phthisical disease has proceeded even to the formation of cavities, and yet it has been subsequently arrested; but the cicatrization of cavities and the contraction of the indurations around them have ended in a condition more allied to habitual asthma, comprising more or less pulmonary emphysema, which has a mechanical influence in restraining further solid deposits in the lungs.

CASE 29.—A lady, aged thirty-five, was first seen Dec. 14th, 1841. Had three children and four miscarriages. Had suffered from phlegmasia dolens, mammary abscess, and other puerperal complaints. Twelve years ago had right pleurisy; and ever since breath has been short, with some cough. Suffered lately from pain and tightness of the chest. Occasional hæmoptysis to the amount of several ounces. Has been often bled for the tightness of the chest, and with much relief; but has lately become very pale and weak. Cough has increased, and is occasionally accompanied with profuse muco-purulent expectoration and night-sweats; aphonia; pulse 120. Physical signs: Dulness throughout right chest, especially in the lowest parts, where there is little motion. Tubular breath in middle, front and back. Cavernal sounds in lower back. Subcrepitus under left clavicle; breathing puerile below, throughout left chest. Heart beating under sternum. Liver enlarged. Ordered iodide of iron with tincture of hops, and aconite ointment for neuralgic pain.

March 8th, 1842.—In the country, and improved in breath and colour, but lost flesh, and in last few days had pain and cedema of left leg. Cough better, with expectoration more mucous and slightly tinged with blood. Physical signs: Breath and voice loudly amphoric in lower right back; obscurely vesicular above, but shortened. Right front very resonant, with loud cough, and tubular breath. Tubular sounds under left clavicle. Dyspnoea and weakness increased, with extensive cedema in both legs up to the abdomen; and she died on the 11th of June.

On post-mortem examination, the left lung was found to contain scattered grey tubercles in the upper lobe, and a small cavity, with broken-down walls, at apex, where the lung was adherent to the chest. The right lung was adherent on all sides, except in front; adhesions being tough and firm, especially that connecting the lung to the diaphragm. The tissue of the lower lobe was solid, tough, and of a dark-grey colour; the bronchi greatly dilated, even to their ends. In the posterior portion was a well-lined cavity, of the size of a large egg, containing purulent fluid, and communicating by three round openings with dilated bronchi; a smaller cavity at the base of this lobe. The middle lobe was very emphysematous and flaccid in front, but consolidated behind, and contained nodules of grey tubercle. In the upper lobe was a cavity of the size of an orange, with grey irregular walls, containing broken-down tubercle. The rest of the lung was in a state of grey consolidation, which in some parts had become yellow and softened. The large bronchi were very red.

In this case the contractile consolidation of the lung, resulting from inflammation twelve years before, eventually went into tuberculous degeneration. This case occurred before the use of cod-liver oil was well known, and may be contrasted with the following examples.

CASE 30.—A gentleman, aged forty-three, was seen by Dr. Williams for the first time on May 1st, 1855. Had been closely confined to business, but pretty well till February, 1855, when he was chilled, and a few days afterwards attacked with cough, shortness of breath, and then with severe pain in the loins and lower chest, and inability to lie on the left side. Expectoration has nearly ceased, but cough continues; breath is very short, and he looks miserably thin and pale, yet he is engaged to be married very shortly. The urine contains much brown sediment. Physical signs: Left side generally contracted, hard, and dull; no breath-sounds audible in lower regions, but some below the clavicle; large tubular sounds and strong vocal vibration in middle regions; heart drawn up above fifth rib to the left. Has been taking citrate of iron and quinine. Ordered oil, in a tonic of nitric and hydrocyanic acids, with tinctures of hop and orange. An effervescent saline to be taken at night, and tincture of iodine to be applied to the chest.

July 7th.—Has been taking oil three times a day, with acid and quinine, and is much improved in flesh and strength. Is free from cough, and expectorates but little; but still has pain in the left side. Physical signs slightly better, but still great contraction and dulness of this side. Ordered to take oil, with iodide of potassium, and to continue counter-irritation.

Dec. 29th.—Was married in the middle of July, and has continued to improve, taking oil regularly, and gaining much

in flesh, strength, and breath. Has had slight cough during the last ten days. Physical signs about the same.

May 26th, 1856.—Had cold and cough for some weeks in the winter, and expectoration has continued since. Flesh and strength good, and breath better, though still short. Physical signs: Still dulness and collapse in left side of chest; but more vesicular breath in upper portion.

Oct. 23rd, 1862.—Has been quite well, and has three children. Had lost cough, but breath remains short on exertion. Lately, at Scarborough, got chilled, and cough has returned, with yellow expectoration, and furred tongue. Physical signs: Still defective motion and breath in left chest; obscure in back and side; tubular voice at and above the scapula. Heart adherent to chest; impulse strong, less from hypertrophy than from the closer contact even of the left ventricle with the chest wall.

This patient has not been since heard of, but is supposed to be living, although there was still the danger of the calcoplastic deposit in the left lung further degenerating, and passing into the phthisical course.

CASE 31.—Mr. —, aged thirty-nine. Grandmother died of phthisis.

September 19th, 1856.—Two months ago, after much exertion, he had a fever which was called gastric, but it was accompanied with cough and expectoration, once bloody, and the cough has continued, with opaque sputa; and although he has regained some strength, he has not recovered flesh, and sweats much at night. Physical signs: Defective motion, and extensive hard dulness over the whole right chest—most in upper parts, where there are large loud tubular sounds, and strong vocal vibration. Some crepitus in the lower parts, but no vesicular breath-sound. He had been taking cod-liver oil, a dessert-spoonful twice a day; to be increased to a tablespoonful, and taken in infusion of orange-peel with sulphuric acid.

October 13th.—Cough less, and improved in strength. He passed the next winter at Rome, with little improvement, the emaciation, cough and expectoration continuing, and the state of the lung much the same—extensive consolidation, but no decided softening or excavation. The winter 1857–8 was spent at Nice, and during this year a gradual improvement took place in flesh; the patient gained nine pounds, and the cough and expectoration ceased. Physical signs: Still much dulness, and tubular sounds in right back and front, but more motion and breath.

October 4th, 1859.—Last winter in Rome, with more strength and activity. Is much less thin. Has been lately at Spa, and suffered from rheumatism of the back and sweats. Physical signs: Motion and sound on percussion much improved in right chest, but there are still some dulness and large tubular sounds at and above right scapula. To take mixture of iodide of potassium and quinine, with nitric acid.

December 6th, 1860.—Has been generally well, except occasional pain in right chest, and perspiration on exertion. Physical signs: Movement and stroke sound of the right side still not equal to those of the left, and some tubular sounds remain in the scapular region; but there is good vesicular breath-sound elsewhere.

1866.—Quite well in health. Still some tubular sound and dulness in upper right.

1868.—Continues well.

(To be continued.)

THE SEASON AND DISEASE.

By JAMES GREY GLOVER, M.D.

WE are passing through a season so singular, both in itself and in its effects upon the human body, as to be worthy of remark. The more so as the strictly medical bearings of it seem, to me at least, of much interest. Without going into minute details of the weather for the last two or three months, it is enough to mention the two unusual qualities of it—the great amount of heat and the little amount of rain. We have had—and we are now only at the beginning of July—about three months of continuous sunshine, tempered sometimes by easterly breezes, but often not so. In other words, we have already had more summer than generally falls to our lot during

the whole season in this "fickle" climate of ours. What, then, are the effects or the apparent effects of this exceptional state of matters on the human body? Though I profess to speak principally from personal observation of prevalent disease, it is interesting to consider the evidence of the Registrar-General, which shows that, with all its inconveniences, the season is not unfriendly to life. London and many of our large towns are, for the time being, enjoying the salubrity of villages, and killing their inhabitants at a rate of only something like 19 in 1000 per annum. Cold is the greatest killer that we have nowadays, and at present he is conspicuous by his absence. So also there is a conspicuous absence of any fatal zymotic disease. By the way, it is very curious to observe the coincidence of low mortality and a very low condition of trade. This coincidence has been noticed before on a more limited scale, as in the cotton districts during the American war, Liverpool excepted, where typhus had full play. Whatever the dependence of the comforts of the people on full trade, it would seem that their mortality is not increased by dull trade. "A man's life" is not dependent on "abundance of things."

But though the weather has diminished mortality, it must have been very apparent to medical men that the community has not been unaffected by it. Not a few people feel in their very best health during this heat. People whose liver and kidneys are not perfectly competent to the work that they have to do, and who feel all the better for a free action of the skin, or whose bronchial apparatus is liable to disease, or who, in some yet unexplained way, are depressed in their vitality by cold—all these are getting a pleasure out of life just now which they rarely experience in this country, where, as somebody has said, there is "no climate, only weather."

But a large number of people have been unpleasantly affected by the continued heat. The more common effects, or what I have taken for effects of heat, and with which I have been much impressed, are weakness, amounting in some cases to prostration, various degrees of loss of appetite, sickness, or weight at the stomach, and uneasy sensations in the bowels. Up to this time there has been no great amount of diarrhoea, although it is now setting in, and in some cases is very sharp. In many of the cases I am describing there has been a great tendency to exhausting perspiration. Patients of all ages have been affected, including young boys and young men of fair general health. But on some more delicate people the effect has been striking, such as those of a tuberculous constitution, rachitic children, menorrhagic women. It is distressing to see a rachitic child, lying prostrate, sweating so as to drench the pillow upon which its big head rests. The vital depression, in some cases amounting only to languor, incapacitates in others for any work, muscular or mental; there is a slow pulse, with tendency to intermission, or actual syncope. This vital condition has not only been observable by itself in numerous cases, but has complicated other states of actual disease proper to classes of patients I have specified.

The remedies are simple, and I think very effective. The principal of these are—cool air; the avoidance of fasting too long, especially from drinks, also of much walking or other muscular work; and some medicines. One great difficulty, of course, is to escape from the pervasive heat of hot days. But this can be done to some extent by seeking the coolest rooms, and avoiding exposure during the heat of the day. I am sure a little tropical leisure of life is wise on these hot days, especially for those who are conscious of any feeling of exhaustion. It is a great error to fast too long. Food must be convenient, and such as the smaller appetite suggests. And, despite the theories of Liebig, I am convinced of the value of a light stimulant in drinks, such as a little sherry, either alone or with seltzer. For common use the light wines are best. One little patient of mine, a boy about eight years old, became deadly pale almost every morning, so as to be sent home from school. There was no diarrhoea, and little else to observe. Half a glass of sherry midway between breakfast and dinner, and some acid medicine, have completely cured him. As to medicines—these are extremely useful. The one which I have most frequently prescribed has been dilute sulphuric acid, with or without, and very often without, quinine. It may be difficult to say how it acts, whether as a mere astringent, restraining perspiration and, when it exists, diarrhoea, or whether it supplies some chemical element to the blood and tissues. But it is a most valuable medicine. And in no cases is it more valuable than in those of young children of the rachitic class. The way in which sulphuric acid has superseded chalk in common summer diarrhoea is one of the most curious revolutions in

practice. But, apart from diarrhoea, it is often extremely tonic in its effects. Where diarrhoea does not exist, the acid is well associated with quinine, where it does exist, with opium, which gives further help and relief.

London, June, 1868.

PROF. LISTER'S TREATMENT OF WOUNDS AND ULCERS BY CARBOLIC ACID.

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ALTHOUGH separated by a great distance from the mother country, yet being a constant reader of THE LANCET and other medical journals, I see what is going on in the changes of and additions to our former theories and practice. Amongst other startling novelties my attention has been called to that introduced by Professor Lister, of the University of Glasgow, and, as one of his former pupils, I have taken some care in noting the effects of carbolic acid in cases to which it is applicable.

In September, 1867, I was called by a gentleman who had been suffering for about two months from abscess in the calf of his right leg, and his former medical attendant had adopted various plans of treatment, now using cold lotions to put it back, and then poulticing to bring the abscess to a head. When I saw it, the patient suffered much pain night and day, and wished to have an end put to his sufferings. I had just read in a number of THE LANCET of Mr. Lister's new treatment of abscess, so I determined to use the carbolic acid according to the plan laid down by my late professor. I laid a piece of lint, soaked in a solution of one part of carbolic acid to four parts of boiled linseed oil, above the abscess, dipped the bistoury in the same solution, slightly raised the lower margin of the lint, and opened the abscess. Immediately dropping the lint, I allowed the pus to ooze out, and then pushed in a plug soaked in the liquid between the lips of the wound, removed the dirty lint just as I slipped over it a fresh piece, and covered all with a piece of gutta-percha tissue. Next day I withdrew the plug, replaced it by a clean one, and on September 26th, five days after the incision, the leg was quite well. I noticed that after the second day a very slight amount of clear serous fluid came out.

CASE 2.—On Oct. 9th, a gentleman, aged twenty-eight, married, lately arrived in Batavia, sent for me to see his foot. I found the right foot very puffy in appearance, and it was very stiff, so much so that he could not move it in the smallest degree; and so great was the pain he suffered, both night and day, that he told me he was obliged to swallow as much as two or three hundred drops of laudanum daily. He described his case as follows:—Two years ago necessity compelled him to jump out at a window to the ground; he fancied the height from the ground would be about five feet, but he afterwards measured, and found it to be nearly eight feet. At all events, the result of the fall was that his right foot turned inwards, and got a severe wrench; his foot became painful and swelled up very much at the ankle-joint. He has visited England since, where it did not annoy him much; but on his voyage out to the East again, the pain, swelling, and stiffness returned, and he has passed through all kinds of treatment. Such was the information he gave me. I at first recommended perfect rest, with the foot elevated, and relieved the bowels by an active purgative. I ordered a generous diet; and, to relieve the immediate pain, applied a combination of camphor liniment, soap liniment, and tincture of arnica.

Oct. 10th.—The pain still there, but not so severe; describes the pain as shooting right through the ankle, from the external to the internal malleoli, and down to the sole of the foot.

12th.—Great pain and puffiness of the whole foot. I then ordered a poultice to the external malleolus.

13th.—Pain referred to a spot just below the external malleolus; apply poultice.

14th.—A small swelling of dark colour to be seen at the spot above mentioned. I felt that it contained fluid, and ordered further application of a poultice.

15th.—There being to all appearance an abscess, I felt that considerable mischief must have been going on for a long time past in the joint. I then, with the patient's consent, called in consultation a gentleman of much experience in the Dutch