

and increasing abuse of the free hospitals in Great Britain shall be rendered impossible and that the just rights of the profession should be conserved.

I am glad that THE LANCET has dealt with the matter so ably in its leading columns. I hope that the questions raised may be fully discussed in THE LANCET and that the managers of any general hospital who would be prepared to provide a site on which a pay wing could be erected and to accept such pay wing as a free gift, subject to the undertaking that they will administer and maintain it on conditions to be mutually agreed, will communicate with me on the subject. In no better way can the general feeling of hospital managers be accurately ascertained or the necessary steps be attempted whereby pay wings may be secured without trespassing upon the finances of the hospitals or the energies of hospital managers, the whole of which are required to enable them to provide the means to defray the cost of the free departments of our general hospitals.

I am, Sirs, yours obediently,

HENRY C. BURDETT.

The Lodge, Porchester-square, W., April 19th, 1902.

OPERATIONS FOR THE EXTRACTION OF CATARACT.

To the Editors of THE LANCET.

SIRS,—The large percentage of cases in which prolapse of the iris occurred after extraction of cataract in the series of operations reported by Captain R. H. Elliot, I.M.S., in THE LANCET of April 12th, p. 1031, must lead to the supposition that some other factors may have contributed to such a high percentage—viz., 21.14—a result much in excess of the figures of Knapp as well as contrary to the usual experience. Apart from the unruly conduct of the patients after operation it seems probable that atropine had been freely used beforehand in order to produce sufficient mydriasis to allow of the preliminary step described of capsule rupture with Bowman's needle, and that thereby the normal tension of the eyeballs in these senile or prematurely old patients had been raised to such an extent as, coupled with the associated paralysis of the sphincter iridis, directly to conduce to this accident. It would be interesting to learn if my surmise be correct.

I am, Sirs, yours faithfully,

W. A. LEE.

Junior Constitutional Club, Piccadilly, W., April 12th, 1902.

THE DISSEMINATION OF SMALL-POX AND THE HOLIDAYS OF LONDON CHILDREN.

To the Editors of THE LANCET.

SIRS,—The 50,000 London children who look to spend their holidays in country cottages are threatened with disappointment on account of the fear of small-pox. If they are left for all August in the streets about their homes there will be a loss both in national strength and in childhood's joy. Medical officers are, of course, right in wishing to protect their own areas from disease; but I would, with your permission, submit some reasons why they should not altogether exclude London children. 1. The isolation of London is impossible. There is daily contact between people coming and going to the country. The tramps alone constitute a perpetual danger. The only security of an area from small-pox is in the vaccination of its own inhabitants; this is so effective that the disease is less dangerous than fever. 2. The small-pox is affecting only a very small proportion of the population. There are fewer small-pox patients than there are fever patients. The committees sending the children would be responsible that all sent are vaccinated and that none go from districts known to be infected. 3. I would therefore ask country medical officers not to set their faces against our plan of sending children to country cottages—I would even go further and ask them, on national grounds, to forward the plan and induce landlords and cottagers to welcome the children. The strength of the nation lies more and more in the town. If town life is not made healthy our people cannot be strong either to labour or to fight. Town and country are parts of one whole. Country people making town children welcome in country families and interesting them in country pursuits and giving

them the strength of country air and change would take away some of the hardships of town life.

I am, Sirs, yours faithfully,

SAMUEL R. BARNETT.

Toynbee Hall, Whitechapel, E., April 22nd, 1902.

CARDIAC INADEQUACY.

To the Editors of THE LANCET.

SIRS,—Will you allow me a word by way of comment on Dr. Alexander Morison's interesting paper on Cardiac Inadequacy, published in THE LANCET of April 19th, p. 1098? That individuals are variously endowed in respect of cardiac adequacy, and that some come into the world with less than their proper share of cardiac muscle, few will doubt. It is evident that those thus slenderly endowed are placed at a disadvantage when stress is put upon the cardio-vascular system, and that under such stress the circulation will fail more readily in their case than in that of their more highly endowed brethren. So far I am at one with Dr. Morison, but I venture to think that the two cases which he brings forward in support of this thesis are valueless for the purpose.

From the facts as related by him one can have little hesitation in affirming that in each of the cases the small heart bore up bravely and well to the end, and was irresponsible alike for the dropsy that was present—in the first case at least it is evident that Dr. Morison regarded the dropsy as of cardiac origin—and for the premature death that occurred. Dr. Morison expressly tells us that the cardiac walls were hypertrophied and that the chambers were *relatively small*; this conclusively proves that systole was adequate and that there was no back pressure; had systole been inadequate for a protracted period dilatation of the inadequate chamber must inevitably have resulted.

I am, Sirs, yours faithfully,

Wimpole-street, W., April 20th, 1902.

HARRY CAMPBELL.

OÖPHORECTOMY FOR CANCER.

To the Editors of THE LANCET.

SIRS,—In your issue of April 19th I see that Dr. A. T. Davies, in referring to the operation of oöphorectomy for mammary cancer, says that I consider it "horrible" (p. 1090). Will you allow me to point out that this is incorrect. What I really did say was, that the operation is a "horrible *mistake*": (1) because removal of the ovaries tends to favour rather than to prevent the development of cancer, in support of which I instanced the great frequency of cancer after ovariectomy for non-malignant ovarian cysts, &c.; (2) because of its proved curative inefficaciousness, for although hundreds of these operations have been done, not a single cure can be instanced; and (3) because there never has been any scientific basis for such a procedure. The essential thing I wished to call attention to was the mistake that had been made in resorting to this operation in these circumstances, and the qualifying adjective used is a matter of no importance.

I am, Sirs, yours faithfully,

Clifton, Bristol, April 19th, 1902.

W. ROGER WILLIAMS.

THE OBSTETRICIAN—PHYSICIAN OR SURGEON?

To the Editors of THE LANCET.

SIRS,—Under the above heading is published in THE LANCET of April 19th, p. 1138, a letter from Dr. Stitt Thomson, junior physician to the Lincoln County Hospital. The same letter appeared in the *Lincolnshire Echo* of April 9th, on the eve of the meeting of the hospital board. In it he states: "but that I was remonstrated with by the senior surgeon is untrue." On March 24th, two days after returning from abroad, I wrote to Dr. Stitt Thomson and in my letter I said: "I may remind you that when I objected to your doing certain minor operations some months back you assured me that you wished to do nothing which was against the custom of the hospital and the wishes of the staff." This statement of mine remained uncontradicted until the publication of the *Lincolnshire Echo* above mentioned. I can only repeat that I did remonstrate with Dr. Stitt Thomson and express regret that not only has he apparently forgotten that fact but has

also forgotten his assurance to me that he wished to work harmoniously with the rest of the staff.

I am, Sirs, yours faithfully,

April 21st, 1902.

W. A. CARLINE.

"HYGIENE FOR STUDENTS."

To the Editors of THE LANCET.

SIRS,—Anyone reading your review of my Hygiene would conclude that I had been so indiscreet as to recommend a particular London baker and silly enough to do so in connexion with steam baking which is already practised in the army and navy, by all wholesale bakers, and by an increasing number of retail bakers. I have done nothing of the kind, but I state that besides the use of yeast and of baking-powders for raising bread there are the processes of Nevill, the volatilisation of ammonium carbonate within the dough, and of Daughlish, the forcing in of carbonic dioxide prepared without; in both, I mention incidentally that steam ovens are employed. This is not a "puff" of Nevill's bread which, as a matter of fact, I do not like and Nevill may, for ought I know, have been dead as long as Dr. Daughlish has and, like him, may not have been a baker at all. They were, however, in their way as much inventors as were Bessemer and Siemens in theirs, and it would not be right, if it were possible, to describe procedures ignoring the name of the discoverers.—I am, Sirs, yours faithfully,

April 21st.

EDWARD F. WILLOUGHBY.

THE NEW GENERAL HOSPITAL AT MONACO.

(FROM OUR SPECIAL SANITARY COMMISSIONER.)

THE hospital accommodation at the various winter stations on the French Riviera in many instances leaves much to be desired, especially when the large number of tourists and visitors is taken into consideration. For surgical operations or the nursing of fever cases more numerous hospitals, and more paying hospitals, would be a great boon. In this respect, as in many other matters relating to public health, the Principality of Monaco has taken the lead and set a good example. The ruling Prince of this small but model State has made it a matter of personal pride to confer on his subjects and visitors the advantage of a model hospital. For this purpose there has been no stinting. Indeed, the chief fault to be found with the new hospital is that it can scarcely serve as an example because of the lavish expenditure which has been generously incurred. The neighbouring municipalities are not in a position to devote such a large sum to the purpose. High up on the mountain, cut out of the rock, to the extreme west of the Principality, a beautiful site has been created. Here perfect shelter from the cold winds is secured, and yet, in consequence of the elevation and of the proximity of the sea, there is always some movement of the air, so that the relaxing closeness of the lower levels is avoided. The principle adopted for the general wards is that of one-storeyed pavilions with a two-storeyed administrative block in the centre, the whole connected by a handsome open colonnade or gallery and built on the highest of a succession of terraces. A carriage-road goes up zigzag between these terraces and there is also an elevator. The lower terraces are planted with trees and the highest terrace, on which the hospital stands, is some 260 feet above the sea-level. The soil is calcareous and permeable, so that the rain-water passes away quickly and the atmosphere is remarkably dry and wholesome. Numerous olive, eucalyptus, and carouba or locust trees, with some palms and yuccas, provide an evergreen and cheerful outlook which is enlivened by the gay colours of the flowers which never cease to bloom in this most favoured spot.

The central, or administrative, block is perhaps more open to criticism than are the other parts of the hospital. The general design is somewhat marred by a vestry which seems to have been added as an afterthought to a very large, perhaps unnecessarily large, chapel. It juts out like a little out-house. On the other hand, the dispensary is small, probably too small, and the light is not of the best. The worst error, and this is really a serious one, is the position of a water-closet which is in the centre of the building and can ventilate only into a dwelling-room, for it has no window

opening on to the outside. Nor is it usual to place the room for hydropathic treatment in the administrative department and against the kitchen wall. But as the entrance is absolutely separate no serious inconvenience is likely to arise. The pavilions for the patients consist of an oblong general ward with a transverse building at one end where there are a dining-room for convalescents, a bedroom for the nursing sister, a bath, a washroom, closets, &c. The wards have high windows on each side and are very substantially built. All the angles are rounded off. The walls are covered with glazed tiles and paint that can be freely washed. 45 cubic metres of space are allowed for each bed and there are only 12 beds in each ward. The closets are well ventilated, trapped, and flushed; and, indeed, these might be considered in every respect model wards but for the fact that perhaps too much confidence has been placed in the benign character of the climate. Doubtless the windows may remain open nearly the whole year round, but even at Monaco night frosts are not unknown and no method of ventilation has been provided. The upper window-panes have small louvre openings and therefore it is not necessary to open the entire window; still, the fact remains that air cannot enter except by the door or by the window. The mildness of the climate has also been utilised as an excuse for not providing any heating apparatus. Consequently on the rare occasions when it is cold there will be a still greater temptation to keep the windows carefully closed. It might be prudent to replace some of the window-panes by wire gauze which causes less draught than the louvre opening, cannot be closed or covered over, and has the further advantage of keeping out the mosquitoes. Experience will probably show that in regard to ventilation some alterations will have to be made.

The door of the ward opens on to the gallery that connects all the buildings and faces the door of a small isolation pavilion which is at the rear of the general ward. Here are three rooms which can hold either one or two beds, a closet, a bath-room, and a room for a nurse. Patients who need to be isolated will be treated in these smaller pavilions together with certain cases of contagious disease such as typhoid fever. But these smaller pavilions are too near the general wards for infectious cases, such as scarlet fever, small-pox, &c. Indeed, in regard to infectious diseases there is a lower terrace where it is proposed to erect wooden huts in case of an epidemic. This, however, would be a mistake. The isolation hospital for infectious diseases cannot be too far away from the general hospital. It is not only a question of isolating the patients, but the attendants should be beyond the possibility of inter-communication. The whole question of infectious diseases, especially of small-pox, is a separate matter, which I propose to discuss on another occasion.

On the western side of the terrace there are a maternity ward and a surgical ward. By the side of the latter there is a model aseptic operating pavilion. Here there is a large operating-room with a northern light coming from the ceiling and from both sides. The cold due to so much glass is counteracted by heating coils and at night both gaslight and electric lighting are provided. There are a separate compartment for administering chloroform and two small rooms for preserving the instruments, sterilising the bandages, &c. There is also a minor operating room for the less important cases. The maternity pavilion has two storeys and 16 single-bedded rooms. Four of these rooms can be absolutely isolated in case of puerperal fever. At the opposite, or east, end of the terrace a special pavilion has been built for paying patients. As with the maternity department, there are two floors—the ground floor for men and the first floor for women—and each floor has a separate entrance. There are 12 rooms for each sex, two bath-rooms, a common day- and dining-room, and a room for the attending nurse. These rooms are handsomely furnished and a fireplace is provided in each. Access can be obtained to the paying pavilion without passing through other parts of the hospital. Finally, the laundry, the disinfecting station, the mortuary, and the post-mortem room are all at some distance from the other parts of the hospital and on a lower terrace.

Taken altogether, the new Hôtel Dieu of Monaco may certainly be considered as a model structure. The construction of hospitals according to modern sanitary principles is a speciality in itself, and though the building fever has prevailed for many years in the Principality the architects skilled in the designing of luxurious villas and hotels are not necessarily acquainted with the exigencies of modern science in regard to hospitals. It is in the great capitals of Europe rather