

No. of experiments.	Description of dog.	Inhalation commenced-		Fully under chloroform.		Respiration ceased.		Pulse stopped.		Artificial respiration commenced.		Pulse returned.		Natural respiration re-established.		Heart stopped.		Remarks.
		H. M. S.	H. M. S.	H. M. S.	H. M. S.	H. M. S.	H. M. S.	H. M. S.	H. M. S.	H. M. S.	H. M. S.	H. M. S.	H. M. S.	H. M. S.	H. M. S.	H. M. S.		
35	Lean, full-grown pariah dog.	11 23 0	11 24 6	11 26 40	11 27 15	..	..	..	..	..	..	..	..	11 28 45	..	..	..	3 drs. of rum, 3½ drs. of chloroform.
36	Full-grown, healthy pariah dog.	11 52 10	11 55 7	11 55 17	..	..	..	11 55 54	11 59 45	..	..	..	..	..	..	..	..	3 drs. of rum, 3 drs. of chloroform. Artificial respiration after stoppage of respiration; successful; 3 drs. of chloroform used.
37	Full-grown, powerful pariah dog.	12 5 19	12 6 34	12 7 28	12 8 8	..	..	..	..	..	..	..	..	12 10 23	..	..	..	—
38	Ditto ditto	12 20 10	12 21 30	12 24 6	12 24 38	..	..	..	..	..	..	..	..	12 28 10	..	..	..	3 drs. of chloroform used.
39	Lean, small-sized pariah dog.	12 32 40	12 34 18	12 37 40	12 39 19	..	..	..	..	..	..	..	..	12 41 6	..	..	..	½ oz. of chloroform used.
40	Healthy, small-sized pariah slut.	12 45 45	12 46 22	12 49 2	12 49 55	..	..	..	..	..	..	..	..	12 51 10	..	..	..	3½ drs. of chloroform used.
41	Full-grown, healthy pariah dog.	12 55 8	12 56 50	1 0 34	1 1 17	..	..	..	..	..	..	..	..	1 3 2	..	..	..	½ oz. of chloroform used.

REPORT OF THE LANCET
 Special Sanitary Commission
 ON
 PUBLIC ACTION IN RESPECT OF
 COMMON LODGING-HOUSES.

PRIVATE ENTERPRISE AND COMMON LODGING-HOUSES AT GLASGOW.

No. III.

THE building at the public expense of seven common lodging-houses in Glasgow has had a beneficial effect upon private enterprise in this particular line of business. The trustees, acting under the Glasgow City Improvement Act, have given an example which has been followed. There are in Glasgow common lodging-houses of the vilest description, and as bad as anything that can be found in London, but there are also some lodging-houses that are nearly as good as those built and managed by the trustees. The principal of these latter are known as Burn's model lodging-houses, and have been organised by Mr. Robert Burn with great intelligence and enterprise. We visited the largest, and found a recreation hall which was, if anything, better provided with newspapers and amusement than were those under the trustee management. Here, also, there is a platform for entertainments, and every Friday an amateur concert is given by the lodgers. Mr. Burn offers prizes to the best singers or reciters, and these consist of such sensible articles as woollen socks or stout shirts. The audience itself decides by vote to whom the prizes shall be given. These entertainments are useful in maintaining health, for they help to keep a large number of men away from the public-house, while giving to the successful performers useful clothing they can ill afford to purchase. There is here, also, a provision shop on the premises, and a post-office, together with stamps and stationery. The kitchen, scullery, and dining rooms are large and well-fitted with every requisite. The lavatories are also well arranged. There are several little cabinets where footbaths, soap, and towels are provided free of charge. The closets and urinals are in a back yard roofed over with glass, raised a little above the wall, so that the air passes out without hindrance. The walls are of enamelled bricks, the whole being clean and well ventilated. The stone stairs leading to the dormitories have on one side a stair-carpet, so that the men at night need not tread with bare feet on the stone when going from the dormitories to the closets. The bunk system of beds has also been adopted here, and there are twelve small private rooms let at 6d. a day. The dormitories have good windows, good light, and a through draught can be established; but we failed to notice any system of ventilation, which depends on the accidental opening of doors and windows, and ceases to exist when these are all closed. To the

superficial and casual observer this common lodging-house may seem as commodious, as clean, as well-organised, and as well kept as those built by the city trustees; but, from a scientific and technical point of view, it is naturally inferior. Nor can it be expected that persons who make it their business to keep common lodging-houses should possess the scientific knowledge, and have at their command the technical engineering skill, which is at the disposal of a body of trustees, such as that governing the city of Glasgow. The State or an enlightened local authority may build and ventilate with some success barracks, hospitals, and in the same manner, the problem being in many respects similar, common lodging-houses; but it is hardly to be expected that the ordinary common lodging-house keeper will bring to bear the same amount of scientific research combined with technical experience.

The question is to house for a minimum cost, in a minimum space,—four hundred cubic feet at the outside,—a population of extremely poor, disorderly, and dirty people. The discipline imposed must be such as shall not cause them to rebel and resist, and yet which shall instil orderly and cleanly habits totally foreign to their nature. In the dormitories, the ventilation must be automatic and to a great extent mechanical or artificial. This can only be provided by such architects or engineers as have specially studied the subject; and, for so vast an enterprise as the construction of seven common lodging-houses at a cost of £91,068, this special, expensive, and technical knowledge could be and was obtained. Hence the very satisfactory result, and hence the conviction forced upon us that the problem can only be solved when dealt with in a wholesale manner. Burn's common lodging-houses are admirable, are probably among the best that have ever been built for profit by a private individual; still they do not possess the advantages described in our last report when dealing with the Clyde-street Common Lodging-house and its prototypes built for the City Trustees. Then when we crossed the street and went to another of Burn's lodging-houses, we found that we had already seen the best that could be seen. For instance, at this second house the closets ventilated on the stairs, and from the stairs of course the dormitories derived a large proportion of their air supply.

Having visited what was best in Glasgow, we now attempted to discover what might be considered the worst common lodging-houses in the town. These are for the most part in the neighbourhood of the Saltmarket. The first we entered had oil-painted walls and was clean throughout. There were waterclosets with a good flush out, but not ventilated. The rooms had no means of ventilation, not even a fireplace, and the windows are all shut when the lodgers enter. The entrance to another lodging-house was down a narrow passage leading to a small filthy yard, where an overflowing midden was situated, and was evidently not large enough for the great number of inhabitants of the surrounding houses. The windows immediately above the staircase door had each a sink outside, into which all manner of slops and filth is poured. Of course the sink leaks and the slops overflow, saturating the house and dripping on the heads of the people who pass the staircase door. In a dark space between two day rooms on the ground floor is a rough sort of washing place, with

loose uneven flagstones that in an unequal manner partially cover the floor sink under the tread in the damp sloppy earth. This place is abominably dark, and on one side in the recess underneath the staircase, where there is no air and no light, are situated three closet seats. The pans are provided with a good flush of water, but there is no light, no ventilation, no privacy. The three seats are not separated one from the other. In the floors immediately above, receiving the emanations from this damp, dark washhouse and the closets, are small rooms containing three or four filthy double beds where men sleep in couples. The bedding is black, and the accommodation so scant, the habits of the lodgers so degraded, that they sometimes even urinate on the floor, and there were pools of urine still stagnating on the dormitory boards. Of course vermin abounded on all sides. In one of the dormitories we found a half-naked lad hiding himself under one of the beds. He had, it appears, mistaken us for School Board inspectors. It was a wretched old house, that, of course, had never been intended for a common lodging-house. Two little shops on the ground floor had been converted into common kitchens. Here women, who lodged in single apartments close by, came and associated with the men during the daytime. Bed sheets and nondescript articles of clothing were hanging on all sides to dry, adding a sour dampness to the close, heated atmosphere of these wretched kitchen day rooms.

The next place we entered was a tenement which had been converted into a small common lodging-house. This was a little cleaner and had a watercloset which certainly did not lack ventilation, for it was only separated from the street by a few boards so loosely put together that great open spaces remained between them. Another closet, at the head of the stairs, had no ventilation, was dark, and a lamp had to be kept burning within all day long. Finally, we went to a lodging-house which was in a state of transition. For many years it had been allowed to exist without any closet whatsoever. It was a very old house, with heavy wooden doors four inches thick. When this house was built closets were considered superfluous luxuries. A pail answered all purposes, and it had to be carried downstairs to the midden in the yard. Now, however, a watercloset was in course of construction; and, pending its completion, it would seem as if the pail was not always provided, for we noticed the stairs were soiled with faecal matter. We had now seen enough; enough to show to what depth of darkness, dirt, degradation, and unwholesomeness may degenerate the common lodging-houses of the poor when left in the hands of persons who ignore the laws of health and the claims of decency.

INFLUENZA.

REPORTS ON THE DISEASE.

Now that the epidemic of influenza has practically left the Continent, reports of its progress and features are the order of the day. The *Journal de Médecine* (Feb. 5th) contains one such on the epidemic in Brussels from Dec. 20th, 1889, to Jan. 20th, 1890, drawn up by Drs. Spehl, Gratia, and Verneuil. The report opens by mention of some of the more important epidemics in Europe in past times; and it is pointed out that, together with certain common features, some of these epidemics had special characteristics. "In the epidemics of 1560 and of 1762 there were no catarrhal phenomena; in 1799 the disease took a hæmorrhagic form; in 1830 the dominant signs were cramps and intestinal derangements; whilst during the epidemic of 1837 a large number of patients were attacked with hæmaturia." The report then proceeds to analyse the features of the late epidemic under the heads of (1) general symptoms; (2) special symptoms, which do not require to be regarded as different forms of *grippe*—they are nervous, respiratory, and gastro-intestinal; (3) frequent but inconstant signs; (4) exceptional signs, as delirium, syncopal tendency, gastralgia, epistaxis, eruptions, sudaminal, scarlatini-form, or rubeolar; (5) incubation, in a few cases from three to four days; (6) modes of onset; (7) duration, the acute symptoms two or three days, pain occasionally for a week, headache generally disappearing some days before the lumbar pains, the respiratory symptoms lasting mostly from eight to ten days, the digestive often several weeks; (8) intensity of the disease very variable; (9) convalescence,

in which the anorexia and extreme weariness are specially noticed; (10) relapses frequent, especially in the gastric cases; (11) duration of the epidemic, about a month; (12) climatic conditions preceding, accompanying and following the epidemic; (13) modification of symptoms from the beginning to the end of the epidemic, the latter cases showing a slower evolution; (14) influence on other affections; (15) the most frequent complications; (16) analogy to other diseases; (17) classes; (18) professions; (19) ages, mostly adults, about thirty out of a thousand children; (20) sex, equally attacked; (21) immunity; (22) contagiousness—no fact for or against absolutely determined; (23) morbid anatomy; (24) mortality in Brussels during the epidemic; and (25) dominant characters of the epidemic, which are summed up as follows: 1. The symptom "pain" has been constant and very intense. 2. The morbid manifestations have been numerous and varied (respiratory and gastro-intestinal catarrhs, eruptions, fetid sweating, pains in knees, syncope, &c.). 3. The disease by itself has been benign, but certain complications have imparted to it a grave character. 4. Complications have been mainly those of the respiratory system (pneumonia principally).

The questions issued by the committee formed in Berlin, at the instance of Professor Leyden, for a collective investigation upon the recent outbreak of influenza, are as follow:—1. When and where did you observe the first case of influenza? 2. When did the epidemic in your locality reach its height? 3. When did you consider that the epidemic had ceased? 4. What proportion of the population in your locality were attacked, according to your calculation? 5. What age, sex, or profession has seemed to have been predisposed to the attacks? 6. What symptoms worthy of note have you observed (a) in the nervous system? (b) in the respiratory and circulatory? (c) in the digestive? (d) in the cutaneous? 7. What complications and sequelæ have you seen? 8. With what frequency have you seen pneumonia coincide with influenza, and what characters did those cases of pneumonia observed by you present? 9. How many cases of relapse of influenza have you seen? 10. What has been the course of convalescence? 11. What influence has the pandemic exerted on prevalent diseases? 13. What were the causes of death? 14. What mode of treatment has given you the best results? 15. Do you consider influenza contagious or not? It was, we understand, the intention to appeal to other countries to join in this collective medical inquiry, and it would be an opportunity for promoting the cause of international collective investigation which should not be missed. This movement, initiated under high auspices at the Copenhagen Congress, was a failure, owing to the difficulty of finding funds, and only last year the committee organised throughout Great Britain by the energy of the late Dr. Mahomed in connexion with the British Medical Association announced the termination of its career.

In addition to the above-named German collective investigation (to which already upwards of 1000 practitioners have furnished replies), there have been instituted inquiries by continental boards of health similar to those of the Local Government Board. Thus the Bavarian Government has issued circulars inviting information upon the first appearance of the epidemic in different districts, the manner of its diffusion, the types it presented, the differences, if any, in the type of the disease according to class and age, the immunity of certain localities, and also as to prophylaxis and treatment. The information is asked to be sent to the Bavarian Home Office by March 15th. A similar inquiry has been initiated in Vienna, reports being asked for upon all cases treated between Dec. 17th and Jan. 17th. The *Allgemeine Wiener Med. Zeitung* of Feb. 11th fears that the inquiry will be imperfect, owing to the lack of observation and of inclination to record their experience on the part of some practitioners.

THE BACTERIOLOGY OF INFLUENZA.

Dr. E. Levy, of the University of Strasburg, reports¹ his researches into the bacteriology of influenza, which he instituted in the medical clinic as soon as cases were admitted. The sputum yielded, in addition to staphylococci and streptococci, large quantities of Fraenkel's diplococcus pneumoniae; and since all these forms are known to be met with in the sputa of healthy individuals, their detection was not very significant. But more conclusive information was yielded by the examination of the diseases following on the epidemic affection. Among these at Strasburg the

¹ Berliner Klin. Woch., Feb. 17th.