Necrosis of bone also occurred on the right side, and a number of small pieces continued to come away from time to time nearly up to the date of the operation. Altogether, less bone, she states, came away from the right side than from the left. Small pieces of bone also came away through two sinuses under the chin, indicated by the small cicatrices alluded to, and shown in the woodcuts. All the molar, and some other teeth on both sides of the lower jaw, had to be removed; and only six of her own teeth now remain in the lower jaw—viz., the four front teeth, and two bicuspids on the left side.

This patient was most anxious to submit to any operation for the obliteration of the large depressed cicatrix on the right side, which, from its unsightly appearance, and the popular prejudice against a supposed scrofulous constitution, had prevented her from obtaining a situation as lady's-maid. I therefore performed the same operation as that described in the previous cases, at the Great Northern Hospital. It was necessary to take great care to avoid opening one or two large veins leading to the jugular; and the separation of the cicatricial adhesions to the jaw-bone, and also the adhesions to the fascia over the sternomastoid muscle, was both tedious and difficult, a little venous hæmorrhage occurring. The cicatricial tissue, however, was thoroughly everted, and the needles introduced, as represented in Fig. 1. These were removed on the third day, when it was evident that a little supuration had occurred. A poultice was therefore applied for a week, and then wet lint at night, and a piece of soap-plaster during the day. The cicatricial tissue remained in a somewhat infiltrated and thickened condition, above the level of the surrounding skin, for three or four months; but at the end of six months it had fallen to the level of the surrounding skin, and, being of a pale colour, no longer attracted attention. At this time, she obtained a situation as lady's maid without difficulty. At the present time (August 1875), nearly three years since the operation, no trace whatever of the depression remains; the cicatricial tissue alone can be seen; but it is perfectly on a level with the surrounding skin, and has so much improved in texture and appearance, as very closely to resemble it. This is well shown in Fig. 4, from a drawing by Mr. D'Alton.*

Fig. 4.—Obliteration of depressed Cicatrix, represented in Fig. 3, three years after operation.

After the operation, the cicatricial tissue always loses its shiny, membranous, and vascular character, like that on the left side of Miss S., which has not been operated upon: it becomes thickened, and of an opaque white colour. The thickening of the cicatricial tissue results from its succulent condition during the three days it remains elevated by the pins, and the inflammatory infiltration at its base.

The permanency of the operation is placed beyond all doubt by the two last cases described—one nine and the other nearly three years since the operation; and the completeness of the obliteration of the depression and the improvement of the cicatricial tissue, has surpassed my most sanguine expectations.

* Since this paper was read, one of the small depressed cicatrices under the ramus of the jaw—viz., that on the right side—has been operated upon by the subcutaneous method, in consequence of a return of the depression after the operation of excision performed three years previously. This operation was performed on September 22nd, and to all appearance it will be perfectly successful.

THE CLIMATE OF MADEIRA.

By FREDERIC D. DYSTER, M.R.C.P., Tenby.

I SHOULD not have troubled the readers of the JOURNAL with any remarks on Dr. Theodore Williams's statements had they been made in a book; but a Lettsomian lecturer has, through the medical journals, a wide circle of readers. For one hundred people who would read a book, one thousand will glance over a lecture.

I joined issue as to the fact of the climate of Madeira being damp. There can be no better test, I imagine, than wet and dry bulb readings, such as are given in this short table for 8 A.M.

		Dry bulb.			Wet bulb.
January	...	59.90	...	...	55.30
February	...	57.50	...	...	53.30
March	...	61.27	...	...	55.17
April	...	63.15	...	...	57.78
October	...	68.77	...	...	63.48
November	...	63.93	...	...	58.33
December	...	60.37	...	...	53.87

In connection with this table, the average daily range may be taken:

January	...	6.38	October	...	4.14
February	...	7.01	November	...	6.30
March	...	5.58	December	...	5.56
April	...	5.63			

Common sense, to which Dr. Williams appeals, must decide on the dampness of Madeira.

Dr. Lund only admits that steel rusts more than iron at Madeira as well as elsewhere; he denies that leather moulds. My own experience is, that steel instruments rust far more rapidly in England than in Madeira.

In a table of 100 cases of phthisis published in White's *Madeira*, it appears that 48 were in the first stage; of these, 37 were arrested—13 for from 4 to 10 years, 2 for three years, 11 for from 18 to 20 months, 11 for from 7 to 12 months; 11 cases progressed, of which 5 died and 6 were living. Of 24 in the second stage, 5 were arrested, 19 progressed, of whom 11 died. Of 28 in the third stage, 5 were arrested for from 3 to 12 years, 5 were still living, but disease advancing, and 18 died.

Of course, the opportunities of London physicians are enormous; but they do err sometimes. Sir James Clark, who bestowed a good deal of pains on me, dissuaded me from going to Madeira, on the ground that I should die in three months; that was nearly forty years ago. When I saw him again, he hinted that I insulted medicine by my obstinate clinging to life. But, without impugning the lofty position of London physicians, I venture to say that there was no man among them then, nor is there any now, who would be injured by being placed on an equality with Dr. Renton. I knew him well, and I know that his opinion of Madeira was as favourable when he relinquished practice as when he began it. He deprecated, as any rational man would do, sending people with cavities, or lungs thoroughly impregnated with tubercle, and regarded Madeira chiefly as a means of removing adverse influences, and giving nature and medicine every chance; and the result of large experience was, that in his opinion, Madeira was, for prophylaxis, unrivalled.

THERAPEUTIC MEMORANDA.

CARBOLIC ACID SPRAY IN THROAT-AFFECTIONS.

IN no department of medical or surgical practice has the beneficial effects of the antiseptic system been more conspicuous than in the treatment of throat cases. For more than twelve months, I have exclusively treated all cases of diphtheria and of ulceration of the tonsils and fauces by means of carbolie acid spray, except that, in some of the more severe instances, the solid nitrate of silver has also been applied; the result being, that in about thirty cases there has been only one death. In relaxation of the uvula and other non-ulcerative conditions, most excellent effects have been obtained. In scarlatinal sore-throat, the results have likewise been equally satisfactory; no death having occurred on my hands during the same period, although several fatal cases are reported in the practice of practitioners who have not adopted this mode of treatment. Among the beneficial effects of this method of medication, the almost immediate removal of the sickening fœtor of breath and the speedy restoration of the power of deglutition, are the most marked. As the strength of the solution used is from 1 in 40 to 1 in 20, according to the age of the patient and the severity of the