"treatment" at these places, are skating, sleighing, tobogganing, and snow-shoeing, besides the ordinary exercise of walking, sitting out in the open air and in shelters, sketching, reading, etc. Indoor amusements are the usual ones of music, dancing, amateur and other concerts, theatricals, and various social gatherings. In the Engadine a day may be spent thus: At 8.30 or 9 A.M., breakfast; as soon as the sun appears on the snow a walk is taken, or the skates put on and the ice-rink visited. Some sit in shelters or on the ice watching the skaters, protected from the glaring sun by smoked-glass spectacles and parasols. About 12.30 P.M. lunch is taken. Those desirous of getting as much open air exposure as possible have their lunch sent to them on the ice or in the wooden sheds constructed for these purposes. After lunch the skates can be changed for the toboggan, or a sleigh-drive taken to some village or place of interest. A snow-shoeing party may be got up, and a small excursion made to the inaccessible nooks of the woods and side valleys, all of which are rendered easy of exploration by the Canadian snow-shoe. Picnics, too, are often undertaken in this way or by sleigh, combined with a run down a sloping

road on the Canadian sled. The temperature on these occasions may be from 15° to 20° Fahr.; the snow and roads are quite dry, and a shawl thrown over the surface of the crisp dusty snow serves well for reclining or sitting down.

As I am chiefly responsible for bringing forward both Wiesen and Maloja as winter resorts for early pulmonary cases, it is a satisfaction for me to be able to show some results which have been obtained by winter residence at the latter place. Details of the climates of Wiesen and Maloja can be found in the third edition of my "*Alpine Winter*" (Churchill).

The treatment in the following cases varied somewhat with each patient, and consisted of graduated exercise, with suitable clothing and diet, plenty of fresh air, dry cupping, medical rubbing, and counter-irritation; milk, cod-liver oil, and medicines when circumstances demanded it; drugs were, however, avoided as much as possible. The cases are taken as they occurred in my notebook of pulmonary complaints of the past winter; there are no omissions of unsatisfactory results.

No.	Condition of Patient.	Age.	Duration of Residence.	Weight Gained.	Weight Lost.	Diminution in Pulse rate.	Remarks.
1	Congestion of right apex	26	4½ months	lbs. 13	—	None	Remarkable improvement.
2	Congestion of right apex	29	4½ "	2½	—	None	Great improvement.
3	Consolidation and catarrh of right lung after pleurisy	24	7½ "	—	—	16	Improved.
4	Consolidation of upper lobe of left lung	49	7½ "	—	1	None	Slight improvement.
5	Cavity of left apex communicating with the pleura, after empyema and excision of portions of three ribs; sinus still open	28	4½ "	4	—	4	General improvement.
6	Consolidation, excavation, and retraction of left lung	15	16 "	22	—	26	Remarkable improvement.
7	Incomplete absorption of inflammatory products after pneumonia; right apex affected	26	4½ "	4½	—	None	Great improvement.
8	Insidious consolidation of right apex	20	5 "	Not noted	Not noted	Not noted	Great improvement.
9	Harsh vesicular murmur over right apex	35	4½ "	4½	—	4	Great improvement.
10	Consolidation of right apex	27	4½ "	—	—	None	All signs of disease disappeared.
11	Congestion of right apex; hæmoptysis	32	28 days	4½	—	8	Marked improvement.
12	Consolidation of left apex	45	4½ months	—	15½	8	All signs of disease gone.
13	Convalescing, after pneumonia and typhoid fever	20	1 "	4½	—	8	Marked improvement.
14	Congestion and catarrh of right apex	40	3 "	Not noted	Not noted	None	General improvement.
15	Congestion and catarrh of left lung	19	4½ "	—	2	14	Slightly better.
16	Consolidation of left apex	40	1 "	Not noted	Not noted	36	Marked improvement.
17	Congestion and catarrh of both apices	23	4½ "	10	—	8	All signs of disease gone.
18	Consolidation of the whole of left lung	37	4 "	—	5	16	No improvement.
19	Consolidation of both apices	23	4½ "	14½	—	34	Remarkable improvement.
20	Consolidation and catarrh of right lung	43	3 "	1½	—	8	Slight improvement.
21	Congestion of left apex	23	5½ "	8½	—	8	Great improvement.
22	Congestion of left apex	22	4½ "	15½	—	12	Remarkable improvement.
23	Imperfect development of apices of lungs	19	2 "	—	1½	16	Improved.

THE ALPINE CURE: LES AVANTS, A WINTER RESORT.

By M. H. FEENY, M.R.C.S.E., L.R.C.P.E., L.M., Les Avants.

A WINTER station is now open at Les Avants, situated 3,300 feet above the sea-level, and about 2,000 feet above the Lake of Geneva. On the north, east, and west its shelter is complete; towards the south it looks on the Lake of Geneva, and the lovely and picturesque range of mountains that gird the lake's southern side. It possesses the two factors of the Alpine cure, the sunshine and the air.

In what does the Alpine cure consist? How is it effected, and what is the agent through which the result is attained?

Now that the bacillary nature of phthisis is established, the cure of that disease must consist either in the destruction of the organism, or the production of a state of things unfavourable to its multiplication and development. What is the behaviour of the high altitudes towards it? Are all the above characteristics of air combined with sunshine actually needed for its destruction, or would a minor combination of them be equally effective? We know that in warm climates, where there is abundant sunshine, and the air is dry, warm, and bracing, phthisis is unknown among the native residents, and invalids afflicted with this malady derive great and occasionally permanent relief. In these latter places the air is not still, rarefied, nor free from dust.

From this it would appear that with abundance of sunshine the air need only be dry, warm, pure, and bracing. And this, again, leads to the consideration of that very important quality of the high altitude air, its rarefaction. The rarefied atmosphere throws a new labour on the lungs, and an increased expansion of their tissues is the result. The amount of tidal air is increased, and a portion of what used to be reserve or supplemental air is replaced by it. Thus portions of lung

tissue that had hitherto remained passive, except in forcible or extraordinary breathing, now become active and dilated, and take part in the work of ordinary respiration. Measurements taken before and after residence here show an increase in the general chest-dimensions. Yet this effect seems only transitory, for on a return to sea-level and a denser atmosphere the chest again alters and returns to its original contracted dimensions. But the value of rarefaction in certain morbid conditions is undoubted. Apart from the temporary higher development of lung-tissue it produces, the remains of former acute troubles are often greatly benefited; adhesions are broken down or absorbed, consolidations disappear, and occasionally small cavities are obliterated. But this same quality may also become an element of danger, especially in these last-named cases. The tissues surrounding cavities are necessarily infiltrated, lowly organised, and degenerated. Under this new respiratory labour and increased expansion such tissues may readily give way; and should the yielding be in the direction of a blood-vessel, hæmorrhage, perhaps fatal, may be the result. Hence the caution with which cases that have undergone much softening must approach the higher altitudes. In such cases the care and discrimination of the physician will be taxed to the utmost in allotting to each individual case its suitable amount of exercise, and seeing that this is not exceeded. Rarefaction may thus become an element of danger. Again, the cases that do best in the high altitudes, namely, phthisis in its early stages, and those in which there is hereditary tendency to phthisis, have been known to do well at a warm, suitable, sea-level situation. From these considerations it would seem that rarefaction is not essential to the Alpine cure. If with abundant sunshine the air is dry, pure, still, and bracing, it will probably be found to fulfil all the necessary conditions for this cure.

Les Avants has long been known as a favourite spring and summer resort, but although the large hotel there is open all the year, it seems to have escaped notoriety as a winter station; and yet, while possessing all the characters of a winter resort, it has many advantages

which are peculiarly its own. Free from the long and trying diligence or sledge journey by which the higher places are approached, it can be easily, quickly, and comfortably reached. In twenty-three hours from London the invalid arrives at Montreux. The ascent to the Grand Hôtel des Avants is accomplished by carriage on a well-kept carriage road in one hour and a quarter. The invalid is never snowed up, but can always descend to Montreux in three-quarters of an hour.

Another great advantage of Les Avants is that its altitude is not such as to be trying to the subjects of weak heart, nor to those nervous temperaments that find the higher altitudes so exciting as to prevent sleep. Here, too, the invalid, who would in the higher stations be constrained to avoid exercise, may enjoy comparative freedom of action.

The amusements vary in no particular from those of the other Alpine resorts; they consist in skating, tobogganing, sledge driving, and walking. The tobogganing is exceptionally good.

The Grand Hôtel des Avants possesses all the comforts of a first-class mountain hotel. The classes of cases that do well at Les Avants are not few. It is suited for nervous cases, and those whose family history is phthisical, or who are in the first stage of that malady. Phthisical cases, where softening has taken place only to a limited extent, and the hemorrhages have not been excessive, will find the place eminently suitable. These cases do remarkably well, the neighbouring lung taking on a healthy action, expanding round the little cavities, and gradually healing and obliterating them. Consolidations and adhesions, the remains of acute affections, also undergo very favourable changes.

As a resort for nervous cases, Les Avants is unrivalled. It is peculiarly appropriate to cases of nerve exhaustion, general debility, anæmia, and weak heart. Weakly children and those advanced in years derive great benefit from residence here. As a holiday resort and a place for cases convalescing either from acute maladies, or after operations, it is already well-known and appreciated.

THERAPEUTIC MEMORANDA.

NITRITE OF AMYL IN CHOLERA.

DURING an epidemic of cholera in Japan in 1879, it occurred to me to make trial of the inhalation of nitrite of amyl in the treatment of the collapse of cholera. I did so upon the consideration that this drug appears to have an antagonistic action to the cholera-poison in its effect upon the vaso-motor nerves. The latter causes a dilatation and congestion of the vessels of the viscera, and a corresponding contraction of the more superficial vessels; while we have in nitrite of amyl an agent which, whatever its effect may be upon the visceral circulation, produces a marked dilatation of the superficial vessels, and must, therefore, to a corresponding degree, relieve the congestion of the visceral circulation. I found that cholera patients in a state of collapse could inhale it very freely before an effect was produced. My plan was to hold a bottle of it under the nostrils, directing the patient to sniff it up freely, and to repeat this frequently. Under its influence a small, thready pulse increased in volume, and where the pulse at the wrist was imperceptible it became perceptible. I have reason to think that in some cases it was the means of saving life. I regret that owing to the accidental destruction of my notes taken at the time, I can give no exact account of the number or details of cases in which it was made use of, but this hint may be of use to others who will have more opportunity than myself of further testing its value.

Thorncombe, Chard.

THEOBALD A. PALM, M.A., M.D.

CLINICAL MEMORANDA.

CLUBBING OF TOES IN EMPYEMA.

THE recognition of clubbing of the fingers in empyema is now somewhat old, but the same observation in reference to the toes has not, I think, been made. I happen to have two cases under my care in the Children's Hospital, one being the result of a recent pleuro-pneumonia, the other I believe to be the sequence of pertussis, contracted two years ago.

In the first case the fingers are beginning to show small traces of 'clubbing,' but in the second case this symptom is very evident in toes and fingers. The general condition of the first boy is not bad under the circumstances, but the second lad is in miserable health.

"Clubbing" appears to me to be but an indication of general failure in health, which occurs somewhat rapidly. One of the earliest

symptoms produced by wasting diseases is seen in the hair, which becomes long and lank. Coincident with this in empyema and tuberculosis we have a modification in the growth of the nails—another epidermal structure. Why is it that in a tissue which in health requires so little to nourish it, this one should grow inordinately at a time when more important structures are failing? Is it a similar condition to the chaotic state of nutrition which occurs in rickets—Nature in disorder simply—an irregular sorting out of matters supplied?

My object in writing this note is to know whether the appearance of this symptom has been previously noticed in the toes, and also if the coincidence of this effect by wasting on the two epidermal structures named has been pointed out.

LEWIS W. MARSHALL, M.D.,
Honorary Surgeon, Children's Hospital.

DISCOLORATION OF THE SKIN BY NITRATE OF SILVER.

DR. BARCLAY BARON relates the case of discoloration of the skin by nitrate of silver used for swabbing the throat. I have met with a similar case. The subject of it was a middle-aged woman, the wife of a gentleman whom I visited at Croydon. Being struck by her dark metallic countenance, I questioned her as to the cause. She stated that she had never taken any nitrate of silver internally, but had been in the habit of applying it to her throat every day for two years. If this should meet the eye of the gentleman whom I met in consultation, he might give further particulars.

Grosvenor Street.

SAMUEL WILKS, M.D., F.R.S.

A REFERENCE to two cases similar to the one reported by Dr. Barclay J. Baron in the JOURNAL of October 22nd (p. 881), may be found in Vol. xiv of the *Practitioner* (p. 462). In both these cases argyria followed the repeated application of nitrate of silver to an ulcerated sore throat. It would appear most probable that in all these cases, as Dr. Baron admits, the staining of the skin was effected, not so much by absorption from the tonsils or from the ulcerated surface, as from the stomach, into which, doubtless, much of the salt passed.

GEORGE F. DUFFEY, M.D. Dub.

30, Fitzwilliam Place, Dublin.

TOXICOLOGICAL MEMORANDA.

FISH POISONING.

A NUMBER of Malays partook of a curry made from a fish called by them "*ikan buntol*," corresponding to the description of the tetraodon, or globe-fish. When seen by me several hours after, the symptoms complained of were giddiness, inability to stand, loss of power in limbs, impaired sensation in lips, dry feeling in mouth and throat; nearly all had vomited and were rallying. One case ended fatally, that of a young lad who had eaten heartily of the curry. I saw him eight hours after he had taken the food; he was semi-conscious, but could be roused to answer questions, and he complained of loss of power in his limbs, and weakness. Pulse weak and thready, stomach irritable. I ordered stimulants and mustard blister. On returning in two hours' time he was almost comatose; his friends had discarded the medicine after first dose, and were using charms and propitiating the evil spirit. I learned that he died shortly after (twelve hours after taking food). One woman, who had also eaten heartily, but had vomited freely, remained in a half-conscious state for about twenty-four hours, and then recovered.

The fish is well known to both Chinese and Malays, who say that only an adept can prepare it for use. The poison is said to be in the gall-bladder, which must be carefully extracted. The fish itself is quite wholesome, but on account of its poisonous nature is thrown away by the fishermen. It has a peculiar spiny skin, which it erects, and can distend itself with air; it then floats stomach upwards.

J. P. A. WILSON, L.R.C.P. and S. Ed.,
Johore, near Singapore. Medical Officer to Johore Government.

The following list of donations to metropolitan medical and other charities is given by the *Charity Record*:—The Great Northern Central Hospital—which is appealing for £45,000 for a new building; in the Holloway Road—has received £2,000 from the Islington Jubilee Committee; Guy's Hospital has received (in answer to the special appeal for £100,000) £500 in memory of "R. S. F." and £400 from "E. M. G.;" the Mary Wardell Convalescent Home for Scarlet Fever, Stanmore, has received £160; and the Dental Hospital of London, Leicester Square, £100 from Mr. H. C. L. Bevan towards the extension of the hospital.