wind, no matter what the exposure may be"; but he forgets that this refers solely to the causation of phthisis, and not to the influence of climate on persons already phthisical, two climatic subjects which differ widely.

The statistics of the Western Hospital for Consumption at Torquay have been cited by Dr. Hounsell, and I fully admit that they show fairly favourable results and a remarkable gain of weight. Dr. Hounsell has kindly forwarded these results, extending over thirteen years, and I have endeavoured to compare them with my own results; but a complete comparison is impossible, on account of the very scanty information registered about the cases. No record of the form of the disease or of its duration appears, and in only 350 out of 670 patients is the stage on admission stated. Hæmoptysis appears to have occurred in 19 per cent., and hereditary taint (the degree not being specified) in 22 per cent.

On comparing these results with mine, Dr. Hounsell has fallen into a grave error; for he says "the percentage of 'much improved' is nearly double that mentioned in Dr. Williams's tables, for, while he gives 35 per cent. 'improved' and 41 per cent. worse, the 1010 cases of the Western Hospital give 68 per cent. 'improved', and only 20 per cent. 'worse'". Here, Dr. Hounsell compares the statistics of the general state of the hospital cases (the local not being mentioned) with my statistics of the local conditions of the lungs: two entirely distinct things. But, if he refer to the statistics of the general condition of my patients, he will find the results for Torquay as follows:—Sixty per cent. improved, 10 per cent. stationary, and 30 per cent. worse: figures not greatly differing from the statistics of his hospital, though they are, I am happy to say, based on a more complete registry of cases than appears to be at present carried out at the Western Hospital. Therefore, I claim Dr. Hounsell as an ally, and not an opponent; and I cannot understand why he and others should so strongly object to my results, which, after all, do not show so very unfavourably for Torquay, though less favourably than for the three other health-stations.

Letters have also appeared from Dr. Dyster of Tenby, Commander Bell, and Dr. Lund (late of Madeira), objecting to my describing Madeira as a moist climate, and denying the correctness of the description. A reference to the third Lettsomian Lecture will show that the description is not mine, for I have never visited the island, but is from the pen of no less eminent an authority than Dr. Walshe (*Diseases of the Lungs*, 4th edition, p. 606), whose very expressions are used; and I must leave him to settle with Dr. Lund, merely remarking that the latter admits that the phenomena described are not unusual at the seaside, but not common in or around Funchal. I have read Mr. Bloxam's pamphlet; but the reason I classed Madeira among the "warm and moist Atlantic climates was in contradistinction to the group of 'dry climates', which includes Egypt, Syria, the Cape, and Natal: a distinction the truth of which, I venture to think, few climatologists would question.

Dr. Lund blames me for not quoting all Dr. Renton's tables, instead of the first one of confirmed phthisis; but of what use to the cause of statistics in consumption, I would ask, is the subjoined Table II (with tubercular lungs)?

Died here	...	...	...	...	...	30
Left the island	...	...	...	...	...	22
Still here	...	...	...	...	...	4
						56

We can only congratulate the twenty-two who "left the island" from narrowly escaping the fate of the thirty who "died here"; while we regard with gloomy compassion the future of the four unfortunates "still here", doubtful how long an interval will elapse before they join their thirty friends above mentioned. Again, can we seriously accept Table IV, which includes 108 cases "threatened with pulmonary diseases", as worthy to be enrolled in any scientific data? Dr. Renton's Table III might possibly be accepted, but the particulars are very hazy, and I must demur entirely to Dr. Lund's conclusion of the number of improved to be deduced from the four tables. Far wiser would it be for him to refer to his own statistics, which are given with more exactitude, and are far more favourable. I regret a slight error crept into my quotation of these, but they give, out of 100 patients, 47 cases of arrest. My 63 patients, who, from a comparison of the cases with those of Dr. Lund, appear to have been slightly less advanced in disease, give 53.81 per cent. improved, 14.28 per cent. stationary, and 34.29 per cent. worse. These results do not greatly differ from Dr. Lund's, but, on the whole, are more favourable to Madeira. Still, compared with my Mediterranean and Egyptian figures, they come out less favourably, and hence my conclusions. It is natural that Drs. Dyster and Lund should prefer Madeira, a place endeared to them by many associations, and where the former regained his health; but they

must not be surprised at others taking a simple common sense view of the matter, and judging by results, and results alone.

The publication of my climate results in this JOURNAL has been, judging from the numerous letters I receive, very welcome to its readers; and, if I have succeeded in laying the matter clearly and intelligibly before the profession, I shall feel satisfied that I have done my duty.

NOTES ON PHTHISICAL LARYNGITIS.*

By JAMES SAWYER, M.D.Lond., M.R.C.P.,
Physician to the Queen's and Children's Hospitals; Professor of Pathology in
Queen's College, Birmingham.

I DESIRE to speak to you, briefly and practically, of phthisical laryngitis. For several years, I have systematically used the laryngoscope, in hospital and private practice, in the diagnosis and treatment of this affection. I exhibit some drawings I have made of the changes I have seen, and which are characteristic of the malady. Phthisical laryngitis is a peculiar form of chronic inflammation of the larynx. It is met with in most cases of chronic pulmonary consumption. It usually follows the development of disease in the chest. For a time, it sometimes exists alone; but lesions in the lungs always subsequently arise. It is the laryngitis of the phthisical. Adults are more subject to it than children, and men than women. All the local changes, as seen in the laryngeal mirror, have been frequently described. I have been able to divide these appearances into four groups, marking four distinct stages in the progress of the affection. The stages are: the anæmic, the oedematous, the ulcerative, and the necrotic. The earliest change is local pallor—anæmia of the laryngeal mucous membrane. Sometimes the anæmia extends to the whole of the upper part of the throat, to the fauces, the soft palate, and the roof of the mouth; but it never goes beyond these limits; it is always local; in its localisation is its phthisical significance. In the second stage, the characteristic tumefaction appears. The aryepiglottic folds are changed into two brawny-looking pear-shaped tumours, with their larger ends meeting behind. The epiglottis is usually similarly swollen. In the next stage, these tumefied tissues ulcerate. In the last stage, which is rarely reached, necrosis or caries of the cartilages occurs.

Phthisical laryngitis is a very painful malady, and, when it has passed into its second stage, it is always fatal. It is difficult to give much relief by treatment. But I wish to speak very confidently of the good results which arise from the frequent application to the larynx of a solution of nitrate of silver: one drachm of the salt to an ounce of water. In the first stage, this remedy stimulates the nutrition of the larynx, and so combats the local anæmia; in the second stage, it reduces the tumefaction; in the third, it checks the ulceration. In all, it deadens the morbid and painful sensibility of the affected parts. Dysphagia always arises in this disease. It is often a very serious symptom. The tumid and tender larynx makes deglutition difficult. This condition is promptly relieved by the local application I have recommended.

ANGINA LUDOVICI.

By A. DOIG, L.R.C.P.Ed., Surgeon Army Medical Department.

IN the JOURNAL of the 25th December last, appeared a note by Dr. F. Murchison on the above-named disease. It may be interesting to have some details of a series of well marked cases which occurred amongst the soldiers quartered in the South Camp, Aldershot, during the winter of 1874-5. The disease attacked young men, was in all idiopathic, and accompanied with most intense suffering and great general depression. They all presented the same symptoms as those described by Dr. Murchison, but suppuration occurred in not a few; and one case, of which the following are brief notes, unfortunately had a fatal termination.

Private R. J., 23rd Fusiliers, aged 22, four years in service, was admitted on February 4th. He had been complaining for some time prior of swelling in the neck, which had increased to such an extent that he was forced to report himself sick. On admission, the swelling was chiefly confined to the left side; the submaxillary, sublingual, and parotid glands of this side were swollen, intensely hard, and very painful. The right submaxillary gland was also very hard and tender, but not swollen to the same extent. The lower jaw was fixed and partially open; the tongue was pushed upwards to the roof of the

* Read before the Pathological and Clinical Section of the Birmingham and Midland Counties Branch.

mouth; deglutition was almost impossible; saliva dribbled from the mouth; breathing was somewhat difficult, and the pain and discomfort intense. His general state was one of great depression; his countenance was anxious. He could get no sleep; and it was with great difficulty that he could be got to swallow a little nourishment. The skin over the swelling was of normal colour, but slightly oedematous under the angle of the jaw. Stimulants and nourishment were given frequently in small quantities, and fomentations continuously applied. The swelling continued, however, to increase, but never lost its intensely hard character; the skin became more oedematous, and breathing became more and more difficult. The agony was now intense; and, as pus was suspected to be present, exploratory incisions and punctures were made under the tongue and externally, but no matter escaped. He continued in a state of the greatest agony up to the afternoon of the 8th, when he expired rather suddenly.

Examination forty-three hours after death.—A large swelling occupied the neck, chiefly on the left side, but extending somewhat to the right and down to about midway between the lower jaw and clavicle. On removing the skin over the swelling, the tissues were found in a gangrenous state, being infiltrated with a brownish-coloured, very foetid, semifluid matter. The tissues involved extended from the middle line in front to a little behind the angle of the jaw, and from the floor of the mouth above to the lower border of the cricoid cartilage below. All the tissues, glands, muscles, and areolæ were involved. The larynx was surrounded by the morbid mass, but the tissues posterior to the pharynx were not involved. The portion of the lower jaw in contact with the diseased glands was denuded of periosteum. The mucous membrane of the fauces—that covering the epiglottis, and the whole of that of the larynx—were in an oedematous state. The tonsils were slightly ulcerated, but not involved in the destructive changes seen in the neck. The lungs were deeply congested, and both contained numerous hemorrhagic infarctions. At each apex, a caseous mass was found; and the lung-tissue around contained numerous small deposits of tubercle. Both right and left cavities of the heart were filled with clots partly decolorised. Nothing abnormal was found in other organs.

SURGICAL MEMORANDA.

CASE OF STRANGULATED VENTRAL HERNIA: OPERATION: RECOVERY.

S. P., A MAN of strong frame, a boatman by occupation, fifty-seven years of age, was in his usual health up to the evening of September 11th, 1875. He was then taken ill with cold and sore-throat, but did not have any medical advice. On the 13th, he took some aperient medicine, which acted three times. On the 14th, he had a natural motion.

At about 2.30 A.M. on the 15th, he was suddenly seized, without any cause that can be discovered, with pain in the epigastrium, which rapidly extended over the entire abdomen, accompanied with vomiting of greenish fluid and cramp of the abdominal muscles. He was then seen by his medical attendant, Mr. Griggs; and, as he became rapidly worse, on the evening of the 16th, at a little after 10 P.M., I was asked to see him in consultation. I found him suffering great pain, with cramp in the abdominal muscles, incessantly vomiting, with a well-marked "abdominal face", clammy perspiration, a thready, quick, and intermittent pulse. He had passed no urine since 10 A.M. on the 15th; but his bladder was apparently quite empty. He was the subject of inguinal hernia on the left side, for which he wore a truss; but no hernia was down. But about two inches above the umbilicus, and half an inch to the left of the median line, a small tumour was detected; and, when first manipulated, some intestine was heard to gurgle and retire; but there remained a hard swelling like a button-mushroom, exceedingly tender to the touch, with a well-marked constriction; and his symptoms remained just as urgent. I determined to operate and explore, as taxis only added to his suffering, without reducing the swelling in the least. He gave his consent very reluctantly; and, chloroform having been administered, an incision was made, and the surrounding tissues pushed away with the handle of the knife. A small piece of omentum, tightly constricted by the fibres of the left rectus, was isolated, and the stricture, being dilated with the handle of the knife, easily reduced. The wound was brought together with sutures, and a bandage applied.

On the 17th, all his urgent symptoms had disappeared; his pulse was 65, and full. He passed a small quantity of urine at 10 A.M. this morning, having had suppression for forty-eight hours. He was, of course, exceedingly weak; and, although he passed flatus with ease,

which he had not done since the morning of the 15th, he had no action of the bowels until castor-oil was administered on the 19th, which acted freely. On October 16th, he was quite well. The wound healed without a bad symptom.

The interest of the case lies in its rarity, the very urgent symptoms, suppression of urine, and the severe cramp of the abdominal muscles whenever he vomited or moved. I believe a piece of the gastro-colic omentum closely attached to the stomach itself was involved, and that the immediate traction on that organ was the cause of the acute sufferings. He stated that the tumour had existed, on and off, for two years. Two of his brothers had suffered from strangulated hernia: one died; the other was relieved by operation.

ROBERT HICKS, M.R.C.S., etc., Surgeon to Ramsgate Seaman's Infirmary.

A SIMPLE SLING FOR FRACTURES OF THE UPPER EXTREMITY.

I THINK most practitioners, in common with myself, must have felt the want of a really good sling for cases of fracture or other injuries of the upper extremity. The silk handkerchief, which is generally used in such cases, is always getting loose and out of place, and fails to give adequate support to the elbow. The one which I would bring under the notice of my professional brethren is at once simple and most effectual. It merely consists of a slip of unbleached calico about three feet long and ten inches wide. It is folded in two, and a corner stitched off, so as to form a rest for the elbow; and a smaller triangle is stitched off on the other side for a rest for the forearm. The sling is then turned inside out, and the ends of the calico plaited up. To one end a buckle is fastened, and to the other a piece of strong webbing, about an inch wide, and about a foot in length. To use the sling, one end is placed across the patient's chest, and the other across the back; and it is fastened across the opposite shoulder. It is an immense support to the elbow; and one great advantage of it is, that it can be worn at night without the least fear of its becoming displaced. It is also very useful in cases of fractured collar-bone. I believe it only wants to become known, to be generally adopted.

W. L'HEUREUX BLENKARNE, M.R.C.S.E., L.A.C., Buckingham.

REPORTS AND ANALYSES

AND

DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

GRANULAR EFFERVESCENT PREPARATIONS OF QUINETUM.

MESSRS. YOUNG AND POSTANS (Baker Street) have added to their popular granular effervescing preparations, of which they have introduced several with much success, a granular effervescing citrate of "quinetum", and an effervescing preparation of quinatum with iron. We noticed lately the introduction of quinatum by Messrs. Whiffen. It is a preparation including all the principal alkaloids of bark. In unscrupulous hands, such a preparation is liable to abuse, being of uncertain standard composition; but the makers in this instance have a high reputation, and afford the necessary guarantees; and we believe that these preparations may be relied on, and are as trustworthy as they are elegant and convenient.

BAGOT'S EXTRACT OF MEAT.

WE have had before us recently samples of Bagot's Australian extract of meat, together with certificates of analyses, and reports and results of trials by the late Dr. Parkes. The abundance of authentic evidence from the great public establishments and hospitals in which it has been tried dispenses with the necessity of further analyses. It results from these documents that this extract has, in the opinion of many eminent experts and practical authorities, great and peculiar advantages, especially in superiority of flavour, greater nutritious value, absence of excessive saltiness, and relative cheapness. It certainly makes excellent beef-tea; and, from the above qualities, it has been specially ordered for use in the recent Arctic expedition, and is generally largely favoured in the public institutions and by the officers of the public services who have tested it. The samples forwarded to us by Messrs. Ledger and Co., Lant Street, who are the chief agents, are very satisfactory in flavour and quality, and the body of evidence on all heads in its favour is conclusive as to its merits.