

After their arrival at Alexandria the patients were removed to hospital and plague bacilli were demonstrated in the contents of the bubo of the first patient and in the sputa of the second. A third case of plague developed in the person of a sailor on board the ship during her stay at Alexandria. The *Maria Teresa* was disinfected and left for Beirut, whence she was repulsed to Clazoméne (the Turkish lazaret near Smyrna). Here a fresh case of suspicious disease was landed, but it proved to be other than plague.

It is noteworthy in regard to the above history that plague was present in Constantinople during the first stay of the ship there, and that the date of the second departure of the vessel from the port coincided with the occurrence of a death from plague in the city. It is therefore permissible to surmise that the vessel became contaminated in some way at Constantinople; more particularly as she had called at no other known infected port from the time of her leaving Alexandria, six weeks before the disease appeared on board. A second case of plague on board ship was that of a patient who was landed in Constantinople from the s.s. *Equateur* of the Messageries Maritimes. This ship arrived here on Oct. 17th, and reported all well on board, but the same day one of the crew was taken to the French Hospital with symptoms which proved to be those of plague. He was removed to the municipal plague hospital and is now convalescent. The itinerary of the *Equateur* during her preceding voyage is of some interest in this connexion. She left Marseilles on Sept. 18th, touched at Naples on the 21st, and arrived at Constantinople, the first time, on the 26th. She left on the same day for Beirut; she left Beirut on Oct. 11th, called at Vathy on the 14th, at Smyrna on the 15th, and at the Dardanelles on the 16th, finally arriving at Constantinople on the 17th. The man had probably been ill for several days before the ship arrived at Constantinople the second time, and the question arises whether the ship did not in some way become contaminated when she called at Naples on Sept. 21st—a date when the infection was known to have existed in Naples; or whether she took the infection on board during her first call at Constantinople on Sept. 26th. A third case of plague on board ship was recently reported. A plague patient was landed at Port Said from the s.s. *Portugal* from Alexandria, on Oct. 27th or 28th.

The measures decreed by the Board of Health in relation to the above outbreaks in and near Constantinople have been briefly as follows. The single case at Smyrna was merely annotated on the bills of health, and no quarantine measures were imposed. Against Samsoun a quarantine of 10 days was decreed; and a similar measure was imposed on arrivals from Batoum. In regard to Constantinople ships leaving that port for other Ottoman ports have been subjected to no more than a medical visit on departure and on arrival. The flagrant inconsistency with which a simple medical visit is regarded as sufficient to safeguard other Ottoman ports against infection from Constantinople, while 10 days' quarantine is considered necessary in the case of arrivals from Batoum, Samsoun, and Alexandria, is obvious.

Constantinople, Nov. 7th.

## NOTES FROM INDIA.

(FROM OUR SPECIAL CORRESPONDENT.)

*The Plague.—Reconstruction Work in Bombay.—The Incineration of Refuse for Indian Cities.—Barmaids in Calcutta.*

PLAGUE continues to spread and to develop throughout India. The severely affected districts of the Bombay Presidency—viz., the Satara, Belgaum, and Dharwar districts, with the Southern Mahratta country—return the great majority of the deaths, but the disease is actively spreading in the Punjab where last week there were nearly 400 deaths. Bombay city instead of showing a decline is returning higher figures—nearly 200 deaths having occurred there last week. There are indications of a recrudescence in Calcutta and at Karachi there is a tendency to increase. Poona is showing unmistakable signs of another outbreak and a fresh outbreak has occurred in the Bangalore cantonment.

Amongst the many improvements contemplated by the Bombay Improvement Trust none is of more importance than the reconstruction of the crowded district known as "1st Nagpada." It has long been the most insanitary area in the city. Intersected by narrow lanes and stinking gullies,

but without anything like a road, it was crowded with the roughest and dirtiest dwellings imaginable. According to the last census there was a population of 11,113; which gave a density of 376.1 to the acre, but omitting certain partially open places the population was in reality huddled together on less than 12 acres. Plague has always attacked this quarter with great severity. The Improvement Trust acquired the whole area and plotted out the land afresh. A broad road will run through it with subsidiary thoroughfares branching off. About a fifth of the ground will be free from houses. The trust adopted the excellent plan of reconstruction with demolition, so that the population was not all displaced to crowd the neighbouring quarters of the city. Model *chawls* have been built, and when the scheme is completed it is calculated that the area will house, notwithstanding the new roads, as many as 500 people to the acre. The work is proceeding apace, but those who know India can understand that these improvements cannot be done in a day.

Incineration of refuse is recognised as one of the greatest sanitary improvements of recent years, and the principle has attracted considerable attention in India. There are many more difficulties, however, in India than in Europe. The refuse is largely composed of vegetable matter and contains few or no ashes. It is, in fact, hardly combustible. It has been recently decided to make experiments with incinerators for certain cantonments and Mhow has been selected for a two-furnace Harrington incinerator. There is an incinerator by the same inventor in the suburbs of Calcutta, but it is necessary to have forced draught and a fume-cremator. When these latter appliances are not at work the furnaces cause a nuisance and an incinerator constructed in the crowded part of the city some years ago had to be abandoned. The paying results obtained in some of the English towns are impossible at present in India, and some fresh form of furnace, adapted to the nature of the material, will be necessary to make the burning of refuse successful. Some of the latest forms of furnace have not, I believe, been tried.

Whether in the interest of the health of the young "bloods" of Calcutta or in the interest of the women themselves, it has been decided to prohibit the employment of barmaids. The Board of Revenue will require from the opening of the next excise year "that at the place for which this licence is granted no female shall be employed in connexion with, or take part in, the vending of imported wines and spirituous and fermented liquors in any capacity whatsoever."

Nov. 9th.

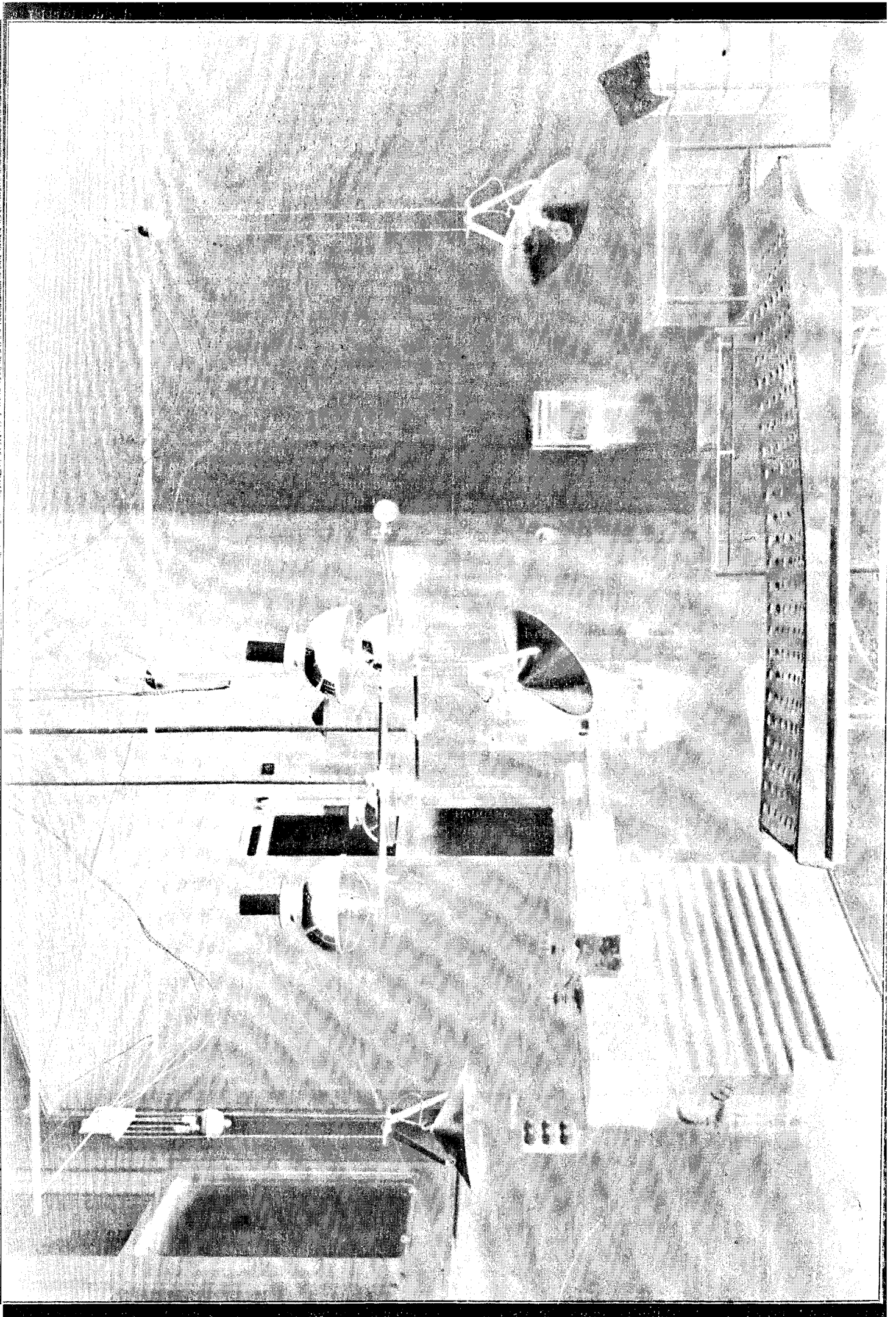
## THE LIGHTING OF AN OPERATION THEATRE.

BY PEYTON T. B. BEALE, F.R.C.S. ENG.

THE efficient lighting of an operation theatre by electric light is a matter of such general interest that I venture to bring forward a method which is at once simple, cheap, and satisfactory. The following description is by the maker, Mr. Francis Mulford, of Jackson-road, Holloway.

A steel frame maintained in a position about 10 feet above the floor by cross-wire stays from the skylight carries three trolleys which support three counterweighted tilting and swivelling shades (*vide* illustration). The trolleys have a lateral motion of about three feet. The shades are of solid aluminium, tilting through 180°, swivelling through a complete circle and rising and falling about three feet. Three 16-candle-power lamps are arranged in each, either one, two, or three being brought into use by means of two switches, one of which controls one lamp and the other two lamps. There are therefore six switches in all—two to each pendant. There are wall plugs for hand lamps, cautery, &c.

This arrangement was installed at the operation theatre of the Great Northern Central Hospital over a year ago and has been found to work excellently. The special points in its favour are: (1) the pendants and wires when not in use hang well above, and entirely on one side, of the operation table, so that any dust which may settle upon them does not fall upon the wound during an operation; (2) any amount of light can be obtained at will, at any level, at any angle, and on either side of the patient; (3) the light is absolutely steady; and (4) the arrangement is inexpensive.



## THE ORGANISATION OF THE PROFESSION.

THE BIRMINGHAM AND DISTRICT GENERAL MEDICAL  
PRACTITIONERS UNION, SECOND ANNUAL MEETING.

(FROM OUR SPECIAL COMMISSIONER.)

THE Birmingham and District General Medical Practitioners Union has now been in existence for two years, and on Nov. 21st it held its second annual meeting at the Birmingham Medical Institute. I hope subsequently to give some account of the formation, history, and action of this organisation; but I would first describe the annual meeting which has just taken place. It was held in the library of the Medical Institute and some 50 general practitioners were present, which, in view of the bad weather and the consequent increase of sickness prevailing, was considered to be a fairly good attendance. Mr. H. W. Langley Browne was in the chair, assisted by the two secretaries, Dr. E. D. Kirby and Mr. J. Neal. The annual report of the council, for the year ending Sept. 30th, 1901, was discussed. According to this document the Birmingham and District General Medical Practitioners Union now numbered 253 members, which showed an increase of 64 members in 12 months. There had been one death and 12 resignations, due for the most part to removal from the district. Though the subscription was only 5s. a year there were £32 12s. in hand. In an adjoining room there was a map of Birmingham studded with pins. White pins stood where the members of the union resided and black pins, I was informed, represented the residences of those who refused to join. It was gratifying to note that the white pins were in an overwhelming majority. Then we were informed that the medical practitioners of Walsall had joined *en bloc*, so that their local organisation had become one of the medical wards of the Birmingham and District Union. It is proposed that this union shall confine its action within the same boundary lines as the Midland Counties Branch of the British Medical Association, though these frontiers have not yet been accurately defined.

The annual report then described the success achieved in regard to the attempt made by the Hospital Saturday Fund, "at the instigation of Mr. Arthur Chamberlain and other capitalists," to impose on the public consultants of their own choosing. Not only was Dr. H. W. Irvine compelled to resign but such was the unanimity of the profession that intending candidates withdrew their applications. The affairs of the Coventry General Dispensary—an institution which has been repeatedly condemned by the Birmingham Branch of the British Medical Association—were next touched upon. The medical officers of this dispensary attend a third of the population of Coventry and yet receive barely 2s. per head per annum. The policy adopted was to refuse professional recognition of the medical officers of this dispensary, but certain consultants in Birmingham had disregarded this resolution and thus retarded the desired reforms. The report further explained that various objectionable forms of advertising had been checked and that a journal describing the work of the union would be issued. Then an increased rate of discount for drugs had been obtained by the action of the union and also reduced terms for insurances of various kinds. Finally a register for locum-tenents had been established. Altogether some useful and practical work had been achieved, but it was necessary to collect more statistics before the question of contract or club work could be taken in hand. For this purpose printed forms were distributed which, when filled up, would show the rate of payment received in proportion to the work done.

After this report and the minutes of the previous meeting had been adopted a discussion arose as to what action could be taken with regard to the consultants who still consented to meet the medical officers of the Coventry Dispensary. By the timidity and the doubts manifested in regard to this matter it was easy to perceive that the members were as yet new and inexperienced in the work of a militant organisation of this description. First it was proposed that the names should be published, but then fear was expressed that a black-list might lead to a prosecution for libel. As a safer course it was urged that a white-list might be issued. No one, however, knew all the names of the consultants who might thus be proclaimed as having stood by the union, and

it would be a great injustice to omit any name. At last, on the motion of Mr. N. L. U. Somers, it was decided to apply to the secretary of the Medical Union at Coventry for the names. Thus in the course of time a white-list will be issued, and this is the next most effective measure that can be taken short of publishing a black-list.

There now followed a long array of proposed alterations of rules. For the sake of brevity it was proposed to drop the word "medical" in the title of the union, but it was objected by Dr. A. W. Aldridge that as they did not intend to include legal and dental practitioners they must specify clearly that they were a union of medical practitioners, and this view was adopted. The clause in the rules by which each member guaranteed the sum of £1 was struck out on the ground that the money was not now wanted and that the rule could not legally be enforced.

Mr. Somers now brought forward a motion proposed by Mr. E. R. Hennessy, as that gentleman was unavoidably absent. This motion involved a rather important principle. It established the right of any qualified medical practitioner to become a member of the union if he was proposed and seconded by any two members of the union and if he signed a written declaration of his willingness to abide by the rules of the union. Had this proposal been carried the right of the council to veto any such election would have been abolished, but it was defeated by a large majority. Confidence in the discretion of the council was expressed, and a protest was very justly made that it was too early in the history of the union to begin to alter its constitution. The rules had been drawn up with great care and after much deliberation and they had better be given a fair trial before attempting to patch and to alter them. There is every reason to believe that the confidence in the council which has thus been expressed by words and by vote is in every sense thoroughly justified and well-founded. But, putting this particular council and union altogether aside, and dealing with the matter purely as an abstract question, there is something to be said in favour of Mr. Hennessy's proposal. It is a point on which I have often had occasion to insist. A militant organisation of this description must act in an inverse sense to the aim governing the management of most other societies. The object in this case is not to bring the most reputable and respectable men together, but rather the reverse. It is the practitioner of the class known as the "sixpenny doctor," who is the most to be feared. It is a case of rejoicing more over the one lost sheep than over the ninety-and-nine. It is precisely these doubtful persons who must be brought into line. It would never do to allow social considerations or personal feelings to rule such men out of the union. The union should not be a select society club, but a fighting body governed by considerations of the strategy necessary to achieve the end in view; therefore it must use its best endeavours to recruit that class of men who by reason of their less favourable position are most easily induced to undersell or to undercut their fellow practitioners. But it is just conceivable that a council if left to itself might allow its dislike of an individual to override what should obviously be the policy of the union. Again I repeat that these observations are not in any way meant to apply to the council of the Birmingham and District General Medical Practitioners Union, but are purely abstract considerations. The argument which prevailed at Birmingham was that it was preferable for the council to veto a candidate than that the union should have to expel him shortly after the election.

A lengthy discussion now ensued which, though interesting in itself, had not any very urgent or direct bearing on the main purpose of the union. Mr. Somers moved:—

That this meeting desires to express its disapproval of that portion of the Vaccination Act which authorises public vaccinators to call at the home of a child to be vaccinated without a special request from the person having custody of the child.

That it is degrading an honourable profession to require any of its members to offer their professional services unsolicited.

The proposer of this motion was evidently grieved to find that public vaccinators were far too amiable and insinuating in their manners. They had been known, it appeared, to bestow new pennies on recalcitrant children. As for the distribution of sweets, this was a well-established method of bribery and corruption. But, even worse than any such amiable weakness, there were instances where the public vaccinator had actually given gratuitous medical advice. As an excuse for refusing vaccination the mother might say