

they are reported by Drs. Ruedi, Beeli, and Unger in the paper by Dr. Clifford Allbutt published in the *Lancet* last year. That many cases of phthisis have been arrested or cured at Davos is certain. I have also seen the same at Nice during several years' practice there; but, as a large proportion of those who have done well at Davos had already tried the health-resorts of the South, this surely tells somewhat in favour of Davos, and it indicates that treatment in mountain-air is the most appropriate in some cases. I have formed a favourable opinion of Davos, and believe it will be found of great service in very many cases; yet, the milder and more equable climates of the South of France and Italy are more suitable and agreeable for the greater number of phthisical patients, particularly advanced cases. The patients I would advise to go to Davos are those in the early stages of the disease, before large cavities have formed; and when there is sufficient strength to take exercise, or, at least, to sit out in the open air, these have a good hope of doing well there; and, if they feel stronger in dry cold weather in England, recovery would be more certain. If patients are obliged to remain in their rooms, they would probably be better in Nice, Cannes, or Mentone; however, I saw and heard of several who went to Davos four or five years ago so ill that they were not able to walk, had to be carried to the bedroom, remained there some weeks, but ultimately recovered; at least, they looked well, were always about, and out in all states of the weather. Others who had been there for several winters were far from well (much like invalids who return every year to the Riviera); these expressed themselves as feeling better in Davos than in other places; still there must be considerable risk in sending patients with advanced phthisis to such a climate, particularly if suffering from gastric or intestinal irritation.

In doubtful cases it might be desirable to go to Davos in August or September, when, if not found suitable, there would still be time to go south before the winter. Many suffering from hæmoptysis did well, several did not; a few who reside there are free from it as long as they remain in Davos, but have returns of it when they go to the lower valleys or the plains. For delicate young people, who require bracing, the climate is decidedly beneficial. Some with enlarged scrofulous glands have done well; also cases of overwork where rest and quiet were necessary. With invalids who are improving, the fever and night-perspirations soon cease, cough and expectoration diminish, and chest-dulness rapidly disappears (the expectoration is sometimes so lessened, that patients fancy the cavities are healing when there is no real change for the better). With healthy visitors, there is often quickened pulse, with difficulty of breathing in attempting to ascend the mountain-paths; this soon passes off, but constipation and sleeplessness are sometimes troublesome. In the mountain airs, invalids experience an increase of appetite; they eat and digest food which they could not do in England; there is a feeling of *bien-être*; and, as they walk about, eat well, and really enjoy themselves, it is rather difficult to make them careful. They go out on bad days; and, on fine moonlight nights, walk, *toboggan*, or drive in open sledges, often with impunity, but sometimes they suffer for their imprudence. Those affected with organic, cerebral, cardiac, or renal disease, should not go to Davos; and I fear it might be hurtful where there is laryngo-tracheal irritation. The natives are said to be exempt from phthisis. Pneumonia and apoplexy appear to be fatal amongst them. I received a statement to the effect that, out of thirty deaths, five were from pneumonia, and four from apoplexy.

Having retired from practice some years ago, I had no charge of patients at Davos, and regret that my observations cannot, on that account, be so complete as I would wish; but I send them as they are, in the hope that they may assist, even a little, in forming a proper estimate of a climate which may yet be a valuable help to us in our struggle with that dire disease, which carries off its thousands of victims in the bloom of youth, and brings sorrow and mourning into so many families.—I am, etc.,

R. CROTHERS, M.D.

St. Leonard's-on-Sea, July 22nd, 1880.

P.S.—I hope these remarks will not be understood as recommending that most invalids affected with phthisis in its early stages should go to Davos; that is not so; the winter climate has such a decided influence on the disease, either for progress towards recovery, or the reverse, that the selection of suitable cases requires very careful consideration. It is well to bear in mind that, when the snow begins to melt about the end of March, the weather becomes very unsettled (with damp disagreeable days), and continues so for some weeks. It would be better that invalids should not remain during that time.

THE APPLICATION OF THE ELECTRO-MAGNET TO THE CURE OF ANÆSTHESIA.

SIR,—The interesting communication inserted in your current number by Dr. Julius Dreschfeld, upon the use of the electro-magnet for the cure of anæsthesia, contains a slightly erroneous statement, which perhaps you will allow me to correct.

In the experiment made by Dr. Stone, which appeared in the *Medical Times* of July 14th, an electro-magnet was not directly used. A powerful compound magnet of steel was indeed saturated by means of a temporary, soft iron core, excited by a copper helix, and then applied to the anæsthetic limb, with the result of removing the anæsthesia. The essence of the experiment, however, consisted in the fact that the same mass of tempered steel as yet unmagnetised, but apparently exactly the same, had previously been applied unsuccessfully. The object was more to exclude any disturbing effect of "expectant attention" on the part of the patient, than to intensify the magnet fluid itself. Dr. Stone has for some months had a large electro-magnet in the wards, with which experiments are being carried on, but which are hardly as yet ripe for publication.—I am, sir, yours faithfully,

A. NEWSHOLME, House Physician.

St. Thomas's Hospital, Aug. 10th, 1880.

TURPENTINE LINIMENT.

SIR,—I think the following will supply "Pharmacists'" wants. ℞ Vitellium ovi, i; olei cajuputi, ʒi; acidi acetici, ʒiv; aquæ rosæ, ʒiiss.; spiritus tereb. rect. ʒiiij. M. The first four should be well mixed in a mortar, and put in a bottle; the turpentine is then added, and shaken well.—I am, etc., J. H. WRAITH.

Over Darwen, August 7th, 1880.

SIR,—In reply to "Pharmacist", the following is the prescription for the linimentum terebinthinaceum acid: \mathcal{R} Vitellum ovi, i; acid acetic fort., ʒss ; olei terebinthinæ, ʒij ; aquæ, ad. ʒviij . The egg is to be whipped with a fork for a few minutes. (The whole of the egg may be used, both yolk and white, spite of the prescription.) It must be then put into a pint or pint and a half bottle, half the water and the whole of the turpentine added to it, and the bottle violently shaken for a few minutes; the rest of the water is then to be added, and the acetic acid last of all, the bottle being finally well shaken till the liniment is quite smooth and of a creamy yellow colour. "Pharmacist" will find the bottle a better vessel to mix with than a pestle and mortar, which is usually recommended, as in nearly every instance where the mortar is used instead of the bottle, the egg coagulates, and the liniment is spoiled.—I am, etc.,
Mexboro', Aug 7th, 1880.
W. SYKES, M.R.C.S.

Mexboro', August 7th, 1880.

CINCHONA RUBRA IN DRINK-CRAVING.

WILL anyone who has seen benefit from the above say what preparation they have used; in what doses; how frequently administered; and from whom the drug is to be had thoroughly reliable; and oblige,
H. A. S.

"HOMŒOPATHIC" TREATMENT OF ECZEMA.

DR. E. HAUGHTON (Norwood).—We are not disposed to record here a case in which a patient suffering from eczema was recommended to be vaccinated as a means of cure. The person who is responsible for such absurd advice and its consequences should send it to a homeopathic journal.

CHOLERA AND TYPHOID FEVER IN INDIA.

SIR,—In 1878, cholera killed 226 British soldiers of the Indian Army; and in 1879 it is believed (the returns have not been published) to have killed double that number. Typhoid fever is admitted to have killed, in 1878, 206 men, but if we include the deaths reported under the head of inter- and re-mittant fever, which were almost certainly due to typhoid, it must be debited with 285 lives of British soldiers. Dysentery and diarrhoea killed 102 men. Thus in 1878, these three diseases (I count dysentery and diarrhoea as one) killed altogether 615 men, or but little short of the strength of a whole British regiment. It appears that these diseases prevailed with disastrous results at only a very few stations, though typhoid was diffused over a very wide area. The once healthy station of Jullundur had 25 deaths from the diseases mentioned in a garrison of 743. This station has had three epidemics of these diseases since 1872. Sangor had 16 deaths from them in a garrison of 369, Moray 57 in a garrison of 1,208, and Fyzabad 57 in a garrison of 806. The last mentioned station had 64 deaths in the year, 57 of the number being due to cholera. All these four stations are provided with superb barracks, which were constructed a few years ago regardless of cost. If we turn to the report of the Sanitary Commissioner with the Governor of India for an explanation of these terrible epidemics, we find nothing worthy of the name. They are attributed to "the unhealthy influences of the year" (page 25, para. 23), or "endemic or climatorial influences" (page 23, para. 20), but "frequently no sanitary effect could be discovered" (page 23, para. 21) to account for the outbreaks. From the last quotation it could be seen that in many cases the sanitary condition of stations was so perfect that there was no room for improvement. If this be true, if it be really a fact that typhoid and cholera and dysentery commit their terrible ravages in spite of all sanitary precautions, the prospect of sanitary regeneration in India is indeed gloomy, and we shall have to submit, as best we may, to the existing state of things, in which from 300,000 to 500,000 people are swept away every year by the most fearful scourge, epidemic cholera. But happily things are not really so discouraging as they look at first sight, since it appears that the inquiries which failed to trace the epidemic among the troops to tangible causes "were conducted under the direction of the Quarter-Master-General" (page 69, para. 103). This accomplished officer, can hardly be supposed to combine with his military knowledge a very profound acquaintance with the most recent methods of investigating disease causes, and so there is ground for believing that if the epidemics in question had been studied with the skill of a Buchanan or a Ballard the results would have been very different, and that the destruction of the 57 soldiers by cholera at Fyzabad would have elicited a more satisfactory explanation than that given by the Quarter-Master-General, namely: that the calamity "was probably due to heavy rains after a long drought." There is little doubt, too, that the 34 cholera deaths, and the 23 deaths from typhoid and dysentery at Moray, would have been traced to some more probable cause than "want of rain" (page 104 and 105). The Sanitary Commissioner with the Governor of India declared in his report for 1872, that "cholera inquiry in England was on the wrong road, and that the sooner we confessed that we were in the same state of ignorance as we were in 100 years ago, the better." The experience of the last two years is not likely to gain adherents for the new method of inquiry which Dr. Cunningham has marked out for himself, and persistently followed for fifteen years. I am, etc.,

SCEPTIC.

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