in question; and, though I think it best to abstain from hazarding even a suggestion as to the exact number of such visitors to Rome every season, that number must be considerable, as the municipality calculate, from the data in their possession, that there are at least 40,000 visitors of all nationalities in the principal hotels and pensions alone each year. But, though three typhoid deaths *per annum* is not an exaggerated mortality, it still implies that there are a good many cases each season. The type of the disease is a mild one as a rule, the patients are generally in fair circumstances, and can afford to pay for good attendance and nursing, so that the death-rate from such attacks is a low one. On looking more particularly into the certificates, it is found that the deaths have usually been in hotels, in which, it is certain, most of the cases are treated. It does not follow that all the cases have originated in these hotels, or are even all due to Rome. On account of its special attractions, the visitor usually stays much longer in the capital than in the other cities, so that an undue number of the cases will break out there; but, of course, it must be remembered that, though many cases are undoubtedly imported, yet many, too, who first feel ill here, at once take to flight, and only develop the severe symptoms elsewhere. This is undoubtedly the explanation of much of the horror of Rome and its fevers which exists in England, where obituary notices in the newspapers often contain the addendum that the person died from typhoid fever contracted in Rome. Nothing, indeed, could be better calculated to aggravate all the symptoms of a typhoid fever than the exhaustion produced by a long and hurried railway-journey. It is a practice which cannot be too much deplored, and many deaths are due to it alone. Physicians who recollect what the incubation-period of enteric fever is, should not be misled by the statements of the patients, but should calmly inquire into all the circumstances before coming to any conclusion as to the probable place of origin. My experience is certainly in favour of the view that, considering the length of stay in Rome, no undue proportion of the typhoid fever-cases occurring among visitors to Italy in the winter originates in this city, and the comparatively low typhoid-mortality among the population is greatly in favour of such an opinion.

The causes which give rise to these cases are the same in Rome as elsewhere: imperfect sanitary arrangements, want of ventilation of sewers and house-drains, inefficient disconnection of the street-sewers from the house-drains, and the want of good closet-basins and of thorough flushing of soil-pipes, drains, and sewers. These have been too often dwelt on to require further mention; but Rome, it should always be remembered, escapes the great danger of an impure water-supply, which is so serious a drawback in almost all the other cities of Italy. One reason why more English and Americans are attacked in visiting the Continent is that they live under better hygienic conditions at home than prevail abroad, and thus the Germans, the French, and the Russians, who are acclimatised to the conditions arising from the want of sanitation, are less liable to be affected by a contaminated water or air when travelling in Italy.

There are only one or two other zymotic diseases whose prevalence might prove of great moment to visitors. Diphtheria is perhaps the most important of these, and the mortality from it in the last two years shows also a marked improvement since the quinquennium 1875-79, for which the figures were published in the *Sanitary Record*. Small-pox, too, is at present in abeyance, the number of deaths from it in 1882 and 1883 having been 24, while those from scarlet fever were 69 in the same period. Measles, indeed, is the only zymotic disease showing what may be regarded as an epidemic prevalence during the last two years, the number of deaths from it in 1882 having been 258, and in 1883 236. Such figures show that the mortality from preventable diseases in Rome is diminishing in quite as satisfactory a ratio as the general death-rate.

CORRESPONDENCE.

ATMOSPHERIC DISINFECTION.

SIR,—In your issue of April 12th, there is an article by Dr. Robert Lee upon the subject of atmospheric disinfection, the main point in which article relates to the importance of volatilising, into the atmosphere of an apartment requiring disinfection, the disinfectant itself, and not the products of its decomposition by heat.

Will you permit me to call your attention to a matter which is not noticed by Dr. Robert Lee—viz., that the Disinfecting Fumigator, which I have designed for the "Sanitas" Company, well fulfils this necessity?

In the case of our appliance, it is merely necessary to boil water in a suitable vessel, either by means of a gas-flame or otherwise, placing upon the surface of the water a quantity of "sanitas" oil, the vapour of which is generated in mixture with the aqueous vapour, and thus comes into contact with every material object in the apartment requiring to be disinfected.

"Sanitas" oil boils at a temperature very much higher than that of the boiling-point of water; notwithstanding this, it admits of ready volatilisation when treated in the way described; and the vapour so generated is that of the undecomposed oil; so that it is thoroughly competent to act both as an antiseptic and an oxidising agent.

In brief, I claim for the appliance that it enables an operator to carry out atmospheric disinfection in an absolutely perfect manner.

In the antiseptic treatment of throat and lung complaints, the "sanitas" fumigator is very useful, and a night-light may be employed to slowly generate the vapour of the oil, instead of using a gas-flame or a fire. Operating in this way, the fumigator may be kept going day and night constantly.

I trust the importance of this subject will plead with you as my excuse for asking the publication of this letter.—Yours faithfully,

April 21st, 1884. C. T. KINGZETT.

MIRYACHIT OR LATA.

SIR,—In your issue of April 19th, p. 758, you publish a very interesting description of the above disease by Dr. William Hammond, as seen in Russia. In Java, there are many natives similarly affected, and they are called "lata." These individuals are unable to resist the imitation of any sudden sound or movement made by their neighbours. Let any attitude be assumed, however grotesque, and they must pose the same. Should they be carrying anything, however precious, and carefully, down it *must* go, if they see anyone dropping an article. The best loved child or the choicest ware must fall under such circumstances. This irresistible propensity to imitate is often taken advantage of by practical jokers. They will rush upon you, to fold you, apparently, in a warm embrace, and suddenly you find yourself in a double embrace. On one occasion, I wished to extract a tooth from a young woman the subject of "lata;" but no coaxing could avail to induce her to open her mouth. At last, I took a chair, and she did likewise. I moved it gradually towards her in front, and she as gradually approached me. I then yawned very widely; she followed suit. I then shut my eyes very tight, which act she strictly imitated. Quickly jumping up, I clapped on the forceps, and had the tooth out before she had time to resist further. Some years subsequently, she came to England with her mistress, and nearly fell a victim to a practical joke. While waiting at table, her young mistress wished to exhibit her peculiarities to some friends; so, catching her eye, she suddenly reached across the table, seized a very large French plum, and pretended to swallow it. The woman instantly made a dash at the dish, thrust a plum in her mouth, and, after much choking and semi-asphyxia, succeeded in swallowing it; but the situation was such, that her mistress did not repeat the experiment.—Obediently yours,

RICHARD NEALE.

Boundary Road, South Hampstead, April 22nd, 1884.

THE GILBERT SCOTT INQUISITION.

SIR,—Will you permit me to make some short remarks on two points contained in your leading article in the JOURNAL of April 19th on the subject of the Scott inquisition, the fairness of which article, I may say, shines out conspicuously.

To the evidence as to the greater proportion of cures effected at Bethlem compared with other asylums, should be added the fact that *primâ facie* prospect of cure is an essential point in the admission of the great majority of cases—epileptics, general paralytics, and dements being, I believe, refused admission as a rule. The figures that you quote, showing the difference in proportions as to home or asylum treatment between Chancery and certificated patients, can hardly be used in the comparison that you institute, for the following reasons. The class of Chancery patients is, so to speak, a finite one, chiefly springing from the certificated patients, and largely created by the difficulty of dealing with the lunatics' property otherwise than through the Court; and many of them would have escaped all legal interference, whether by certificate or inquisition, had it not been for this difficulty. Moreover, it is essentially a collection of more or less chronic cases. On the other hand, the class of certificated patients is by no means a finite one. To make the comparison a just one, it is necessary to take into account an unascertainable, but very large, number of cases of insanity treated at home that have never come under legal supervision and enumeration, many of whom would not have thus escaped had there been with them the monetary difficulty above referred to. In addition, this class contains a very large pro-