famine year of 1847, the fever was thus engendered and disseminated to a frightful extent. The baleful influence extended into the following, and, conjoined with the cholera, even the next succeeding year.* This may be called the great epidemic triad of modern times. It was then that the flood overflowed its natural bounds and poured its surplus waves of fever for the first time upon the shores of the New World.

DEATH AFTER INTEMPERATE DRINKING.

BY CHARLES H. LOTHROP, M.D., TAUNTON, MS.

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MR. S—, 61 years old, an American, was the subject of this case; his previous history could not be ascertained, except that he had been addicted to the use of intoxicating liquors, "ever since he could remember."

I was called to see him on Saturday, June 12th. He complained of pain in the region of the stomach, and which was increased by pressure; also of difficulty of breathing, cough and loss of appetite. He stated that he had been ill for nearly a week.

The patient's pulse beat 85 in the minute; the tongue was coated. On percussion, I decided that the left lung was somewhat solidified, and that the right was also diseased. He had drunk a large quantity of liquor during the night previous to my visit.

June 13th.—Not so much pain; the cough was no better, and the pulse accelerated. At 10 o'clock, P.M., he was in a delirious and sinking condition.

14th.—Found him out of bed, and in a fit of delirium. He was put to bed again and soon became a little easier. There was great tremulousness; the pulse being from 120 to 130 in the minute, with a hard, wiry feel.

3 o'clock, P.M.—Sinking. The respiration was hurried, short and irregular; sordes and suffusion of the eyes were remarked. Death took place at 6 o'clock, P.M.

Post-mortem Examination.—The body was examined at 2 o'clock, P.M., June 15th, twenty hours after death. The diagnosis was confirmed as respects the lungs; a collection of pus was found in the left lung. The heart was hypertrophied, and the pericardium thickened. The stomach was inflamed and ulcerated; and its coats infiltrated with blood, effused in large patches. The condition of the stomach indicated poisoning—which no doubt took place, from the action of the "bad rum" he had swallowed. The intestines were filled with flatus, and somewhat inflamed. The

* Drs. Tweedie and Smith are of opinion that the cholera, in 1849, was, in some measure, supplementary to typhus; the classes from which fever usually numbers its victims having been those among which the cholera principally raged and proved most fatal. It is certain that the aggregate of fever in London was less in that than in the two preceding years.

liver was enlarged, but otherwise appeared healthy. The gall-bladder contained one hundred and nine biliary calculi, each of about the size of a large onion-seed. They were of a shining black color, and weighed from one half to a whole grain, each. Their internal aspect is the same as their external. Within they have an earthy consistence, which may be detected by the gritty sensation imparted to the knife; and what is most remarkable, they are of a uniform size and shape. Their specific gravity is 12 or 13. They do not appear to be inflammable, are insoluble in water, alcohol and ether; partially soluble in nitric acid, with a slight effervescence, and impart a yellowish tinge to the acid. In sulphuric acid, they are much more soluble, and give it a deep green color.

If these calculi consisted of inspissated bile, they would be inflammable; if composed wholly of earthy matters, their specific gravity would be greater. Not having the proper chemical tests at hand, I am unable precisely to determine their composition.

REMARKS ON THE CHANGE-OF-TYPE THEORY OF DISEASE.

BY W. O. MARKHAM, M.D., FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON, PHYSICIAN TO ST. MARY'S HOSPITAL.

PNEUMONIA has hitherto been the chief bone, over which contention has been engaged in the discussion of the change-of-type theory of diseases. And not unnaturally so. Pneumonia, or rather that class of diseases which represented pneumonia to the eye of medicine in former days, brings with it a train of symptoms of an urgent and serious character, and which seem more instantly to demand relief than any other of the inflammatory disorders of the body. The urgency of the symptoms, then, in pneumonia, was the reason why the lancet was so liberally called into use by our forefathers for its cure.

It may, however, be very fairly doubted, whether, after all, pneumonia is the disease, the comparison of whose treatment, in former and modern days, is best adapted to the purpose of enlightening us, as to the truth or otherwise, of the theory of a change of type in diseases. I have already shown (see *Lancet*, Nov. and Dec., 1857) what a generic and comprehensive term this pneumonia was, as understood by the physician before the days of auscultation; what a variety of diseases it represented to his mind. And I may add that, even in our own days, notwithstanding the stethoscope and its powerful revelations—notwithstanding the many hair-quartermen minute stethoscopists so frequently indulge in about auscultatory signs—the term pneumonia is not an invariable quantity; that it does not represent to us, during life at least, a fixed and certain pathological condition of the lungs. Every clinical physician must admit the difficulty, which he frequently has to encoun-