

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