entails only two or three weeks of "lying-up"; at such a small cost it is worth while to avert the chronic disorders which result as the alternative.

Sometimes treatment by pessaries is adopted, to remedy the inconveniences of prolapse. When for any reason no radical treatment is admissible, pessaries may be employed as the next best thing; but we must still regard them as a necessary evil. We have all known patients go about, having worn pessaries for five, ten, or twenty years; and in many instances the unhealthy condition of their organs speaks eloquently against such a mode of treatment when a simple and effective procedure is possible, which will bring about a cure once for all. If the disadvantages of pessaries were duly recognised we should not meet with cases, as we do now, where a long-retained pessary has to be literally cut out from the structures which have grown over and around it.

THE RATIONAL TREATMENT OF CONSUMPTION.

In addressing the recent International Congress on Tuberculosis, Dr. Sinclair Coghill pointed out that it is impossible to treat pulmonary tuberculosis on scientific lines without having constant regard on the one hand to its pathogeny and the sequence of the different stages of its evolution, and, on the other, to the relations which exist between the symptoms and the pathological processes in which they have their origin. Pulmonary tuberculosis presents itself in two distinct stages—(1) the acute or pyrexial, and (2) the chronic. The former, which precedes the latter, has much the graver significance. It usually passes into the second, or it may return again and again in the course of the latter, indicating a repeated recurrence of destructive processes. Pyrexial phthisis must always be regarded as a specifically infective fever, which is from the beginning adynamic in type. In the earlier stage the pyrexia corresponds to the varying conditions within the lung of irritation, inflammation, and consolidation, and it is in this early acute stage that the various forms of local counter irritation are indicated, such as repeated small blisters when there is intercostal tenderness, or the actual cautery when the expectoration is blood-stained or pneumonic in character, or preparations of iodine applied externally when large areas of pleural tenderness call for relief.

The second stage of pyrexial phthisis has all the characters of a septic fever, and is characterised by an extreme diurnal range of temperature. It is, in fact, produced by the absorption of the necrotic material resulting from the progressing bacillary infection. The rational treatment of pyrexial phthisis may be considered under the three heads of general treatment, diet, and medicinal therapeutics. Absolute repose both of body and mind is important, and in extreme cases this may mean the maintenance of the horizontal position for a considerable length of time, although not necessarily in bed. The air breathed must be pure, and if possible the windows should be open day and night, warmth being maintained by the addition of light additional coverings rather than by raising the temperature of the apartment. The mind should be kept occupied by reading rather than by conversation. The whole body should be sponged over night and morning by the nurse with eau de Cologne, or spirits of wine and hot

water, or with toilet vinegar. In regard to diet, a large meal of any kind or red meat at any time should not be permitted. Food should be given in small quantities at regular intervals—say, every two hours during the day, and three hours during the night. The food should be varied, and, as far as possible, the heavier meals should be made to alternate with lighter ones. Stimulants should be used with extreme caution, and may take the form of a tablespoonful of old Cognac beaten up with a fresh egg at intervals, or of a glass of dry champagne with a meat meal twice a day if the mouth is dry or the appetite is poor. Malt liquors and all red wines are more or less incompatible with a diet into which milk largely enters.

In regard to medicines, in view of the great importance of maintaining the efficiency of the digestive organs, it is often necessary to give drugs directed to the rectification of any errors of digestion which may arise. Then certain symptoms are sometimes of such urgency as to deserve special treatment. Cough, for example, may be relieved by the use of a mixture of chloroform and guaiacol on a respirator-inhaler. In regard to special or specific remedies Dr. Coghill refers especially to guaiacol and tuberculin. Guaiacol he administers hypodermically, in doses of 15 minims or more, combined with five minims of solution of strychnine, in cases where it is desirable to reduce the temperature. He also uses it in chronic cases in which the destruction of lung is extensive and the amount of expectoration is large. Tuberculin, however, is the only remedy which as yet has established any distinct claim to be considered as specific, and in regard to it Dr. Coghill does not hesitate to state his belief that the reaction of professional opinion against it has been as unwarrantable as its too sanguine and hasty announcement was unwise. He attributes his success with it to his using doses sufficiently small to avoid excessive reaction, which he looks upon as essentially destructive in character.

It will thus be seen that while Dr. Coghill recognises the advantages and the necessity of pure air in the treatment of consumption, he is very strongly of opinion that much more can be done for this disease than is included in mere dietetic and hygienic regimen. Speaking of the "expectant treatment as carried out more or less completely at some of the sanatoria for tuberculous patients, where it is professed that hygienic measures are alone employed," he says that "such an exclusive method is to be deprecated in the strongest terms," and is "a distinctly retrograde step in therapeutics." In other words, the appreciation of hygienic methods, which are good in themselves, has been carried too far, and there is now a tendency to neglect other not less valuable resources which are at our disposal. "To dispense with these therapeutic weapons is like a man combating a relentless enemy with his fists only while potent arms of precision lie neglected at his side." When, however, the chronic stage of the disease has been reached, and when the thermometric record has settled permanently at the normal, then the treatment becomes chiefly disciplinary and hygienic.

ON CLIMATE AND SEA VOYAGES IN THE TREATMENT OF TUBERCULOSIS.

[*SPEAKING* at the same Congress, Sir Hermann Weber explained the share which climate can take in the treatment of tuberculosis. After describing the peculiarities

of mountain climates, inland climates of low altitude, climates of the coast, and sea-voyages, he discussed the general question of the indications for the use of the different climates in different cases of tuberculosis. The difficulty of determining on the proper climate for individual cases depends largely on the fact that while tuberculosis occurs in various forms and with complications of considerable variety, the constitutions of the individuals affected are also very different. In all medical work we have to consider the constitution as well as the disease, and in dealing with tuberculosis this is especially the case. Much must depend on whether the patient has a weak or a strong constitution, and in deciding this point the family history is of even more importance than it is in regard to any presumed hereditary tendency to tuberculosis. If the patient belongs to a long-lived family we may presume that he possesses a strong constitution, even although other members of the family have died of tuberculosis; whereas if he belongs to a short-lived family we generally have to deal with an originally weak constitution. Again, in regard to the same question, personal history is of importance. Those who from youth up always feel better, are more energetic, can eat better, and put on weight in warm weather, but in cold weather become less capable of work, generally belong to the class of weak constitutions, as also do those who from childhood onwards have always had high fever with every slight illness, have recovered with difficulty, and who always have moist hands, whereas those who have always done better in the cold possess stronger constitutions. Now, when it becomes a matter of choice of climate, we must be guarded in recommending high altitudes and long sea voyages to patients with weak constitutions, but must give the preference rather to warm, sunny, and sheltered places. On the other hand, in strong, somewhat torpid constitutions mountain climates are to be preferred, and occasionally long sea voyages, and much can also be done by keeping them continuously in the open air, and by good feeding and regulated exercise. The choice of a climate is, of course, largely influenced by the amount, the character, and the locality of the disease, but the constitutional state must always be considered. Finally, it must be borne in mind that, although the cure of tuberculosis during the early stages is possible in all healthy climates, some climates have advantages for various cases over others; for instance, notably those of high altitudes. But climate by itself without careful medical supervision is generally insufficient, and the patient's blind reliance upon climate often leads to errors, to aggravation of the disease, and to death. For the majority of patients, then, treatment in sanatoria should be preferred, while for the treatment of the poor it is a necessity.

SOURCES OF FALLACY IN REGARD TO THE RESULTS OF TREATMENT BY CLIMATE.

A CONSIDERATION of the facts detailed by Sir Hermann Weber in his address to the Congress is sufficient to show how many fallacies may creep into any conclusions drawn from mere statistics in regard to the result of climatic or sanatorium treatment in such a malady as tuberculosis. It is admitted on all hands that certain groups of cases should not be sent to certain localities. Thus, in regard to high altitudes it is

advised that cases with albuminuria, with advanced diabetes, with tuberculosis of the larynx, with extensive disease of one or both lungs—all of them serious conditions of bad prognostic augury—should not, as a rule, be sent into the mountains, while cases with limited disease and a strong constitution are looked upon as especially fitted for such places. The effect which such a selection of cases is likely to have upon statistics is obvious. Take, again, the different sanatoria. Some insist on a *régime* which practically drives away, or at any rate deters from entry, all except those who have a "strong constitution," much, no doubt, to the improvement of their statistics, while those which make themselves more attractive to patients of feeble build, although probably doing just as much, if not more good, are likely to suffer when judged by crude statistical methods. The establishment of sanatoria by industrial insurance associations muddles up the statistics in the same way. The whole aim of such institutions is to fit their patients for work, and only such cases as are likely to be fitted for work are taken in. The result is obvious enough to those who visit these institutions, for the patients are found to be well-looking men, whom no one would suppose to be suffering from pulmonary tuberculosis, very different from the patients we see in our hospitals for consumption. When we hear of statistical comparisons being drawn between different localities, different altitudes, and different sanatoria, we must not forget the very different cases which, as the result of a process of natural selection, are sent to them.

CLINICAL SOCIETY.

At the last meeting of the Clinical Society a very curious case was related by Mr. Betham Robinson which showed, among other things, how little one can foretell what may be found on opening an abdomen for the relief of symptoms of obstruction. A girl, aged seven years, was admitted into St. Thomas's Hospital with a history of a week's constipation, with occasional attacks of vomiting which had become constant, the vomited matter being dark brown in colour. She had a pinched appearance, but no marked collapse. There was acute pain in the belly about the umbilicus, but the abdomen moved with respiration and was not rigid. There was distension, particularly in the middle line above the umbilicus, and coils of small intestine were distinctly defined. There was comparative dullness on the left side, but there was no discharge from the rectum, and no lump could be felt in it. On opening the abdomen some fluid and lymph coagula escaped, and the small intestine was found so extremely distended that it had to be tapped. Then it was found that the colon was empty, and that to the left of the middle line, above the umbilicus, there was a mass which proved on examination to be a loop of small intestine, close to the cæcum, strangulated under a band formed by the tip of the vermiform appendix being adherent to a caseous mesenteric gland. This strangulation was the point at which the obstruction occurred. The cæcum and the whole of the ascending colon had retained their primitive peritoneal investment, so that they had been able to pass freely over to the left side. The appendix was separated and the intestines released, but the patient did not rally, and died shortly after the operation. No doubt the origin of the mischief was the caseous gland