to direct more marked attention to this topic. In a case I saw some years ago in Notting Hill, which I referred to in the discussion on puerperal fever at the Obstetrical Society, the patient, who had been confined within a week, had all the symptoms of a most intense attack of puerperal septicæmia, but none of a diphtheritic character, while her husband lay in an adjoining room suffering from a diphtheritic sore-throat. Here, the waste-pipe from the bath was found to communicate directly with the sewer. In spite of her intense illness, I had the patient removed to her mother's house in Holland Park, and from that moment she began to improve. In August of last year, I saw, with Dr. Parsons of Notting Hill, another similar case, in which the same source of disease was detected. Here, again, we had the patient taken away from the infected atmosphere, into apartments in the next street, a step which was instantly followed by an amelioration in her symptoms. Besides these cases, I know of three others, which ended fatally, in which I have every reason to believe that the cause of the disease was poisoning by sewer-gas.

On the case of Her Royal Highness, it is impossible for me, for obvious reasons, to comment; this much, however, I may say, that, very fortunately, her symptoms did not commence for more than a fortnight after her confinement, when the influence of the puerperium was happily much lessened; and that her removal was, as in the cases above mentioned, immediately followed by a most remarkable and instructive change for the better.

ARE HOMES FOR CONVALESCENTS FROM SCARLATINA DESIRABLE? AND, IF SO, AT WHAT PERIOD CAN THE PATIENTS BE SAFELY REMOVED TO THEM?*

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My answer to the first question in the title of this brief paper, which is written merely with the view of provoking, or rather of keeping up, the discussion of a subject of great importance in public hygiene, shall be mainly in the form of a narrative of the endeavours that have been made in the metropolis, during the last two years, to provide a practical solution of a problem which does not now for the first time occupy the attention of the British Medical Association. Two years ago, at Cork, it was the chief subject of interest in the Public Medicine Section, and was introduced in two very able and thoughtful papers by Dr. J. W. Moore of Dublin and Mr. Vacher of Birkenhead, on the provision of homes for convalescents from acute infective diseases. Those papers, and the animated discussion they awakened, showed that there existed a deep and general conviction of the need of such establishments, though the very comprehensiveness of the survey taken of the extent of the evil, of the measures required to meet what was felt to be an acknowledged defect in our public sanitary arrangements, and of the funds requisite for their execution, rather damped the ardour of the most sanguine, and suggested the fear that the adoption of the plan propounded by Dr. Moore was a vision of a somewhat distant future. It so happened that, on the morning of the day on which the discussion took place, I received from a lady in London, who was not then personally known to me, a letter requesting my counsel and aid in carrying out a project she had herself devised for providing a home for convalescents from scarlatina. On my return to town, I acquainted myself thoroughly with her views; and believing them to be sound and practicable, I advised her to enlist the sympathy, and obtain a public declaration of the collective opinions, of the leading members of the medical profession in the metropolis and its neighbourhood. To many of these I gave her notes of introduction; and the result of Miss Wardell's earnest efforts was that, in the course of a few weeks, the following declaration was signed by eighty-five medical men, including the Presidents of the Colleges of Physicians and Surgeons, Sir Thomas Watson, Sir George Burrows, Dr. Acland, and a large number of the most eminent physicians in London.

"We, the undersigned, cordially approve of Miss Mary Wardell's proposal to establish an institution for the reception and isolation of convalescents from scarlet fever, as likely to promote their more complete recovery, and also to check the spread of that formidable disease. And trusting, as we do, that its success will lead to its general adoption, we earnestly recommend this first attempt to supply a great and acknowledged want in the sanitary arrangements of the metropolis to the large and liberal support of the public, especially as the attempt will be made to render the institution partially self-supporting."

* Read before the British Medical Association at Ryde, August 1881.

Such an emphatic declaration of opinion, made deliberately and after full consideration by so large a number of eminent and experienced medical men, may be fairly taken, it appears to me, as the decisive answer of our profession to the question, Are homes for convalescents from scarlatina desirable? Yet there was not complete unanimity among those who were applied to, for two physicians in the highest position declined to sign the document presented to them; and one whose opinion on most sanitary questions is of great weight, also declined, on the ground that there would be no demand for the advantages of the home, supposing it were established. On the other hand, several, who were deeply interested in the subject, expressed their doubts of Miss Wardell's being able to carry out her project effectively by her unaided efforts, and wished her to co-operate with others who have associated themselves together to promote the establishment, on the large scale, of convalescent institutions for various infective diseases. While it is interesting to observe this substantial unanimity of professional opinion, and the desire of some to grapple at once with the intricacies and difficulties of the whole question, as was attempted two years ago by Dr. Moore and Mr. Vacher, I believe it is wiser to try the experiment with a single disease, so as to test practically the two questions of demand on the part of the public, and of the mixture of class, sex, paying, and gratuitous. In the draft regulations, as drawn up by Miss Wardell and amended by Dr. Buchanan, the tentative character of the institution which it is sought to establish is clearly set forth, when it is said that it is to be *at present* "for scarlet fever convalescents only." The smaller experiment will show the weak points in the working of the organisation, and will prepare the way for the extension of the system.

That the need of such institutions is felt by others than medical men is very plain, from the following statement of the honorary secretary of the London Fever Hospital, quoted by Sir Rutherford Alcock in the memorial addressed to the President of the Local Government Board. "There are no special homes to which convalescent patients from the London Fever Hospital are sent. Indeed, I am not aware that there is any home to which such patients can with safety be sent from any London hospital. The Committee of the London Fever Hospital have long been anxious to establish such a home; but they have hitherto been deterred from the attempt, in consequence of the heavy outlay which it would entail. The course now adopted is to keep the patients in the convalescent wards of the hospital until they can be discharged without the risk of communicating the infection to others. If the committee had a convalescent home, the stay of the patients in hospital might be considerably shortened." This implies more room for, and a more rapid admission of, acute cases into the Fever Hospital, and, if such convalescent institutions were multiplied, also into the Metropolitan Asylums. This is another, and a very practical answer, to the question: Are convalescent homes desirable? The high probability, amounting almost to certainty, that removal to pure country air would render convalescence much more rapid and complete, is another economical argument which tells powerfully in favour of convalescent homes.

With the view of helping forward Miss Wardell's beneficent project, a committee was formed some time ago, which approved and adopted the general principles and regulations which are to govern the institution when it is established. Its site is, if possible, to be within easy reach of London, but in a rural district not likely to become urban. The transport is to be by carriage, or ambulance, belonging to the home; and this, if it goes by rail, shall be put upon a truck, which may be disinfected if thought necessary, as shall also the ambulance itself. The management shall be by a small lay committee, with one medical member, whose time and engagements will permit of his attending every meeting, and who shall be the medium of communication with the Medical Council, which, being composed of seniors of high standing in the profession, shall be the ultimate authority in all questions of a medical or sanitary nature.

Probably the most effective argument for such an institution, and that which will be most readily and thoroughly appreciated by the mass of the community, is that drawn from the rapid increase of this, amongst us, formidable and fatal malady, which was so ably handled by Sir Rutherford Alcock at the Mansion House meeting, presided over by the Lord Mayor, on the 27th of last June. It appears from the Registrar-General's returns, that the deaths from scarlet fever in London were, in 1877, 1576; 1878, 1,792; 1879, 2,706; 1880, 3,073; showing a mortality that has nearly doubled in the course of four years. To this it may be objected that the years 1879 and 1880 were years of "epidemic prevalence", and that the mortality for this year may not exceed a few scores. But the experience of many years proves that what *may* happen *does not* happen in the case of scarlatina. Only in two years out of eleven has the annual mortality fallen below 1,576, which is the minimum mortality since 1873. While the victims of

small-pox in the metropolis during three successive years amounted respectively to 115, 56, and 75, or 246 in all, the lowest tribute levied by scarlatina in a single year was 652. The whole mortality from small-pox in the five years 1873, 1874, 1875, 1879, and 1880 amounted to only 704, or 52 in excess of the smallest annual mortality from scarlatina. Small-pox, no doubt, has from time to time its epidemic outbursts, accompanied by a frightful mortality, as, for instance, 7,876 in 1871; but, notwithstanding this memorable year, the annual average of deaths from small-pox during the ten years 1870-79 was only 1708.0, while that from scarlatina was 2574.1. Surely this startling fact, coupled with the other fact, that the years 1877 and 1878, with their respective mortalities of 1,576 and 1,792, are considered years of "average prevalence", should lead us to inquire with some earnestness whether this decennial holocaust of more than 27,000 human beings is indeed a necessary condition of our modern civilisation, which must be endured without an effort to mitigate its pitiless severity?

So much for the *deaths*. Can we from them discover a clue to the number of *cases* that occur annually in the metropolis? In default of those returns of cases of sickness, which we have so often asked from the Government during the last thirteen years, and which, seven or eight years ago, our distinguished associate, Dr. William Farr, saw no difficulty in obtaining weekly, it is in our power to make an approximate estimate of the number of cases or attacks represented by the figures cited above from the Registrar-General's summary. It so happens that a return furnished by Dr. Brewer to Sir Rutherford Alcock, and by him kindly lent to me, supplies the key that unlocks, in part at least, this mystery. It gives the total admissions of scarlatina patients into the Homerton and Stockwell Fever Hospitals, and the total deaths in them, during the years 1877, 1878, and 1879; also, by calculation, the number of deaths per 100 cases varying from 3.77 to 14.39, the average rate for the three years being 12.40 per cent. So that, from this average mortality of the Metropolitan Asylum Board's hospitals, and the total deaths for each year in the returns of the Registrar General, we obtain the following table:

Year.	Total Deaths.	Average Per Cent.	Estimated Total Cases.
1870	5,998	12.40	48,370
1871	1,896	"	15,290
1872	904	"	7,290
1873	652	"	5,258
1874	2,662	"	21,467
1875	3,651	"	29,443
1876	2,297	"	18,524
1877	1,576	"	12,709
1878	1,792	"	14,451
1879	2,706	"	23,435
1880	3,073	"	24,782

Hence, the eleven years' average of cases annually occurring in London is about 20,100. Of these, we know, from Dr. Brewer's return, that the Homerton and Stockwell Hospitals received a yearly average of 876 cases during 1877, 1878, and 1879. And if, in the absence of any precise information regarding all the other hospitals for the treatment of infectious disorders, we allow that 3,000 patients suffering from scarlatina are admitted yearly into all the public institutions within the Parliamentary boundaries, there still remains unprovided for a huge mass of infection free to propagate itself on every hand, with scarce an effort being made to limit its ravages. From all these considerations, we conclude that the provision of homes for convalescents from scarlatina, with the view of enabling the patients to be discharged more rapidly from the hospitals, where they are now detained nearly eight weeks, and to make room for fresh relays of patients in the acute stage of the disease, is not only desirable, but a matter of urgent public importance.

But can this removal be effected with due regard to the safety of the patients? Some medical authorities, whose opinion carries great weight, hold very decidedly that scarlatina convalescents cannot, without great risk, be removed to a convalescent home till desquamation is complete, and all fear of infection has disappeared. In that case, the need of convalescent institutions would be comparatively small; "comparatively", I say, for they would still be welcome refuges to not a few whom prejudice or panic would exclude from all uninfected circles. But, as a measure of great sanitary moment, this effort would sink into a secondary place. I have therefore made inquiries in various quarters with a view to ascertain the mind of those whose experience in this class of diseases is exceptionally large. And I find that Dr. J. W. Moore is unhesitatingly of opinion that convalescents from scarlatina may be removed with but little risk long before the expiry of the six or eight weeks necessary for their complete disinfection. And through the kindness of my friend Dr. Buchanan, of the Local Government Board, I have been furnished with the following very important state-

ment by Dr. Alexander Collie of the Homerton Fever Asylum, in transmitting which Dr. Buchanan writes: "I do not know how my own opinions about the period most advantageous to scarlatina convalescents for getting a breath of country air could be better stated than by repeating what Dr. Collie says in the enclosed letter." Here it is.

"The end of the third week, or during the course of the fourth, is, in my opinion, the most advantageous for the sending of scarlet fever cases to a convalescent hospital. The minimum stay in hospital of cases of this disease (treated to recovery) may be taken at six weeks for the Homerton Fever Hospital. For the first three weeks, it has been the rule to treat them as acute cases, and they are generally not allowed out of bed; but at the end of three weeks, or during the course of the fourth, the patients are usually put up, and from that time onward treated as convalescents. They spend the day in the day-rooms and the airing-courts. The hospital for them is thus a convalescent hospital, with the disadvantage to the hospital of occupying space that would be more fitly occupied by acute cases, and to themselves of wanting many of the special advantages of a strictly convalescent hospital. Complications occur during the convalescent period, but not commonly; and one or two small acute wards attached to the convalescent hospital would provide for these cases. The convalescents would, of course, require continuous medical attendance."

This statement, not of opinions, but of facts, made by one whose experience is extensive, and whose thorough competency, both as an accurate observer and as a skilful practitioner, is admitted on all hands, goes far to settle the moot question of the removability of the convalescent, without much risk, at a comparatively early period; and encourages us to expect that, if complications are not common in fever hospitals among convalescents, who are permitted to spend the day in "the airing courts" during and after the fourth week, they will not be more frequent among those who may be removed at the same period, and with all needful precautions, to a convalescent home. One of the most important of these precautions is, that no one shall be admitted into the home without a medical certificate that removal does not involve extraordinary risk. And not only as regards the state of the patients themselves, but as regards external circumstances, as of clothing, temperature, weather, etc., care will be taken to reduce the risk to a minimum, so that the forebodings of those who maintain that our convalescent home will be turned into an hospital by the frequency and gravity of the sequelæ, may, by God's blessing, be disappointed, and the success of this interesting experiment secured. It appears very clear, however, that a resident medical officer, with a moderate salary, in addition to board and lodgings, cannot be dispensed with, unless there should fortunately be a thoroughly qualified medical practitioner in the near neighbourhood of the home, who could make frequent and regular visits, and be readily summoned on emergency.

But we have as yet touched only the fringe of this great subject. We have been involuntarily thinking of those who are well cared for in comfortable hospitals, and anxiously seeking to provide for their safe removal. But what of those for whose treatment no hospital accommodation is provided? We have been caring for the 3000, but where are the 17,000, and who is caring for them? Surely, in the case of by far the greater number, any change must be a change for the better. In their solicitude lest the fortunate minority should incur any risk, however small, those who oppose their early removal seem altogether to lose sight of the vast majority, who are actually incurring far greater risk as regards themselves, and, by their presence in their homes and in the streets, are endangering the health and the lives of the multitudes with whom they are brought in contact, spreading far and wide that subtle poison which carries suffering and sorrow into thousands of families, and fills our graveyards with victims who are gleaned in overwhelming proportion from among the youthful and most promising portion of the population. To arrest, in some measure, this fearful waste of precious life, to lessen to some extent this unknown mass of human misery, and, by setting an example before the world, to awaken a sense of the need of earnest effort, these are the objects of this humble endeavour to grapple with a formidable evil. The work is great, but it is also good, and though the beginning is small, we believe that it will prosper and have good success.

It was announced, at the last German Hospital Court, that the managers had determined to establish a convalescent home. It may be mentioned, as an illustration of the need of such a step, that twenty patients stayed in the hospital during last year for a period of time representing 125 months, and thus closed the wards of the hospital to a number of applicants greatly in want of accommodation in them. Most of these patients had been kept in the hospital when they might with safety have been treated as convalescents.