

amusing misstatement of Mr. Hovell touches the very gist and purport of his letter, and that is to congratulate Sir W. Gull on his rejection of the word "hysteric" and the application of the term "nervous" to "cases of the same kind described by Sir W. Gull in 1873 as anorexia hysterica." Now, any of your readers (and them alone I am addressing) may see, if they refer to the Transactions of the Clinical Society, that Sir W. Gull used the same term then as now, and not the one attributed to him. Mr. Hovell can, therefore, no longer congratulate him on the resumption of his *mens sana*, for to this supposed change of opinion the expression can only apply, for everyone knows that Sir W. Gull's late illness was purely bodily. The only real points of interest in Mr. Hovell's communication are first, the psychological problem how anyone in so short a letter can make so many misstatements; and, secondly, the attitude in which a writer places himself who can say that the perversion of the *ego* spoken of in hysteria "might with greater force be applied to the profession."—I am, Sirs, your obedient servant,

March, 1888.

SAMUEL WILKS.

CONSTRUCTION OF HOSPITALS FOR INFECTIOUS DISEASES.

To the Editors of THE LANCET.

SIRS,—The above subject, discussed in your last issue and in a leading article of the 17th inst., is of sufficient importance to warrant anyone possessing experience of the same to contribute therefrom as a guide for others who find themselves called upon to deal with this question. For many years at Manchester I had the management and administration of one of the largest of our fever hospitals in this country, constructed partly of permanent buildings and partly of temporary structures. Here, at Leicester, I have the superintendence of a hospital which is also of a mixed character. As one of a deputation officially deputed to visit various of these institutions throughout the country, and from a very extended acquaintance of like hospitals on the Continent and in America, I venture to think I am qualified to give an opinion as to the advantages or otherwise of temporary buildings for hospital purposes, and, with your permission, I will briefly summarise what I have to say.

1. As to economy. When, as too often happens, a temporary hospital is erected to meet some sudden outbreak of infectious disease, the cost is found to be equal to and often exceeds that which would have been incurred by the quiet erection of a properly built permanent hospital. Even when they are erected deliberately and not under pressure, if they are constructed properly, with all necessary fittings in the shape of closets, hot and cold water supply, bath-rooms, proper accommodation for staff, laundry, disinfection, &c., the first outlay is found to be but little below that which some of our best-built hospitals have cost. But if it is considered that the duration of these buildings is strictly limited, and that they will require replacing before many years have passed, together with a constant heavy outlay for repairs, all the supposed economy vanishes.

2. As to efficiency. In our English climate, through the winter and colder months of the year, temporary structures, such as marquees, canvas huts, and the like, cannot be used. In the better-built wooden erections, such as we had in Manchester, or partly iron and partly wood, such as we have here, *there is always a difficulty* in maintaining a proper and equable temperature, and if the wards are to be kept warm in all their parts, fires must be supplemented with hot-water pipes running round the walls. Again, in the summer, the same wards are with difficulty kept at a bearable temperature, for owing to the thinness of the walls and roof, the sun's rays soon penetrate, and the same thing again gives rise to very sudden rises and falls of temperature. At Manchester all the wooden erections have been replaced by permanent buildings, partly on this account, though chiefly because they had become dilapidated and decayed after a tenure of existence of less than ten years. In Leicester the administrative block is built of brick, whilst the wards are of corrugated iron outside lined with wood. In these the same difficulties with the temperature are met with, though to a less degree; but there is no doubt that the external casing of iron considerably lengthens their term of existence. In the large Hôpital Marinière, in the southern suburbs of Paris, hastily erected to accommodate 300 patients at the

outbreak of cholera there in 1884, the building was constructed in skeleton framework of wood, and this was filled in with four inches and a half of brickwork only. In the hot weather even this became so unendurable that mats or screens were hung on the walls outside to temper the sun's heat and keep them a little cool. Probably Copenhagen can show one of the most perfectly equipped and constructed fever hospitals in Europe. Every building is constructed in the best manner possible in brick and stone, with all facilities for heating and cooling the wards. A disadvantage attaching to iron casings is the noise often arising in heavy storms of rain and hail, not an unimportant item when we consider the class of cases under treatment here.

3. Concerning diseases for which the same building may be required. As all know, the prevalence of any particular zymotic varies from time to time; the chief of these in this country which are treated in these hospitals are small-pox, scarlatina, typhoid, typhus, and diphtheria. It is essential that a ward which has at one time been occupied by any of these, shall be able to be purified and rendered safe for the treatment of any other. To do this with the utmost readiness and safety, I maintain that the more "permanently" a hospital is built the easier can this be done. Wards should be built with as few angles and projections as possible, the walls and ceilings of the hardest and most impermeable cement or other material, and the floors likewise as non-absorbent as possible. Then absolute and complete disinfection and cleansing can be accomplished, and wards safely used for any disease, even after being occupied by the most infectious of them—i.e., small-pox and scarlet fever. This I assert from actual experience, having successively had the same wards filled with cases of these diseases. One other important consideration should not be overlooked: that, seeing these hospitals are used by patients who come voluntarily, though often against their own private inclinations, every endeavour should be made to render these hospitals comfortable and attractive, and not, as has often happened, ugly and uninviting in appearance, and wretched in many of their internal arrangements.

Finally, I would submit that the principles which should guide any authority in erecting an infectious hospital are shortly as follows:—The site should be conveniently near, but not in the midst of the community it serves; the hospital should be of such size as to accommodate the average wants of that community, and should be built in the best and most approved methods now adopted in hospital construction; but there should be an ample spare area around it on which true "temporary" wards could be erected if required to meet an epidemic, and in which convalescents could be drafted from other wards kept for acute cases.

All must respect the opinions of one who ranks so high in the sanitary world as Dr. B. W. Richardson; but I think he has struck a false note when he says, "It is easy to support an old system," and "to sustain the past on the past." It is because the experience of the past has found these temporary hospitals more or less failures, costly financially, wanting in efficiency, and tending to repel the people at large from using them, that they are now to be condemned. The reform lies in building no more such structures, and I would emphatically endorse the conclusions of your article—that, "speaking generally, the disadvantages attaching to temporary hospitals are so many and so great that the counterbalancing advantages would have to be set forth in a very convincing manner before the view that temporary structures are in any form essential to success could be regarded as proven."

I am, Sirs, yours obediently,

HENRY TOMKINS, M.D., B.Sc.,

Leicester, March 26th, 1888.

Medical Officer of Health.

To the Editors of THE LANCET.

SIRS,—The proposed hospital for infectious diseases in Nottingham has become a matter of more than local interest, and as the question may possibly affect the policy of other towns, I think it is important that the point at issue should be clearly indicated.

If we look at the annual cost of such a hospital (and that is the form in which the ratepayers have to regard it), the items in order of importance may be stated thus: 1. Working expenses, including salaries of nurses and servants.

This, the largest item, varies in proportion to the work which is done, and is common to all hospitals, temporary or permanent. 2. Interest on outlay upon site, drainage, paths, gas and water supply, administrative block, disinfecting apparatus, laundry, mortuary, ambulance, &c.; also furnishing and equipment of wards. These expenses also are irrespective of the mode of construction of the ward blocks. 3. Interest on outlay for actual ward buildings. Now, it is only upon this third and smallest item that the opponents of permanent buildings claim to show economy. For the sake of a present saving of perhaps one-half of the *expense under this heading only*, they urge us to adopt unsightly wards, difficult to warm, and requiring renewal at the same cost in a few years. Wooden structures have as further drawbacks the impracticability of thorough disinfection and the necessity of an increasing annual outlay upon repairs, to which I might add risk of destruction by fire.

Dr. Richardson bases his advocacy of iron structures mainly upon three points, viz.—economy, portability, and capability of disinfection by heat. The economy, I venture to think, is comparatively small as regards first cost, and vanishes when the “temporary” character begins to assert itself. Meanwhile we incur the risk of impairing the efficiency of the whole by rendering the hospital uncomfortable and unattractive to the patients, who resort to it as much in the interest of the public safety as of their own. Removal from place to place is beside the mark—in Nottingham at all events. An excellent site has been found, and no one acquainted with the local conditions and with fever hospitals will be likely to entertain any apprehension of removal becoming necessary. There remains the question of disinfection by heat. The plans adopted by the Health Committee, after careful consideration of all recent advances in hospital construction, include provision for rendering the internal surfaces of the wards non-absorbent. The walls and floors being so constructed that nothing can penetrate below the surface, all infective or other matter can be removed with ease and certainty by washing, and mercuric chloride or other potent disinfectant can be applied if need be. What then becomes of the necessity for disinfection by heat? Whatever method of construction were adopted, it would be equally necessary to have in constant readiness separate accommodation for at least small-pox, scarlet fever, and diphtheria. It is not enough to have in stock the materials for such provision at a week’s notice. So far from proposing to erect permanent hospitals capable of dealing with “great epidemics,” our present scheme is based merely upon the ordinary requirements of isolation in non-epidemic years, such as 1887, during which year, nevertheless, we had in hospital a daily average of thirty scarlet fever patients, and at one time sixty. If any of the diseases mentioned became epidemic, further accommodation would be needed; but it is in the prevention rather than the cure of epidemics that hospital isolation is most important.

It is alleged as an argument against permanent hospitals for infectious diseases that hospital construction is a progressive science, and that the best arrangements now known will in the course of time become obsolete. Why this consideration should be urged against such hospitals only, I am at a loss to understand. In regard to any building, public or private, it seems evident that if at a small additional primary cost it can be rendered more comfortable, more attractive, and more useful, and if, further, this fractional increase in first cost is more than covered by subsequent saving in repairs and ultimate reconstruction, then the prospect of the building remaining at the end of a century in sound and serviceable condition is far from being a real drawback. If by that time, or before it, a revolution has taken place in hospital construction, the economists of the future will find little difficulty in demolishing these inconveniently permanent wards. Apart from the question of cost, can it be seriously urged as an argument in favour of temporary hospitals that they will soon become uninhabitable, and so enforce a reconsideration of their arrangements?

After considerable experience in the practical administration of hospitals constructed of brick and mortar, of wood, and of canvas, I regard permanent hospitals as being far more efficient, and in the end more economical even in money cost. No outlay upon ornamentation is necessary, nor is any contemplated; and I trust that Nottingham will give to other towns a wholesome example of true economy by providing a plain, serviceable, and comfortable hospital,

which, while primarily adapted to the current necessities of a town of nearly a quarter of a million inhabitants, among whom infectious disease is always present, would be capable of ready temporary extension in time of epidemics.

I am, Sirs, yours faithfully,

ARTHUR WHITELEGGE,
Nottingham, March 24th, 1888. Medical Officer of Health.

“MASON v. MARSHALL, SHAW, AND GAUCHARD.”

To the Editors of THE LANCET.

SIRS,—Will you allow me to add a few words to your editorial comments on the above case in your last issue. My recent experience has led me to consult my legal advisers how to avoid the risk of again incurring the anxiety, worry, and great cost of defending an action for damages—for legally and conscientiously signing a lunacy certificate—and I am bound to say that the only practical advice I have received is “Don’t do it.” But to act on this advice would be a cowardly dereliction of duty. The alternative you suggest, of obtaining a deed of indemnification, I am assured, would either not hold good in law, or would render the contracting parties liable to an action for collusion. It would be difficult to conceive a case in which the position of the certifying doctors was stronger than that of Dr. Shaw and myself in this case. The patient’s family and personal history were suggestive of insanity, and at the time we saw her her symptoms had assumed an acute form, and she was both dangerous and suicidal. The order of admission was signed by her sister, and we gave our services gratuitously; yet nearly four years subsequently we are called upon to defend ourselves in a court of law against a charge of “malice, collusion, wilful and corrupt falsehood,” as well as “carelessness in giving, without reasonable or probable cause, insufficient certificates.” The first three charges were withdrawn on an appeal from the judge (Mr. Justice Field) after the case had been opened, but without any expression of apology that such gross charges should have been so recklessly made against us without a vestige of truth or evidence to support them. The case for the plaintiff, as conducted by her leading counsel, Sir Walter Phillimore, called forth repeated censure from the bench. This, however, is a matter foreign to my present object in writing; but I venture to direct, with your permission, the attention of the profession to the fact of two of our *confreres* giving their support, or intending to give their support, to the prosecution in such a case. As a matter of fact, these two witnesses, so far as their evidence was worth anything, went in favour of the defendants. Dr. Tibbits showed the kind of expert (?) evidence on which the prosecution had to rely, and which was accepted at precisely what it was worth. Dr. Lyttleton (Forbes) Winslow, like Balaam, though engaged to curse us (so far as, to use Sir Walter Phillimore’s expression, his “incoherent answers” were intelligible), blessed us altogether. In contrast to the behaviour of these two gentlemen, I have to express my gratitude to the other medical witnesses in the trial, as well as to those professional brethren who have so greatly aided me by their advice, and who, without a single exception, have declined all professional fees, thereby considerably reducing the necessarily very heavy expenses incurred in a case involving a four days’ trial, and hardly mitigated by “costs” being granted against an impecunious plaintiff.

I am, Sirs, your obedient servant.

Clifton, March 26th, 1888.

HENRY MARSHALL.

RAPID REDUCTION OF DEFORMITY AFTER TENOTOMY.

To the Editors of THE LANCET.

SIRS,—Mr. Parker states that he ignored “the possibility of deformity depending upon the contraction of one tendon alone” because “the question was not in dispute.” As far as Mr. Howard Marsh’s paper and my rejoinder are concerned, there was no *dispute* whatever, but contraction of one tendon alone was especially referred to. Even if contraction of one tendon alone had not been mentioned, it could not rightly be ignored when discussing the after-treatment of tenotomy. Mr. Marsh in his very practical paper urged that after tenotomy the foot should be brought