case of puerperal fever, we are not forced to assume it to be self-generated or epidemic. If Dr. Napier will read over again the first paragraph of his letter, he will see that he holds as strong an opinion as those whom he condemns as systematising or theorising. But in these latter I do not include myself; for what opinions I hold have been rightly or wrongly based upon a very large number of cases very carefully inquired into by myself. But I admit that no single person, however large his opportunities, can work out the whole subject. Carefully ascertained facts must be recorded, and each group of cases carefully watched in different parts of the world, and in every variation of condition. By these means, we shall arrive probably at a more satisfactory state of knowledge than at present exists. At present, I think we have arrived at this stage; viz., that there are many factors in the disease, all tending to the disturbance of the blood in the highly susceptible puerperal condition; each separately, or two or three combinedly, may bring about such a deterioration of the system, as is evidenced by the symptoms which we have hitherto called puerperal fever.

TORQUAY CLIMATE AND WESTERN HOSPITAL STATISTICS.

By H. STRANGWAYS HOUNSELL, M.D., M.R.C.P.Lond.,
Physician to the Western Hospital for Consumption, etc.

It is difficult to believe that the medical profession generally would be influenced to decide against a sanatorium so long and well known and appreciated as Torquay has been, on the slender data of the few statistics given by Dr. Theodore Williams in his very interesting Lettsomian lectures recently delivered at the College of Physicians; but the sanction of his well-known name in connection with chest-disease, has already induced the local press of various rivals to take advantage of this opportunity to injure her fair fame, and it hardly behoves us, who so thoroughly know and believe in her, not to say a few words in endeavouring to show the error of the reasoning.

Statistics, we all know, are often prone to mislead, especially relative statistics; at all events, to be of any value, they must be more extensive than those produced by Dr. T. Williams. Again, cases of phthisis are so different in character, and so likely to end differently, that the probability of equality of chance in a given number of cases is very slight; and the result given by Dr. T. Williams is so different from what we are accustomed to get, and from the accompanying hospital statistics, that I feel sure that, with every wish to be fair and just, he must have sent unfortunate cases to Torquay.

Dr. Williams allows so much in favour of this place, viz., its higher temperature in winter, its equability, its sheltered situation, its good superficial drainage and water-supply, and house-accommodation, not to lead to the conclusion, to those who consider the matter in a common sense point of view, that his conclusions are premature and may be open to error.

The better result obtained by him at a sanatorium with lower temperature and more blowy and exposed to east wind (not modified as it is with us by passing over sea-water down channel) is so extraordinary that it cannot be passed unnoticed. It is a generally held opinion, borne out by experience, that chest-disease is in excess in proportion to the amount of exposure to high wind, no matter what the aspect may be; Mr. Haviland, in his paper on the Distribution of Disease in England, lays this down as a rule, and I think few would dispute it. Now, as the large proportion of cases of phthisis are secondary to inflammatory attacks, it is reasonable to believe that place most suited to their arrest is where they can get regular out-of-door exercise in an equable climate with shelter or immunity from wind. Our greatest enemy is wind in the majority of cases, which, by keeping up bronchial irritation and producing pneumonic attacks, accelerates the disease. In corroboration of this, the county which sends the largest number of phthisical cases into Devonshire to be treated at our Hospital for Consumption, is Wiltshire, proverbially high and blowy.

Torquay may not be so attractive in winter as the South of France, but it is eminently a *safe* climate; the fact that it has an amount of cloudy dull weather in winter is its safeguard. The hot sun and clear air of the Mediterranean shore may be very exciting and invigorating to a certain set of cases, but must be very deceitful and dangerous to the majority—the heat going away after sundown into space rapidly lowers the temperature, so that the range from mid-day heat to the coldness of night is prejudicial; whereas, from the ceiling of cloud the heat does not with us escape, but is sent back to keep our temperature equable; hence the comparative exemption of our patients from inflammatory attacks. This, and the pernicious winds which are

constantly blowing along the Mediterranean shores, make the climate there treacherous and unsafe. It is quite new to me to find that there is unusual inability to take cod-liver oil in this climate. On the contrary, it is *exceptional* that it should not be borne, if taken with due precautions, nor is diarrhoea more than ordinarily present. At this time, there are twenty-three males and twenty-four females in the Western Hospital; of these, eight only do not take the oil, and these merely because it is not ordered for them, and because they have indications for steel or other treatment. One only has refused it after taking it regularly for two months; two men and three women only have suffered from diarrhoea—surely not an alarming percentage. These facts speak for themselves. I can show, and I believe my brother physicians can do the same, in the course of a morning round, a number of cases of arrest of serious disease which have remained *in statu quo* for many years, and I feel perfectly satisfied with the results I have obtained during my long residence here as compared with what I hear of in other places; but, rather than give the results of my private practice, I prefer to call attention to the cases treated for a long period in the Western Hospital for Consumption, and confidently leave the conclusions to the profession.

I must, however, remark, that a number of patients were discharged as well which I have included in the much improved group; that the generality of the patients resided the whole winter with us; and that the matron is constantly in correspondence with people formerly inmates of the Institution, who continue well and earning a livelihood; and that we repeatedly get amongst the patients some who have been formerly inmates, and whose disease has been checked for years.

I have now under my care a man who, fifteen years ago, spent a winter at the hospital; since then, he has resided in Torquay and earned a living as out-of-door servant, and latterly as coachman. A patch of crepitation produced by a recent severe attack of hæmoptysis, for which he was admitted, is gradually passing away, and he will, on the closing of the season, resume his occupation.

During the years from 1860 to 1875 inclusive, 1,010 cases have been admitted, with the following result, viz.—

	Males.	Females.
Much improved	225	209
Improved	118	131
Unaltered	81	43
Worse	98	76
Dead	20	9
	542	468

During thirteen years, a record has been kept of gain or loss in weight. The following is the result—

	Males.	Females.
Gained in weight from 1 to 32 lbs. ...	290	260
Unaltered	62	46
Lost weight	87	73
	439	379

Now, these cases were not selected cases; indeed, many of the deaths occurred from the advanced state of the disease, the patients only surviving their arrival a short time; they were ordinary hospital cases sent us from a distance, yet the percentage of much improved is nearly double those mentioned in Dr. T. Williams's tables, for, while he gives 35 per cent. improved, and 41 per cent. worse, the 1,010 cases at the Western Hospital give 68 per cent. of improved, and only 20 per cent. worse.

REMARKS ON THE CLIMATE OF MADEIRA.

By GEORGE LUND, M.D., F.R.C.P.

I HAVE read in the BRITISH MEDICAL JOURNAL some remarks by Dr. Theodore Williams on Madeira, which island I left thirteen years ago, and then ceased my professional work.

In a quotation, Madeira is described as "a warm moist atmosphere, singularly soothing to coughs, the air being so damp that boots mould, lucifer matches cease to inflame, and steel rusts". This last is not unusual at the sea-side, but is not common in and around Funchal. A more incorrect description of the climate could not have been given, and only can be explained by presuming that the writer is personally unacquainted with Madeira and its climate. Had he read Mr. Bloxam's pamphlet on Madeira, such an erroneous description would have been avoided. No resident on the island will accept such a description as a fact—I certainly do not. However, inquiry on the island could easily be made and the truth ascertained.

In the neighbourhood where Dr. Mason made his well known and often quoted observations (but which are considered in many respects untrustworthy), a few of the houses, from local causes, are considered damper in the foundations than others; residents and the medical men have the necessary local knowledge, and avoid them. As I said, they are few in number.

Dew is practically not deposited in town, or its neighbourhood, where the invalids reside during the winter and spring months.

Damp, when it moulds boots, must be exceedingly rare, for in twenty-one years I only once saw it on leather, and then from a local cause. At Santa Clara (now Mr. Reid's boarding-house), I tried many experiments by weighing the amount lost by evaporation from a measured surface, and it was great—the floors frequently washed, rapidly dried, so did wet towels. These facts do not show a damp climate.

The higher temperature of Madeira is attended with more moisture in the air than in England; and it also requires more to cause precipitation of dew; the great equability of temperature also assists in preventing deposition of dew. Hence, the air remains clear; there are no land fogs, or mists, except on the hills, where invalids do not reside in winter. It is only a very few who remain the summer, who go into the higher regions; yet, Dr. Theodore Williams tells us that "the patients who did improve, did so to a remarkable extent, cavities closing, and general health recovering in a very rapid manner, these patients living in the higher part of the island, and took horse exercise". As I said before, the invalids remain in the lower parts of the island during the time of their winter sojourn; and very few indeed remain the summer to enjoy "horse exercise in the higher parts"; they certainly do not in winter, for their rides are around the immediate neighbourhood of Funchal.

The rains at certain seasons are semitropical, and very heavy while they last; but, within twenty minutes after their ceasing, the streets are dry, and invalids can go out under sunshine and a blue sky.

Teneriffe is marked as one of the "moist Atlantic climates". It is commonly reputed dry; and, from a short visit to it and Grand Canary, I should consider the climate as dry, not moist. The Azores are very damp.

Dr. Renton's table of 47 cases of "confirmed phthisis", in which all died within a short time at Madeira, is the only one given by Dr. Theodore Williams; there are three others besides this one, and, to complete the series of four, the whole number is appended below, and do not confirm Dr. Theodore Williams's conclusion.

DR. RENTON'S TABLES, EXTRACTED FROM SIR J. CLARK'S WORK ON CLIMATE.

TABLE I.—Cases of Confirmed Phthisis, 47.

Died within six months after landing in Madeira	...	...	32
Went home in summer, returned and died	...	...	6
Left the island, of whose death we have heard	...	...	6
Not since heard of; probably dead	...	...	3
			47

TABLE II.—With Tubercular Lungs, 56.

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

TABLE III.—Incipient Phthisis, 35.

Left the island, much improved	...	...	...	...	...	26
Improved, but not since heard of	...	...	...	...	...	5
Have since died	...	...	...	...	...	4
						35

TABLE IV.—Threatened with Pulmonary Disease, 108.

Remained free from symptoms	...	...	...	...	...	93
Fell off	...	...	...	...	...	13
Lost sight of	...	...	...	...	...	2
						108

The tables show that 124 out of 246 derived benefit; however, the tables explain themselves.

We must recollect that, in these early days of the stethoscope, patients were considered in "confirmed consumption" only when they were near dying, and not before. In fact, so many invalids were sent out to Dr. Renton in this hopeless state, that he wrote to a medical journal and complained of the futility of sending out such cases. So frequent had the funerals become, that the people in the streets used to call after the coffins, "Ah! there goes another Englishman to the churchyard".

This letter for a time partially arrested the evil; but, at all times, cases with actively progressing disease have been sent out when neither climate nor treatment, including cod-liver oil, could be of much use; a few did well. I remember three invalids arriving in a sailing-packet, who decided not to remain, and returned to England; the last one died three weeks after returning. Again, three out of one ship's passengers died from phthisis one month after coming to the island.

Sir James Clark sent out many cases in the earliest stage of the disease, often in the premonitory one, when there was a phthisical family history, with even slight stethoscopic signs; and, by doing so, I have no doubt he saved many lives. These cases were considered phthisical by Sir James Clark, and accepted as such by Dr. Renton, who was both an able physician and expert stethoscopist.

Other practitioners, who kept their patients at home until the disease was advanced to softening or cavity, had much less fortunate results. While Dr. Renton practised in Madeira, cod-liver oil in consumption was unknown, so that the credit was due to climate, aided by judicious treatment.

Thirty years ago, when writing from Guernsey about Madeira, in the *Edinburgh Medical Journal*, I urged the necessity of sending patients there in the early stages of phthisis, if amendment was to be expected, adding the less of dyspepsia the better. The climate is the great aid for prevention and carrying on proper treatment. If the invalid is prudent and follow his doctor's advice, so much more likely is he to derive benefit.

Dr. Broughton, who had long experience of the island, lately reminded me of one of his bad cases, who landed with a large cavity in one apex, deposit in the other, copious expectoration of pus, and tubercular masses; these symptoms gradually subsided, health regained, and, for the last thirty years, this former invalid has done a fair amount of work in business. This result, Dr. B. says, I entirely attribute to the climate of Madeira.

Recovery from such a state is very uncommon; but similar cases have been reported elsewhere. I knew at the time of this one. Since coming to live in England, I have seen or heard of eight or ten of my former patients, who many years since left the island, and have enjoyed good health since, some actively engaged in the duties of life; most had a cavity, etc.; two are now above sixty; but none had the copious expectoration, etc., of Dr. Broughton's patient.

People once leaving the island were generally lost sight of; but, in these days of more frequent communication, this is not so much the case.

Cod-liver oil was used by Dr. Broughton and myself in doses varying from two drachms to half an ounce twice a day. We considered the oil more an useful adjunct to nutritious food, a moderate amount of stimulant, etc., than a panacea. No doubt, more oil can be taken in a cold than a warm climate; but, may not the lesser amount in a warm place do as much good as the larger in a colder one? One of my patients, who liked and took the oil freely, fattened on it for a time, while the lung-disease progressed.

Dr. T. Williams says: "A good many results have been published about Madeira, the majority being unfavourable. Dr. Lund alone gave favourable ones; for his 100 patients showed 49 cases of arrest." Here, again, there is an inaccuracy; for, on turning to my tables (published in the *JOURNAL*, September 2nd, 1853), I find 47 cases of arrest, 2 relapsed—others, after arrest for varying periods, again progressed; however, full details are given in the *JOURNAL*, and the tables are too long for reprinting.

The above paper also points out that Rome, Pau, or Egypt would be beneficial as well as Madeira, provided properly selected cases were sent, and not dying invalids. Home health resorts will also be of service in suitable cases; but, having lived in Madeira, I prefer it, and so do many others who have personal knowledge of the place. I know that both Dr. Broughton (Blackheath), Dr. Dyster (Tenby), and myself (all of us have lived long on the island) would, if the case was suitable, either go ourselves, or send out anyone near and dear to us.

It is extremely difficult to convey to another a clear and definite idea of either climate or disease by mere verbal or written description. From not a few of most carefully conducted observations at Madeira, extracts have been made which have been simply misleading, and this from ignorance of the locality. Dr. Theodore Williams, despite his warning of careful study being necessary in investigating the various climates for health resorts, has evidently misapprehended the state of matters at Madeira, and probably also in other places.

MR. ARTHUR T. FAWCETT writes from Roscrea, county Tipperary: "In this town, there died some days ago a woman aged 108 years. This statement is confirmed by an entry in the parish books."