

cases, 30 were in the cavity stage of phthisis, and only four in that form of diffused deposit scattered through the lung, and causing slight flattening only of the walls. It is, therefore, a character of chronic phthisis undergoing fibroid changes. Out of 2,430 cases of phthisis of all stages, 654 (or 27 per cent.) had clubbed fingers. Of these 29 per cent. were males, and 24 per cent. were females. The observed *duration* of my cases while under observation was forty-five months, as compared with fifteen months, the duration (under observation) of ordinary phthisis. *Clubbing* is therefore a visible sign of chronicity.

For practical purposes let us note now the *conservative* effects of fibroid changes in the lung. They tend to contraction and induration, producing an inert condition of lung; they reduce the volume of one pleural cavity and contract any existing excavation. A reduction of the volume of blood, both of pulmonary and bronchial origin, circulating in the lung, is effected, and a reduction in the quantity of the entering and contained air ensues. There is less work for the lung to do in aerating the blood, and less movement of the lung itself. Why is lung-disease so serious, so fatal? Why does the system so suffer by irritative fever in lung affections? You will find the answer to this if you consider the constant movement, the double circulation, the enormous supply of blood, and the vital nature of the function of respiration. If you desired to give the lung rest, as you treat a wound, or a fractured limb, or an inflamed eye, you would stop or control all this movement, and lessen the supply of blood and of air. Fibroid change does precisely this. Nature might restore an ulcerated lung if rest were secured, especially when the cheesy matter had degenerated, dried up, or been expectorated. Suppose we could tie up a pulmonary artery, compress bronchial tubes, and limit the expansion of the lung and of the side, the ulcer would be reduced to the condition of a wound in the leg or a lymphatic abscess in the neck, and might heal. At all events Nature shows us the way, and we might second her attempts. You will often find benefit from bandaging the side or strapping it round, and so limiting the movements and circulation.

Study the effects of pressure on the lung, as in

pleuritic effusion. Lung disease, if present, generally stops in a lung so compressed; and we occasionally witness in pneumothorax (if life be prolonged) the remarkable event that the ulcerative disease in the collapsed lung is suspended.

Thus fibroid is of varied origin; for out of all forms of lung disease become chronic, Nature tries a mode of escaping the worst results. In a scale of phthisis, the *worst* results are progressive ulceration of all tissues from apex to base; and the *best* results are limit of disease, clearing out of morbid products, narrowing of pulmonary space, and lessening of pulmonary requirements and of pulmonary circulation. Such objects are partially obtained by phthisis of fibroid form: not fibroid phthisis, or fibroid *wasting*, which is a contradiction; but fibroid formation counteracting waste, whether of lung or body.—*Lancet*.

THE SIMPLE TREATMENT OF QUINSY, ETC. — Leslie Thain, M.R.C.S., &c., writes: "For some time past I have been perplexed how to treat acute pharyngitis and tonsillitis. From having studied a rather extensive number of these common affections, I have come to the following conclusions:—Gargles of alum, tannic acid, and such similar astringents are usually valueless, and I am of opinion that it is easier to 'pull the bull by the horns than to push him by the rump.' Alum, &c., will *not* astringe the vessels sufficiently to 'press back' the inflammation. My plan is to apply externally hot fomentations (with a few drops of turpentine) to the throat, and then to wrap up the whole neck in flannel. Constant heat, moisture, and mild counter-irritation are to be kept up by frequent changing of these applications. The feet must be at once put in a hot mustard bath, and if the patient will then get into bed between blankets so much the better. Gargles as hot as can be borne must be begun as soon as possible, and the most useful is a watery solution of carbolic acid (1 in 40). It has a soothing effect on the inflamed mucous membrane, besides sweetening the foul breath. If gargling cannot be performed, carbolic acid in glycerine (1 in 20 or 30) should be frequently applied by means of a feather to the parts. A brisk saline aperient may be advisable. By following this plan of treatment the inflammation subsides in a few hours, never running on to suppuration, and then a simple alum gargle may be serviceable. The advantages of the plan are—1. The carbolic acid relieves pain, checks hawking and tickling of the throat, and sweetens the foul breath. 2. The glycerine keeps moist the dry, irritated mucous membrane. 3. The hot gargle fomentations and foot-bath rapidly relieve the active congestion."