clothing of the patients ought to be suited to their complaints, according as they require to be confined to bed or not. Each patient should be accountable for the hospital clothing issued to him, and should restore it in good condition on receiving back his duty clothing.

Again, the washing of the personal clothing of the patients should be placed on a different footing. At present the authorised charge is 4d. per man per week, for which he ought to have a clean shirt, &c., twice a week. This washing is reckoned as a sort of perquisite by the hospital sergeant, who gets it done by his wife, or employs other women to do it. If honestly done, there could be no harm in this; but I am sure my testimony will be corroborated by most surgeons when I declare the regulation ordering a change of linen twice a week to be far oftener evaded than fulfilled. Do what the surgeon will, he usually fails to exact it. The remedy is, a washing contract quite unconnected with the servants of the hospitals.

The next defect I allude to is one of *diet*. To illustrate it, let me suppose a case. A soldier is attacked by some acute disease, and is carried to hospital in the morning. His sustenance for that day is supplied to him from the barracks. He receives no hospital diet until the day following, unless the surgeon chooses to transgress the hospital regulations in his favour. Thus a man, it may be in high fever, has brought to his bedside *broth, meat, and potatoes*. Again, the diet of men in hospital is ordered on the forenoon of one day for the next day. How does this operate? A man may be in a fit state to-day for a generous diet, but to-morrow may be unable to partake of it in consequence of a sudden attack of illness. The diet ordered for him is therefore lost, unless, by an evasion of regulations, the surgeon should be able to interchange the diets of two or more patients. To give a third example:—A patient sinking under some exhausting disease has ordered for him on the diet-roll for the morrow a long and expensive catalogue of articles of diet, including wine. That morrow the man may never see; he dies, it may be, during the night. What, then, becomes of the diet intended for him? It *must* be drawn. Of course it is consumed. Query—by whom?

The subject which these examples illustrate is a difficult one to deal with; still it requires reform. In a large general hospital I can conceive no difficulty. We know how, in a London eating house, thousands of people daily get what they require on the shortest notice. A similar system might be introduced into hospitals—a system of vouchers, to be signed by medical officers at any moment, who would of course endeavour to deviate as little as possible from the regular hospital bill of fare. Certain things could always be kept in stock, as soups and other articles capable of being preserved. The difficulty would be found when we had to carry this extempore system into operation in small regimental hospitals, but it does not appear to me to be insurmountable. I suggest that, a soldier going into hospital in the morning, his portion of that day's barrack dinner should go to increase that of his comrades in mess with him, on the understanding that when he comes out they should provide him with dinner from their stock. He would then have to be supplied with nourishment from the moment he entered the hospital as a patient. I would suggest that the ordinary dietary of the hospital should embrace no more than simple articles, such as bread, tea, gruel, in quantities suitable to any kind of complaint; extra and generous articles of food being supplied to those requiring them through the daily extra diet sheet. Thus the simple diet, being alike for all, might be estimated for the evening before, while the extra articles would be supplied the very day they were required.

With regard to the stoppage, which is at present tenpence per diem, deducted from the pay of soldiers while in hospital, it would be folly to dispense with it, and thereby offer a premium in favour of malingering. The amount of stoppage ought to be regulated so as to be a small percentage more than the stoppage from the soldier in barracks for subsistence. It never ought to be less; but I would suggest that the stoppage from the pay of soldiers married with leave should be at least one-third less than that from unmarried soldiers, for obvious reasons.

The mode of heating, lighting, and ventilating military hospitals is not considered as it ought to be with reference to the health and comfort of the inmates. In the mode of providing fuel, we have another instance of the inconvenience often resulting from not giving the medical officer in charge more ample powers. Fuel is issued from the barrack store at certain intervals and in fixed quantities, and the emergency needs to be a great one to extract an extra allowance. In the depths of a severe winter I have seen, again and again, the patients of an entire hospital kept shivering from cold, because the peri-

odical supply had been expended before the day for a fresh issue. I admit that soldiers have a propensity to pile on fuel, and therefore I consider that all hospitals should be heated from a common central furnace by hot-water pipes, whereby the additional advantage might be derived of warm baths and hot water in all the wards. Fireplaces might still be supplied, to be used only on exceptional occasions. A considerable saving of expenditure would result from this method being adopted.

The lighting of hospitals is in like manner too often mismanaged. How often do we find wards with numerous and large windows, through which the sunshine penetrates for hours daily, and yet no sun-blinds provided? Or at night, if lighted by gas, how often do we find wards illuminated like theatres to please convalescents at the expense of the sick? I have gone frequently into wards filled with small-pox cases, and found all the poor fellows lying with tender eyes directed towards a full blaze of gas-light. Patients ought to have no control over gas-burners; they ought to be regulated by some official having proper instructions from the surgeon.

As to ventilation, I do not assert that it is wholly disregarded; but I could indicate an hospital in this kingdom, planned after the most approved method as to ventilation, which in 1855 received a large number of wounded men from the Crimea. I had occasion to examine the ventilation of several of its wards at that time. In one of these, on lifting the ventilating plate in the flooring, instead of finding the free communication with the outer air which was expected, I found it blocked up with shavings, and carefully enclosed in, not accidentally, but by carpenters' work. This, unless since rectified, still remains as I found it. On examining from the outside, most of the openings in the walls were found to be quite impervious to air. It is obvious that no plan for ventilation, however judicious, can be of any service unless it be executed accurately and afterwards supervised.

I may on a future occasion venture upon a few remarks condemning the existing classification and nomenclature of diseases in the British army, the use of which, I much fear, gives origin to some very erroneous medical statistics.

I am, Sir, your very obedient servant,

JAMES JOHNSTON, M.D., F.R.C.S.E.,

Retired Regimental Surgeon.

Caledonian United Service Club, Edinburgh, July, 1857.

SEA-SICKNESS—A CURE FOR IT.

To the Editor of THE LANCET.

SIR,—I am much surprised at the opinion which is so prevalent of the utter incurability of sea-sickness. I believe this opinion to exist amongst the non-medical part of the community from sheer ignorance, and amongst sea-going surgeons from a supineness in applying remedies, a fault to which they are rather too subject. As surgeon to one of the first-class American steamships, which each voyage carries over to Portland at least four hundred emigrants, I think I may venture to state my experience. In the greater number of instances, I allow the stomach to discharge its contents once or twice, and then if there is no organic disease, I give five drops of chloroform in a little water, and if necessary, repeat the dose in four or six hours. The almost constant effect of this treatment, if conjoined with a few simple precautions mentioned below, is to cause an immediate sensation, as it were, of warmth in the stomach, accompanied by almost a total relief of the nausea and sickness, likewise curing the distressing headache, and usually causing a quiet sleep, from which the passenger awakes quite well.

As sea-sickness to a great extent depends upon a deficient supply of blood to the brain, the usual rules to be observed in the treatment of syncope are most useful—namely, keep the head lower than the rest of the body; apply sal volatile, or, still better, eau de Cologne, to the nostrils; give rather strong brandy-and-water; keep the passenger on deck if possible; give all food in very small quantities at a time, and only such as he or she feels inclined for, spiced beef-tea having been found the most beneficial by me.

Creosote I have seldom found beneficial, and therefore if the chloroform fails, I have recourse to diluted hydrocyanic acid in doses of about five minims.

I must apologise for intruding thus far upon the space of your valuable paper, and was only induced to do so from feeling the great want of reliable information upon all points connected with medical treatment at sea.—I am, Sir, yours, &c.,

W. P. HARRIS, M.D., &c.,

Surgeon to the *Thersone* Steamship.

Clifton, July, 1857.