sanitation. As far back as the eighties a knowledge of anti-septics had reached the public; disinfectants were present in many homes; men used them after dangerous intercourse, and some prostitutes offered them to their customers. The truth of this explanation (that disinfectants disinfected) was strikingly confirmed during the war. In 1916 ablution rooms for self-disinfection were established, and the N.C.C.V.D., assisted by public money, began an intensive campaign of exhortation and exposition of the horrors of disease—the former an appeal to morality, the latter to expediency. The military rate fell at once to 38; but both disease and immorality spread enormously among civilians, the increase being especially marked among women; for three out of four soldiers were now infected by amateurs. What explanation of all this is conceivable except (1) that self-disinfection succeeded (in a measure) among soldiers, (2) that exhortation failed among civilians, and (3) that the appeal to expediency made men, not chaste, but merely cautious, causing them to avoid the dangerous prostitute for the pursuit and seduction of the wretched amateur?

To sum up: Two methods of preventing venereal disease by self-disinfection have been practised in the army—unequivocal teaching of immediate disinfection, and equivocal teaching of delayed disinfection (that is, “early treatment”). Whenever and wherever the former has been employed disease has been reduced to the vanishing point; whenever and wherever the latter has been practised there has been relative failure; whenever and wherever this failure has occurred it has always been attributed to quick disinfection. Notwithstanding all its protests the N.C.C.V.D., except perhaps in the earliest months of its career, has never opposed *self-disinfection* in the army. It has opposed only the teaching of efficient disinfection. In 1916, when some form of prevention became imperative, it caused the substitution of venereal rooms for packets which, though suggestive, and therefore objectionable, could be used for quick disinfection. But in 1918, when it was proposed to discard the rooms in favour of simple teaching, people who are to-day prominent members of the Council first forced packets on the army; next, at the direct instigation of the Council, gave instructions for them to be used for early treatment; and lastly proclaimed the unhappy results of the latter as those of quick disinfection. This astonishingly fallacious reasoning has been exposed on many occasions and never been defended or denied. Nevertheless to this day the Council exploits it, and Lord Gorell is plaintive because his association is called a “fake society.” The N.C.C.V.D. can easily prove its *bona fides* by meeting the charges made against it, or, better still, by joining the S.P.V.D. in a demand for a public inquiry, conducted not by officials but by men of independent standing.—We are, etc.,

H. BRYAN DONKIN,
G. ARCHDALL REID.

February 6th.

CERTAIN ASPECTS OF PAIN.

SIR,—At the Edinburgh meeting of the British Association for the Advancement of Science we brought forward experimental evidence that pain in the upper abdomen was associated with contractions of the viscera. We were informed at the time that the workers at the St. Andrews Institute for Clinical Research had reached a similar conclusion, and we have read with interest the fuller statement which has appeared in Sir James Mackenzie's letter (January 28th, p. 161.) It cannot be said that such a result is very unexpected, as it is now some ten years since Cannon and Washburn's observations on the painful hunger contractions of the empty stomach were published, and these have been confirmed.

The subject is, however, less straightforward than would appear at first sight, because we have found that contractions do not invariably cause pain, and they may abolish it when it is present. We are at the present time investigating the matter by the experimental method, combined with clinical observation. Without the former we do not think that the question will be satisfactorily elucidated.—We are, etc.,

Guy's Hospital, S.E., Feb. 2nd.
W. W. PAYNE,
E. P. POULTON.

ALPINE TREATMENT OF TUBERCULOSIS.

SIR,—The seven years' reign of the passport tyrants in all Foreign Offices and Consulates and other interferences with free international travel resulting from the war have had a disastrous effect upon the treatment of tuberculosis.

The English fled from Davos and Arosa before the invasion of German lung cases during the war. The British Davos

Sanatorium, built under the patronage and name of Queen Alexandra, after vain appeals in your columns by the late Lord Balfour of Burleigh and others, has recently been sold by its committee to the Cantons of Schaffhausen and Thurgau. In spite of the efforts of Lord Balfour, Dr. Mitchell Bruce, Sir William Willcox, and several others who tried in vain to save it for the nation, this institution, which the Queen Mother had fostered and which had been a great blessing to so many English patients of moderate means, has been disposed of at a very low figure to the Swiss authorities.

During the war consumptive sanatoriums sprang up in England in all directions to meet urgent military necessities, and the treatment of tuberculosis in this damp and sunless climate grew rapidly.

I believe that I was the first English writer to call attention to the remarkable plateau of Montana. This place with Villars sur Ollon and Leysin on the north side of the Rhone Valley furnish unique conditions for the treatment of this terrible disease. Some very influential representatives of the medical profession, including Dr. Mitchell Bruce, Sir Humphry Rolleston, Sir William Willcox, Sir John Broadbent, Sir Charlton Briscoe, and others whose names are known throughout the medical world, visited Switzerland last summer as guests of the Swiss Government, to inspect the Swiss health resorts. As a result of these visits several articles appeared in the *Lancet*, *British Medical Journal*, and the *Journal of Tuberculosis*, in which the writers testified that the climate and other conditions of the north side of the Rhone Valley are of great value in dealing with the disease.

From time immemorial the dryness of the climate in the Valais on the north side of the Rhone has been so great that former generations have constructed what would be called in India huge “tanks” or small lakes for the irrigation of the vineyards which stretch along the whole of that side of the Valais. The long duration of sun produces wines almost as strong as the Italian wines. On the shortest day in winter these alpine slopes enjoy two hours more sunshine than the alpine lung resorts in German Switzerland.

I venture to suggest in your columns that the funds from the sale of the Queen Alexandra Sanatorium now in the hands of the committee might well be supplemented by some generous donor or donors for the purpose of re-establishing in French Switzerland the work carried on in Queen Alexandra's name with such benefit to our countrymen.

I am supported by the best medical opinion in saying that recoveries are more probable and more rapid in an institution situated in such a district as I have described than can be hoped for, under any circumstances, within the range of the British Isles.—I am, etc.,

House of Commons, Feb. 6th.

MARTIN CONWAY.

MENTAL HOSPITALS.

SIR,—I am much interested in Dr. Edwin Goodall's letter of February 4th, and cordially agree with him in his desire that early mental treatment should be available in “conjunction with, and as part of, general hospitals” with medical schools attached.

I presume that when Dr. Goodall uses the expression “free from any connexion with lunacy laws” he means free from certification. Yet if he wishes the indoor clinics to be under the Board of Control, surely it is the same thing as being under lunacy administration. There can be no more reason for placing uncertifiable cases under the board than for submitting general hospitals to the same control.

Surely Dr. Goodall is in error in implying that any penalty is incurred in treating uncertifiable cases on hospital lines where there is no detention. I looked, but in vain, for an explanation of the surprising fact that, in view of repeated extension in asylum accommodation by building new asylums, there should be at the present time 18,000 vacancies.

The whole atmosphere must be cleared and daylight let into the dark corners of the whole asylum system. As so admirably expressed in your leader to-day, “it now remains to arouse the interest of the public, to whom the whole question of mental disorder is one of vital concern.”

The problem of mental disorder is not a simple one. It cannot be dealt with solely from a medical or from a legal aspect. It is a human problem. Every branch of the community is involved, and therefore ought to have a voice in the matter. All kinds of social questions need handling before there can be any hope of arriving at a satisfactory solution.—I am, etc.,

London, W., Feb. 4th.

OCTAVIA LEWIN.