

made a great impression. "They are," the writer says, "of great perfection. One instrument is employed for registering the force of the blood-current through the arteries. There is also a machine of the most delicate description for slicing specimens for microscopical examination." Miss O'Connor-Eccles does not seem to realise that in every medical school in London she could find an arterial manometer and a rocking microtome, although their presence is not regarded as an excuse for rough treatment of patients in the adjoining hospital. The article, however, is one which may be read with much pleasure for the writer's intelligent observation and accurate description, and Miss O'Connor-Eccles's suggestions for reform are worthy of the attention of our readers and may open a new field for the energy of benevolent English ladies.

THE LOW BIRTH-RATE OF ISLINGTON.

THE annual report of the medical officer of health of Islington is full of interesting information. The parish is very numerous, containing in the year 1898 a population of 345,000 persons. The density of the population, notwithstanding some good open spaces, is great, being 111.0 persons to an acre as compared with 47.9 in Liverpool. The death-rate is remarkably small—16.5 per 1000. In the preceding year it was 15.8—the lowest on record. The marriage rate in the preceding year—18.57 per 1000 inhabitants—was the highest for many years. In spite of all these favourable circumstances the birth-rate was lower than any recorded, being at the rate of 27.39 per 1000 inhabitants. For the years 1861–70 the average annual rate was 37.20. In other places for the year 1898 the birth-rate was much higher. In the 33 great towns it was 30.4 per 1000. In Liverpool it was 35.2. There is much fluctuation in the birth-rate of the parish as is seen when that for each decade is considered. But the record minimum is a matter for the serious consideration of the inhabitants of "merrie Islington." It is surely a fact of some significance that, with a population less by 45,151, Islington in 1890 had almost as many births (9419) as in 1898 (9453).

REMOVAL OF A FOREIGN BODY FROM A BRONCHUS.

THE removal of a foreign body from a bronchus is frequently difficult. In the *New York Medical Journal* of Sept. 30th Dr. A. Coolidge, jun., has described an ingenious method of ascertaining the position of, and removing, the foreign body. Mirrors and angular instruments introduced into the tracheal wound are difficult or impossible to manage. Schroetter has shown how by introducing a straight speculum into the trachea and bending the upper part of the body and head backward and to one side the speculum may be pushed downwards so that its axis is a continuation of the axis of the lower part of the trachea. With proper light not only the trachea but often the whole length of the right and much of the left bronchus can be seen. A man, aged 23 years, had worn a tracheotomy tube for 20 years on account of stenosis of the larynx. The last tube, which was of hard rubber and had been several months in use, became detached from the shield and was inhaled, causing severe coughing and difficult and noisy breathing. Examination with the x rays gave a negative result. The patient was put under ether and placed on his back with the shoulders over the end of the table and the head was held downwards and rotated to the right. The tracheal opening was enlarged downwards. Not having any other straight tube of the proper calibre Dr. Coolidge used a urethroscope half an inch in diameter and three inches long, which was a little short for perfect examination. This was passed through the tracheal wound with the stylet in place and turned downwards; the stylet having been withdrawn, the speculum was

without difficulty pushed down the trachea to within about an inch of the bifurcation. A frontal mirror with reflected sunlight illumined the field perfectly. The foreign body was seen in the right bronchus, the upper end being about half an inch below the bifurcation. It was seized with alligator forceps introduced through the speculum and removed without difficulty. During the whole time, except for attempts at coughing which soon subsided, respiration was carried on easily through the speculum.

THE PREVALENCE OF SMALL-POX IN HULL.

MANY people are becoming anxious at the apparent inability of the Town Council of Hull to control the prevalence of small-pox in their borough. The disease has now prevailed there on and off for several months and it has spread to other places, notably to Beverley, during the past ten days. It is now alleged that it is the small-pox hospital itself which, by the aggregation of small-pox patients in near proximity to a susceptible population, is the cause of the maintained prevalence of the disease. This is a point which should receive the careful attention of the corporation.

A COOLIE HOSPITAL IN SUMATRA.

THAT the true spirit of colonisation is largely developed in the people of Holland is shown by their intelligent and humane management of their possessions in the East Indian Archipelago. Five of the principal private companies in North-Eastern Sumatra maintain well-equipped hospitals for the benefit of their coolies and other dependents, while even the smaller associations of planters have established huts where skilled medical and surgical aid can be obtained. The following description of the Bangkatan Hospital, which is the property of the Deli-Maatschappij Company, is from the pen of Dr. L. Martin¹ who for five years has been at the head of the institution. 1. Three wooden pavilions painted white, standing on cemented plinths, double-roofed and thatched with palm leaves, each 60 metres long by six broad, and containing wooden cots for 50 patients. 2. A kitchen covered with sheet iron, including rooms for the cook and his assistants. 3. Latrines situated on the bank of the river, of which the water serves for flushing purposes. 4. A pavilion, 20 metres long by eight broad, surrounded by a verandah which is used as a waiting-room. It contains an operating-room with two metal-topped tables, one of which is reserved exclusively for patients suffering from ulcers of the leg, a study for the medical officer, a consulting-room fitted with a large glazed window and a microscope table, and a store for necessaries and dressing materials. In the verandah double-current irrigators are suspended containing a solution of boric acid for the use of the numerous cases of catarrhal and blennorrhagic conjunctivitis. 5. A small mortuary with zinc-covered table. 6. A building which serves as a dwelling for the coloured staff. 7. A covered shed for the convalescents during the heat of the day. Every patient on admission receives hospital clothing and, if necessary, woollen garments. Cases of diarrhoea, dysentery, and cholera are accommodated in a special pavilion. Every article that was made use of for their conveyance to hospital is disinfected with creolin. It is worthy of note that none of the attendants of this pavilion have ever contracted cholera or diarrhoea. The *personnel* of the hospital comprises one medical officer (European), one assistant apothecary, one chief superintendent (Chinese), one chief superintendent (Javanese), one ward servant (Chinese), one operating-room attendant (Chinese) who is also charged with the duty of taking temperatures, two Sikhs from the Punjab who act as policemen, night watchers,

¹ Archiv für Schiffs- und Tropen-Hygiene.