

III. TOTAL NUMBER OF DEATHS FROM "TYPHOID" AND "TYPHO-MALARIAL" FEVERS SINCE 1877.

	1878	1879	1880	1881	1882	1883	Total.
January....	1	1	-	1	3	3	9
February....	2	-	-	2	2	4	10
March.....	1	-	2	2	3	-	8
April.....	1	4	4	3	2	-	14
May.....	-	3	7	1	-	1	12
June.....	-	1	7	2	-	1	11
July.....	2	3	5	5	1	3	19
August.....	3	4	5	2	7	7	28
September..	4	1	5	6	10	4	30
October.....	1	5	3	4	2	5	20
November...	1	-	4	5	7	10	27
December...	4	1	3	7	3	4	22
Total.....	20	23	45	40	40	42	210

year as one would have been led to expect from the number of cases which have been reported in the daily press. Perhaps one reason why the disease has recently attracted especial attention on the part of the public is on account of the social importance of its victims. Another reason why at the present time it unquestionably should command the attention of the profession is the fact that cases of the disease have been reported in nearly all of the neighboring towns, whence are derived the water and milk supplies of the city. It will be instructive to observe during the coming year whether the occurrence of the disease can in any case be traced to infection from either of these sources.

ST. MARY'S LYING-IN HOSPITAL.¹

BY BENJAMIN CUSHING, M. D.

THE St. Mary's Infant Asylum and Lying-In Hospital, Bowdoin Street, Dorchester, in care of the Sisters of Charity, was opened in September, 1874. To this date, January 8, 1884, during nine years and four months, there have been in the lying-in room 550 patients, a yearly average of about fifty-eight. Married women, twenty. Single, 530. Of the married, one was delivered of her eighth child, one of her fifth, three of their third, and one single woman (colored) of her second. As to ages, two were fourteen years, one thirteen years six months, and the others of ages from fifteen to thirty-eight years. Presentations other than of the head were one of the hand, and several, I do not know exactly how many, of the breech and of the cord. One case of twins. One case of convulsions. In the case of hand presentation the child was turned. Forceps have occasionally been used. One woman (married) was in consumption when she came to the house. A week after delivery, by her own wish, she was taken to her home, where she soon died. One young woman (single) on the tenth day after delivery, was taken away by her friends, and died under circumstances unexplained. The patient who had convulsions was a

¹ Paper read at a meeting of the Dorchester Medical Club, and communicated, by request, to the Obstetric Society of Boston, January 10, 1884.

young woman who had received an education above her social position. She had been led astray and deserted. She came to the hospital with the impression strongly fixed on her mind that she should die. I saw her in the early stage of labor, and as it seemed that there would be some hours to spare I left her for a time to visit other patients. When I returned I found that she had had convulsions, and been delivered with forceps by a physician who had been called in my absence. She had no convulsion after my return, but profuse hæmorrhage. This was stopped, but the next day she had peritonitis, with great tenderness of the abdomen. She died within the week. No post-mortem. Cause of peritonitis, therefore, not known. After her death the room was cleared and cleaned, and the walls were whitewashed. All bedding was either burned or disinfected by boiling or exposure to fumes of burning sulphur. The persons and clothing of all attendants were disinfected. No case of labor was allowed in the house for three weeks. There was no second case of puerperal fever.

There has been no other death among the lying-in women since the hospital was opened. A very good record, I think. I regret that notes of all the cases in detail have not been kept, but as, for various reasons, this has not been done, I give only such facts as may be relied on as correct. Statistics carefully gathered from well-kept notes are doubtless the most valuable contribution to our general knowledge, but impressions, the result of experience, are, I think, not without their value.

It will be interesting to note some of the circumstances under which these 550 labors have occurred.

The house is an old one, built of wood, before furnaces were in use, and, therefore, with open fire-places. It is L-shaped, having two stories, with a French roof, superadded by the Sisters, which makes it really three stories.

In this third story is the children's dormitory, and a room for infants, also one small room used when it is desirable to isolate a patient.

The hall, with stairway, is in the wing of the building. The lying-in room, in which are four beds, is also in the wing, on the second floor. It is a room eighteen feet by sixteen feet, with bath-room attached. The lying-in room and a small room adjoining are warmed by open fires. There are two windows on the south side, and one on the north. Kitchen in the basement. Wash-room adjoining. Sewage into cess-pools. The whole house covers an area of not over 1500 square feet.

Number of occupants: Sisters, six; hired women, two; children, thirty to fifty; infants, twenty to thirty; women waiting, in the beds, and convalescent, twenty-five, more or less. There have sometimes been as many as one hundred persons in the house, including all ages; seldom or never less than eighty. I should add that the nearest building is not less than one hundred feet from the house.

We have had children in the house, from time to time, sick with diphtheria, scarlet fever, measles, and the usual diseases of summer.

One of the Sisters superintends the lying-in room. The nurse or midwife has herself been a patient. The Sister, by the rules of her order, is not allowed to put her own hand to the special work of the nurse.

From September, 1874, to March following I attended all the patients myself as I would in private

practice. Since that time several of the Dorchester physicians have been in attendance when called on. I say when called on, for most of the women have not been attended in labor by any physician, the nurse and Sister managing this themselves unless there is especial need of help. Should the labor be tedious, the presentation not understood, should there be hæmorrhage, retained placenta, or any complication calling for help, the physician is sent for.

The usual course pursued is this: At the proper time the nurse examines the patient, and if she feels the head distinctly she infers that all is right. She waits until the child is born, and, after tying the cord and removing the child, lays her hand on the fundus, and follows the uterus as the placenta is expelled. She never introduces the hand to take it. If this is necessary she sends for the physician, but it is very rarely needed. The perinæum is not supported. Ether is not used unless especially indicated, and then only by the physician. Persulphate of iron, ergot, brandy, ether, and a hypodermic syringe are always at hand. The Sister understands their use. After the child is born and the placenta expelled the mother is left undisturbed for an hour, sometimes longer. Not until she is rested is the bed cleared and the binder applied. The after-treatment is simple. For the last few years vaginal injections of Labarraque's solution, largely diluted, have been used for a week, more or less, according to circumstances. The bowels are generally moved on the third day by castor-oil. Of course cleanliness is enforced. Cold water to drink *ad libitum*. Simple diet. All may be summed up in two words, non-meddlesome midwifery.

Thinking of these facts I am confirmed in the impressions which more than thirty years' experience has fixed on my mind, namely, that labor, *as a rule*, is a natural, healthy process, not to be interfered with or helped, only waited on, although I well know that there are many exceptional cases which tax all the resources of the best instructed; that the duty of the physician is to stand ready for emergencies; that we, all of us, are too ready to interfere where interference is worse than useless.

I have lately read, in a New York journal, an article written by a teacher of high authority, in which he gives a formidable list of what the accoucheur should take to the lying-in room. I have not the journal at hand, but recollect that the writer says we should go as to a "capital operation." I at first, by mistake, read it "capital punishment," and I must believe, if thus equipped, this would be the truer word.

AN EPIDEMIC OF TYPHOID FEVER AT A SUMMER HOTEL.

BY L. F. WOODWARD, M. D., WORCESTER, MASS.

THE Black Mountain House, which was destroyed by fire February 17, 1884, was situated in Camptonville, twelve miles north of Plymouth, N. H. It contained accommodations for one hundred and twenty-five guests, and was crowded throughout the whole of July and August.

There had been no sickness until the latter part of July, when a little girl was brought to the hotel with what proved to be a mild case of typhoid fever, hardly severe enough to keep her in bed. She recovered per-

fectly, and returned home August 30th. No precautions were taken to disinfect the stools, and the other guests were not informed of the nature of the disease. August 30th some of the guests had been complaining for several days of headache and malaise. During the next few days ten of them came down with symptoms of typhoid fever. The hotel was immediately closed, and all that were able to travel were sent home. Four of the guests, however, were too sick to be moved. One of these developed cerebro-spinal meningitis, and died after an illness of eight days. Two of the others, a brother and sister, remained in Campton until the end of the second week, when they were removed to their home in Haverhill, upon beds, without any serious consequences following. The last of the four remained in Campton until she recovered.

The rest of the guests separated in all directions. One party *en route* for Savannah only reached New York, where two of their number went to the Roosevelt Hospital, one with typhoid fever, the other with cerebro-spinal meningitis.

Another lady, living in New York, could only reach Worcester, and was obliged to remain there for several weeks with typhoid fever.

One Boston family had three out of five members sick.

A Newport family had four out of five ill. Of the two Taunton families one had three out of four, the other four out of five, members down with the same complaint.

A Providence family of four had three members sick. One young lady died of typhoid fever in Boston, and four others were sick with the same disease in different cities. Four of the servants of the Black Mountain House were also sick.

In all there were thirty cases of typhoid fever, with one death, and two cases of cerebro-spinal meningitis, with one death.

As far as I could learn, the district had been free from epidemics of typhoid fever for several years, and there had been no case of this disease in town during the summer. The record of deaths in the village shows only one death from this cause in fifteen years.

A careful examination was made of the hotel, water supply, milk, and vaults. The water used came from a spring situated on a hill, one half mile from the hotel, and one quarter of a mile from the nearest dwelling. The spring is on higher land than any of the houses in the village, and the water was carried to the hotel through wooden pipes, with a fall of about one hundred feet.

Occasionally a small quantity of water was used from a neighbor's well, about one hundred and fifty yards from the hotel, and within fifty feet of a dwelling. The milk was either furnished by cows kept in the hotel stable or from a farm in the neighborhood where there had been no sickness.

The hotel itself was built on a sandy soil, and was situated in a high valley. The privy contained no vault, the discharges being allowed to fall upon the surface of the ground. Loam was thrown in upon them twice a day. The liquids soaked into the soil. The solids were shoveled out as often as necessary. There was no drain or cess-pool, and all liquids from the house drainage were also allowed to soak into the ground in the immediate neighborhood of the hotel. Still, although the house was crowded to its utmost capacity, there was no sickness until a case of typhoid fever was