OPHTHALMIA AT THE HACKNEY UNION
SCHOOLS, BRENTWOOD.

IN reply to inquiries which we have thought it our duty to make, we have received the following valuable information from Dr. A. W. Wallis, medical officer of the Hackney Union Schools at Brentwood:

In June, 1893, there was a slight increase in the number of cases of ophthalmia, and in several of the girls already under treatment the disease suddenly became acute without any apparent exciting cause. These cases were accompanied by phlyctenular ulcer, keratitis, iritis, etc., and were very slow to yield to treatment. This state of things continued till about the middle of September, the number of ophthalmic cases fluctuating between 25 and 30, when they suddenly increased, and by the end of the month had reached 55. This serious addition made the ordinary infirmary accommodation insufficient, and the probationary department was requisitioned for cases of general sickness, further batches of children from London being stopped. At the same time it was impressed on the superintendent, matron, and other officers in charge of the children in the body of the school to exercise the greatest care in the lavatory arrangements; also the necessity for free ventilation and other hygienic conditions. The desirability of introducing the jet system in the lavatories was strongly urged on the guardians, and it is being introduced. Special inspections in the school were instituted, and children who exhibited any indication of ophthalmia were removed to the infirmary for observation, and if found suffering therefrom detained.

In spite of all precautions, however, the disease increased rapidly in numbers, as the following figures will show. The total number of children in the school at the time of the outbreak (September, 1893) was 554, but during the year there had been as many as 615 at one time in the school, or 65 over the certified number.

1893.	No. of Children under Treatment in Infirmary.	1894.	No. of Children under Treatment in Infirmary.
September 1st ...	30	January 5th.....	192
" 29th ...	55	" 19th.....	192
October 13th ...	81	*February 2nd.....	164
" 27th ...	152	" 16th.....	168
November 10th ...	162	March 2nd.....	167
" 24th ...	190	" 30th.....	160
December 8th ...	184	April 13th.....	161
" 22nd ...	189	" 27th.....	150
" —	—	May 11th.....	126
" —	—	" 25th.....	124

* Thirty children were transferred to Hanwell on February 1st.

From the above figures it will be seen that the epidemic reached its height in January and February of the present year, and is now practically over. To anyone acquainted with the management of such institutions it will be easy to infer what an amount of dislocation and disorganisation in the general working of this establishment and of the London workhouses such an epidemic must produce. From the outset the disease was of the purulent kind, at least two-thirds of the cases exhibiting thick matter discharge with exuberant granulations. In most of the cases at present under treatment the affection has become of more or less chronic form, the purulent discharge having become muco-purulent or mucous. The present difficulty is the tendency to relapse. The epidemic having ceased, it is proposed temporarily to acquire some building to which the whole of the infected children can be transferred. This will relieve the congested number of children in the Hackney Workhouse, and will allow of the various blocks of the medical department here resuming their former functions.

NOTES ON HEALTH RESORTS.

XVI.—THE KAROO DISTRICT.

By P. C. DE WIT, M.R.C.S.E.,
Cradock.

THE Karoo—as everyone is aware who has read the *Story of a South African Farm*, and other works of our only Colonial authoress—consists of wide undulating plains, barren of all vegetation but the small shrub called the “Karoo bush,” which bush is only found “up country” on the high ground. It possesses, beyond the beautiful sunsets so admirably described by the same authoress, something far more important, namely, wonderful restorative powers in certain chest cases. Unfortunately it is only beneficial in certain chest cases, and this fact is too often overlooked, badly selected cases returning in worse condition than when they left home.

Cradock is one of the towns situate in the Karoo, and though at present almost if not entirely unknown to the medical profession in London, is undoubtedly most beneficial in its climatic influence. The altitude of the town itself is 2,850 feet above the sea level, but many portions of the district rise 1,500 feet higher. It possesses an excellent water supply from springs nine miles distant, a dry climate, and beautiful pure air.

It is one of the most easily accessible towns in the Colony. The distance from England may tend to prevent invalids coming out, but when it is considered that the whole voyage only occupies some three weeks under the most pleasant circumstances, this should not act as an insuperable obstacle. The train journey from Port Elizabeth to Cradock is done in a day. Another objection is the want of comfort out here, and this certainly is not entirely without reason; but as the class of patients hitherto sent out has not been a wealthy one, there has been no demand for luxuries of any sort, and if a real demand arose the supply would soon follow.

The most important point, however, is to know what class of cases are suitable, and with this object in view I have selected from my notes what I consider typical cases of both sorts, good and bad, to enable medical men further to judge for themselves and form an estimate of the climate:

CASE I.—T. G., aged 27 years, weight 113 lbs. when examined two years ago, height 5 ft. 5 in. Consolidation over the left apex extending about 2 inches below the clavicle and about 1 inch at the back. There was very slight crepitation in front. There was no dulness on the right side, but expiration was prolonged at the apex, and the breathing a little rough. The patient had had hæmorrhage about three months before examination (about half a pint). There were no night sweats, no fever; expectoration was limited, and cough not very troublesome.

Present Condition.—No hæmorrhage since, weight increased about 10 lbs., cough disappeared, lung dry.

CASE II.—E. J., aged 26, when examined nine months ago weighed 123 lbs., and stood 5 feet 7 inches. There was consolidation over the apex of the right lung, running down to near the nipple, and about the same distance over the back. There was a moist condition of the whole of the right lung, but about the middle third it was slightly drier. Pectoriloquy was well marked over the point $1\frac{1}{2}$ inch below clavicle. The left lung was clear, except very slight consolidation at the apex. Cough was irritable, and expectoration fairly profuse. The patient had been subject to occasional severe hæmorrhage for the last eighteen months. There was no pyrexia, no sweats, and the larynx was unaffected.

Present Condition.—Cough very slight, weight increased about 7 lbs., expectoration almost nil, and lung found considerably drier.

CASE III.—J. M., aged 23, height 5 feet 5 inches, weight 117 lbs. There was a small cavity at the apex of the left lung, coarse crepitation for about 3 inches down below clavicle, and patchy consolidation to the lower end of the scapula at the back. There was also consolidation over the apex in front of the right lung, with fine crepitation, and patchy consolidation at the upper part behind. The temperature was elevated in the evening, there were night sweats, expectoration was considerable, but the cough was not very irritable. The larynx was affected, and there had been slight hæmorrhage. The unfavourable signs were pyrexia, night sweats, affection of larynx, and bilateral disease. The patient died five months after examination.

The first two cases, of which I am only able to give very rough notes, will sufficiently indicate the class of phthisical patients who, in the early and fairly advanced condition, are suitable for this country. Early consolidation, unilateral pneumonia, phthisis, and cases of hæmorrhage without extensive disease, do well in almost every instance, and, finally, but most important, there must be no evening fever. The last case illustrates what is undoubtedly a bad patient for this climate; the unfavourable symptoms have already been pointed out. I have, unfortunately, also notes of cases where the disease has been in various stages, over almost the whole of both lungs, and the unhappy people have simply come a long journey to die. Besides phthisical cases, chronic bronchitis

DR. S. M. LUKJANOFF, Professor of Pathological Anatomy in the University of Warsaw, has been offered the post of Director of the Imperial Institute of Experimental Medicine, St. Petersburg. Professor Lukjanoff was President of the last Congress of Russian Medical Practitioners.

and chronic pneumonia undoubtedly improve, that is, if no extensive emphysema and secondary heart trouble have developed. Spasmodic asthma is relieved in some instances, but this disease is ubiquitous, and is found even here. The following are the average meteorological data for the last three years:

adock—lat., 32° 11'; long., 25° 38'. Distance from coast, 108 miles; height above sea level, 2,856 feet.

	Shade Temperature.			
	Mean Max.	Mean Min.	Absolute Max.	Absolute Min.
Summer.				
January	87.9°	56.5°	100.0°	45.6°
Winter.				
July	65.6°	33.7°	75.2°	25.0°

Rainfall, 14 inches for the year.

THE CHOLERA.

DR. PROUST, Inspector General of the Sanitary Service, reports as follows upon the state of cholera in France: The sanitary state of Constantinople is satisfactory. Cholera has greatly diminished at Sivas, there now being from 2 to 4 deaths daily; the disease is spreading to the suburbs, cases being reported from Iskelep, Castamouni, and the villages of Memouret-uliz and Komiah. The spread of the disease may be feared in Anatolia.

The sanitary situation of Hedjaz is favourable. The two cases of death following suspected diarrhoea occurring amongst the pilgrims coming from Bombay have not been followed by further cases.

Three new cholera cases and one death were reported in the Prussian town of Myslowitz, in Upper Silesia, near the Russian frontier, on June 3rd. The authorities of the district state that the focus to which these cases are traceable is Silbe, in the Russian district of Bendzin, and that the frontier river Przemska is infected. The traffic over the border has, therefore, been subjected to rigorous supervision. Pilgrimages are forbidden and passports refused. The President of the district has requested the Russian authorities to take all necessary precautions.

A Reuter's telegram from Berlin, dated June 2nd, states that a despatch from Warsaw, dated June 2nd, reports that five cases of cholera and two deaths have recently occurred there, while twenty-one cases and two deaths are reported from other places in the government, and six cases and three deaths in the government of Radom. At Mlawa, in the government of Plock, the total cases up to the present, number twenty-eight, of which sixteen have proved fatal, while the other twelve are still under treatment. The outbreak has not extended beyond the two houses in which it was first detected, and there have been no fresh cases for several days.

Reuter's agent on June 4th states that reports received there from Myslowitz announce that the number of cholera patients has increased to such an extent that the lazaretto at that place is overcrowded, and huts have been erected for the reception of patients. Three fishermen are reported to have succumbed to Asiatic cholera at Schillas, near the Russian frontier. The authorities have declared the Vistula contaminated, the bathing establishments on the river near Thorn have been closed, and bathing has been prohibited.

In view of the possible recurrence of cholera in London, the Public Health Committee of the London County Council propose to continue the precautionary arrangements made last year. A letter will accordingly be addressed to the local medical officers of health, inviting them to give the Council's officer notice of any cases of supposed cholera in their districts, and the latter will make a weekly return showing the deaths in the metropolis attributable to cholera or any cognate disease. The Committee also recommend the Council to continue the arrangement made with Dr. Klein for the bacteriological examination of suspected cholera cases.

CONSULAR REPORT ON CHOLERA AT TENERIFFE IN 1893.

The report of Consul Harford on the trade and sanitary condition of the Canary Islands during the past year gives the facts of the cholera epidemic in Teneriffe in the autumn. The disease had previously been unknown in the island, and indeed no epidemic had visited the island since the yellow fever of 1811. Cholera appeared in mid-October last, and continued until mid-December, the deaths numbering 411, of which 371 were in Santa Cruz, and the remaining 40 in San Andres, a village five miles north of the town. Many attribute the origin of the disease to a cholera-infected vessel from Rio, which, although closely quarantined, is thought to have possibly evaded the restrictions. The two earliest cases were in relatives of coalers of this vessel. Captain Harford inclines to abnormal atmospheric conditions and a contaminated water supply as the more likely causes, seeing that any connection of the infected vessel with the shore is stoutly denied. The north-east trade winds were absent last autumn, and the state of the atmosphere as the result of want of rain was conducive to spread of disease. However this might be, it is not pleasant reading to learn of the contents of leaky sewers finding their way into defective water pipes. But it is well to know that the defective pipes are to be replaced by iron ones. Captain Harford repudiates the startling letter in the *Times* of December 16th last, purporting to have come from a British resident in Orotava. He says: "We had no dead carts parading the streets, no dead body was ever seen on any road in town or country, no corpse was ever left unburied, and no Governor was stoned." Of the 411 deaths, 187 were of males and 224 of females; whilst 81 were of children under 10 years of age, and 61 of persons aged over 70 years. The population of Santa Cruz was 23,000 in 1889. Captain Harford states that the disease only attacked a certain class living in localities and under conditions which, in any other climate, would render cholera endemic. It seems to behave the authorities to remove these disease-fostering conditions.

A Reuter's telegram from Breslau dated May 24th, states that the second of two suspicious deaths that occurred at Myslowitz is certified to have been due to Asiatic cholera. Another person has fallen ill of a disease presenting choleraic symptoms.

LITERARY NOTES.

L'Italie Médico-Chirurgicale, the birth of which into the journalistic world was announced in the *BRITISH MEDICAL JOURNAL* only a few weeks ago, shows all the enterprise of youth. Its third number appeared on June 8th, but it has further improved the shining hour by issuing a special number in honour of the Roman Congress. This *Numero-Ricordo* contains phototype portraits and biographical sketches of the following, among other, celebrities of the medical world: Guido Baccelli, Eduardo Maragliano, Angelo Mosso, G. Bizzozero, M. Semmola, C. Lombroso, F. Durante, Bouchard, Charles Richet, Péan, R. Virchow, R. Koch, E. Leyden, H. Senator, H. Nothnagel, W. Winternitz, M. Kaposi, H. von Ziemssen, Joseph Lister, James Paget, W. Macewen, and Victor Horsley. The phototype portraits are printed on special paper, and are detachable. Each portrait has a phototype facsimile of the signature of the person represented.

Dr. Orville W. Owen, of Detroit, U.S.A., has thrown Mr. Ignatius Donnelly, the author of the "Great Cryptogram," altogether into the shade. He claims to be the actual and sole discoverer of a practical scheme of cipher writing by which he establishes the following facts; (1) That Francis Bacon was the lawful son of Queen Elizabeth and the Earl of Leicester, who, it appears, were secretly married in the Tower of London [readers of *Martin Chuzzlewit* will be reminded of the American gentleman's confident belief that Queen Victoria lives in that historic Golgotha]; (2) that Francis Bacon, for the purpose of concealing the secret histories which he wrote for posterity, composed all the plays not only of Shakspeare, but of Marlowe, Greene, and Peele, together with all the poems of Edmund Spenser and Burton's *Anatomy of Melancholy*. These, we are assured, taken in connection with the undisputed works of Bacon, constitute the general web into which are woven the threads forming the cipher stories. In addition to all this, Dr. Owen claims to have deciphered other secret writings "from the same source," containing circumstantial accounts of the destruction of the Spanish Armada and the killing of Christopher Marlowe; biographical sketches of Shakspeare, Spenser, Peele, Greene, and Burton; "the Knight's Tale," described vaguely as "a story," a translation of a considerable portion of Homer's *Iliad*; and a general history of England. Still further disclosures are promised. If all this be true, it was no vain boast of Bacon's that he had taken "all knowledge to be his province." It is sad, however, to think that the Moses of the promised land of scientific discovery should be the innocent begetter of the elaborate system for the discovery of mare's nests of which Dr. Owen is an exponent. It is impossible to give a full account of his method, which is a miracle of perverse ingenuity; a single example will, however, be sufficient to show how the results are arrived at. By piecing together a number of passages scattered through the plays (such as "The doctor new come from Padua," in the *Merchant of Venice*; "Master Doctor Caius," in the *Merry Wives of Windsor*; "Little Tydie Bartholomew," in *Henry the Fourth*, etc.) Dr. Owen reconstructs the following, which he offers us, apparently in all seriousness, as a proof that Shakspeare could not have written the plays because he was ignorant of the circulation of the blood, which, on the other hand, was well known to Bacon, as Harvey was his physician.

I have oft scene Dr. William Harvey, the new doctor at Bartholomew Hospital, in the presence of the learned doctors, force a purple, distilling liquor through the veins of a dead body, and, after it had descended to the heart, liver, and lungs, the blood-colored liquor returneth againe to the face, which blacke and full of blood, or pale, meagre, and bloodless before, doth blush and beautifie, as if with life; you would think the body breathed; the very lippe is warme to look upon; but we are mocked with art, as there is no pulse against the finger, and though the arteries seeme full yet no life is present. The legs, waist, arms, hand, brow, and limes seeme alive, but we can never ransom nature. The Doctor was enroled at Caius College. Shakspeare—or Bacon—would almost seem to have made a prophetic allusion to this kind of thing when he made Olivia say, "Why, this is very midsummer madness!"