with deglutition were rapidly exhausting the man, and I doubted whether, without removal of the disease, he could possibly live three months. Accordingly I operated, and, regarding being had to the nature of the disease, I thought it more prudent (as it was also easier) to disarticulate the bone than to leave perhaps an inch of the ramus, which could have turned to no useful purpose. The patient recovered, as you can recollect, with no bad symptom, and left the hospital with his health decidedly improved.

Now, my object in reminding you of these two cases, is to illustrate that, for epithelial cancer, I do not object to operations of considerable severity. If, in either of these cases, the form of disease had been encephaloid, an operation would have been inadmissible. When this latter disease has advanced to a state that occasions visible fungus and recurrent hæmorrhage, other organs—either lymph-glands or viscera—are nearly sure to be the seat of secondary deposits; but the epithelial cancer (if it happen to be soft and vascular) may take to hæmorrhage at a very early stage of its growth, without this symptom having so serious an import as in other forms of malignant disease. It is important, therefore, on all grounds, that you should distinguish, in any such case as that last spoken of, between the bleeding and desquamating surface of epithelial cancer, and that last stage of encephaloid disease in which its solid cancerous fungus is the source of hæmorrhage.

In both the cases referred to, I considered the prospect of ultimate advantage to the patients sufficiently good to out-balance the risk of a severe surgical operation; I considered, from the pathological affinities of each case, that the constitutional tendency to cancer could not be of extreme strength, and that accordingly, if I removed the existing masses of disease, a long period—perhaps even the remaining years of life, might elapse without the cachexia having sufficient intensity to reproduce them anew. With an encephaloid tumour, that in a few months had reached considerable size, had protruded a great fungous surface, and had begun to exhaust a patient by hæmorrhage, I could scarcely consider myself justified in recommending so large an operation as removal of the jaw, or the destruction of so much integument as it would take many weeks of healthy granulation to repair.

(To be concluded in the next LANCET.)

REPORTS OF CASES FROM THE OUT-PATIENT DEPARTMENT OF THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, AT BROMPTON.

WITH CLINICAL REMARKS.

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I. CASES OF ARRESTED PULMONARY PHTHISIS.

NUMEROUS cases, useful for study and for instruction, present themselves amongst the out-patients of the Brompton Hospital. They comprise chiefly examples illustrative of the diseases of the organs of respiration and circulation. Preserving, as I do, notes of all these cases, it seemed to me that some of them might with advantage be brought before the profession; and I therefore propose, in this and following papers, to relate as briefly as may be consistent with clearness, and to comment on the histories of some of the more interesting cases. I shall commence with phthisis, and shall first describe examples in which treatment appeared to be remarkably successful in arresting the further progress of that disease. The consideration of such cases cannot fail to be useful now that we begin to acquire some real knowledge of the nature of the malady, and that we possess agents which have an unquestionable control over its progress. The term arrest of the disease, which has come into general use, simply means that such a state of constitutional health has been secured as will prevent, for the time being, the further deposition of tubercle in the lungs. Few will deny that this desirable object is now very frequently accomplished. Next to this, however, follows another important question: What becomes of the deposit which has already taken place, and how far can the lungs recover from its effects? Not many are prepared with answers to this question. Those, however, who have had opportunities, and used them, for the study of the question, have found answers far from unsatisfactory. Thirdly, the disease being arrested, and the lungs being so spared as to be still sufficient for the functions of life, how far are they free from a liability to a

fresh attack? Extended opportunities for investigating this important point, owing to a variety of circumstances, do not fall to the lot of many. As the following cases tend materially to illustrate this and the preceding questions, I feel that they will not be unacceptable to the profession.

CASE 1. *Tuberculous Deposition in both Lungs; Formation of a Cavity in one; Arrest of the Disease; Progress of Cicatrization; Death by another Disease; Appearances found in the Lungs.*

The lungs in this remarkable case were presented to the Pathological Society of London, and full details are published in their *Transactions* for last year. I shall therefore now give but a summary of its leading features.

A female in her thirteenth year became an out-patient of the hospital in May, 1848. She had suffered, during the preceding winter, from impaired health, cough, and the ordinary symptoms of consumption. The deaths of two sisters by this malady show that she was predisposed to the disease. Marked dulness, bronchial voice, and breath-sound at the apex of the left lung, gave proof of the presence of much tuberculous deposit there; a feeble inspiratory, and a loud expiratory, murmur at the apex of the right lung, showed the presence of tuberculous deposit, but to a limited extent, in this situation. She had been unable to take cod-liver oil in its ordinary form. A mixture containing this material, combined with liquor potassæ, and formed into an emulsion, was prescribed, and well borne. A cough syrup was also prescribed, and some mild counter-irritation.

In the following August, softening of the tuberculous deposit in the left lung had commenced. She had profuse hæmoptysis, and subsequently abundant puriform expectoration. Crepitation was at this time audible over the former seat of dulness; and shortly after, cavernous breathing indicated the presence of a cavity. The patient's state was at this time unpromising. The cod-liver oil was increased in quantity, symptoms were treated as they arose, and extreme care was taken of her during the winter. In December she had decidedly improved in health. She continued to improve slowly until August, (1849,) when it is noted that "there is flattening of the chest over the apex the of left lung; the respiration, though cavernous is not loud; pectoriloquy is distinct; respiration at the right apex is somewhat puerile." The improvement during the winter continued. She took the cod-liver oil, and an infusion of gentian with soda and hydrocyanic acid, when the stomach was out of order. Thus favourably she went on, and in the following October she came to the hospital, looking remarkably well, having grown tall and stout. She said that she had been for some time in the country. She had scarcely any cough, no expectoration, was free from suffering, and spent her time much as other girls of her age. An examination of the chest showed remarkable contraction over the summit of the left lung, the mobility greatly diminished, being in the proportion of nine to thirty-two of the right apex. The breath-sound under the left clavicle had a sharp, whiffing character, accompanied by slight crepitus; the dulness above the spine of the scapula was more marked, and respiration was scarcely audible there; the right lung was traced, extending to the left border of the sternum, and over this lung the respiration generally had a puerile or supplementary character. The most remarkable phenomenon, however, was connected with the heart's action. This organ was drawn upwards and inwards, affording an impulse which was chiefly felt between the cartilages of the second and fourth left ribs. The treatment was continued during the winter, and her improvement was progressive. In the following March, during the prevalence of influenza, she was seized with vomiting and purging, and sank rapidly on the fourth day of the attack.

The post-mortem examination, made by Mr. Harris, of Clapham, who had watched the case with great interest, showed appearances entirely corresponding with the facts ascertained during life. As these appearances are fully described in the *Transactions* referred to above, I shall give but a short summary of them here.

1. Nearly the whole of the upper lobe of the left lung was occupied by a cavity now reduced to the size of a large walnut, lined by a distinct membrane, and surrounded by condensed walls. This lobe was very greatly contracted in size. A considerable portion of the lower lobe was permeable to air. It contained some points of old tuberculous deposit.

2. The right lung was large, and extended across the sternum. Its apex was puckered, and throughout its substance were some points of old tuberculous deposit. There was no appearance whatever in either lung of recently deposited tubercle.

The space rendered vacant by the contraction of the left lung around the cavity, was occupied by the heart, which was drawn upwards and to the left side, and by the walls of the apex of the chest, which had fallen inwards and downwards. The mucous membrane of the alimentary canal was congested; there was no material disease of any other organ.

CASE 2. Tuberculous Deposition in both Lungs; Softening of the Deposit in One; (Formation of a Cavity?) Progress of Cicatrization; no Re-appearance of Disease after nearly Two Years.

J. T.—, an engine-maker, aged thirty-five, employed at Messrs. Maudsley's factory, became an out-patient of the hospital in January, 1849. He states that he is a single man, living well, in a healthy situation, and aware of no cause for his illness save exposure to alternate "heats and colds." He has had a cough for eight months; he has no predisposition to consumption; he has lost flesh (weighs at present ten stone five pounds and three-quarters) and strength, and has not been able to work for nearly five months. He spits a yellow matter, and has never had hæmoptysis. He has suffered from indigestion. There is "dulness, coarse crepitus, bronchophony, and bronchial breathing under the left clavicle. Under the right there is loud prolonged expiration, but no apparent dulness." Cod-liver oil in drachm doses, and a syrup containing squills and morphia, were prescribed. A vesicating solution of iodine was applied under the left collar-bone. Subsequently the cod-liver oil was given in increased doses, and pills containing conium and morphia (vice the syrup) were, with counter-irritation, continued during the spring and summer, and he spent some months in the country. At the close of June (1849) he presented himself, looking and feeling well (his weight, eleven stone and half a pound). "He is free from cough, save a little in the morning, and he then expectorates a few portions of yellow phlegm; during the day, if there be any, it is dark-coloured. There is now flattening under the left collar-bone, and dulness. The bronchophony continues, but there is no crepitation. At the right side the expiration continues loud."

In August the report is—"He is fully employed at his work, which causes him to perspire profusely. His weight is now reduced to ten stone two pounds and a half, but he is very well."

In November, I find that, "feeling the work too much for him, he has been for a few weeks in the country. Since his return to work he has had an increase of cough, slight spitting of blood, and now spits some greenish matter. The physical signs remain much the same at the left side; at the right the breath-sound has more of a tubular character, and there is dulness." His weight is ten stone nine pounds. He has throughout continued the oil, the pills, and counter-irritation. He improved again, and continued to do well during the winter, and following summer, (1850,) part of which he spent in the country. I saw him again in the following March, (1851,) when he informed me that he had been quite free from cough, except he took a slight cold, for several months; that he had been at full work daily from six o'clock in the morning till eight at night. His weight was eleven stone four pounds. There was flattening beneath both clavicles, and loud prolonged expiratory murmur. He had continued the oil from time to time during the winter.

In January, 1852, I saw him again. He had continued his work, save when interrupted by the effects of a fall. He now had to complain of some dyspepsia, flatulence, and pain in his left side; he had slight cough and expectoration. I found the loud expiration still continued at both apices. Some simple remedies were prescribed, he soon got better, and I have heard within the last few days, from one of his fellow workmen, himself a case still more remarkable, that he is quite well.

CASE 3. Tuberculous Deposit in both Lungs; more abundant in the right; Softening; Arrest of the Disease; Restoration of Health.

A. B.—, a nursemaid, twenty-six years of age, lately resident in Berkshire, which she has left in consequence of her illness, came to the hospital on July 6th, 1848. She states that she had previously obtained an order for admission to the Westminster Hospital, but could not be taken in, owing to the nature of her disease. She has suffered for nine months from cough, loss of flesh, and debility. She has had copious purulent expectoration, and frequent hæmoptysis. She knows no cause for her illness, but her mother and a brother died of

consumption. At present the cough is distressing; she is

thin, her expression hectic; she spits much yellow matter; her breathing is short and quick, her pulse 110; she sweats at night, and has all the symptoms of phthisis. She has leucorrhœa, and her menstrual functions are irregular. Her digestion is pretty good.

"It is not easy to examine the right apex of the chest, as it presents a raw blistered surface: there is, however, loud coarse crepitation, and cavernous-like respiration. At the left apex, the respiratory murmur is very loud and prolonged." Cod-liver oil and some cough pills were prescribed. At a subsequent visit the blister being healed, an examination showed that there was dulness, muco-crepitation, with diffused bronchial breathing, at the right apex. In September, it is noted that "her health has much improved, the menstrual function is more regular, the coarse crepitation is much less, and the voice is very resonant below the right clavicle." She had continued the oil in doses of three drachms three times daily.

At the end of October she remarks that she "tears her clothes, she gets so stout." She weighed when first she came six stone ten and a half pounds; her weight now is seven stone five pounds.

In January (1849) it is noted that "she is doing well; she has lost all troublesome symptoms. There is flattening at the right apex, and this point is but little duller than the opposite side, where there is still loud expiration. At the right side, the inspiratory murmur seems to want penetration or diffusion; the expiration is loud and prolonged. There is no crepitus; the voice is resonant. On the deep inspiration following a cough, a peculiar creaking sound is heard."

She subsequently got a wetting, and had a severe cold, from which, however, she soon recovered, with but a temporary intermission of treatment.

At the end of the following May, I find that "she does her domestic work as well as ever she did in her life." In September it is noted that she has taken cod-liver oil only once daily for the last two months, and that she now feels quite well; an examination showed flattening under the right clavicle; some dulness and bronchial voice; the expiratory murmur loud and prolonged at both apices.

In June, 1850, she came to the hospital and stated that "she is, and had been, during the preceding winter, in a situation as a housemaid—that she has been well able to do all her work, and never had a cough, nor anything else the matter with her." It was found on examination, that the right apex moved slightly less than the left, and that it was somewhat duller, but only at the summit of the lung. Here too the expiration was still too loud, so also was the voice.

In the winter of 1851, she came again to the hospital. She was somewhat out of health, having had a long and anxious attendance on her mistress, who had recently died—an event which led to a breaking up of the establishment, and her loss of a situation. There was, however, no return of chest symptoms; she had some mild tonic medicine given to her. She obtained a situation in the same family, and called soon after to say that she was quite well.

CASE 4. Tuberculous Deposition in both Lungs; Formation of a Cavity in one; Arrest of the Disease; Progress of Cicatrization; Present state of the patient.

S. C.—, a female school-assistant, twenty years of age, became an out-patient of the hospital on the 16th of April, 1849. She was much emaciated, extremely weak, breathless, and hectic-looking. She stated that her illness had commenced three years previously, with indigestion, sickness, and cough. The cough had since continued on and off, more or less severe. She had had spitting of blood frequently. She was not aware of any predisposition to consumption in her family, and knew of no cause for her illness; she had lived well, and been free from anxiety; she had had much medical advice. In addition to the symptoms above mentioned, she was, on admission, still suffering from gastrodynia; she had cough, especially at night; perspirations, and copious, clotted, dirty-yellow expectoration; pulse about 106; she had leucorrhœa, and her menses were irregular. Under the left clavicle there was dulness, flattening, cavernous breathing, pectoriloquy, and, after coughing, distinct gurgling. Under the right, inspiration and expiration had a whiffing character. Her weight was six stone eleven pounds. Cod-liver oil, in two-drachm doses, three times daily, and pills containing conium, ipecacuanha, and morphia, were prescribed. Iodine counter-irritation was applied beneath the left clavicle. Directions as to diet, avoiding exposure to cold, &c., were of course given in this as in all other cases. She continued without any very perceptible change for the four following months, and at the close of July it is

stated: "She coughs rather more, suffers much from gastrodynia, and the oil (the light-coloured description) rises." The physical signs remained as before, save that there was rather more flattening beneath the left collar-bone. The oil was then omitted, and a mixture composed of infusion of gentian, with bicarbonate of soda and hydrocyanic acid, prescribed. In a week her digestion was so much improved that she was able to resume the oil, the deeper-coloured variety, which was then in use at the hospital. The note on October 8th states, that she improves, but "thinks that the pale oil," which she had again resumed, "does not agree so well as the darker oil." During the remainder of this winter and the whole of the following summer she held her ground well, (taking the straw-coloured oil,) and began towards the end of the latter to lose her cough; her weight was seven stone two pounds. In the following December it is noted that she is not so well; her menses are too frequent, and in excess. The apex of the left side moves in the ratio of 8 to 24 of the right. Loud creaking, with some crepitus, is heard at left top. The gentian mixture, cod-liver oil, &c., were continued. In the following April (1851) she looked much better; she coughed only in the morning; her breathing was much improved; her pulse 90; her appetite good; her expectoration trifling, viscid, of a dark-yellow colour; menstruation regular. An examination showed much flattening under the left collar-bone, and the heart beating as high as the second rib, and much towards the left; no crepitation, but a loud sonorous or creaking sound, chiefly with expiration. In the right supra-spinous fossa the expiratory murmur was very loud. During this summer she suffered several times from diarrhoea, which brought her very low on more than one occasion; still she kept her ground, and on going into the country in July quite recovered her flesh and strength.

On the 12th of last month (April, 1852) this patient presented herself at the hospital, in apparently rude health; she stated that she had been in Gloucestershire until a few weeks previously, and now felt no inconvenience of any kind, save that her breath was short on much exertion. She had slight cough only occasionally, and without any expectoration. She had not taken any medicine for four months, and all her functions were now regularly performed. An examination of the chest showed still further falling in of the apex of the left side. In this situation there was the same dulness on percussion, and a marked *bruit de pot fêlé*. There existed the same creaking sound with expiration, but no crepitation, and scarcely any voice was heard in this situation. The heart was beating as high as formerly. The respiratory murmur was heard over an extended surface at the base of this lung, the expiratory sound being loud. There was considerable resonance on percussion over the whole of the right lung, which extended towards the left side. The respiratory murmur was loud and supplementary; the expiratory sound was loud in the supra-spinous fossa. Her weight had increased to seven stone twelve pounds.

CASE 5. Tuberculous Deposit in the right Lung; Arrest of further and Absorption of the previous Deposit; Disappearance of the Symptoms of Disease.

W. S—, a tailor, twenty-two years of age, living well, but in a confined locality, came to the Hospital on the 5th of October, 1848. He is very tall, extremely thin, and debilitated. He says that he is not aware of the cause of his present illness, but he has lost an uncle and a sister in consumption. He has been unable to work for three months, but he has had a cough, which has been since, and is now worse, for several months previously. His breath is short; he expectorates yellow phlegm; he has spat blood; and his pulse is over 100. There is dulness beneath right clavicle, bronchophony, and a loud, prolonged expiratory murmur. Cod-liver oil and some simple cough pills, with a croton-oil liniment as a counter-irritant, were prescribed. In June, he had a return of the hæmoptysis, and there was some doubtful crepitation heard at the right apex. He did well, however, without any interruption to the treatment. At the close of October it is stated, that he has obtained a situation as a town traveller, and can now walk ten miles daily; and when he came first to the Hospital, he required to be assisted in walking from the gate to the waiting-room, a distance of a few yards. In November, he suffered from dyspepsia, from eructations, and confined bowels. A mixture, formed of infusion of chiretta, with an alkali, and some colocynth and blue pills, relieved him. In December, having resumed the oil, he states that the clear oil does not stay down so well as the darker-coloured variety. (I might here remark, that this and the preceding case, in which a like observation was made, are exceptions to the general rule. Indeed, it was extremely difficult to get the patients to take the brown or reddish oil,—so difficult indeed, that we ceased to use it, and consequently neither this nor the former patient had their

wishes gratified in this respect; both, however, did well, as is here seen.)

In the beginning of January he expressed himself as feeling quite well, that he walked without fatigue from twelve to fourteen miles daily, and that he never coughed except he went into a hot room.

An examination showed some flattening at the right apex; no dulness; rather tubular expiration; the respiratory murmur at the left appeared weak. This man came to the hospital on the 31st of the following December—that is, after twelve months' interval—to give me, as he expressed, the pleasure of "seeing how well he had continued." He seemed, indeed, in excellent health, was in full employment, chiefly out of doors, often walking twenty miles a day, and never coughing except on taking cold.

The right subclavian space was flatter than the left; both apices moved well, neither being dull; the voice at the right was more resonant than at the left, and the expiration there was louder than natural. The respiration at the left top, as compared with the right, was weak.

CASE 6. Tuberculous Deposit in the Right Lung; Softening; Arrest of the Disease; Absorption of the Deposit; Restoration of Health.

R. H—, a waiter at the Union Club, twenty-six years of age, came to the hospital on May 14th, 1849. He has lived in the club, and knows no cause for his illness, except that he suffers from sitting up at night, and is exposed to heats and currents of cold air. He is not predisposed to consumption; he had slight cough twelve months before, but for the last four months it has returned, and been worse. He has lost flesh and strength; spits greenish-yellow matter, but no blood. He feels tightness and oppression after eating; his heart's action is much excited; he sweats at night. Limited, but decided dulness and crepitation under the right clavicle, are the physical signs recorded. Chiretta mixture, with an alkali and a cough syrup, with iodine vesication under the right clavicle, were prescribed. In a fortnight, his digestion had improved, and he commenced the use of cod-liver oil. He went into the country, and returned at the end of two months, having still continued the treatment, looking quite an altered person. He said he had no cough, nor anything else to complain of. On examination, I found the percussion note higher at the right, the inspiratory murmur weaker, and the expiratory louder, than at the left apex. He was allowed by the committee of the club to resume his duties, which to my knowledge he performed efficiently for more than a year. He also got married; he subsequently obtained a situation more suitable to himself and his wife; and on inquiry within the last few days, I find that he is perfectly well in health, and has two healthy children.

Harley-street, Cavendish-square, 1852.

(To be continued.)

A REMARKABLE FORM OF BULLOUS DISEASE OBSERVED IN NEW-BORN INFANTS AND CHILDREN.

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(Concluded from page 469.)

If the cases I have narrated be compared with the bullous forms of disease described by authors, some remarkable peculiarities will be noticed. Dr. Willan, under the name of Pemphigus infantile, and Bateman and Bielt, under that of Rupia escharotica, describe a very serious disease, often fatal, and in which treatment was attended with little success. A most formidable disease has been described by Dr. Whitley Stokes as being endemic, and occasionally epidemic, in certain parts of Ireland. "The complaint," he says, "comes on in perfect health, one or more vesicles appear, mostly larger than the best distinct small-pox; these increase for two or three days and then burst. Before or after breaking, the vesicles run together. Ulcers follow, which spread rapidly." A less serious form has been described by Dr. Underwood, under the name of Phlyctæna, who says, "it appears both in bowel complaints and in teething."..... "The bowels usually abound with acidity whenever there is much eruption on the skin." This affection appears to be similar to the Pompholyx benignus of Willan. It is the same disease as the Pemphigus acutus of other authors. Mr. Erasmus Wilson says it is a rare form of cutaneous disease, attacking children and young persons chiefly, attended by a trifling or moderate degree