

with the peculiarity of dress and benignant aspect of countenance of the deceased. The circumstance connected with it had almost passed from his memory, until, after close mental application for some days on a professional subject, it is probable that a train of ideas, of which he might not at the time be aware, brought again to his recollection the form and aspect of the individual in whose fate he had felt such a deep interest; and, as when an individual, with a striking object before him, turns his attention upon some distant one, the recollected image of the latter, for a moment, excludes the perception of the former; so with Dr. —, the image of the deceased was portrayed before him with great accuracy of outline; nevertheless, and nothing daunted, he tried the experiment of looking at objects through the image, and distinctly saw a plate of Caractacus, which he knew to be hanging on the wall, as it were through the spectre. Thus was his experiment very similar to the one we mentioned above.

The close mental application, combined with a constrained position at the time, or probably some derangement of stomach, of which he might not be aware, was the cause of that pathological condition of the brain or membranes which had given rise to the illusion.

The last illusion which I have recorded of Mr. H. appears to me one of the most singular which has been described, or of which I am aware. In cases first, second, fourth and fifth, as well as in the majority of those on record, sight alone was the sense affected. In Mr. H.'s case, however, his vision, his hearing and touch, were equally brought into error. It must have been truly alarming when his three senses were thus deceived; and we cannot wonder that he was overcome with horror towards the termination of the illusion.

Nicolai heard the phantoms of his imagination talk to him, and some of them even addressed him at considerable length. Mrs. A., too, whose case Dr. Brewster has related, frequently heard what she conceived to be the voice of her husband calling to her by name.—*London Medical Gazette.*

PNEUMONITIS AND PLEURO-PNEUMONITIS.

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IN New England, where pneumonic inflammations are so common and so often fatal, too much can scarcely be said on the treatment of these complaints.

When the practitioner is called early, unless the age or idiosyncrasy of the patient prove a barrier to the active treatment required, such cases are easily cured by free and repeated general and local bleeding, tart. antimony, mercury, external irritation, &c. But when the physician is called late in the case, when the symptoms have continued without the least mitigation until the powers of life have already begun to yield to the active disease under which they are laboring, when the symptomatic fever has begun to assume the typhoid character, and fatal organic lesions are about to take place, what is to be done? The time for venesection,

antimony, &c., has unfortunately passed by. In calling the attention of the profession to the treatment of such cases, the writer of this article lays no claim to originality, but believes we all need "line upon line and precept upon precept" with regard to many points pertaining to the healing art.

The effect of mercury in equalizing the circulation, and consequently its power of reducing local inflammations, is well known to the profession. But in no case are its effects more manifest than in acute thoracic disease, especially in that late stage of pneumonitis, when the powerful means depended upon at first, cannot be resorted to with safety to the patient. In order to ensure success in such cases, it is impossible to introduce the remedy into the system with sufficient rapidity through the stomach; for the case soon terminates fatally unless a sudden check is given to its progress. Large blistering plasters should be at once applied to the whole anterior and lateral parts of the thorax, and as soon as vesication is effected the cuticle should be removed and the ung. hyd. portion applied in abundance to the denuded surface, and continued till the specific effects of the remedy are manifest. At the same time the proto-chloride, in small and frequently-repeated doses, combined with the pulv. ip. comp. or opium, should be administered internally, together with occasional laxatives and mucilaginous expectorants.

Whenever the mercury begins to show its specific effects, it is, indeed, surprising how soon the severest symptoms of pulmonary inflammation give way under its influence. The expectoration becomes free—the skin and tongue moist—respiration full and easy, and a rapid convalescence may be confidently expected, unless serious organic change has taken place previous to the commencement of this course of treatment. Serous effusions within the cavity of the chest are soon absorbed under the mercurial influence combined with diuretics. In the cases under consideration no time is to be lost, and the medical man never need fear any unpleasant results from this mode of treatment. The mercurials may always be discontinued when the disease is removed or the action of the remedy fully manifest. In most cases recovery is rapid and complete, if we are permitted to see the patient as soon as the fourth day of the disease. After that period such changes of structure have usually taken place as to put the case beyond the power of medicine to relieve, especially if the attack be of the most acute kind. The writer of these remarks is firm in the belief that many valuable lives are lost by this disease, that might be saved by vigorously adopting the above mode of treatment.

Dr. Stokes, with some other writers of the present day, is of opinion that the specific effects of mercury are manifested as the "result rather than the cause of the reduction of disease." As mercury is ordinarily administered, the above remark of Dr. S. may hold true, for what practitioner is to be found who has not seen the "vacillating" effect of the remedy when given in the usual way? If introduced into the system with sufficient rapidity, we shall seldom be disappointed with its effects, our main reliance being upon its reception into the circulation by cutaneous absorption.

WILLIAM BROWN.

Chester, N. H., March 20th, 1843.