of deaths was at first less than on those two occasions. The fact is that the sanitary control of the city has been constantly extended and improved. Besides, special attention is bestowed on the prevalence of epidemic diarrhœa among children during the hot weather. A large staff of female inspectors is now employed to visit the homes of the poor and give the parents advice in regard to the proper feed-ing and care of infants. Instructive posters and leaflets are distributed freely. Moreover, an extra large staff of scavengers is engaged to wash out the courts, alleys, and smaller streets of the poorer quarters. In 1897 and 1904 the measures taken were not so energetic and thorough. Though the meteorological conditions during those two years were the nearest approach to what we have just experienced, the weather was neither so hot nor so dry. Nevertheless, by the beginning of July the infant mortality commenced to rise by leaps and bounds. This year, on the contrary, there was only a comparatively small increase of cases up to August 7th. By that time, however, the great strike had thrown all the sanitary services out of gear. The loss of life that immediately followed will at least serve to show how very effective these services had been.

THE DEATH-RATE OF THE CHILDREN AND THE STRIKE.

On September 21st last the health committee of the Liverpool Corporation requested the medical officer to prepare a report setting forth exactly what had occurred. The figures very clearly indicate that the exceptionally hot weather did aggravate the situation, and that the strike intensified the evil to an alarming and disastrous extent. For a period of about two weeks it is probable that a third of the deaths from diarrhoa were due to the strike, and for some weeks following a smaller proportion of deaths from this cause were also due to the aftereffects of the unwholesome conditions prevailing during the strike. But there seems to have been a notable increase of mortality from other causes, and this prevailed among adults as well as among children. These fatal results were obviously caused by the extreme, almost tropical heat, and the accumulation of filth, together with the want of food, especially of milk. The work of sanitary inspection stopped and the lady inspectors, who do such good work in advising mothers, could not penetrate into the disturbed districts.

THE INSANITARY CONDITIONS CAUSED BY THE STRIKE.

Probably the worst evil of all was the interruption of scavenging services. In the better parts of the town this did not so much matter, but in the poor districts a few hours' neglect suffices for dangerous conditions to come into existence. A special staff of scavengers scour out these streets and courts every day with the fire-hose and sweep everything down into the sewer. Further, they visit the inside of the houses, and if they find a neglected, dirty closet, the inhabitant is called upon to clean it forthwith while the inspector stands by and sees that it is properly done. But during the strike, and for five to six days, this service entirely stopped. Then great poverty prevailed. What little milk was procured

was more readily contaminated when brought into such filthy surroundings. Had this continued, something far more dangerous than an increased mortality from diarrhæa among children might have ensued. Cholera, or even plague, might have found favouring conditions amid all this poverty and dirt.

A ZULU CONFINEMENT.

A medical man in Natal sends to *The British Medical Journal* the following note, which he says is a literal account of what happens at an ordinary Zulu confinement:—

The Lying-in Room. — A small beehive-shaped grass hut, about 10 ft. in diameter and 8 ft. high in the centre, with a mud floor (smeared with cow dung), and a door 2 ft. broad, and so low that you have to grovel on hands and knees to get in. There are no windows, an open fire is burning in the centre, and there is no chimney so the place is filled with smoke, acrid and tear producing. At the side is tied a small goat; dogs, chickens, and cats stroll in and out. The furniture consists of a few dirty grass mats, some black, three-legged pots, and some beer receptacles, a wooden pillow, a few sticks and dirty blankets complete the outfit.

The Midwife.—It should be rather "wives," for there are generally a dozen or more present, stalwart, middle-aged females, with lusty arms and vigorous voices. They are all more or less dirty and perspiring, for they have been working hard, holding and squeezing and pommelling and pushing the unfortunate patient. Each one has her own theory as to the condition of affairs and its cause, and each theory is loudly assented and controlled.

and each theory is loudly asserted and contradicted.

The Patient.—She is sitting up, or rather squatting on her heels, hanging for dear life with both hands on to a rope tied to the roof. She has no clothes on, perhaps a small rag, which will be used to wrap the baby in. A grass rope is tightly fastened round her middle, "to keep the infant from slipping up again"; there is not even a mat under her, nothing but the aforesaid cow-dunged mud floor. There is no bed, and if it is a forceps case the accoucheur has to devise one, or manage on the floor. Sometimes a few boxes of different sizes and degrees of dirtiness may be found and padded up with old clothes and sacks, and so a bed be manufactured. The aseptic ritual is manifestly impossible, but an attempt is made with newspapers and towels to improve the conditions of things, and matters generally progress satisfactorily, except in cases where the patient is already moribund. If left alone the attendants will give an enema by standing the patient on her head and inserting a cow's horn, and by this means blowing the necessary fluid into the rectum!

The Child.—The umbilical cord is bitten or torn off close to the child, thus causing many umbilical hernias.

After-Treatment. — The patient will go on the following day to the river, and in a few days will resume her normal habits.

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