

be productive of the same ends. The plan, however, I have invariably adopted is to fumigate *very freely* with chlorine, then wash all woodwork with carbolic soap, expose to "wind and weather" for at least a week, and finally complete the proceeding by a second fumigation of chlorine. Furniture has always been treated by washing with a solution of carbolic acid and placing the articles when completed in the open air, but woollen and linen articles, and feathers (a hospital abomination), have been passed through a Lyon's disinfectant, the value of which cannot, I suppose, be over-rated; exposure to a current of steam, at a temperature of 212° F., being found to be a far more satisfactory plan than the use of dry heat, involving less injury to blankets &c.; it is also more simple, more rapid, and I believe more certain in its action. As regards the question of the relative value of wooden and brick wards, all things being equal, one would, I presume, show a preference for the latter, for a variety of reasons; but, after a somewhat extended experience of both, I cannot but conclude that *properly* constructed wooden huts, of which we have several in use at the present time here, leave little or nothing to be desired; through the whole of the past severe winter there has never been the slightest difficulty in keeping a temperature of 50° F., abundant ventilation notwithstanding, this being obtained by means of slow combustion stoves, fed with a combination of large coals and screenings; but whether a desirable degree of coolness can be maintained in the summer months remains to be proved. Hitherto, in some old buildings constructed upon similar principles, I will admit that the heat has been more than desirable, but not so embarrassing as hinted at by some of your correspondents.

I am, Sirs, yours faithfully,

W. GAYTON, M.D.

Metropolitan Asylum Board, North-Western Fever Hospital,
Haverstock-hill, N.W., April 25th, 1888.

To the Editors of THE LANCET.

SIRS,—Although I cannot lay claim to the ripe experience with which Dr. Seaton in his letter in your issue of April 14th justly credits Dr. Collie, yet the result of some eight years' observation as to the efficacy of disinfecting permanent infectious wards may perhaps be worth adducing. The wards of this hospital, the walls of which consist partly of brick piers and partly of corrugated iron lined by felt and matchboard (in that order from without inwards), have over and over again been used, after disinfection, successively for small-pox and for febrile diseases of various kinds—e.g., scarlet fever, measles, diphtheria, enteric, &c. In no case whatever has the preceding disease affected the new occupants of the ward. Our plan consists in free fumigation by nitrous fumes (produced by the action of nitric acid on copper filings), followed by thorough cleansing with carbolic soap and water of all wood and iron work, and by distempering the brick portion of the wall of the ward.

I am, Sirs, yours faithfully,

R. D. R. SWERTING,

Western Fever Hospital, Fulham, Medical Superintendent.
April 18th, 1888.

"ANOREXIA NERVOSA."

To the Editors of THE LANCET.

SIRS,—Discussion being invited, may I ask space for a few words? I have seen a considerable number of cases, and I believe that this is a distinct form of disease, having its seat in the nerves of the stomach; that its name is nosologically correct; and that Sir Wm. Gull's treatment is all that is required for its cure. It has nothing to do with neurasthenia. This, I think, is proved by the fact that here the patient neither eats nor drinks, but walks—is constantly on the "go"; whereas in neurasthenia the patient eats and drinks, often in great excess, but does not and cannot walk. Dr. Playfair evidently looks on anorexia nervosa as secondary to some general nervous disturbance, and advises all cases to be dealt with as in true neurasthenia—with absolute rest, stuffing, massage, and isolation. Dr. Playfair goes so far as to say that Sir Wm. Gull's case was cured by a "flake" (a happy chance), and he asserts that not one case in twenty could be so cured. All I can say is, I have never failed ultimately in seeing health established in every case of anorexia nervosa without isolation, and, above all, without the aid of that most fashionable, and in a very great number

of cases most unnecessary, though systematic, piece of humbug—massage. I allude to the "knotted muscles," "the blocked vessels," "contracted sinews," "thickened nerves and oilless joints," so readily discovered by the fingers of both male and female rubbers. Besides, isolation means a lot of money; it is not everyone who can afford to enter a so-called "home" and purchase health according to its tariff. I quite agree with Dr. Playfair that for the "hardened neurotic sinner" removal from the usual and, above all, unwholesome domestic surroundings is essential; but the subject of nervous dyspepsia is more sinned against than sinning, and can be cured without imprisonment.

I am, Sirs, yours truly,

Harrogate, April 28th, 1888.

A. S. MYRTLE, M.D.

PHTHISIS.

To the Editors of THE LANCET.

SIRS,—Although I think your readers have every reason for thanking Dr. Shepherd for his suggestive and helpful article on phthisis, yet I do not think it ought to pass without some word of criticism.

If Dr. Shepherd had said that "cold air breathed at night" is *often* the starting point of phthisis, he would have taken what I conceive to be an impregnable position, but he has stated it to be so in the *vast majority* of cases. Now, Dr. Buchanan, in his report "On the Distribution of Phthisis as affected by Dampness of Soil," came to the conclusion—which, I believe, has never yet been authoritatively contradicted—that in many places the drainage of the subsoil had reduced the phthisis death-rate in a very marked manner—49 per cent. at Salisbury, 47 per cent. at Ely. The drainage of the subsoil must tend to the diminution of watery vapour in the air lying above it, and this watery vapour tends to prevent the escape of radiation of heat rays of low refrangibility. Hence any cause which removes watery vapour tends to increase the difference between day and night temperatures; and therefore surely, if Dr. Shepherd is right, and the whole truth is stated in his propositions, should it not follow that the drainage of the subsoil should increase the phthisis mortality? I think this line of argument is conclusive that the other factors of the question are too important to be put aside even for a time.

I am, Sirs, yours faithfully,

ADOLPHUS J. RICHARDSON, M.B.

St. John's-terrace, Hove, March 30th, 1888.

THE VICTORIA UNIVERSITY.

To the Editors of THE LANCET.

SIRS,—I was pleased to see from your Manchester correspondent's communication that an increasing number of students are availing themselves of the opportunities of taking the medical degrees of the Victoria University. I wish it were as he suggests in his letter to you, for then I should believe that this University was fulfilling a useful function for the northern counties, and that it was affording opportunities to our youths which they have been compelled hitherto to seek across the border. The fact is, the University authorities are seeking to make their degree equal to that of the London University, which, in my humble opinion, would make it prohibitive for the young men of these districts who are to be the ordinary practitioners in future years; besides, being a new university, the Victoria does not and cannot possess the prestige of the London.

I was in hopes that when the Victoria University got permission to grant degrees in medicine, and became the twentieth licensing body, it would have had a standard not inferior to Durham or the Scotch Universities, and that in future the students of Manchester and Liverpool would have an opportunity of obtaining a degree in medicine after a fair standard of examination, and not be compelled to migrate northwards to obtain what they ought to have at their own doors. These hopes, however, for the present at any rate, appear doomed to disappointment. If the degrees in Victoria are to be simply higher degrees in medicine and surgery, then it would be well for this to be more generally understood, and parents would be able to make arrangements for the education of their sons at places where they would have a chance of graduation.

To show that such opportunities are not presented at either Manchester or Liverpool, I would call attention to