and other functions natural; the cough was attended with but little pain. He did not suffer much on taking a full inspiration. The expectoration, in addition to being very copious, was sanious, of a brownish-red colour, verging in some parts towards a green. The red colour was so marked, that it was evidently an exudation from blood-vessels. The odour of both the sputa and the breath was excessively foetid. There was no part of the chest which was entirely dull on percussion, nor could any spot be detected where the respiration appeared to be wholly suspended. Strong mucous rle was audible in most parts of the thorax. The complexion, the state of the pulse, the general strength of the patient, and the tendency to hmoptysis, were all contra-indicative of the use of such tonics as might have been necessary, had the gangrene been the primary disease, and a consequence of debility, accompanied by extreme depression and typhoid tendency. Acid mixture was prescribed with the pill "*saponis cum opio*" at bed-time, to diminish the irritability of the lungs, and procure sleep.

22. The expectoration is mixed with blood: the countenance rather florid; pulse rather hard; general state, that of fever. He was bled to eight ounces.

After this the general character of the expectoration continued to improve; the colour was less brown; it had more the appearance of muco-purulent expectoration, and its odour was less offensive.

June 13. There was a return of hmoptysis to-day. He was again bled to eight ounces, and a blister was applied over the scrobiculus cordis, at which part he had pain. At this period, twenty-six days after his admission, the disease had lost the characteristics of gangrene of the lung, and had those of hmoptysis.

29. He again expectorated blood to-day. He was again bled, and had a large blister applied over the sternum.

July 17. Since the last report there has been no hmoptysis; there has, however, been a considerable preponderance of mucus in the sputa, and it is now wholly free from the colour and odour which were at first so predominant. The quantity has been gradually reduced to a few ounces a-day, and the patient continues improving in strength. The treatment has consisted in the occasional administration of mild aperients. During the entire period of his illness he has been kept perfectly quiet, and has been confined to rice-milk and broth diet.

Dr. Chowne observed of this case, that gangrene of the lung was a disease of comparatively rare occurrence, even in an idiopathic form, but still more rare as a sequel of inflammation. When inflammation and gangrene of the lungs co-existed, the inflammation was, commonly, a consequence of the gangrene—a resource of nature to separate

and throw off the gangrenous part. There was sometimes, and, indeed, not unfrequently, a factor of the breath and of the expectoration, the consequence of inflammation alone, and resembling both in kind and degree the factor of gangrene. In such cases, however, the sanious brown and greenish appearance was generally wanting. Although the case, from having proceeded favourably, necessarily precluded the possibility of arriving at absolute certainty as to the existence of gangrene, yet, so far as symptoms could be relied on, there was not any room for doubt. It might have been observed, that the case had been attended with less prostration of strength; less general depression and anxiety of countenance; less, indeed, of all the ordinary concomitants of gangrene than usual; but this appeared to have been attributable to the nature of the attack and to the stamina of the patient.

MISFORTUNE OF FALLING INTO THE HANDS OF A PHYSICIAN AND A SURGEON.

To the Editor of THE LANCET.

SIR:—Allow me to submit to your attention the following case. A person is placed in a hospital, under the care of one of the physicians, with an enlargement of the heart. The *physician* proceeds to allay the inordinate action of that organ by the use of digitalis, and to diminish the column of blood by venesection; but the person who is entrusted with the operation of bleeding opens an artery instead of a vein, in consequence of which a *surgeon* in the hospital ties the artery, thus leaving the heart, with its inordinate action, nearly a limb less to supply, increasing the column of blood in intensity; and not only wholly defeating the remedial intention of the physician, but also adding much to the mischief,—ending, in fact, in the death of the patient. Thus betwixt two stools the patient falls to the ground, apparently a sacrifice to an injudicious division of labour. This is only one case among fifty of the same kind that are equally possible. If the physician and the surgeon could be in complete and intelligible correspondence with each other, the result might be otherwise; but this intercourse is impossible. As well might one man, a geometrician, with another, an arithmetician, attempt to make between them one mathematician. Absurd as would be the experiment, yet its parallel is precisely found in the profession of medicine. The distinction between surgeons and physicians is not more ridiculous than it is, in many cases, fatally mischievous. I am, Sir, your very obedient servant,

ROBERT STEVENS.

Kennington Common, July 27, 1840.