

15, and 19 in the preceding three weeks. The annual death-rate from these zymotic diseases was equal to 2·2 per 1000, the rate from the same diseases being 2·2 in London and 2·4 in Edinburgh. The fatal cases of whooping-cough, which had been 8 and 4 in the previous two weeks, rose again last week to 7; while the deaths from "fever," scarlet fever, and measles showed a decline. The deaths of elderly persons showed a further decline from the numbers in recent weeks; while those of infants had slightly increased. Six inquest cases and 4 deaths from violence were registered; and 63, or more than a third, of the deaths occurred in public institutions. The causes of 20, or nearly 11 per cent., of the deaths in the city were not certified.

## Correspondence.

"Audi alteram partem."

### "PERMANENT" v. "TEMPORARY" HOSPITALS FOR THE TREATMENT OF INFECTIOUS DISEASES.

To the Editors of THE LANCET.

SIRS,—I have been much interested in the correspondence on this subject which has lately appeared in your columns. Perhaps I may be permitted to state my opinion, which is founded on an experience of more than twelve years' residence in the City of Glasgow Fever Hospital, Belvidere. It may be explained that Belvidere is a little estate of some thirty acres in extent, situated just within the municipal boundary, adorned with trees and flowers, and enjoying a wonderfully pure atmosphere considering its proximity to a large city. It is not necessary in this place to enter into the history of the development of the hospitals at Belvidere (which reflect so much credit on the municipal authorities, on Dr. Russell, medical officer of health, and on Mr. Carrick, city architect). Suffice it to say that when I entered on duty in 1875 the Fever Hospital consisted of wooden wards, double lined, covered with felt outside, and heated by hot-water pipes and open fires. The new Small-pox Hospital pavilions were then in course of construction, and their walls were just rising above the ground; these constituted the first instalment of the *permanent* pavilions built at Belvidere.

This Small-pox Hospital (which is separate and distinct from the Fever Hospital, with administrative department &c. of its own) is built of brick; the blocks are of one storey only, and stand well apart; the flooring is of close jointed oak; the inner walls are coated with Keen's cement; the wards are warmed by hot-water pipes and open fires.

Since the completion of the new Small-pox Hospital the Fever Hospital has undergone a gradual transformation—the old wooden wards being pulled down, and brick pavilions, of the same type as those of the Small-pox Hospital, put in their places. We have now two permanent hospitals, with a total of 540 beds.

The opportunity has thus been afforded me of studying the comparative merits of "temporary" and "permanent" pavilions *worked side by side*, and my opinion is that, while the former were good, the latter are decidedly better. The old wooden wards served their purpose in a fairly satisfactory manner, but they were difficult to keep warm in a severe winter (notwithstanding hot-water pipes, open fires, and double-glazed windows), and in summer they were oppressively hot. From the nature of their structure they were apt to be draughty; and, although this was rather an advantage than a drawback in the treatment of typhus, the same remark does not apply to scarlet fever, measles, and whooping-cough. The wooden walls, with their numerous joints, seemed well calculated to receive and retain infectious matter. The soft wood floors required constant washing, which kept the wards in a steamy, unwholesome condition. And, besides all this, the danger of fire, referred to by one of your correspondents, was always a matter for apprehension and uneasiness. The new brick pavilions, on the other hand, are warmer in winter and cooler in summer than the wooden ones, and they are less apt to be affected by daily variations in temperature—a matter of great consequence in cases of scarlet fever, for example. In some of the wards the walls are oil painted and varnished, but in those last constructed the Keen's

cement is simply coated with whitewash or coloured distemper. The latter is the better plan. For instance, if a ward which has been used for measles is required for the reception of scarlet-fever cases, the distemper is washed off and a fresh coat of whitewash or distemper put on. This is more satisfactory than washing oil-painted walls. The hard oak flooring is polished with a mixture of beeswax, paraffin-wax, and turpentine—a cleanly and wholesome method.

It seems clear to me that our present "permanent" pavilions have the following advantages over the old wooden ones. They are more equable in temperature, more comfortable, more easily cleansed and disinfected, and less liable to danger from fire.

I am, Sirs, your obedient servant,

JAMES W. ALLAN, M.B.,

Physician-Superintendent, Glasgow Fever Hospital,  
Belvidere, April 17th, 1888.

To the Editors of THE LANCET.

SIRS,—Will you allow me to say, in reply to Dr. Seaton, that I have not found any difficulty in disinfecting the wards of permanent hospitals. The essentials of disinfection are, I think, two: (1) That walls, roof, and floors be made of a material which may be scrubbed with soap and water; and (2) that windows be made sufficiently large and numerous to permit of the complete exposure of the ward to "wind and weather." Some recommend the burning of sulphur in an atmosphere of steam; but I do not consider this essential. In support of this view I am able to record the following experience:—

In one of our huts small-pox was treated first, scarlet fever afterwards, then small-pox, and again scarlet fever. The disinfection consisted in exposing the hut to "wind and weather" by keeping the windows open night and day for fourteen days, and in scrubbing the walls, roof, and floor three times with soap and water at intervals of two days. There was no instance in which a scarlet-fever patient contracted small-pox or a small-pox patient contracted scarlet fever.

I agree with Dr. Seaton in his opinion that the "ineffectual separation" of diseases of different kinds in temporary hospitals is not a disadvantage attaching to them of necessity.—I am, Sirs, your obedient servant,

Eastern Hospitals, E., April, 1888.

ALBX. COLLIE.

### RESORCIN IN CHRONIC PAINFUL ULCERATION OF THE TONGUE.

To the Editors of THE LANCET.

SIRS,—My friend Mr. Giffard of Brighton and I venture to think your readers may be interested in the following case of ulceration of the tongue, which has been seen by us as well as by a good many other medical men:—The patient is a married lady, and the affection was first noticed some fourteen years ago. Treatment of a mercurial character was unsuccessfully employed by various medical men who, from time to time, were consulted. In June, 1886, the affection was characterised by firm indiarubber-like nodules with extensive bases and by deep fissures occupying a considerable part of the dorsum and sides. There was also some ulceration on the dorsum, and the pain was very severe. Sir James Paget was consulted at this time, and he, fearing that the lesions would take on cancerous characters, advised that a slice should be taken off the affected part of the dorsum. This was done, considerable relief following, which, however, proved to be of a temporary character only, as shortly afterwards, in consequence, as the patient believes, of a cold caught on a mountain, the ulceration began to return, and all the old pain with it. The patient then fell into the hands of a homœopath, whose treatment, however, was of a negative kind. The tongue continuing to grow worse, and the patient having given up the homœopath and moved away from the neighbourhood of her former medical advisers, it was suggested to her some three months ago by letter that, before returning to undergo a further operation, she might try the effect of sprinkling a minute quantity of resorcin on the diseased surface. The very first application greatly relieved the pain, and in a few days the tongue, which had been much swollen, returned to its normal size. Now, though the fissures and ulcers are still present, they are described by the patient as looking much more healthy and as being almost painless, on which latter point we may certainly take her

word, whatever doubt may attach to the description of the appearances.—I am, Sirs, yours truly,  
Woolwich, April 16th, 1888.

THEODORE MAXWELL.

## HEALTH IN THE PORT OF LONDON: THE DISINFECTION OF RAGS.

*To the Editors of THE LANCET.*

SIRS,—In the annotation on the above subject which appears in THE LANCET of the 31st ult., you commend the suggestion of Dr. Collingridge, medical officer of health to the Port of London, as to the advisability of establishing a regulation that all rags entering this country should be subjected to disinfection, with the view of destroying their power of conveying infectious disease. In the position of medical inspector for the United States of America at the Port of London, which I have held for the last few years, while cholera has been prevalent in Egypt, France, and Italy, I have given the subject of rag disinfection considerable attention, and the following particulars may, I think, be of interest and utility.

In a report dated August, 1884, addressed to the Consul-General for the United States in London, I pointed out that, in my opinion, the importation of large quantities of rags into the United States from this country was at that time fraught with considerable risk, small-pox being prevalent in London, where quantities of rags were collected and shipped to America, and large quantities of continental rags were being forwarded to London, Hull, and other ports for transshipment to that country; these rags, undergoing no process of disinfection previously to exportation, were, I considered, very likely agents to convey the infection of small-pox or of cholera, then prevalent on the Continent. I also found that the certificates of the shippers that the rags had not been collected in any infected district were unreliable evidence of the safety of their source, and I added that the sources whence rags are collected are so difficult to trace, and during epidemics of infectious disease rags are so likely to come from infected localities, it appeared to me that unless reliable evidence were produced, showing that they had been properly disinfected, it would be a wise precaution to prohibit the importation of rags into the United States, at least for a time. This report was forwarded by the Consul-General to the United States Government authorities, who had already had the subject under their consideration and action with regard to the disinfection of Egyptian rags, and on Sept. 1st, 1884, an order was issued prohibiting the importation of rags into the United States for a period of three months, and on Dec. 22nd, a further order was issued by the Treasury Department in the following terms:—

*"To collectors of Customs and others.*—All circulars of the Department concerning the importation of old rags are modified as follows. No old rags, except those afloat on or before Jan. 1st, 1885, on vessels bound directly to the United States, shall be landed in the United States from any vessel, nor come into the United States by land from any foreign country, except upon disinfection, at the expense of the importers, as provided in this circular, or as may hereafter be provided. Either of the following processes will be considered a satisfactory method of disinfection of old rags, and will entitle them to entry and to be landed in the United States upon the usual permit of the local health officer—viz.: (1) Boiling in water for two hours under a pressure of fifty pounds per square inch; (2) boiling in water for four hours without pressure; (3) subjection to the action of confined sulphurous acid gas for six hours, burning one and a half or two pounds of roll brimstone in each 1000 cubic feet of space, with the rags well scattered upon racks; (4) disinfection in the bale by means of perforated screws or tubes, through which sulphur dioxide, or superheated steam at a temperature of not less than 330 degrees, shall be forced under a pressure of four atmospheres for a period sufficient to ensure thorough disinfection. Old rags may be landed and stored at such places as may be approved by this department for the purpose of undergoing any of the processes of disinfection before named, and upon the completion of such process to the satisfaction of an inspector of Customs and the local health officer the rags may be delivered to the importer or consignee. Old rags may be subjected to disinfection by either of the said processes in any other country, where this department may appoint an

inspector to superintend the same, whose certificate of such disinfection shall be authenticated by a United States consular officer, according to Department Circular, No. 61, of April 22nd, 1884."

In reference to these methods, I may state that the rag merchants of London found the first two, or wet, processes unsuitable, as it was practically impossible to dry the large quantities of rags passing through their hands, and if baled up damp they became rotten. Process No. 3 was found to be the most suitable, and in 1885 the principal rag merchants in London erected disinfecting chambers for the carrying out of this method with rags intended for exportation to the United States. These chambers, after being inspected by myself and found to be in conformity with the regulations, were approved of, the disinfecting process being carried out under the supervision of a United States inspector attached to the Consulate-General, whose permit is then affixed to each bale, and a duly authenticated certificate from that officer accompanies each consignment of rags to entitle them to enter the United States. Similar arrangements were made, I believe, at Liverpool, Manchester, and at several continental towns, whence rags are largely exported to America. With regard to the cost of such disinfection, even if applied to rags generally before they leave the merchant's hands, I think it may safely be stated that neither the rag nor paper trade would be appreciably affected thereby. The chief expense is in the construction of the disinfecting chambers, which under the aforesaid circumstances varied from £40 to £150; the cost of the sulphur used and of the attendant labour and inspection &c. being by no means great; while as a sanitary precaution the measure would doubtless be of decided advantage to public health.

I am, Sirs, yours faithfully,

J. HIGHAM HILL, M.D., F.R.C.S.E.

Bedford-square, April 9th, 1888.

## ARMY MEDICAL RESERVE OF OFFICERS.

*To the Editors of THE LANCET.*

SIRS,—I shall be much obliged if you will allow me through the medium of your columns, to answer some of the numerous queries which are constantly being put to me relative to the Warrant establishing the above reserve.

It has long been felt that the Volunteer Medical Service was not in such a state of organisation as to render it effective as a reserve if ever required, and the Volunteer Medical Association has for some time past urged upon the notice of the authorities the desirability of doing something to place us upon a more satisfactory basis, and in this connexion I should like to say that the Council have every reason to thank the present Director-General; they have always found him ready and desirous of helping in every possible way.

The Royal Warrant, A. O. 56, March, 1888, establishes what did not exist in any sense before—viz., a medical reserve of officers: it is true a reserve of officers existed, but in this no place was found for a medical officer; therefore, from this point of view, the Warrant is, I think, a cause for congratulation. The only objection I have heard urged against it is that the authorities may use it in opposition to the interests of our brethren in the medical staff. I am bound to confess I see not the slightest reason for such a suggestion; the services of the officers of such a reserve can only be called for, in accordance with Rule 4 of the Secretary of State's Instructions, "in times of great national emergency," and then only for home service. The Warrant might have gone farther than it does, and in many respects I wish it had, but I think it would be unwise for us not to show the Government we are really anxious to do what we can to help forward to a successful issue what is unquestionably a movement of national importance, and is, further, a step we have ourselves for some time urged upon their notice. The Council of the Association has taken this view, and although we felt, perhaps, it was not our province to influence Volunteer surgeons in the matter—as, possibly, for reasons of a private nature, it might be impossible for such officers to join,—yet, morally, we agreed to give the movement every support by applying ourselves for commissions.

There can be no doubt that the Volunteer surgeons will form the main support of this reserve, and I can only hope that we shall receive from the War Office every encouragement and help. The Volunteer Medical Service at present