

at night, and he coughed up more and nastier stuff, much purulent matter, and more of the latter than the former. The local signs were increased—dulness, large mucous rhonchus, and somewhat diminished vocal fremitus; these intensified as the general symptoms developed themselves. He took to his bed, and rapidly grew worse. When this state of things had continued for two or three weeks, an attack of angioleucitis made its appearance in the right leg, with very much œdema. In three days it subsided to a great extent, and the lymphatics of the left leg were subjected to the same diseased action. The patient now seemed rapidly sinking, and it behoved one, if possible, to do something for his relief. The solidification of the lung was clearly due mainly to fluid, and that fluid, pus; but from the previously injured condition of the organ it was impossible distinctly to pronounce where the solidity was from hepatization of the lung and where from pus. Under these circumstances, I pushed a very fine exploring trocar into the chest between the sixth and seventh ribs, and fortunately hit upon the pus, fetid and stinking as of old. I immediately withdrew the instrument, and introduced a larger one, and by means of it withdrew at least three pints of abominably putrid pus; air in abundance followed. Immediately a great change for the better was perceptible in the patient, and without any interruption he got well. The purulent discharge from the side became less and less; but warned by the result of the previous attack, I took measures to prevent the closing up of the track. A plug or nail of gutta percha, about an inch and a half long, the thickness of a small goose-quill, and with a flat head, was constantly worn, and secured in its position by a piece of sticking-plaster. This he removed every night and morning, and by straining he emptied the cavity, and so prevented any accumulation of pus. When the sac was emptied air could always be expelled from the opening. In the course of time the pus became thinner and smaller in quantity. Sometimes he did not remove it oftener than every two or three days, and frequently only about half a drachm of thin semi-purulent fluid would escape. He got up his strength and looks, and could go about without any inconvenience at an ordinary pace, but was short of breath when hurried. He resumed his duties as a country surgeon, attended an occasional midwifery case, and considered himself in fair health. He got over the ensuing winters very well, until October, 1856, when he began to fail in strength. He gradually lost his appetite, got thinner, had somewhat more cough, and much more discharge from the side. Slowly he got weaker and worse; the cavity, which seemed to have become a mere fistulous passage, giving no physical indication of its existence save a dull percussion note for an inch or two around the opening, got larger and larger, and in April, 1857, he died, at the age of sixty-five. There was no post-mortem examination.

Unusual as it is for empyema to depend upon the opening of a simple non-tubercular abscess into the pleural cavity, I do not think that any doubt can exist as to its occurrence in this case. The physical signs of pneumonia preceded by some time any indications of fluid, and were very notable. In the weak and enfeebled condition of the patient, it can easily be imagined that the infiltration of lung-tissue, possibly of typhous material, would easily pass into pus, and that a degeneration or ulceration of the lung, as shown by the fetid expectoration, should ensue. But the opening into the bronchial tube was not sufficiently large for the free exit of the pus, and at every cough the contents of the abscess would be forced nearer and nearer to the pleural surface, and at last through it. Perhaps before this had happened, some adhesion of the two pleural surfaces had taken place; certainly the pleural effusion was confined to the lower part of the chest. When it was evacuated the ribs fell in, and the cavity contracted and cicatrized; of course it would still retain its connexion with the bronchial tube. The next time he had catarrh, some of the bronchial secretion would remain in this blind tube, and could not be expectorated. Lying here exposed to the air, it would undergo putrefaction; would cause the offensive taste again; would, as is probable from the streaks of blood, induce ulceration, and so, by an easy transition, all the formidable events of the previous attack. After evacuating it the second time, I determined on preserving patent the fistulous opening, and the result was most satisfactory; comparatively good health was preserved for some years, and the patient in the end seemed to die of general decay of vital power rather than any local increase of disease.

Phthisis; pneumothorax; thoracentesis.—J. J.—, aged twenty-four, an intemperate liver, had been phthisical for more than a year. He had a large cavity in the upper lobe of the left lung. There was much tubercular consolidation and

small cavities in the right lung. Early in November, 1858, whilst in the last stage of phthisis, and apparently rapidly sinking, acute pain suddenly came on in the left chest. I found him almost collapsed, nearly pulseless, and racked with agonizing pain. There was a loud friction-sound in the lower half of the left side; in the upper part the percussion note was tympanitic; there was loud amphoric breathing and most distinct metallic tinkling. To my great surprise, he rallied from the severity of the symptoms, but every day he had rigors, and still some pain in the side; fluid began to accumulate in the pleura; the breathing became most difficult; the heart was pushed over to the right side; the upper part of the chest was tympanitic, but the space was diminishing daily; in short, the patient was sinking from suffocation.

In the hope of affording temporary relief, and making his death less painful, I performed thoracentesis, and removed a very large quantity of fetid pus; air in abundance followed the next day. For three weeks he steadily improved; the breathing was natural, the pulse slower, and it really seemed as if the patient would get well. Unfortunately, at this time much influenza was astir. His wife, amongst others, was attacked, and he followed immediately with similar symptoms—coryza, sneezing, increased cough,—and in a week he died. I can hardly dare to hope that, if this unfortunate complication had not supervened, my patient would have got well; but there was very much improvement after the operation, and much prospect of its continuance; anyhow, the case is interesting. Similar ones may occur again, and under more favourable circumstances it may be hoped that the very notable temporary improvement which occurred in my case might become permanent. At least, I had the satisfaction of relieving him from immense distress and pain—a not unworthy object. Is it fanciful to suggest that a time may come when we may successfully treat advanced cases of phthisis by establishing an external opening for the evacuation of the products?

Baker-street, Portman-square, June, 1862.

MADEIRA AND ITS CLIMATES;

WITH

METEOROLOGICAL OBSERVATIONS, 1861-62.

By G. H. BRANDT, M.D., Paris.

ALTHOUGH so much has been written and said about the island of Madeira and its climate by professional men of all countries, and by the thousands who have visited it for the benefit of their health, still, in our opinion, there are few who have appreciated to their full extent all its qualities, and fewer still who have availed themselves of all its advantages.

The most important feature of Madeira is that it possesses every kind of climate that invalids suffering from pulmonary diseases can require; this is chiefly owing to its peculiar geographical situation and formation. The fact of the greater portion of invalids residing in the centre of the town, where the climate is always the same, reminds us of those who believe in a panacea which is to cure all diseases. Can one single therapeutic agent (however good it may be) affect in the same way individuals from different countries, with different constitutions, temperaments, and idiosyncrasies? It is absurd to suppose so, and yet it is what is constantly done year after year by those who resort to Maderia.

The majestic amphitheatre of Funchal is naturally divided into three districts—east, central, and west; the south being formed by the bay, and the north by hills of different heights, varying between one hundred and five thousand feet, beyond which are mountains of much greater altitude. The east is the most sheltered part of Funchal, being protected from the north and north-east winds by the surrounding mountains. The centre, owing to numerous water-courses constantly running in every direction, and sometimes overflowing, constitutes the dampest district. The west is dry and warm. To convince us still more of the varieties of climate within a small range, we have only to glance at the particular vegetation in each of these districts, and we shall find that those vegetables which require a wet soil and damp atmosphere (such as the banana, inhamé, loquat, &c.) thrive more luxuriantly in the central district. The western district produces the finest wine, owing to its particularly dry soil, and the perfect maturity at which the grape

arrives. The sugar-cane, which grows well in the other districts, ripens at an earlier period here; its watery parts are thrown out earlier, and it is sooner fit for making sugar.

As regards the effect of two climates on certain invalids, very striking instances have fallen under our observation—one in particular, which we had the opportunity of seeing last winter. The individual was of an extremely delicate constitution and of a nervous temperament, who resided during the early part of the winter in the central district. During that time the powers were prostrated; the functions of the liver and intestines were torpid, as also the circulation of the blood; no appetite, and no inclination for exercise; the daily operation of the toilet was almost too great an exertion; and although the temperature was high, still a sensation of cold was always felt. A change was absolutely necessary, and the invalid was recommended to go to the western district, at a higher elevation. The effect was almost instantaneous, for in the space of a fortnight the liver and intestines acted regularly, the appetite returned, exercise could be taken without any exertion, and although the temperature was five or six degrees lower, the sensation of cold was not felt; strength returned, and a new life began.

Observations of this kind might repeatedly be made if the invalid would go to the climate most suited to his case, and not, like so many a slave to fashion, choose situations most convenient for amusement and pleasure.

Great inconvenience is often experienced by that class of invalids who are accustomed to drug themselves at home, and think they can do so with impunity at Madeira, which, being a sub tropical climate, will not admit of such practice.

For invalids requiring a real change of climate, no place can boast of more suitable advantages than Madeira. The unrivalled equability of its temperature, and other almost indispensable necessities, such as the excellent quality of all aliments—the comfortable, clean, and home-like appearance of its habitations—the total absence of dust—the easy modes of conveyance (the hammock, palanquin, and easy chair for those who cannot enjoy the more difficult exercise of riding)—admirably meet the wants of the invalid. It has taken half a century to arrive at these results, and to form a population, many of whom speak our language, and almost all of whom understand it.

The beautiful chalybeate springs of Trapiche, in the environs of Funchal, are a most valuable acquisition in many cases. Another great boon in this hilly country is the new road, which is now all but completed, extending on a flat surface about four miles along the west coast to Camera de Lobos.

To complete all, we cannot omit mentioning the cordial attentions and friendly hospitality which the stranger finds at the door of every English resident. The charms of English society are to be found in Madeira, and few are those who leave the island without regret.

TABLE I.

MONTHS.	Barometer.	Thermometer.	Maximum.	Minimum.	Humidity.	Days of Rain.	Quantity of Rain.	Ozone.
October	29.663	67.82	74.66	62.78	—	3	1.653	—
November	29.978	65.12	70.84	59.36	76	13	7.283	4
December	29.876	61.70	67.10	56.12	77	14	5.512	6
January	29.991	60.62	66.20	55.40	77	11	6.260	5
February	29.670	60.08	65.48	54.32	75	13	11.387	6
March	29.740	62.24	68.00	55.58	76	12	4.134	6
April	29.833	62.96	68.72	55.58	69	6	2.07	—
Mean of all months...	29.821	62.93	68.64	57.02	75	72	38.316	5.6

TABLE II.

MONTHS.	Extreme maximum.	Extreme minimum.
October	77.00	58.30
November... ..	74.50	50.36
December	72.68	52.16
January	70.52	50.90
February	70.16	49.10
March	73.40	52.34
April... ..	72.70	53.60
Mean	72.99	52.39

TABLE III.

MONTHS.	Greatest variation in 24 hours.	Smallest variation in 24 hours.	Greatest variation between 8 A.M. & 10 P.M.	Smallest variation between 8 A.M. & 10 P.M.
October	13.5	7.2	10.4	4.8
November... ..	14.0	4.5	13.5	2.0
December... ..	15.5	4.5	10.3	3.1
January	14.9	4.8	12.2	3.9
February	15.6	6.3	13.3	3.2
March	16.7	8.1	13.8	3.2
April... ..	17.1	9.3	12.4	5.4
Mean	15.0	6.3	12.3	3.6

The highest temperature was 77.00 — October, 1861.
The lowest ,, ,, 49.10 — February, 1862.

The extreme range 27.90 — for the season.

These observations were taken from the 17th of Oct., 1861, to the 20th of April, 1862, inclusive. The observations of days and quantity of rain extend to the end of April.

Height of observation, 370 feet above the level of the sea; at central district.

The instruments were perfectly in accordance with each other, placed at a N.N.E. aspect, and protected from all radiation and reflected heat.

The barometer (Fortin's) was corrected for temperature and capillarity, but not for altitude.

Madeira, 1862.

N.B.—These observations having been taken at the central district, show a greater degree of rain and humidity than if they had been taken at any other district of Funchal.

THE CURE OF EPILEPSY IN FRANCE.—A witty writer in *L'Union Médicale*, M. Garnier, furnishes very interesting data respecting the amount of confidence which should be given to the establishment near Tain, where the disease is alleged to be cured by means of the "galium album." From the details given by the author, it appears that a great deal of trickery is practised, and that a good deal of money is made by the sale of the lozenges. Nothing is, however, more doubtful than the cures; and the value of the remedy may be judged by the fact that it was *officially* tried at Bicêtre, near Paris, upon eight picked cases, and signally failed.

HOME TEACHING FOR THE BLIND.—The annual meeting of the society for supplying home teachers and books in Moon's type to enable the blind to read the Scriptures was held on the 9th instant at Willis's rooms, King-street. Mr. J. C. Colquhoun presided. The receipts had been £319 0s. 5d., and after meeting the necessary expenses a balance of £16 4s. 10d. remained in the hands of the treasurer. In this country it was said there was a blind population of 30,000, of whom 2000 had been reached by the agency of the society. In London there were 2300 blind persons, and the society had reached 700 of them.