NOTES ON LONG SEA-VOYAGES FOR CHEST-DISEASE.

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THE influence of climate in the treatment of chest-disease is a question of such world-wide interest, and on which such a diversity of opinion exists, that data from various sources are desirable, in order that general principles may be established. Dr. Theodore Williams, in his Lettsonian Lectures, published in the early numbers of the BRITISH MEDICAL JOURNAL for this year, has summed up the whole question, and has given statistics showing the results of treatment by climate in various parts of the world, and of treatment by long sea-voyages. Personal experience of this latter method induces me to contribute a few notes on some points which have occurred to me whilst perusing the above-mentioned lectures.

The voyage to Australia or New Zealand and home, round Cape Horn, is now so well known that it is quite unnecessary for me to give any particulars regarding the course, the temperature, the hygrometric and other conditions attending it; but some misconceptions seem to exist as regards the objects and results of such voyages, and to them I wish to direct attention.

Most persons who take such a voyage seem to consider that one important element of treatment is a stay more or less prolonged in some port at the antipodes. The effects of such residence will vary with the time of the year, but there seems to be only one opinion as to the injurious effect of a prolonged stay in Melbourne during the summer months. Whatever opinion may be held as to the controverted question on which Dr. Bird, on the one hand, and Dr. Thompson, on the other (*vide* Dobell's *Reports on the Progress of Medicine*, 1870), have written, there cannot be two opinions as to the injurious effects of the hot dust-laden winds blowing from the north over heated land direct from the tropics, and the high temperatures (sometimes considerably over 100 deg.) which are not unusual during the hottest weeks of summer. Most delicate persons feel considerable exhaustion as a result of the high temperature, and cases of phthisis, if at all advanced, frequently get worse very rapidly. Many patients feel the heat of the tropics even at sea, and on the outward voyage when becalmed near the line, even if well to the westward, away from the hot African coast, the loss of appetite and the excessive perspiration produce a degree of exhaustion and loss of weight which are not recovered from for several weeks. Such patients should be cautioned against making a long stay in any port where a high temperature may be expected. Melbourne presents every advantage as regards facilities of locomotion: excursions can be arranged to New Zealand, to Tasmania, to Sydney, to Adelaide, etc., and thus the whole time which would otherwise be spent on shore in Melbourne may be passed at sea in travelling about from one port to another. The voyage to Australia should be considered as a method of treatment by long sea-voyage, and nothing more; it should be the object of the patient to spend all his time at sea, if possible, and this he can easily do in the way above suggested.

Too much is sometimes expected from the voyage out, whereas, in many cases, the homeward voyage seems to be much the more beneficial of the two. Outward bound, there are many disadvantages to be surmounted: soon after starting, sea-sickness may impair the strength (in ordinary cases, in sailing ships, this is not much to be dreaded); no sooner is this recovered from than the tropical heat tends to induce exhaustion and loss of weight. Further on, south of the Cape, cold and wet weather may cause bronchitis, and this is not likely to be recovered from till after arrival in port. Homeward bound, leaving Melbourne in January or February, fine and warm weather may be expected for the first three or four weeks, after which the dangers of cold weather whilst rounding Cape Horn are braved with impunity, and the remainder of the voyage tends to establish the cure which the commencement of the voyage has inaugurated. The risks of Cape Horn seem to have been somewhat exaggerated, but experience varies much in this respect. The time of the year and the character of the season will account for the discrepancies of different observers. The lowest temperature observed by myself on March 12th of this year, in latitude 59 deg. and longitude 69 deg. (nearly that of Cape Horn), was 41 deg.; whereas, on the outward voyage, a temperature of 39 deg. was observed off the Cape of Good Hope at the end of November last. If the time of starting from Melbourne be such that cold weather may be expected, and, therefore, danger be apprehended from rounding Cape Horn, the return voyage may be performed by some ship coming home *via* the Cape of Good Hope, sailing either from Melbourne or from Adelaide.

The evils of being "laid up" at sea are not sufficiently appreciated. Many patients are sent away to sea as a *dernier ressort*, after most other methods of treatment have been previously tried and much time lost. It cannot be too strongly enforced that this kind of treatment should be adopted in the earliest stages of lung-disease; but, if any active disease exist, if the general health be much impaired, if pyrexia be present, it becomes a very grave question to decide on the advisability of a long voyage such as that to Australia is. The miseries of being confined to one's cabin, and the discomforts likely to arise from inability to take care of one's self, are such as no one would care to endure a second time. No one should undertake a voyage alone who is likely to become dependent on ship-servants and strangers; if there be the least probability of such an event, the patient would do well to stay at home. The uncertainty of the effect of the voyage should always be borne in mind, and allowance should be made for the exhausting effect of sea-sickness and tropical heat; it should also be remembered that the voyage is a long one, and, when once commenced, the experiment must be completed regardless of results, for there are no halting places. Acute disease of all kinds is a calamitous occurrence to passengers at sea: treatment is always more or less unsatisfactory; the hygienic conditions, and the difficulty of obtaining suitable diet for invalids (ship cooks have routine daily work, and extras are apt to be very indifferently prepared)—these circumstances, together with the absence of friends and the anxiety as to the patient's life being prolonged sufficiently for him to arrive in port, render it necessary that caution should be exercised in advising long voyages, so that all those cases may be carefully excluded in which there is any risk of the patient being invalidated. For such patients a shorter voyage may be advised, as, for instance, that to the Cape. Should the health improve, the patient can then, according to circumstances, continue his journey by sea, or else he can try the effect of mountain air by visiting the high lands of South Africa, which have of late been so strongly recommended. In this way is avoided the complete isolation of the invalid from all his friends, such as the three months' voyage necessitates, and in this way, too, treatment can be modified now and then, according to circumstances.

Dr. Theodore Williams's statistics speak very strongly in favour of the benefit to be derived from life at sea: any treatment which gives a percentage of 89 improved, and only 5½ stationary and 5½ worse, must be considered as eminently satisfactory as contrasted with all other methods. My own limited experience would lead me to the opinion that, in all cases where tuberculosis or destructive lung-disease is suspected, but where no active mischief yet exists, the sea-voyage should be resorted to at once: delay is superlatively dangerous.

AN IMPROVED FORM OF PESSARY.

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IN the treatment of diseases of women among the poorer classes, we meet with a large number of cases, for the relief of which Zwanke's pessary is the best adapted. I allude to those in particular in which the uterus has been completely procident for a length of time, where there is an absence of support in the soft parts, no fat, and frequently but little or no perineum. All the varieties of Hodge's pessary (especially Greenhalgh's improved form with bars) are tried; but directly any force is exerted upon them by straining or coughing, they are immediately expelled, and the only pessaries which are likely to be retained, are either the trumpet-shaped with braces attached, or Zwanke's. The former is, as a rule, strongly objected to by the patient on account of the braces; while the latter is almost always declared free from discomfort, and there is none more popular among this particular class of women. But every variety of Zwanke's pessary hitherto in use has its objection. Speaking of them as a body, it is said they are dangerous, as liable to give rise to pressure upon the soft parts, causing fistulous communication with the bladder and rectum. Such is certainly the case if they be left in for any length of time without removal, but such a complication is impossible if, as should always be directed, they be removed each night after retiring to bed, and replaced in the morning before rising. The real objections are, however, with regard to the material of which the pessaries are constructed, and the mode of fastening. First, there is that form which is kept together by means of elastic tubing. This is the most objectionable variety of all, though largely employed on account of the price. The India-rubber is sure to split sooner or later; and, under any circumstances, it becomes full of and sodden by the secretions, and, therefore, extremely fetid.