NOTES ON THE CLIMATE OF MADEIRA.

To the Editor of THE LANCET.

SIR,—The perusal of different writings on Madeira and its climate, in connexion with its appliance to chest diseases, fails to point out its most important feature—that is, the cases for which this particular climate is most fitted; for, as I have before remarked, climate being a therapeutic agent, it cannot suit all cases indiscriminately. It is, therefore, owing to the want of selection of proper cases to be submitted to this agent that so much disappointment and want of success have been manifested among the invalids who have been sent out to Madeira, and among those to whose care they have been entrusted. The observation of a large number of cases for several winters alone could enable one to form an opinion on this important subject.

Having had many opportunities of seeing and performing surgical operations, I have been struck with the marvellous rapidity with which wounds of all kinds, and in different tissues of the body, healed by first intention. I will only mention, as an illustration, the first case of surgery I undertook here. The subject was a girl, aged seventeen, who bore a tumour of the right mamma of so enormous a development (fifteen pounds and a half) that she was obliged to carry it in a sling. I removed the tumour with the whole of the gland on the 18th of January, 1862, and on the 26th of the same month the wound (eleven inches and a quarter long) was perfectly healed. She was photographed on the 28th. Many other instances of remarkably rapid cicatrization, both of internal and external wounds, have attracted my attention.

In connexion with the above fact, another remarkable circumstance came under observation, which was the rapidity with which phthisical patients in the second and third degree arriving in Madeira with moist sounds of every size soon lost them; cavities both large and small soon became silent, secretion ceased, and cicatrization ensued. The irritation which often exists in the larynx and remainder of the air-passages is also singularly soothed and quieted; the small ulcerations which also frequently appear on the laryngeal mucous membrane rapidly disappear, and the tissues resume their normal characters. Such results have been often observed in both sexes, in all ages and conditions. Bronchitis, whether acute or chronic, independent or in connexion with phthisis, is also highly benefited by the effect of this climate. I feel convinced that the power of cicatrization of Madeira air, with an equable temperature, is the principal cause of the improvement experienced by such cases as I have pointed out; and that if the general health is carefully attended to, and the chest properly observed, better results will be obtained, and less complaints, sometimes just, be made.

On the other hand, Madeira, from its geographical position, being encompassed by sea, its bay being completely encircled on the north-west, north, and north-east sides by very elevated mountains ranging between two and four thousand feet high, is naturally exposed to the east, south, and westerly winds. The east is an extremely dry wind (a sort of sirocco); it seldom prevails in winter. The south-east and west winds always bring rain or dampness. It must be observed, however, that the north-east wind blows nine months in the year, and though not felt directly, is received in Funchal in a recurrent stream, after striking the hills on the western side of the bay. These conditions necessarily imply warmth, and a certain amount of humidity, so soothing to those deeply affected with consumption, but depressing to those who, in the very beginning of the affection, have not their general health and constitution impaired by deep-seated and advanced disease, and would require a more bracing and invigorating atmosphere. These soon feeling the effects of an equable warm temperature, taking no exercise in the upper and cooler regions, lose their appetite, and in the course of time fail in general health, whilst the local disease is aggravated. This would be avoided if such cases were to inhabit the higher regions of Funchal; but they would certainly feel the effects of isolation and inactivity, besides which, if they are fit for more elevated regions, it shows that they ought to be sent to some more northern climate than Madeira. This is so much the more evident, that as the more advanced cases improve under the influence of the Funchal sea-side climate, their general health feels occasionally the want of a cooler atmosphere; it is then we have recourse to the mountain air at an elevation of six or seven hundred feet above the level of the sea, where the equilibrium is soon re-established

between the local disease and general health, otherwise the disease will necessarily progress.

The study of climate, like that of most of our therapeutic agents, is still in the background of science. Its general application to cases without selection has been too frequently the cause of discredit to the profession, and most certainly of disappointment to the patient. All those who have made phthisis their particular study know how much care and attention are required in its treatment; for no patients present such a variety of symptoms, both physical and moral, so complicated in their manifestations, as consumptive cases. Too much pains, therefore, cannot be taken in scrutinizing one by one the different symptoms, and indicating with the greatest care the proper treatment for each particular case. I would wish it to be borne in mind that from a climate like this the best results will be obtained in cases where disease is so far advanced as to have produced disintegration of tissue, where the constitution is so far impaired as not to be able to resist a cold atmosphere, and where living constantly in the open air is the greatest desideratum.

The time of year at which invalids should resort to Madeira is a subject often discussed, and of great importance; generally speaking, they leave England too late in the year, many arriving here at the latter end of November. It has been urged by them, and by some of their medical advisers, that the heat of September and October in Funchal is too great, and might be prejudicial. This remark, if intended to point out the evil effects of a sudden change of temperature, fails to do so, for the temperature at Funchal in October and November varies but little, whereas in England the difference is considerable; so that the change would perhaps be greater on arriving in November than in October; besides which, the gales which prevail in November make the sea voyage in that month more unpleasant than beneficial. Hardly a year passes without seeing one of the November packets put back into some port of safety for several days, thereby obliging the invalid to undergo all the discomforts of a prolonged stay on board. However, to conciliate all opinions on this topic, I would suggest a plan which will no doubt be beneficial to all, and by which the heat of Funchal, if too great, will be avoided, and that is, to send invalids on their arrival to an elevation of six or seven hundred feet above the level of the sea, where they will enjoy the mountain air for the length of time necessary to prepare them for the Funchal climate. I need not add that the proper time for leaving Madeira, either directly or via Lisbon, should on no account be earlier than the 20th of May.

The present communication by steam to Madeira is effected in the following way by four different lines of steamers:—1st. The African Mail packet, leaving Liverpool on the 24th of every month. 2nd. The Cape Mail, Diamond line, leaving London on the 28th and Falmouth on the 1st of every month. 3rd. The Luzitania Company's steamer, leaving London on the 5th and Lisbon on the 15th (the departure from Lisbon on 15th would be available by those passengers who would leave Southampton by the Royal Mail Brazilian packet, 9th). 4th. The Portuguese African Mail, leaving Lisbon on the 5th of every month. In October and November, the Royal Mail Company generally allow one of their boats to touch at Madeira.

I am, Sir, your obedient servant,
Madeira, Jan. 1866. G. H. BRANDT, M.D.

THE PHYSIOLOGICAL THEORY OF CHOLERA.

To the Editor of THE LANCET.

SIR,—In "THE LANCET Record" of last week, the Physiological Theory of Cholera is alluded to in these words, viz. :—

"If we are to believe M. Marey, who has just concluded a rather elaborate memoir upon the Cause of Cholera, the symptoms of this disease are entirely produced by the influence of the sympathetic nerve. He adduces evidence of the disorganization of the ganglia of the sympathetic in cases of cholera, and argues, upon somewhat the same grounds as Dr. Chapman, that the influence of the sympathetic over the minute blood-vessels is the proximate cause of the choleraic discharges."

Although so much has been written concerning the nature and treatment of cholera, I trust you will not deem the following remarks unworthy the attention of your numerous readers, inasmuch as the origin and progress of any special fact or opinion in pathology are, to say the least, interesting, if not instructive. Now, at pages 865, 866, and 867 of vol. xxx. (1835 and 1836) of THE LANCET, I find a paper

entitled "Pathology of Fever and Malignant Cholera;" and, what is more, this paper is evidently written with but one object, and that is to prove that "the symptoms of this disease are entirely produced by the influence of the sympathetic nerve," to quote "THE LANCET Record." The author claims for both "fever and cholera" but one source. Fever and cholera are declared to be varieties of one pathological condition; and this, it is affirmed, is located in "the ganglia of the sympathetic." The following passages are to the point, viz. :—

"It would appear, then, that the efficient agents of fever—cholera—act primarily on the organic nervous system, and this is made evident by the parts or organs with which it is connected being those first affected, as shown in the disordered states of the respiration, circulation, digestion, and secretion. .... The cause of death in cholera and in other fatal fevers is owing, first, to the operation of a poison on the ganglionic system of nerves, checking the whole of the vital functions; and, secondly, to the effects of such cause—consisting in the discontinuance of the normal chemical changes in the lungs, thus producing blood which is unfit for the support of life. .... No observer can help noticing the analogy between the deep collapse in cholera and the cold stage of intermittent fevers. In both we have the suspended state of the vital functions, the coldness and lividity of surface, and the anxious and retracted countenance. The reaction in each is of the same character, with occasional congestion of internal viscera."

Again, in vol. xl. of THE LANCET (1842 and '43), pages 121, 123, I see the same views of cholera advocated, but on this occasion in some detail. The writer seeks now to illustrate his position by references to "the effects of a heavy blow on the epigastrium," to the effects of "fear," of "narcotic poisons," of "bites of venomous serpents," and of "tying or dividing the par vagum."

I may add, the first paper quoted omits all reference to treatment, but the second, written nearly a quarter of a century ago (see vol. xl. of THE LANCET), advises, among other things, the steady and persistent use of purgative medicines, "to restore the suspended functions of all the abdominal organs." Furthermore, "the pathology and treatment of cholera" is the subject of an article in vol. i. of THE LANCET (N. S.), 1854, nearly twelve years since, in which the foregoing opinions are again urged on the attention of your readers. In this, the third paper on the subject, a deep stress is laid on the use of "purgatives" in cholera. These, it is declared, do not act as such, but they, nevertheless, "restrain the diarrhoea and effectually check the intestinal discharges. They act as restoratives of the normal character of the secretions common to the primæ viæ, and so establish a healthy fecal discharge." Pills of calomel and compound extract of colocynth, with an essential oil, are recommended to be taken frequently, and alternately with portions of a mixture composed of castor oil and spirits of turpentine; such means, it is declared, have proved eminently successful.

To those engaged on inquiries into the pathology of cholera so-called, but desirous of balancing the many conflicting testimonies in regard to the best treatment of this fearful malady, the foregoing remarks may not prove unacceptable. Moreover, these may be said to confirm the views of M. Marey and Dr. Chapman, as given in "THE LANCET Record of the Progress of Medicine."

I am, Sir, your obedient servant,

JAMES GEORGE DAVEY, M.D. St. And.,
Member of Roy. Coll. of Phys. of Lond., &c.

Northwoods, near Bristol, Jan. 1866.

P.S.—I would ask those favourable to the exclusively contagious nature of cholera, in what way they would explain its outbreak among a ship's crew for weeks at sea, and some hundreds of miles from land? Does it not occur to you, Mr. Editor, that the theory of spontaneous development derives confirmation from the fact of a single case of cholera occurring in a country district in Gloucestershire at a time when the disease is not known in the same or in a contiguous county?—J. G. D.

PUERILE RESPIRATION IN PNEUMONIA.

To the Editor of THE LANCET.

SIR,—At a late meeting of the Medico-Chirurgical Society of London, Dr. Waters of Liverpool brought under notice two cases of pneumonia, in which a puerile respiration in the affected part preceded the more ordinary symptoms of the disease. On this point I beg to state that it has been long

known in Dublin as occasionally occurring, and will be found specially noticed in the able work of Dr. Stokes, published some twenty-five years ago.

I am, Sir, yours, &c.,

Dublin, Jan. 1866.

HENRY KENNEDY, M.D.

VACCINATION AND THE RINDERPEST.

PROFESSOR M'CALL of Glasgow has communicated to us the fact that he has vaccinated successfully an animal which had passed through an attack of the rinderpest. This is an additional fact, indicating the absence either of identity or antagonism between cow-pox and rinderpest. We early suggested this experiment: it is the first instance, so far as we know, in which it has been performed. Professor M'Call states that he has been unable to discover anything like an exanthematous eruption in any of the animals dying with rinderpest in Glasgow or its vicinity, and that his assistants and friends who have seen the animals with him are equally unable to discern any eruption. In London, Cheshire, and Norfolk, all observers are agreed as to the presence of the eruption, although doubtful as to its truly vesicular character.

EPSOM COLLEGE.

SIR WM. FERGUSSON has consented to preside at the annual festival of the Royal Medical College, to be held at Willis's Rooms, on the 26th of April next. That he will be warmly supported by his professional brethren we are confident.

The list of stewards is about to be published, and we urge upon all who have the interest of this valuable institution at heart, to at once forward their names to Mr. Propert, to be enrolled in the list.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 25th ult. :—

Budd, Herbert Goldingham, Worcester.
Buhôt, William Hill, M.D., Tobago, West Indies.
Bushell, Stephen Wootton, Brixton.
Diver, Thomas, M.D., London.
Gordon, Henry Pelham, Queensland.
Hussey, John Fraser, Salisbury.
La Mert, Israel John, Albemarle-street.

It is stated that of the fifty-six candidates who presented themselves for examination on the 23rd, 24th, and 25th ult., only eight were referred back to their studies for six months.

[Erratum.—In the list of members admitted Jan. 24th, published last week, for "Thomas Henry Simpson, Fore-street," read "John Henry Simpson, Fore-street."]

NAVAL SURGEONS.—At a meeting of the Court of Examiners of the Royal College of Surgeons of England on the 25th ult. the following Assistant-Surgeons in the Royal Navy passed their examinations for full Surgeons in that department of the public service :—

Colquhoun, Archibald Grant, of the Royal Marine Infirmary, Woolwich; diploma of membership of the College dated July 30, 1861.
McMorris, Robert James (half pay); member May 16, 1859.
Yarde, William, M.D., of H.M.S. Industry, Woolwich Dockyard; member July 3, 1857.
Curtis, George, of Haslar Hospital; Licentiate of the Royal College of Surgeons, Ireland, May 20, 1861.

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on the 25th ult. :—

Pearson, Henry, Plymouth-grove, Manchester.

The following gentlemen also on the same day passed their first examination :—

Hall, Richard Strange, Manchester Hospital.
Thurston, William French, Guy's Hospital.

Of the thirty-two candidates who presented themselves for the Preliminary Examination in Arts on the 26th and 27th