

Departed Oct. 1878. Wrote, however, to Dr. Ruedi a little while ago, saying she had been stronger and healthier during the winter at home than for five years previously.

CASE 39.—Arrived Aug. 1878. Aged thirty. Old pleuritic exudation and adhesions; dulness at both bases; respiration mostly deficient; aspect worn and delicate-looking. Rapidly recovered, perfectly well all winter, and indifferent to weather. Departed April, 1879.

CASE 40.—Arrived Aug. 1878. Aged thirty-two. Hereditary phthisis. First stage in left lung, of two years' duration. Dulness vanished; respiration amplified; cough lessened; appetite poor; no gain in weight. Caught cold twice, and chronic tonsillitis. Has no resisting power. Departed April, 1879, intending to return.

CASE 41.—Arrived Sept. 1878. Aged twenty-four. Phthisis, bilateral; left worse than right; moist râles both sides; cavities in the left upper lobe. Temperature first ten days averaged from 100 to 101° at 5 P.M., and was very obstinate. Finally, it was removed, and never exceeded 99·5°, which was noticed at times after excitement. The fever stopped; she gained strength, and could walk and drive out. Appetite good; gained 11 lb. Cavity closed, and râles ceased gradually. Patient now out of danger, and will return. Departed March, 1879.

CASE 42.—Arrived Sept. 7th. Aged nineteen. Hereditary phthisis (tuberculous); bilateral and progressing. Great weakness; inability to take the air. High P.M. fever. No improvement. Left Davos in October. Patient died at Cannes.

CASE 43.—Arrived Sept. 7th. Aged forty. Nervous debility from overwork and mental strain. Davos did harm; excited the nervous system, and aggravated attacks of cerebral hyperæmia. Patient dismissed to Lake of Geneva, where he recovered well.

CASE 44.—Arrived Sept. 8th. Aged twenty-two. Congestion of right apex and continual sub-inflammatory sore-throat. Recovered. Left March, 1879.

CASE 45.—Arrived Sept. 8th. Aged fifty. Phthisis; left lung; moist râles and bronchiectasis. Fever disappeared quickly, expectoration diminished, and lung healed. Left in good health for Christmas in England.

CASE 46.—Arrived September 13th. Aged twenty-seven. Phthisis, bilateral, several years' standing. Has tried many climates in vain. During autumn did well, and fever absent two months. In December fever returned, apparently due to exposure to sun, and progress not satisfactory. Cannot be out in the sunshine. Patient left Davos in a pretty fair state on March 27th, intending to return.

CASE 47.—Arrived Sept. 14th. Aged twenty-eight. Cough and occasional hæmoptysis for two years; bilateral tuberculosis with laryngeal tuberculosis; much weakness and depression; fever moderate; no appetite; sleep only with narcotics. Got on moderately, and sent home, March, 1879, in a tolerable state. Prognosis bad.

CASE 48.—Arrived Sept. 14th. Aged thirty-two. Intermittent hæmoptysis for four or five years; frequent bronchial attacks; respiration in left apex defective; slight dulness; both apices fail to expand. Neither hæmoptysis nor bronchitis occurred, although patient caught cold. Left Davos on March 28th, 1879, in a very good state, and arranged to return.

CASE 49.—Arrived Sept. 16th. Aged forty-four. Hysteria; lungs slightly affected; cough. Has tried different climates. Left Davos, March 20th, lungs quite healed, and cough gone. Nervous disorder no better.

CASE 50.—Arrived Sept. 20th. Aged thirty-four. Overwork, ending in nervous debility. Stayed one month. Improved well. Gained 10 lb.

CASE 51.—Arrived Sept. 24th. Aged thirty. Atonic dyspepsia and occasional diarrhoea. Diarrhoea did not recur. Digestion improved. Gained 2 st. in weight. Left Davos March, 1879.

CASE 52.—Arrived Sept. 27th. Aged nineteen. Recent phthisis of right apex; several hæmoptyses before leaving England; arrived with fresh inflammation of right lung; fever and night sweats; loss of weight. Fresh attack subsided within four weeks. Gradual and steady recovery. Infiltration still extensive, but dry. Gained 18 lb. Feels perfectly well. No hæmoptysis occurred. Left Davos March, 1879.

CASE 53.—Arrived Sept. 25th. Aged twenty-four. Congestion of right apex; stained sputa and shows of blood; anæmia; complete recovery. Left Davos March, 1879.

CASE 54.—Arrived Sept. 29th. Aged thirty-seven. Phthisis

of right lung followed an operation. Had to leave in a few weeks on this latter account, not having gained much benefit.

(To be concluded.)

ON THE TREATMENT OF FISTULÆ AND SCARS OF THE CHEEK.

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EXCLUSIVE of the treatment of fistulæ connected directly with a salivary gland, and which I do not intend here to discuss, it does not appear to me that the actual treatment of these most troublesome and unsightly complications is definitively laid down, but that the matter is generally dismissed into the category of such cases as are curable on "general principles." Some while ago a case of mine of complete fistulary perforation of the cheek, dependent on necrosis, was recorded in the "Mirror" of this journal, and which was treated most successfully by a very simple process, for which I can hardly claim any peculiar originality beyond the method of application, but which led me to believe that most if not all of these cases may be effectually cured, with their coexisting or resulting cicatrices, without leaving any observable trace behind them—a matter of considerable importance when the female face is concerned.

It is, in the first place, all-important to find out exactly the course taken by the fistula or fistulæ—a matter of considerable difficulty sometimes; and the following classification may have its value in diagnosis:—1. Those opening into the cheek, with a track above the level of the buccal or labial mucous membrane, and which usually discharge saliva only. 2. Those whose track lies below this level, and which discharge pus and muco-purulent fluid and no saliva. 3. A complication of both forms, and which discharge both pus and saliva. With regard to the accurate detection of their course, an ordinary probe frequently gives merely a general idea of the direction without passing into the offsets. I have always found that a fine filiform bougie, or, better still, a fine india-rubber French bougie, is more useful than anything else. After having determined the course, irritating cause, and condition of the fistula, in order to avoid further scar, the dead bone, if there be any, is to be removed by delicate but strong forceps or gouge, and afterwards the track should be washed out with a very strong solution of sulphuric acid, which has the effect of completely destroying the fistulous track; or by the introduction of minute crystals of nitrate of silver, until the granulations appear at the orifice, gentle pressure being maintained. A cicatrix, however carefully the treatment be carried out, is sure to remain, unsightly always and often troublesome, appearing as a "pucker," or adhesion to the underlying bone; and with regard to its treatment, I venture to state, from my own experience, that two methods are open to the surgeon, dependent on the extent or strength of these adhesions. The first consists in introducing a fine blunt-pointed tenotome through the tissue of the cicatrix—laminating it, as it were,—taking great care to leave it in free communication with the integument adjacent to it; next, to introduce between the split surfaces a thin strip of sheet-lead, which should be kept in, to prevent the adhesion of the surfaces divided by the tenotome. After a few days, the superficial lamina of the cicatrix may be subjected to gentle movement over the lower lamina, which the patient may conduct himself; this prevents adhesion, and renders the tissue pliant and assimilative. This may be termed the "passive movement" of the cicatrix. The second plan, if the former fails—or indeed it may be advisable at first,—consists in dissecting away the adherent tissue entirely, vivifying the edges of the cicatrix and bringing them together by means of fine entomological pins, and so gaining a mere linear scar at worst, care being taken, by movement, to prevent permanent adhesion. The great elasticity of the cheek structure permits of this without any deformity resulting as regards expression. Manipulative skill is necessary for success, but results appear so satisfactory that I am inclined to think that, in cases where it is important, for the sake of the patient's looks, operative proceedings should be undertaken, the above suggestions may be of use.

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