

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 homoeopath, whose treatment, however, was of a negative kind. The tongue continuing to grow worse, and the patient having given up the homoeopath 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