Alps through an article in the *Deutsche Klinik* by Dr. Meyer-Ahrens, who had been visiting Davos. The article had been freely copied in the German press, and was read by the two inmates of the Goerbersdorf Sanatorium, who were not progressing as rapidly as they had hoped. Unger had watched and was familiar with Brehmer's system, and now, under unique conditions of climate, introduced the plan of open windows at night, walking and sitting out all day long, with *sur-alimentation* by taking large quantities of milk in the twenty-four hours in addition to the ordinary meals, a greatly-increased appetite being a marked effect of Alpine climate on debilitated patients, especially in dry cold weather. The results were eminently satisfactory; both the newcomers regained their health completely. Dr. Unger started in practice, and Hugo Richter went into business as bookseller and librarian. I had the satisfaction of making their acquaintance when I visited Davos in 1880 and following years. We were mostly disposed in those days to attribute the striking improvement in the condition of patients to the effect of climate alone, but it did not escape the observation of those who practised in Davos that success depended a great deal on the "push given to nutrition."²

Although it is now eight or nine years since I practised in Davos, I regard the place as having contributed in no small measure to the popularity of "open-air treatment," which spread from thence to other countries through the thousands of invalids and their friends who carried home with them a practical acquaintance with the potency and value of fresh air. This was to a certain extent superfluous in respect to English people, as English physicians and medical officers of health had long before drawn attention to the subject, and the ventilation of dwellings was already in vogue in England.

The later reputation of Nordrach in the Black Forest has shown us what Bodington originally demonstrated—namely, that the treatment can be carried out advantageously in quite inferior climates, but Bodington has never received his meed of recognition, even from his own countrymen. He has incontestably the prior claim to originality in devising the modern method—give the proceeding what new name we may—"sanatorium treatment," "open-air cure," "hygienic treatment," or what not. Dr. Otto Walther has, however, with much attention to detail and constant supervision of the patient, attained considerable success at Nordrach during recent years.

It was about the middle period of the last century that hygienic and sanitary matters began to attract attention. The use of the morning "tub" began, ventilation was studied, and land drainage undertaken. Food eventually became more plentiful and cheaper. The window tax had long been abolished; reforms were made in the Poor Law and prison life. Public baths and wash-houses were introduced. The standard of sanitation with the army and navy rose each decade.

Finally, the English school took a prominence in hygiene which has never been lost, and the repute of the country as leading in sanitation is proverbial, and is acknowledged on the Continent. Is it mere coincidence that since these times there has been a surprising decline in the death-rate from pulmonary tuberculosis to less than half of what it was in 1840, and that there is less of the disease in England at the present moment than in most other European countries, where the fear of infection has taken deep root for many years past, but little importance is attached to fresh air except as a "cure"?

Deaths from Pulmonary Phthisis per 10,000 Inhabitants.

London	...	...	...	17.2 (1897).
Paris	...	...	...	38.0 (1896).
Berlin	...	...	...	21.8 (1897).
Berne	...	...	...	33.0 (1888-1892).

It was less of an innovation for Brehmer to prescribe a life in the open air for phthisical patients twenty-five years later, even in Germany, than for Bodington to conquer the widespread prejudice against an open window in the year 1835; but the latter has left clear proof in his writings and practice that he was the originator of the modern method.

REFERENCES.

- ¹ Essay on the Treatment and Cure of Consumption, Longmans, 1840. ² Davos Platz and the Effects of High Altitudes on Phthisis, Churchill, 1881.

HYDROGEN PEROXIDE IN THE TREATMENT OF LUPUS VULGARIS AND TUBERCULOUS ABSCESS.

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HYDROGEN PEROXIDE is a most effective germicide, yet practically unirritating and harmless to the delicate tissue cells, if not used in full strength. Its mechanical action is also of value, as by its effervescence when applied to disorganised tissue it aids in removing the debris resulting from the destructive action of bacteria or their toxins on the tissue cells. I have used it in a number of cases of lupus exedens, applying it by means of a fine spray daily to the ulcers, with most encouraging results. The granulations soon assume a healthy appearance, the area of congestion around the ulcer gradually disappears, and the stratum lucidum becomes very active, proliferating over the granulation tissue when it reaches its level. The resulting cicatrix is firm, and has no the usual tendency to break down from any slight irritation.

If the granulations are of a protuberant nature, then it is necessary to resort to a preliminary scraping, and subsequently apply the hydroxyl daily. In either case I then dress with an ointment consisting of one part of powdered iodoform and two parts of boric acid, mixed with lanolin.

In the healing of chronic or tuberculous abscesses, after evacuating their contents hydrogen peroxide gives excellent results. The cavities are soon filled by healthy granulation tissues, and the process of repair completed with greater rapidity than under the usual treatment.

I have also found it of much value when sprayed daily on ulcers and purulent wounds, especially the former, which I have known to respond actively to this treatment when other methods have failed to effect a cure.

The following are a few illustrative cases:

CASE I.—H.A. consulted me about a small crescentic ulcer with raised and infiltrated edges on her face, which she stated had appeared three weeks before, and was "spreading." Some years previously she had been treated for lupus involving the nose and upper lip, which, after having been scraped several times, healed, leaving obvious scars with much loss of substance. As the patient did not desire surgical procedure, I sprayed it each day with hydrogen peroxide, and dressed it with the iodoform and boric ointment mentioned. In a fortnight's time the ulcer had healed, and remained so when I saw her three months later.

CASE II.—W. E. presented herself suffering from ulcers on the lower part of her right cheek, extending to her neck. She stated that the disease had many years before attacked her skin just over the cicatrix, resulting from an operation on a tuberculous gland, and had extended upwards to her cheek. The ulcers had been frequently scraped, but never entirely healed. There were also present a few shot-like nodules surrounded by a zone of hyperaemia, and much infiltration. As the granulations were protuberant we resorted to a preliminary scraping, and treated thereafter with hydroxyl in manner already mentioned. In four weeks' time healing was complete.

CASE III.—E. M. complained of a painless swelling of long duration over the outer end of the right clavicle. Patient had suffered from tuberculous disease of the left hip-joint some years before. Upon making an incision into it, pus with small masses of curdy debris, and cholesterol crystals escaped. I sprayed the cavity well with hydrogen peroxide daily, and packed with iodoform gauze. In ten weeks healing was complete.

In conclusion, from my experience of the use of hydrogen peroxide and results in many other cases, I deem it a valuable agent which as a surgical dressing deserves to win its way to a high place in the list of surgical applications.

THE UNITED STATES NAVY RATION.—In a report appended to that of the Surgeon-General of the United States Navy, Dr. John C. Boyd, Medical Inspector of the Flagship *Kearsarge*, adds his testimony to that of many others with regard to the nutritive value and sufficiency in amount and variety of the several food elements which collectively constitute the ration now issued by the United States Navy Department. He particularly insists that well-trained cooks should be employed on board the vessels of the United States Navy, and argues that unless this be done, however good the ration may be, it will in many instances be spoiled, or its nutritive value impaired, by bad cooking. The remedy suggested for this too frequent occurrence is that some well-defined plan should be adopted for instructing a certain number of the enlisted force in the special knowledge pertaining to the duties of ship's cook.