winter a very large boarding-house, with suites of furnished rooms of different sizes, will be opened under the medical surveillance of Dr. Reil. This institution has been built by the Khedive, who does everything to make Cairo an agreeable place of resort for strangers. In choosing rooms care must be taken to select those on the sunny side, as those with a northern aspect, being colder than the external air, are most injurious to patients. The proper time for invalids to remain in Cairo is from the end of October to the end of March. We would especially advise them not to take fright at the first "chamsin" (which is not in the least to be feared), and leave the warm climate of Egypt for the raw temperature of Europe; those who do so expose themselves to great danger.

In returning from Egypt, the journey should be so arranged that the patients reach Europe when summer is approaching, so that the change of climate may be less felt. It will be generally found expedient to pass some little time at Alexandria or Ramleh, and after the voyage to return by slow stages through Italy. Corfu may also be taken as an intermediate resting-place. Those patients whose state of health requires their always passing the winter in Cairo can remain during the summer, without inconvenience from the heat, at Ramleh, which is close to Alexandria. The journey is not by any means a difficult or particularly tedious one. Patients can go either from Trieste to Alexandria by the Austrian Lloyd steamers in five days and thence to Cairo in about six hours, or they can go from Brindisi to Alexandria by the Peninsular and Oriental line in three days. For consumptive patients we should recommend the first route, provided that there is no peculiar danger to be anticipated from prolonged sea-sickness.

The above short notes on Cairo as a winter sojourn for invalids are intended rather as a guide to the physician than as a treatise. They are the result of observations made during a stay of only five weeks, and have therefore no pretension to deep scientific research, but simply claim to be a collection of facts and data, confirmed alike by personal experience and by the testimony of many very able resident physicians.

RELAPSING FEVER AT NEWCASTLE-ON-TYNE.

By HENRY E. ARMSTRONG, M.R.C.S.,

MEDICAL OFFICER TO THE NEWCASTLE FEVER HOSPITAL.

IN connexion with the subject of relapsing fever, referred to in a late number of THE LANCET, it may be interesting to report that the same complaint has recently shown itself at Newcastle. During the past eight months twenty-one cases have been admitted under my care into the Newcastle Fever Hospital. The time of occurrence and number attacked in each family are as follows: in May, five members of the same family and a neighbour; in August, three cases, two of whom were relatives; in September, a mother and two daughters; in October, one severe, well-marked, isolated case; in November, a young man and his wife, followed, in December, by the man's father, three brothers and sister, and one isolated case.

In one of the earlier cases the relapse did not occur until the twentieth day, and was not repeated. Another member of the same family had one relapse only, and this on the fourteenth day. The remaining three relatives had each two relapses after the primary seizure.

Marked variation of temperature, delirium, languor, nausea, green or blue vomit, pains, absence of spotted eruption, with sallowness or bronzing, sudamina, epistaxis, and in all protracted convalescence, were the principal symptoms.

The most severe case was mild in the primary attack. The first relapse occurred on the nineteenth day, and, although the pulse quickly rose to 136 per minute, the patient was able to sit up by the twenty-sixth day. A second relapse occurred on the thirty-third day, characterised by rapidity of pulse, moaning, tympanitis, mottling of skin, sub-delirium, &c. By the third day of this second relapse the pulse had risen to 132; the morning temperature was 105.4°, evening 107.4°.

The facial bronzing was marked. Normal temperature

was not regained till the forty-fifth day; and although it is three months since the beginning of the complaint, convalescence is not yet fully established.

Some of the later cases have had a few dark spots, like petechiæ, on the abdomen; and in one patient now recovering (whose first relapse occurred on the sixteenth day), a sparse eruption was noted on the fourth day, which soon disappeared, but returned on the twenty-first day.

At the time of relapse the rise of temperature has usually been sudden and marked. In the patient last alluded to, the thermometer at the occurrence of the first relapse showed an axillary morning temperature of 99.4°, and in the evening of the same day the mercury rose to 104°.

The pulse and temperature during convalescence have been in some of the more severe cases below the standard of health.

In one lad of eighteen, still in hospital, the pulse ranged from 48 to 60 for several days, whilst the temperature was below 98°. In more than one instance the temperature alone has been reduced, the pulse being weak in volume, but increased in rapidity.

With the exception of two imported cases in 1870, the foregoing are the only instances of relapsing fever that have been admitted to the Newcastle Fever Hospital since my appointment in 1868. As yet no case has terminated fatally.

Newcastle-upon-Tyne.

A Mirror
OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

CLINICAL REMARKS ON EXCISION OF THE SHOULDER-JOINT AND OF THE WRIST-JOINT.

(By Professor ERICHSEN.)

EXCISION of a joint may be required in disease or compound injury of the articular structures; but the following remarks will apply only to resection of diseased joints, and in the first place to that of the shoulder-joint.

About May, 1870, a healthy boy, aged fourteen, struck his left shoulder against the corner of a wall, and, although nothing was noticed for some months, inflammation supervened, and about nine months after the receipt of the injury a large abscess formed behind the shoulder. The abscess was opened, but nothing but blood escaped till the fourth day, when pus was freely discharged. A sinus leading down to carious bone resulted. On September 17th, 1872, the boy was admitted into the hospital, and was examined by Mr. Heath, who detected dead bone at the upper part of the humerus, and advised an operation. On October 2nd, the boy being under the influence of chloroform, Mr. Erichsen examined the joint with a probe, and found extensive disease of the scapula as well as of the humerus. A longitudinal incision was made from the sinus (which was just behind the posterior edge of the deltoid) through the deltoid muscle, and the joint exposed. The head of the bone was then sawn off, and the dead bone in and around the glenoid cavity gouged out. The humerus was then replaced, and the wound closed with wire sutures. The boy progressed without a bad symptom, and by the 21st of the same month was nearly well. On the 28th passive motion was commenced; and on November 9th the boy could move the limb without difficulty or pain. The wound was nearly closed, although there was a considerable discharge from the old sinus.

In the healthy shoulder-joint there are five movements—namely, flexion, extension, adduction, abduction, and rotation, and it is desirable to preserve as many of these as possible, although some are necessarily destroyed. The