doubt whether during the winter part of the year in our climate the system proposed will be found advantageous in many cases or at all stages of the disease.

Having been accustomed from early youth to be out in all weathers I have enjoyed for some years past the advantages of a large shed or verandah open to the west and south, but well protected towards the north and east, and have often wondered why so few houses in the country are provided with verandahs having glass roofs and large enough to be used as an extra room. Mine is about 36 ft. by 15 ft. The back is formed by the house wall, and the north end and the roof are glazed. It is entered from the short staircase of the cottage. The floor is of wood and is partly covered by carpet. There is ample space for tables, chairs, and other furniture. The soil around and in the neighbourhood consists of sand, peat, and gravel. Fir trees, rhododendrons, and other evergreen trees and shrubs abound and grow freely. An extensive fir wood surrounds three sides of the small wild garden and at the back is an open common. It would probably be difficult to find within easy distance of a large city a place more suitable for outdoor living as proposed, and I have often thought that if unfortunately my air-cells were invaded by a tubercle bacillus I would move my bed into the protected corner of my open-air apartment. In moderate weather it would no doubt be advantageous to do so, and perhaps it would be pleasant. But to attempt this all the year round would be to most of us, however healthy and strong and accustomed to fresh air in all weathers, anything but comfortable. Now this is the fourth day of rain and storm and morning and afternoon mist and fog. To spend even two or three hours and take one's breakfast and dinner in such a place in such weather would be very depressing and would make some people quite wretched. Even the most philosophic and placid of mankind would soon long to warm himself before a good roaring fire. To live under conditions so dreary week after week would, I should think, except to the very strong and thoroughly robust, be almost unendurable. Think of the turning out and dressing and breakfasting in the cold wet fog, and of the going to bed in the dismal drizzle, or when a cold wind was blowing hard. Surely the lot of the soldier exposed to the worst weather and all the hardships of an arduous campaign in winter would be preferable.

In advising a course of action supposed to be to the advantage of the bodily health ought we not also to think of the probable effect of the suggested treatment upon the patient's mind? For although many phthisical persons are hopeful and sanguine and often in good spirits even when seriously ill, I fear life in the contemplated sheds in many parts of England in such weather as we have lately enjoyed would not be happy. If the plan is to be acted upon here, it is to be hoped that only highly favoured localities, where there is natural protection from the north and east winds and where the shed may catch every possible ray of the sun at this time of the year, will be chosen. But under very exceptional advantages it would probably soon be found that something much more lasting and far more costly than sheds and shelters would have to be provided in the vicinity, for some of the cases placed under the open-air treatment.

I am, Sirs, yours faithfully,

Nov. 26th, 1898.

LIONEL S. BEALE.

To the Editors of THE LANCET.

SIRS,—Staff Surgeon A. G. P. Gipps in an interesting letter in THE LANCET of Nov. 26th called attention to the danger of investing capital in providing homes for phthisical patients (or perhaps a better name is "kurhaus," the term I noticed used in the beautiful Austrian Tyrol) because our climate lacks the dry air and sunshine of Davos, Falkenstein and so on. If you will permit me I would like to point out that these defects which are grave and serious ones are capable of remedy to a great extent so that those who cannot leave England for these far-off places may still enjoy a climate in some respects better. Twenty years ago I read with interest that if you cannot afford to go to the Riviera then you should bring the Riviera to your own home by building glass houses. This I tried about twelve years since, building a large glass house opening from my drawing-room by a French window. The cost, with a saddle boiler which heated drawing-room and greenhouse, also the aviary if desired was £100. It has always acted well, providing any climate we wished, protected from rain,

fog, wind, cold, and providing means for exercise and recreation for my children, friends, and visitors, &c, in a pure atmosphere at all times. I had better state that I live in Sherwood Forest on the new red sandstone at a height of 200 ft. above sea-level and the glass-house is glazed with rolled plate-glass excepting where we wish to look out; this affords a sufficient shade from the sun in summer without blinds or limewash, &c. The floor is of Minton tiles and waterproof. Not only have we a splendid climate, but if we wished we could make it pay its own cost by growing roses and other flowers, so that we could provide occupation, amusement, and recreation, in which our English watering-places are so very deficient.

One point I have forgotten—want of sun in winter, which is a great evil; but on our east coast, especially in such places as St. Andrews, Deeside, and Bridlington Quay there is a great deal of sunshine—that is, of course, because the rainfall and clouds are less; but there is another point. The electric light has proved useful in the growing of flowers and might serve to produce light in place of sunlight, though whether it would be as health-giving would require to be proved. The cost of an oil engine producing about forty lights of twenty and thirty average candle-power is £200 and then the cost of maintenance is equivalent to the cost of the same light by paraffin lamps, so that really the outlay would be £200 with cost of renewal of machinery when worn out.

I am, Sirs, yours faithfully,

Dec. 5th, 1898.

M.O.H.

INTUSSUSCEPTION TREATED BY LAPAROTOMY.

To the Editors of THE LANCET.

SIRS,—May I add the notes of another case of intussusception to the series that appeared in THE LANCET of Nov. 12th, 1898?

On August 13th, 1898, a female infant, five months old, was admitted to the Leeds Infirmary, with a history of pain in the abdomen, vomiting, and of passing blood-stained motions and some mucus. The child had only been ill for four days. On admission a sausage-shaped swelling could be felt in the region of the cæcum and extending across the abdomen. On the afternoon of admission ether was administered and an incision about 2½ in. long was made in the middle line of the abdomen. On passing the hand into the abdomen an intussusception was felt and that part of the bowel was brought outside the abdomen. The intussuscepted part was found to be ileum into cæcum and ascending colon. The intussusception was easily reduced and was then returned within the abdomen. The abdominal wound was closed. The patient was discharged on Sept. 6th well.

I am, Sirs, yours faithfully,

W. H. BROWN,

Dec. 5th.

Surgeon to the General Infirmary at Leeds.

"OBSERVATIONS ON AN INFECTIOUS DISEASE IN LASCARS HAVING CLOSE RELATIONS WITH VARIOLA AND VARICELLA."

To the Editors of THE LANCET.

SIRS,—We have read with great interest the letter in THE LANCET of Nov. 19th by Dr. Izett Anderson in which he refers to our paper on the above subject. His letter is of special importance as corroborating in certain respects some of our impressions of the disease referred to, as its comparatively slight infectivity, unless among communities closely confined, as on board ship or in penitentiaries. The fact that none of the patients who came under the care of Dr. Izett Anderson died likewise agrees with our own experience, though this was necessarily limited. It is obvious when we take this latter point into consideration that the disease is not to be regarded as of importance except in so far as it may be mistaken for variola, and we question whether it would not be an exceedingly difficult matter to recognise sporadic cases of this disease in a community in which small-pox is more or less endemic. In the outbreak recorded by Dr. Anderson as well as in that observed by ourselves the cases were very favourably placed for observation in so far as they were seen at a time when small-pox was absent, with which therefore they could not be confused. In a community where small-pox and this