to London about the end of August she soon began to lose flesh again, and her cough became very troublesome, with a persistent sore throat. She attended the Throat Hospital until the end of December, gradually getting weaker. Becoming very uneasy, she tried one or two other institutions; but during January, February, March, and April she was still rapidly losing flesh, the cough was much more troublesome, the expectoration thicker and more profuse, and the night sweats exceedingly severe. In the beginning of June, when I first saw her, she weighed 8 st. 5 lb., having lost 2 st. from her usual weight in eight or nine months. She complained so much of the cough and night sweats that she declared she never could sleep more than half an hour at a time, and even this amount of sleep was much disturbed by frightful dreams, such as tumbling over cliffs, fancying herself fighting bulls or tigers, or assisting to put out fires, &c. On examination, her left lung was, as far as I was able to judge, normal, but the right was quite solid from apex to base, and a portion about midway between the nipple and axilla had actually broken down into a cavity. Her temperature varied from 101° to 103°. The expectoration was purulent, very copious, and full of bacilli. The first operation was performed on June 9th, and repeated each day from then until now. For the production of the sulphuretted hydrogen a solution of sodium sulphide and caustic soda similar to that advised by Dr. Yeo was used, and the sulphuretted hydrogen liberated by throwing in a small quantity of tartaric acid. Now, as is the case with nearly all the victims of consumption, one was not at all surprised to find this patient declaring herself much better at the end of the first week of a new treatment. She, however, knew exactly in what way she was better. Her cough, she said, was easier, and the expectoration somewhat diminished; the night sweats had almost ceased to trouble her; but, above all, her sleep had returned and the frightful dreams had gone, and she could now, she said, sleep for four hours right off, and then only wake up to cough and bring away the accumulated phlegm, and turn over and go to sleep again. Several weeks thus went on, the patient assuring herself and everybody around her that she was daily improving. She got up, she said, every morning refreshed after her beautiful night's sleep. Her temperature, however, still kept up, and the tubercle bacilli remained in the expectoration as numerous and robust as ever, but the amount of expectoration diminished, and for many weeks she continued to lose weight rapidly. Her temperature for some weeks past has been considerably lower, seldom over 100°, and she has in the last week or two actually gained a little in weight. A table of her weight with dates as taken is as follows:—June 9th, 8 st. 5 lb. 14 oz.; June 24th, 8 st. 3 lb. 8 oz.; July 12th, 8 st. 1 lb.; July 22nd, 8 st. 10 oz.; Aug. 4th, 7 st. 13 lb. 14 oz.; Aug. 15th, 8 st.; Aug. 22nd, 8 st. 1 lb. 8 oz.; Aug. 29th, 8 st. 3 lb. From the foregoing it will be seen that she was losing very rapidly at the beginning of her treatment, but her loss gradually became less marked, and for the last three weeks she has actually gained some pounds in weight.

CASE 2.—Mrs. T—, aged thirty-four. Last October she had a sharp attack of bronchitis, from which she has never quite recovered, a troublesome cough remaining through the winter. During the first four or five months of this year she had been getting thinner, her appetite being very bad and her night's rest greatly disturbed by the cough and the severe night sweats. When I saw her in the beginning of May she was considerably emaciated; temperature 99° to 100°; moist râles over both apices; right apex slightly dull on percussion; expectoration was abundant; breathing short and asthmatic; her face livid. On May 28th her weight was 8 st. 10 lb., when the first operation was performed, and continued daily until July 30th. After the first week her cough was much improved, and, the night sweats having disappeared entirely, she slept well, her breathing was quite free, and consequently the colour of her face was much healthier. But, like Mrs. E—, her great pride was that she slept so much better, being undisturbed by cough and night sweats. During the first four weeks of treatment she lost 3 lb. in weight, but during the last five weeks she gained 6 lb., and left town for Devonshire in the beginning of August, and I have just received information from her that from August 3rd to 19th she had gained another 3 lb.

These cases are, of course, at present incomplete, but they seem to me as far as they go to prove very distinctly that

this treatment, even if it does not positively cure, very greatly retards the progress of the disease, and almost entirely removes its most trying symptoms.

Southwick-street, W.

CASE OF SUPPURATIVE PYLEPHLEBITIS AND ULCER OF THE VERMIFORM APPENDIX.

By D. COLQUHOUN, M.D., M.R.C.P. LOND.,
LECTURER ON THE PRACTICE OF MEDICINE, OTAGO UNIVERSITY, NEW
ZEALAND.

JAS. D—, aged forty-eight years, was seen by me first on Dec. 22nd, 1886, in consultation with Dr. A. J. Fergusson. He had then been ill for about seven days. He was a man of exceptionally good physique, had never had any serious illness, had suffered twice from attacks of ague in Canada twenty years before, but, except that he had a somewhat irritable digestive system, his health had always been very good. His habits were temperate and regular. On Dec. 11th he had dined more freely than usual, and had been exposed a good deal on a cold and wet day. On the 14th he felt a good deal of pain in the abdomen, and was slightly sick. The weather at this time was unusually cold, and he believed he had taken a chill. On the 17th he began to have a series of shivering fits, "exactly like his ague attacks twenty years before," and recurring at regular intervals of about eleven hours. In about twenty-four or thirty-six hours jaundice set in. The bowels were freely opened, and the motions appeared at first normal in character.

When I saw the man on Dec. 22nd the jaundice was very deep. He was in a state of great mental and physical depression. Temperature 101·4°; pulse 96, fairly regular. He had had one attack of epistaxis, and there was a slight expectoration of mucus tinged with blood, not unlike the rusty sputum of pneumonia. The heart sounds were normal, and the lungs seemed to be quite healthy. The abdomen was distended with flatulence; there was no pain complained of in any region, but deep pressure over the region of the gall-bladder seemed to give rise to some discomfort. Owing to the flatulent distension the liver dulness was less than normal. The bowels were rather constipated, and the stools seen at this date were apparently quite devoid of bile. The urine was deeply tinged with bile pigment. On the 24th he was much weaker; the temperature in the evening reached 104° and he had had several attacks of extreme prostration, especially occurring in the early morning. During these attacks the pulse became intermittent and feeble. On the 25th he was distinctly delirious. The weakness was increasing, but the pulse remained regular—96 to 100. The stools contained no bile, and the urine was very deeply coloured with bile. On the 26th there was a very slight trace of bile in one stool. Jaundice continued intense. He was pretty constantly in a state of low muttering delirium, or sleeping uneasily by fits and starts. There was no vomiting. At 1.10 P.M. the pulse was 96; temperature 98·4°; respiration 36. The meteorism was more marked than before. On the 27th there was some vomiting after taking extra nourishment which had not been ordered, but otherwise his condition was unaltered. The feebleness and delirium became more marked, and on the 28th he passed into a state of coma and died in the evening.

A post-mortem examination was made two days later. The body was well nourished. The abdomen was distended by gas in the intestines. The liver was normal as to size, but, on cutting into it, was found to be studded with small points of purulent deposit. The portal vein and its radicles were filled with greyish pus, the points above noted being the vessels seen in transverse sections. The gall-bladder was nearly empty, and it and the gall-duct seemed normal. The intestines were congested in parts. In the stomach were a few small inflamed patches near the pyloric orifice, but, on tracing the intestine down to the cæcum, no ulceration could be found to account for the suppuration in the portal vein. Round the vermiform appendix, however, a wormy mass could be felt, and on removing this with the cæcum and vermiform appendix, it was found to consist of apparently a mass of congested or strangulated tissue. On opening the cæcum, no ulcer could be seen there; but on

laying open the vermiform appendix, it was found to be ulcerated for about an inch from the entrance to the cæcum; the ulcer became continuous with the outside congested mass, which was composed mainly of inflamed veins. The mesenteric veins were not noticeably enlarged. Only these parts of the body were examined.

Remarks.—The post-mortem examination cleared up what had been a very doubtful case during life. The sequence of events seemed then plain enough. Some foreign matter—not detected post mortem—gave rise to an ulcer of the vermiform appendix; this was followed by a local phlebitis, and that again by phlebitis of the portal vein by embolism. All the radicles of the portal vein were more or less involved, but circulation through it was free enough, as there was no ascites or other sign of impeded portal circulation. The jaundice may have arisen from retention of bile elements in the blood, or bile may have been secreted as usual by the liver cells and immediately reabsorbed. The gall-bladder was empty, and little or no bile had found its way for some time into the intestine. Very little notice seems to have been taken of this condition by British writers. It is not mentioned at all in most of the various English works on medicine. In Quain's Dictionary there is a brief notice of the disease, and a passing reference to it in the article on Jaundice. I have not been able to find any cases reported in THE LANCET or the *British Medical Journal* of the last eight or nine years; and yet the condition cannot be very uncommon. There is an account of it in Frerichs' "Diseases of the Liver," derived from twenty-five reported cases. In Ziemssen there is a very large number of references given to cases of suppurative pylephlebitis, mostly from German sources, but partly also from English and French; and in Pepper's "Practical Medicine" the disease is spoken of as a common one. Concerning the diagnosis of the disease there seems to be a good deal of difference of opinion. Von Schueppel, writing in Ziemssen's Encyclopædia, says: "Some consider it a rare stroke of good fortune to recognise the disease; others maintain that nothing is simpler and easier than the diagnosis of suppurative pylephlebitis." Frerichs says that jaundice occurs in three-fourths of the cases of pylephlebitis. Dr. Bartholow, writing in Pepper's work, says that three-fourths of the cases are free from jaundice. The most important factors upon which the diagnosis should be based are stated by von Schueppel to be the following, or some of them. 1. The presence of an affection which we know may act as a starting point of pylephlebitis. 2. Pain at the epigastrium or any situation in which the pylephlebitis may start. 3. Rigors at irregular intervals, with high temperature, and during the intermissions abnormally high temperature. 4. Recent painful enlargement of the liver. 5. Considerable enlargement of the spleen. 6. Jaundice, with biliary diarrhoea. 7. Rapid emaciation and loss of power. 8. The occasional development of diffuse peritonitis and typhoid symptoms in the later stages of the disease. Comparing these diagnostic factors with the history of the case reported above, hardly any of them could be said to be present. There were no antecedent or existing symptoms pointing to the presence of any exciting cause of pylephlebitis. There was some diffuse pain all over the abdomen early in the disease, and tenderness on pressure about the portal fissure, but no local pain was complained of. The rigors occurred pretty regularly at first, then were replaced apparently by attacks of collapse, and the temperature was not abnormal in the interval. The liver was neither enlarged nor painful, nor could the spleen be traced owing to the flatulent distension of the intestines. The jaundice was not accompanied with biliary diarrhoea, there was little or no emaciation, and there was no peritonitis. In this case the symptoms which seemed most characteristic were the quick interference with the functions of the liver, the jaundice, the biliary toxæmia, and the ague-like rigors, occurring in a previously strong and healthy man, not exposed to any malarious or other poisonous agencies.

At the recent examination at Aldershot, at the end of the summer course, for medical officers of the army, on the subjects of Military Law, Bearer Column Organisation and Drill, the first, second, fourth, and sixth places in order of merit were assigned to Volunteer medical officers. The first place was taken by Surgeon W. Collingridge, M.D., 3rd (Woolwich) Division, Volunteer Medical Staff Corps; Surgeon J. Reece, of the London Division, being second.

REMARKS ON ALGIERS AND ITS CLIMATE.

By T. D. SAVILL, M.D. LOND., M.R.C.P.

At a time of year when so many people are planning or taking their annual holiday, in pursuit of either health or pleasure, it occurred to the writer that a few remarks on Algiers and its climate would be appropriate to the season, and acceptable to the readers of THE LANCET. The facts to be mentioned are based chiefly on information gained during the greater part of three winters which were spent in or near the town. But there are, perhaps, few things more difficult than to give a strictly true and impartial account of a health resort. The impressions of a place which each one forms so much depend on the kind of the season he encounters there, his comforts and immediate surroundings, and on his very mood of mind, that it is not surprising if two descriptions of the same place differ as widely as sunshine and shade. The only way to get at the approximate truth about a climate is by the examination of a series of accurate and carefully recorded meteorological observations extending over many years, combined with a careful study of the vegetation and physical aspects. There are some of the first-named records scattered through the numbers of the *Journal de Médecine et de Pharmacie d'Alger*, made by M. MacCarthy, the librarian of the Musée Bibliothèque, through whose kindness I have been able to procure them.

The town of Algiers is situated on the western side of a wide, shallow bay, and its general aspect is east-south-east. It is flanked on the west and north-west by hills of the Sahel range, which reach an elevation of 1000 to 1500 feet, and it is well protected on all sides except east and south-east. It may be mentioned, in passing, that the winds coming from these directions are generally mild. The north-west wind is the one to be dreaded, for it is fierce, cold, and wet. The town itself is built up the eastern side of one of the Sahel hills. The more modern part is situated along the sea coast; and the old town, with its narrow streets and white windowless houses, just as it was in the days when it was the home of the Barbary pirates, stretches tier above tier to the top of the hill, at the summit of which is the Kasbah or citadel. The beautiful suburb of Mustapha Supérieur, consisting of villas scattered along the wooded sides of little hills, and almost entirely appropriated by English visitors, lies to the south. The old part of the town retains its Oriental characters in a marked degree. The houses, which are always built round a central court, with no windows outside, and a flat roof, are packed close together, and the streets are so narrow as only to allow sufficient space for two pedestrians to pass.

The natives of both sexes also preserve their Arab garb, and until lately did not mix very freely with their conquerors, the French. The dress of the women out of doors consists of a long white shawl of delicate texture, covering the head and shoulders, gipsy fashion; a *yashmâk*, concealing the lower half of the face; and loose white pantaloons, which cover their nether extremities to the ankle. The Arab is characterised by his olive-brown skin, black hair and eyes, fine physique (generally speaking), and a remarkably grave and dignified bearing. His dress is all white, and those who live in towns wear a turban of white linen, loose hooded cloak or *bournous*, beneath which their bare or white-stockinged legs appear, terminating in shoes of ordinary pattern. They are an interesting race, and it is difficult to account for the gradual dying out of a people that still present so fine a physique. In addition to natives, Maltese, and French, there is a large Jewish population, who still wear the ancient Jewish garb. Mixed altogether, these different costumes have a picturesque appearance, which is very striking to the eye of a stranger. And thus it happens that there are three distinct Sabbaths observed in the town: the Mohammedan on Friday, when the women repair to the cemeteries; the Jewish on Saturday, when quite half the shops in the town are shut; and the Christian Sunday. An interesting ceremony is conducted every Sunday at Notre Dame d'Afrique, situated on the highest hill near the town, where the burial service is read over the sea for all mariners who may have been drowned during the preceding week.