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.