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.,
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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.