

R *Nitrate of potash, tincture of digitalis*, of each one drachm;
Tartar emetic, a grain;
Compound camphor tincture, two drachms;
Water, twelve ounces. A mixture, one ounce four times a day.

6. Pulse 90; other symptoms as before.

8. Pulse 80; mercurial foetor; fluid decreasing.

10. Mouth sore. Take a pill every night.

13. Mouth very sore; pulse 80; respiration free over the greater portion of both lungs; gurgling still present. Pills omitted.

R *Hydriodate of potash*, half a drachm;
Sweet spirits of nitre, two drachms;
Infusion of gentian, ten ounces. A mixture, one ounce three times a day.

18. His recovery has been progressive; he complains of great perspirations.

27. He is now free from complaint, and remains in hospital only to recruit his strength.

CASE 3.—J. T., ætat. 20 a labourer, admitted Nov. 23, 1843, had an attack of pleurisy six months ago, and has not been well since. At present complains of headach and pain in the right side; slight cough and scanty expectoration; pulse 96; skin dry; the right side measures half an inch larger than the left; there is dulness and absence of respiration over the inferior part of the right lung, and a mucous râle in the infra-clavicular space of the same side, but no perceptible dulness, a gurgling quite distinct in the right side. He was cupped to the extent of six ounces, and took calomel, extract of opium, and ipecacuanha.

27. Pulse 98; skin hot and dry; bronchial respiration over the inferior portion of left lung; no uneasiness in right side; gurgling still present. Bled to sixteen ounces. One-sixth of a grain of tartar emetic every four hours.

From this period the patient continued to improve, his chest becoming everywhere free, except beneath the right clavicle, where there was a shade of dulness and an increased sound of expiration; a slight click was also audible with each inspiration, and as he expectorated some dark jelly-like sputa, I feared the breaking down of tubercles. He gradually became free from complaint, but as his constitution was naturally cachectic, I made him an out-patient on the 4th inst., that he may be able to continue the treatment.

CASE 4.—On the 4th November, 1843, I accompanied Dr. Clarke to visit Mr. F., ætat. 30, who had been in bad health for the last year. He complained of slight cough, attended with scanty mucopurulent expectoration; emaciation; night sweats; pulse 96; a burning heat in the right side; there was dulness and absence of respiration over both lungs inferiorly, and a gurgling; percussion normal over the other portions of the chest; respiration rather puerile superiorly, and with the exception of an increase of the expiratory murmur, at the external margin of the right clavicle, there was no indication of disease. The same treatment was followed as in the other cases. As the pills disagreed they were omitted, and a scruple of the blue ointment was rubbed into the sides night and morning; the mercury affected him slightly; he breathed easier, and could lie on either side; altogether he felt considerably better. Circumstances of an urgent and peculiar nature connected with his employment rendered a speedy convalescence desirable: in opposition to our directions he was dressed and removed to a sitting-room, and, among other things, had brandy and water to drink. Violent hectic set in, the cough and expectoration increased, and he sunk exhausted on the 18th December. We obtained a post-mortem examination: on opening the chest the lungs appeared perfectly sound, but on cutting into them we found the apices of both thickly strewed with tubercles, and about half a dozen very small cavities (that would contain a marble) in the centre of each; the amount of disease was, as nearly as possible, the same on both sides, and so entirely surrounded by healthy tissue that the physical signs afforded little or no evidence of their pathological condition; recent bonds of lymph passed between the pulmonary and costal pleuræ, where the gurgling sound was formerly detected.

Although the bowels were regularly moved, we found the colon actually loaded. It was the existence of disease in both lungs, rather than its amount, that proved fatal.

Cases 1 and 2 are examples of this disease, of some duration, yet exciting no suspicion of their true nature: it is easy to criticise a diagnosis, or, in fact, to make one, when the symptoms are all laid down on paper, but it is quite another affair to detect disease at the bedside; and I feel no hesitation in saying that, had it not been for the "gurgling" sign alluded to, the diagnosis of either of these cases would have been difficult. In Dr. Hughes's papers on Pneumothorax, now publishing in the "Medical Gazette," he describes a case in which splashing was heard, although there was no evidence of an opening into the pleura; and he takes it as granted that there must have been one, although it could not be detected; but everything connected with my cases negatives the idea of a pleural opening.

I have already stated that the recumbent position was most favourable for detecting the "gurgling," but, I believe, I might have said the only one; on this, however, I must make further observation—it is, certainly, the best, and I only allude to it here to give a hint to those that are obliged to examine patients who are not confined to bed.

Cases 3 and 4 are interesting for the facility with which the "gurgling" enabled us to detect effusion, when from its limited amount, and (in case 4) its existence on both sides, we were deprived of the assistance of the principal ordinary signs. Were the rigors in case 1 caused by the presence of purulent matter in the circulation?

In case 3 the removal of the pleuritic affection enabled us readily to detect and combat the tubercular tendency; and it might possibly have been detected, but it could not have been subdued had the other been overlooked. Though case 4 terminated fatally, considerable relief was afforded by quieting the pleural affection; independent of the pleuritis, the presence of tubercle, and the absence of its physical signs are important. A correct diagnosis was made, but with hesitation, from the general symptoms; and though the post-mortem results have exonerated the stethoscope, or rather ourselves, from blame, they are enough to teach us that to detect and treat disease correctly, we ought to make general symptoms and physical signs connect the chain of reasoning on every individual case; and when they refuse to do so, he will act wisely who withholds a positive opinion.

CASE OF ACUTE LARYNGITIS.

By D. P. THOMSON, M.D., Edin., Wrenbury, Chester.

JESSIE BLYTH, ætat. one year and a half, convalescent from measles. During that disease several small doses of calomel were administered. Two days before the attack of laryngitis salivation was produced. Refrigerents and laxatives were employed for its removal, and the acute disease about to be reported supervened upon its disappearance.

Nov. 24, 1842. Was seized with difficulty of breathing, which increased, accompanied with general febrile symptoms.

25, ten. a.m. Breathing laborious, inspirations deeply drawn; sense of constriction in the trachea; head thrown back; fauces red and swollen; pupils dilated; pulse quick and feeble; voice shrill and indistinct. A leech to be applied over the larynx, and fomentations to be continued afterwards.

One, p.m. R *Tartarised antimony*, six grains;
Water, three ounces. A teaspoonful to be given every fifteen minutes, and to be continued after vomiting. A blister, three inches by two, to be applied to the nape of the neck.

Nine, p.m. Difficulty of breathing continues, chest deeply heaved at each inspiration, respiration rapid; countenance turgid, pale, and livid about the mouth; pupils still dilated; pulse can scarcely be counted, it is so feeble; mucous râle; bowels have been freely moved and vomiting has ceased. The tartar emetic to be discontinued.

R *Sweet spirits of nitre*, three scruples and a half ;
Solution of hydrochlorate of morphia, six drops ;
Water, three ounces. A teaspoonful, and the same quantity of wine, alternately every fifteen minutes.

26, ten, a.m. Has spent a restless night, and, from the suffocative breathing, one of great suffering ; bronchial respiration so loud as to obscure all other sounds ; breathing less laborious ; expression of countenance improved ; pupils not dilated.

R *Sweet spirits of nitre* one drachm ;
Solution of acetate of ammonia, half an ounce ;
Solution of hydrochlorate of ammonia, six drops ;
Water, three ounces and a half. A teaspoonful every fifteen minutes.

One, p.m. Continues in the same state ; large quantity of mucus in bronchiæ.

R *Ipecacuanha wine* ;
Antimonial wine, of each, half an ounce. A teaspoonful every ten minutes till vomiting is produced ; to be followed by wine, half an ounce. A blister, three inches by two, to be applied under the clavicles.

Nine, p.m. Vomited, by aid of emetic, a large quantity of mucus, clear, tough, and stringy.

R *Sweet spirits of nitre*, a drachm ;
Ipecacuanha wine, two drachms ;
Solution of acetate of ammonia, half an ounce ;
Water, three ounces and a half. A teaspoonful every forty minutes, with the same quantity of wine at intervals.

27, ten, a.m. Slept between three and four hours ; breathing less laborious ; pulse quick ; face flushed ; thirst great. The medicine to be given less frequently.

Five, p.m. Febrile symptoms somewhat subdued ; continues otherwise in same state ; bowels loose.

28, ten, a.m. Slept during the greater part of the night ; thirst gone ; much mucus in bronchiæ. Emetic ordered.

29. Restless ; abdomen rather tense and bowels confined.

R *Mercury with chalk* three grains ;
Rhubarb four grains ;
Ipecacuanha half a grain.

Five, p.m. Had a scanty stool ; breathing rapid, otherwise natural. Powder repeated.

30. Spent a quiet night ; sleeps calmly ; pulse slightly accelerated ; bowels free ; breathing natural.

Dec. 2. Continues convalescent.

Remarks.—The report of the 25th showed this case to be one of much danger, and in some circumstances would have called for operation. The disease having so recently succeeded measles, however, and from physical signs having extended to the bifurcation of the bronchiæ, tracheotomy did not hold out such probability of success as would have warranted the operation. The result goes to exhibit the impropriety of operating when there is doubt of its favourable termination.

The case is interesting, likewise, from the circumstance of salivation having taken place in a child so young, an event the possibility of which is doubted by many and denied by some. During the disease a separation of one of the costal cartilages took place spontaneously.

DEATH FROM HÆMORRHAGE OF THE OVUM.

By G. D. MEADOWS, M.D., Portsea.

I WAS called, April 8th, to attend Mrs. J. S., ætat. 28, who complained of great pain all over the abdomen and the whole of the body, having been seized rather suddenly. Countenance pallid ; very faint ; had vomited a great deal, and still continued rejecting everything taken ; pulse very feeble, 66 ; great anxiety and restlessness. She supposed herself to be pregnant ; was at this time nursing a healthy infant, above nine months old. Had been married nine years. Had borne two children before. General health had, during that time, been pretty good. On the same morning she had taken laxative medicine, which had acted. I immediately administered an opiate, and ordered that to be followed by a mixture of sulphuric ether and camphor mixture. Next morning I found that the symptoms had continued, unabated, through the night, the vomiting ceaseless, and

a slight indication (show) had arisen per vaginam ; voice and pulse miserable ; pain throughout abdomen continued, especially towards left lumbar region. Ordered sinapism to the abdominal region, and the following mixture :—

R *Infusion of roses*, three ounces and a half ;
Tinct. hyoscyamus, two drachms ;
Diluted sulphuric acid, one drachm ;

Syrup of blackthorn berries, two drachms. Mix. Two tablespoonfuls every hour. Enemata were employed. Sickness, hours after, still continued ; strength ebbing. Hydrocyanic acid, opiates, epispastics, to the region of the abdomen, were employed, till fifty-four hours after first being seen (viz., April 11, at two, a.m.) death ensued. Consciousness remained till nearly the last.

On account of a bad feeling existing among the relatives against the husband, and a suspicion having got abroad in the town, of poison having been resorted to, a post-mortem examination and an inquest were ordered by the coroner of the borough of Portsmouth, Mr. J. W. Cooper (a medical coroner), and one to whom I feel happy in offering my testimony of his efficiency, the more so because, in a strictly medical case, he was the more fully able to appreciate all the circumstances, and disabuse the public mind of any undue influence or sinister motive.

Sectio Cadaveris Thirty-four Hours after Death.

External Appearances.—A general pallor of countenance and entire frame ; no external marks, such as petechiæ, &c.

Chest.—Effusion of bloody serum in both cavities, to about two pints. Heart, lungs, and thoracic contents otherwise healthy.

Abdominal Cavity.—Effusion of blood throughout all the lower part. Extravasation extending throughout the whole of the inside of the pelvic cavity, reaching to and surrounding the left kidney near its peritoneal coat, and completely imbedding the uterus. In the right Fallopian tube was an extra-uterine foetus, about seven weeks in advancement, distended to an inch and a half (with its investing membranes) in diameter ; this was surrounded by coagula of blood. From the proper vessels of the ovum the entire hæmorrhage had occurred ; this fact was distinctly traced. The hæmorrhage amounted to more than six pints. The uterus on being examined and opened exhibited a marked and well-formed lining, the decidua about a sixth of an inch thick, and which was plainly the external covering of the ovum, though deficient of its proper contents ; the ovum never having descended. All the remaining viscera were in a most healthy state.

The above appearances show clearly the nature of the case, by no means a frequent one. I need hardly state how far the medical knowledge of the medical coroner set the whole doubts at rest, and led his counsel to the jury to return a verdict of "Died from Hæmorrhage by the Visitation of God," the result of natural causes. An exact plate of the appearances we found on the dissection of this case appears in the "Library of Medicine," published 1841, vol. vi., Dr. Rigby, page 71 ; it was even the counterpart, viz., the right Fallopian tube. We used a microscope of 150 magnifying power. A considerable degree of excitement had arisen on this case in this town.

St. George's-square, Portsea, April 17, 1844.

THE ATOMIC THEORY.

To the Editor of THE LANCET.

SIR,—In page 117 of the last number of your valuable publication you quote the opinions of Dr. Faraday, as bearing on the highly interesting subject of ultimate molecules. Now, with all deference to that great man, I do myself see nothing contradictory to the theory of atoms in the phenomena exhibited by conductors and non-conductors. If we be allowed to theorise on the matter the difficulty is easily explained by supposing that in non-conductors the space is already filled with the electric fluid, while in conductors electricity passes through the space from one atom to another. Thus, in shell-lac we may imagine every interstice as being occupied