

## Medical Matters.

### DIPHTHERIA IN LONDON.



THE *Times*, this week, calls public attention to the fact which has caused much concern in medical circles for some months past—the extraordinary prevalence and fatality of Diphtheria. There is no doubt that—as we have hinted before, in these pages, although we deemed it wiser to lay no special stress on the mortality—London is face to face with a very serious outbreak of this disease. About 400 new cases are notified every week, and the death rate, instead of being less than 30 per cent, has been treble that number, or nearly 25 per cent. This is serious enough; but attention is also drawn to the fact that, until 1888, there were never a thousand deaths from Diphtheria in London, in the year, whereas, in 1892, that number was nearly doubled; and it seems more than probable that, by the end of December, there will have fallen, at least, 3,000 victims to the disease, these twelve months, in London alone. It is thought that Diphtheria is not dependent, for its increase, so greatly as other zymotic diseases undoubtedly are, upon insanitary surroundings, and the theory which at present finds most favour is that its diffusion, if not indeed to a large extent its origin, is due to the crowding together of children in hot and ill-ventilated schoolrooms. It would, indeed, be a strange irony of fate if the efforts of the State to impart knowledge to the young were directly followed by the greater extension of a deadly disease. There is, however, one point which appears to have been overlooked in the statistics which we have quoted. It is more than possible that the greater number of cases of Diphtheria which are now known to occur, may be largely due to the fact that, during the last four years, every case has had to be notified to the sanitary authority, whereas, until 1890, this was not compulsory, and, consequently, in numberless cases was probably not done. But this argument does not affect the fact of the greatly increased mortality returns; indeed, it only serves to enhance their deep significance. One word of warning may be profitably given to Nurses, therefore, at this juncture. When bending over children or making applications to their throats, the greatest care should be exercised to avoid inhaling the patients' breath, and especially to guard against any sputa being coughed upon the Nurse's face as so frequently happens. It is recommended by eminent specialists that a double layer of Boracic gauze should be worn over the Nurse's nose and

mouth while compelled to bend over the child; and when coughing and expectoration is frequent, the precaution is undoubtedly a very wise one. Finally, most scrupulous cleansing of all receptacles and of the Nurse's hands with powerful antiseptics, such as Jeyes' Fluid, Sanitas, or Mason's Perfumed Carbolic Acid, the collection of the sputum on Iodoform or Sal-Alembroth Wool, and its immediate destruction by fire, are precautions that should never be neglected.

### HOSPITAL OUT-PATIENTS.

IT would seem as though a battle royal would shortly be waged over this question, because there is a considerable amount of personal feeling being introduced. On the one side, many medical men, speaking from bitter and practical experience, contend that the present out-patient system is a gross abuse of charity, that the attending physicians are overworked, that they are physically incapable of giving exhaustive attention to the hundreds of patients whom they are supposed to see, that these patients suffer much from the many hours of discomfort and waiting through which they are compelled to pass, and that the general practitioners, who are able and willing to attend upon them, thus lose patients who could well afford to remunerate them for their skill and care. It is undeniable that there is much truth in each of these assertions, and the wonder is that the evil has been permitted to continue for so long without any genuine attempt being made to provide a remedy. Now, two very opposite plans are proposed: first, to close all out-patient departments for six months, which, of course, is not only wildly impracticable, but would arouse a national outcry against the Hospitals that attempted to do so; second, to open out-patient departments in the evenings, so as to permit more people to attend them. This is more feasible, but still presents very great difficulties. If only few patients attended, there could clearly be no need for such extra attendance; and if large numbers came, not only would the present injustice of giving charitable relief to well-to-do persons be increased, but the practical questions would arise as to when the honorary medical staff would get any rest, or even when the evening's work would be finished. "A Solicitor," who, perhaps, never did a gratuitous hour's work in his life, is very anxious Hospital staffs should see out-patients in the evening. If these gentlemen, in consequence, and quite justly, demanded to be paid for their services, we venture to doubt if the proposers of the scheme would subscribe to meet the necessary great expense of the additional labour to everyone concerned.

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