other changes having taken place which have been deemed harmless. Treatment I have adopted is local application in 1st & 2nd stages. Better to begin with than a small blister 2 in. by 2 in. applied to infra-clavicular region or wherever the necessity seems the case.
The inhalation treatment has been tried by me pretty extensively & have used many of the inhalers recommended. I have most faith in a simple inhalation of equal parts of acid carbolic (pure) & Sept. Virus Rect. Fill a mug with boiling water & half a teaspoonful of above mixture on a tin lid placed over it & the vapour inhaled. In many cases it does diminish the amount of expectoration & feel sure that it makes the expectoration less when offensive less too. I find Quinine & Ferri et Ammon. Cit. very useful as a good general tonic & form of iron I mostly prescribe is viz. Ferri Hyposulph. Cit. 3 parts, S. Ac. Hyposulph. 2 parts, S. Carbon. 1 part, Mag. Phosph. 1 part, S. Iron 1 part. I often resort to the simple plan of burning scores of sulphure in the closed room, the irritating effects of the vapour being mitigated by burning opium & from benzoin at the same time. This method of treatment appears to possess a beneficial power over the progress of this dread malady.
The average number of births annually occurring in the Brighton Workhouse is about 40. The greater part of the special attendance in the Infirmary is done by a well-trained Midwife who in emergency sends for me. Our present Midwife has been with us 12 years, & during that period 98 women have been confined of which number 92 were unmarried, six only being married women; two cases of twins have occurred. On the 25th Feb. 1888 I was summoned to attend Eliza White. I delivered her of triplets; all girls. They were premature between 7 & 8 months; they all died within 6 hours after delivery; three cords were attached to a common placenta about an inch from its circumference. The mother did well. The last case of triplets recorded in Brighton Workhouse occurred on Feb. 8th 1863 when Emma Baltham was delivered of 2 boys & a girl; these were taken out by the mother alive & well. It is now
well known that children under the care of women doctors, are singularly susceptible to diseases of a serious type such as scarlet fever, erysipelas, septicaemia, small pox or erysipelas. It is an index of the good sanitary state of our lying-in hospitals. During the past five years only two deaths have occurred, one from Peritonitis and the other from Tuberculosis. I have never had a single case of scarlet fever, small pox or erysipelas.

The Prevention of Ophthalmia Neonatorum. 92 per cent of the blind in England are due to this perfectly preventable condition. Considering that there are 15,000 births in the county, the following attempt should be made to stop the spread of the disease. Sips of 7% paper on which are printed plain directions should be supplied...
to the Registrar of Births & which
he should give to each person
registering a birth. Early treatment
is necessary & should consist of
frigment washing of the eye with
warm water dropped from cotton
wool at some height above the
face & the application of a solution
of sulphate of lime f. 20 to f. 70 8
or of Sublimate of Mercury f.
3 f. 07 8 or of A 70 3 f. i 6 f.
dm. i. I have instructes the
Vaccination Officer to attach the
following instructions to each
vaccination form sent out.
"Instructions regarding newborn
infants. If the child's eyes become
red and swollen, or begin to run with
mucus within a few days after birth,
it is to be taken without a days delay
to a doctor. The disease is very danger-
ous & if not at once treated may destroy
the sight of both eyes."
I have at the present time under
my care in the Infirmary three
women with fracture of the neck of the thigh-bone. Mary Mitchell, b. 85. Annie Monk, 75. Fanny Newcomb, 74. During the first years I have not met with a case of fracture of the neck of the femur in men. The bones which, up to maturity, have been gaining in weight and size, in old age gradually lose weight, but do not ordinarily diminish in size, as they do in atrophy from paralysis. Indeed, they do not infrequently rather increase in size from the continuance of a slow process of subperiosteal ossification. To this, in part, may be attributed the sharp outlines which the figures of old persons commonly acquire, except in the case of those who become corpulent. The absorption takes place first and chiefly in the more vascular cancellous parts, the bony plates becoming thinned and more, the cancelli
The canals being enlarged and filled with marrow, while the bone tissue itself becomes often, though not always, more imprisoned with oily matter. Hence, although the walls of the shaft are being gradually thinned from within, the ends of the bones are joint most affected, which explains the greater liability to fracture near the joints in old persons than in the middle-aged. This change, with the proportionate liability to fracture, is especially remarkable in the trochantoric and cervicis parts of the thigh-bones, the strength of which is so much dependent upon the strength of disposition of the cancellous plates. This change takes place earlier in women than in men, which may be a consequence of the earlier cessation of active occupation in them than the less amount of outdoor exercise they usually take, or it may be
due to some natural predisposition in them, associated with a past tendency to adipose degeneration in other parts, evincing itself occasionally, in an exaggerated manner, in the production of osteomalacia. The peculiar frequency of fracture of the neck of the thigh bone in them is the attributed to the peculiar weakening which the part thus undergoes, as well as the more near approach to a right angle which the neck naturally forms with the shaft in women than in men. Had a case of intracapsular fracture which will form part of the case of the long splint ounces union this notes on an epidemic of measles at the Warren farm schools.

One case of measles occurred on 6th July 1887, the boy having contracted it while on a visit to some relations in Brighton. 59 cases occurred from this child in regular fortnightly batches. I quote from notes of 59 cases.
The period of incubation was 14 days. All.
The highest temperature:
105° in 3 cases    102° in 6 cases
104° in 22         101° in 4
103° in 24
The day of disease on which the highest
temperature occurred:
the fourth day 45
...fifth...14
The temperature fell by crisis in 49
by ecision 12
The earliest day on which the temperature
was normal:
the fifth day in 20 the seventh day in 12
...sixth...22...eighth...5
Injection of conjunctive. Coryza frequent all
Cataracts of faines present in all
(very severe in 12).
Bronchial cataracts (detectable with
Stethoscope) present in 35, absent
in 24.
Diarrhea present in 26
...absent...33
Enlargment of posterior cervical
lymphs. Present in 15
...absent...44
Malaise - seen in all, marked in 22
Delirium - present in 18
Absent in 41
Rash appeared at the end of the 3rd or beginning of 4th day in all
Desquamation (on face & chest only) in all.
Meadly odours in 54
Not detected in 5
Complications or sequelae in all.
Conjunctivitis 22
Laryngeal Catarrh 5
Bronchitis (mild) 26
As. (bac) 16
Ulcerative stomatitis 7
Follicular tonsillitis 4
Persistent Vomiting 6
Diarrhea 26
Endocarditis 1
Pericarditis with effusion 2
(separate from rheumatism)
Dennkopfes (rubentaneous) 7
Albuminuria (fibrii) 10
Persistent anaemia 9
Previous history - none had previously had measles.
16 had previously had typhus fever 43, and
15 " " scarlet fever 44."

None were allowed to return to schools before the end of three
weeks.

The number of persons of unсоrner
mind in the Workhouse - There are on the average rather over
150 indigents, idiots and persons
of unсоrner mind always in the
Workhouse. Of these the men
contribute a little more than
half - while the ratepayers have
to maintain on the average rather
over 220 lunatics in asylums.

The number of persons of unсоrner
mind certified to by one examined
before justices & removed to County
asylum -

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1883</td>
<td>38</td>
</tr>
<tr>
<td>1884</td>
<td></td>
</tr>
<tr>
<td>1885</td>
<td>43</td>
</tr>
<tr>
<td>1886</td>
<td>35</td>
</tr>
<tr>
<td>1887</td>
<td>57</td>
</tr>
<tr>
<td>1888</td>
<td>44</td>
</tr>
</tbody>
</table>

Total 211
The charge to the Parish of Brighton for weekly maintenance in the County Asylum of lunatics is 8/3 at the present time, the lowest point it has ever reached is lower than that of any other Asylum in the South Eastern Counties. The Government Capitation grant refunds 4/- per patient to the absolute cost to the Brighton Parish of each lunatic sent to the Asylum, is only 4/- per week. In my experience the three most important factors in the causation of mental disease are hereditary influences, domestic and business troubles & drink. Male patients, as regards station or occupation, those that labour both agricultural & general constitute most. No occupation next. Then bricklayers & shoemakers, coal drivers, soldiers, carpenters, portmen, fishermen. Then bakers, bricklayers, coachmen, servants, tailors. On the female side
domestic servants stand highest; then no occupation, then wives of labourers, then cooks & housekeepers, then wives engaged in house duties, then wives of carpenters, coachmen, teachers, nurses, dressmakers & charwomen.

With regard to Antipyretic remedies I consider Antifebrin far above all other Antipyretic remedies. 3½ grains correspond to 15 pps of Antipyrin & in spite of its slight solubility it acts quite as quickly & four times more powerfully than Antipyrin. Its effect is manifest after an hour & attains its maximum in about four hours & according to the dose administered passes off in from 3 to 10 hours. In Phthisis it should be given about 12 o'clock; in weak patients it produces perspiration & the rigor. In the lightening pains of locomotor ataxy I have found
it very useful in 8 pains.

Resorcine. From an extended trial of this drug I can speak very highly of its therapeutical effect. It is a powerful antiseptic having a slight caustic action on mucous surfaces and does not provoke slough. The epithelium is regenerated in from 2 to 3 days. In faecie ulcers & Catarrh it is of great value — 15 pr. well diluted with water & flavoured with syrup. Currant or Syrup. Eucalyptus is the most trustworthy remedy I know. A one per cent. solution is very useful in Otorrhoea & for improving the appearance of unhealthy wounds also as a drench in Wasting Gout every two hours. In Lupus a 20 per cent. ointment used after previous scarifications: the results were eminently satisfactory after many forms of Catarrh had been used with but partial success.
Case of Mr. A. C. 15. The lesion was of a strumous, indolent nature involving extensively the whole upper lip, both angles of the mouth & left cheek. A few weeks of treatment 7 ointment of Rescin has nearly healed it. The application is attended with comparatively little pain.

In a case of Epitheloma of the jowels I have found more relief to the pain from a spray of 20 per cent Rescin combined with Cocaine than from a spray of the latter alone, although it had no effect in arresting the disease.

Before concluding this paper I should like to make a few remarks on the question of the "unemployed", a difficult problem to one upon which my advice has been asked by the Board of Guardians. My opinion of the unemployed where in the artisans & laborers who are competent to practice some useful trade or calling.
have been driven to want by causes beyond their own control from a very small contingent of the "unemployed" Army. I say emphatically that probably not two per cent of the destitute of this class are persons of good character as well as average ability in their trades. Of course many good workmen who are also men of sober, steady character find themselves from time to time out of employment. But they belong to trade unions; they have subscribed to benefit clubs, they have saved a little money, or they are able to get some temporary assistance from their friends who can generally manage to tide over the short interval between the losing one situation and the finding of another. There is a large class whose occupations are such that they must be often unemployed. Men whose only trade is that a trade which from the nature of the case can only be carried on at particular times and seasons must constantly be in need of alms unless they can by thrift and self-denial lay by in their working days for the period when they will get no work. Then there are the
people disabled by sickness, he ill-paid workman disabled by the earth by the necessity of providing for a family much too large for their resources, the reckless of the incapable. There is a section of the unemployed (it is perhaps the largest) of which the rest of the world knows most for it is not prone to hide its head, or sit mute under its worst. It is composed chiefly of habitual tramps, paupers, mendicants and loafers with a sprinkling of professional criminals. They have never done a stroke of honest work in their lives, they do not desire it, & they would not do it if it were given them. Relief which should come to them as the equivalent of hard and tiring labour is the last thing they want. Remedial measures for the unemployed must be suited to their various conditions & characters. Many philanthropists with a practical knowledge of the state of the destitute poor have come to the conclusion that the case of the genuine "workless" worker whose distress perhaps is only temporary might best be met by a modification of the stringent of the Workhouse System. As a whole the new Poor Law as modified by the Rules...
Of 1861 remains the best general method for relieving or preventing pauperism which has ever been devised. hard it undoubtedly is hard it is meant to be or its deterrent effect would disappear. Its chief weakness is that it fails to discriminate between deserving and unworthy cases, between the distress which is in all probability incurable and the distress which is merely temporary. I have urged that the dictum that rules against the encouragement of idleness should be applied by the guardians with more elasticity; that they should be prepared to supply a man who can produce evidence of good character willing to work at a rate of remuneration which below the market rate would still be sufficient to keep body and soul together; that they might give such assistance without making the recipient pay for it by the loss of personal liberty. To the worthless the workhouse should remain a real terror; to the hopeless pauper a material wreathage, while it is useless to put back into the stream it should be refuge; but the honest-labouring man
in need of temporary help, which he is willing to purchase by hard work, then it would not be driven within its limits. There would be no evasion of the spirit of the Poor Law if the guardians were to do what charitable people attempt by costly, inefficient, spasmodic efforts each time that the cry of exceptional distress is raised. If this is condemned as tending towards socialism, it can only be answered that the Poor Law has always been socialist in the best sense of the word. It is as different as possible from the socialism of those visionaries who urge that the State should set up as a manufacturer on its own account and provide for work at high wages for everybody. The idea that the legislature should be asked to hamper our industry to give fresh advantages to our foreign rivals by enacting an universal eight-hour rule is not less absurd. To impose fresh burdens upon the productive labour of the country is not the way to help that comparatively small section of deserving labourers who are temporarily left behind.
in the industrial competition. In those who are not deserving among the unemployed, I would recommend measures of sensible coercion. It is mere folly to invent elaborate relief works for the tramps who wander about the country begging, bullying and stealing when they feel the chance. There can be no getting away from the fact that there are a certain number of persons in our great cities who are rather lower in the scale of civilization than even savages. Their habits are ineradicably dirty and filthy; they are strangers to soap, to cold water, to all the common decencies of civilized life. They are dishonest, foul-mouthed and brutal. If they do not commit actual crime, it is more from the lack of the necessary courage and dexterity, than from any moral restraint. These are the nomads of the streets, the raw material of the Anarchist and the Revolutionary. The main element in those disorderly gatherings of the "unemployed" while putting enthusiasts have insisted on regarding as bands of ferocious laborers
seeking work. They are professional practitioners of all branches of the mendicant art, including the profitable one of feeding on the benevolent impulses of the rich. They are the largest recipients and sometimes the only recipients of great charitable funds like that which was collected at the Mansion House in 1886. I have no hesitation in saying that the weak-minded sentimentalism of the day is aggravating the condition and fast adding the numbers of this worthless and dangerous class. I firmly believe that a reversion to the stern doctrines of a generation or two back is wanted. The Poor Law was not meant and should not be used to minister to the occasions of those whom our fathers rightly called sturdy rogues and vagabonds. For the benefit of such individuals the enactments of various measures which still remain on the statute book, though Poor Law frandees, Police officials, and Magistrates seem to be ignorant of their existence. It would do immense good if some of these Acts were enforced. If a person is a vagrant, hopeless, incurable, the prison is a better place for him than either the workhouse.
or the Casual Ward. For the poor man of good character, temporarily destitute of a lodging, the free right refuge is well enough; but it is monstrous that it should be permitted to become a mere hotel for the habitual tramp. I contend that while there should be paternal indulgence and flexibility shown in dealing with the deserving poor, adeal more virjous and judicial sternness should be exercised towards those who have not the faintest intention of earning their living by anything in the nature of honest labour or steady industry. For unemploy of that kind there is only one species of "relief work" which is at all likely to be effectual.