

not think that any such antagonism could be proved, and published six cases which he had himself treated in which phthisis and malaria both affected the patient. Still he writes thus: "I cannot, therefore, but conclude that it is not probable any material antagonism exists between phthisis and intermittent fever. The facts do not, however, warrant the denial of the supposition altogether, and there are probably few popular ideas which have not some foundation in truth."

It is only fair to mention that Dr. Peter Gowan, once physician to the King of Siam, does not credit the antagonism of ague and phthisis, owing to the prevalence of both diseases in Siam. ("Consumption," P. Gowan, M.D., London, 1878, pp. 57-59.) Still, he admits that "it (consumption) was unquestionably shown to be almost, if not quite, absent from many such localities, and to be less prevalent where the fever was of a bad and obstinate kind." In Corea, ague, which is there called "hakuchu," is universally prevalent, although the country is generally dry, and there are few marshes or swamps. Phthisis is almost unknown.

Prof. Virchow found that nearly the whole of the population of Upper Silesia suffered from malaria, and had enlarged spleens. He never saw a case of phthisis in that region, and the doctors resident there assured him that that was the result of their experience, too. Gowan says that in all cases of phthisis he saw in patients who had also an enlarged spleen, the right lung was affected, illustrating Dr. Brehmer's theory of the causation of phthisis, and he says: "In the enlarged spleen of those who have suffered from obstinate ague we have a sufficient explanation of their comparative immunity from phthisis by the accelerating influences it exercises on the circulation within the lungs, as a result of the intermittent compression to which the basis of the lungs are subjected by this in common with all other enlargements of the contents of the abdomen." There is doubtless much to be said for the enlargement of the spleen acting thus mechanically, but, to my mind, it is an insufficient explanation of the whole matter, for the spleen is not invariably sufficiently enlarged to act in that way. I thought that I should have found something to support my view that malaria and phthisis are antagonistic, in investigating the results which have been obtained in the rearing of monkeys in this country, but, although I find that it is true the majority of monkeys do die of phthisis, yet it must be admitted that those monkeys which died at the Zoological Gardens some years ago died from the effects of imperfect ventilation, and, therefore, it is impossible to class them among the deaths from phthisis proper.

In referring to the annual loss by phthisis in the army, it was in 1856 8.9 per 1,000 in the line regiments in the United Kingdom; in the Guards it was 12.5; but if we look at the mortality in

Malta for the same regiments during the same time, we find it was below 5 per 1,000, and that during the same time at Mauritius and Ceylon it was only 4 per 1,000, and in the Madras Presidency below 1, per 1,000.

Numbers of observers in America have called attention to the antagonism between ague and consumption. So, for instance, Dr. Green, of Whitehall, Washington, U. S. A., said as long ago as 1858 that, though intermittent fever was of unusual frequency in that district, there was not one case of phthisis developed there, and that phthisical patients who arrived there found "relief as decided as it was permanent." He mentions also a morass near Ruthland which was made into a pool, the result being that intermittent fever disappeared, and that phthisis took its place. This was the more remarkable because the re-establishment of the morass was followed by the reappearance of ague and a diminution of phthisis; indeed, it only took a half-year to establish this change.—*Felkin, Med. Press.*

THE TREATMENT OF HÆMOPTYSIS. — Professor H. Nothnagel, publishes in a Vienna medical journal an interesting paper on the treatment of hæmoptysis. The first thing, he says, is absolute rest. If the loss of blood is at all serious, the patient must not utter a sound; if it is necessary he should speak, he must only whisper, or better still, write down everything he wants to communicate. He must not be allowed to see visitors, and the sick-room must be kept at an even temperature. The patient must take nothing warm, nor anything likely to excite or irritate. The best food for the first two days is cold milk. Regular diet may then be resumed gradually, but all food which might increase the action of the heart must be avoided in future. Formerly an opinion prevailed that the patient should be allowed to cough, the retention of the blood being supposed to be hurtful, as it was believed that tuberculosis was a consequence of hæmoptysis, but this opinion is quite erroneous. On the contrary, one of the first indications is to suppress all inclination to cough as much as possible, for which purpose morphia is the best remedy. Should the hæmoptysis not cease, other remedies must be applied. The author first mentions those remedies which ought to be eschewed, and the use of which is occasionally a physiological error. The first to be banished is perchloride of iron, the action of which on the blood is to cause it to coagulate and to form a thrombus. In the form of inhalation it would be simply useless but for the great danger in allowing a patient suffering from hæmoptysis to draw a deeper breath than absolutely necessary for respiration. The liquor ferri, if administered internally, is, according to some, not absorbed at all, but,