becomes much firmer, and its colour changes from that of flesh to a white or ash-colour. By boiling for a short time it loses a great part of its weight, but a residuum is left which has increased much in firmness during the boiling, has lost entirely the flesh-colour, and exhibits the appearance, consistence, and properties of coagulated albumen. The part lost seems to consist partly of water, but chiefly of muco-extractive matter; sometimes, but not always, there is a mixture of gelatine; and in some specimens the coagulated part gave traces of fibrine, but in small quantity. The remainder of the account of Dr. Abercrombie's experiments will be found in the first volume of the *Edinburgh Medico-Chirurgical Transactions*.

Tubercles are frequently discovered in the foetus in utero and in the new-born child. How is this to be accounted for, unless on the supposition that it is conveyed by the maternal blood and fluid; for the ovum manifestly receives nothing but fluids from the parent.

Unless there exist in the system a predisposition to the deposition of tubercular matter, no other form of diseased action, neither congestion nor inflammation, will produce tubercle. Hence the tubercular diathesis.

A remarkable proof of the identity of external and internal scrofula is afforded by the fact that patients are rarely found to suffer from both forms of the disease at the same time. Among a very considerable number of consumptive patients I do not remember to have seen one with scrofulous abscesses of the neck or other parts. Phthisis does not appear to come on until these are healed, but the occurrence of external scrofula appears to become a safeguard from the more fatal internal form. May not this be accounted for by supposing that the tubercular matter is exhausted by its deposition in one of the two situations?

If we turn to the causes of scrofula we shall find them equally corroborative of our view of the general nature of this disease. These causes are, prolonged exposure to cold and humidity, as in a cold and moist climate; improper or insufficiently nutritious diet; and hereditary predisposition. That moisture, cold, and improper diet will, when combined, produce tubercle, is evident from the well-known experiments on rabbits, where these animals were kept in a damp, dark, cold cellar, and fed on green food for a considerable time. When killed, the viscera were found to have tubercles deposited in them. Improper diet, which I imagine to be the chief cause, acts immediately on the constitution of the blood, changing the proportions of its constituents, and probably adding to it some new and morbid product.

Before closing my communication I will make a few remarks on hectic, founded on

Andral's assertion that in phthisis the red globules continually decrease as the disease advances. If such be the case, it is manifest that the circulation of the blood must become more rapid in order that a sufficient quantity of these globules, which are the oxygen-carriers, may pass through the lungs in a given time. Unless this were the case, the blood would be insufficiently aerated for the purposes of life. Hence this increased quickness of the pulse is but slightly influenced by digitalis, and hence the inutility of the attempt to lower it, except by increasing the amount of hæmotosine.

The red globules bear a certain proportion to the serum in healthy blood; may not the sweating and purging be nothing more or less than the endeavour to restore the equilibrium between the serous and solid portions of the blood? For although we may attribute the purging to ulceration of the glands of the small intestine, we cannot discover any morbid state of the skin to which to attribute the nocturnal perspiration! Is it not also probable, supposing Andral's statement to be correct, that pus-globules are the globules of the blood deprived of their colouring matter, since any disease in which profuse purulent discharge is kept up will give rise to hectic, *e. g.*, psoas and other large abscesses, scrofulous diseases of joints, severe wounds, fractures, &c.

I thus complete my imperfect sketch of general diseases, and I draw the conclusion from the evidence I have given above that all general diseases are local manifestations of universal causes, that is, that they result from a morbid state of the blood peculiar to each disease. I shall take some future opportunity to notice the truly local diseases. I am, Sir, your obedient servant,

PHILIP B. AYRES, M.D.

Thame, May 23, 1843.

EMPLOYMENT OF NAPHTHA IN TUBERCULOUS CONSUMPTION.

To the Editor of THE LANCET.

SIR,—Richard Marsham, ætat. 26, by trade a carpenter, consulted me on February 3, 1843. He states that five years past last Christmas, when he was working as a miller, he attempted to get on his back a sack of wheat, which, being above his reach, fell with a jerk on his shoulders, and strained him, so that he could not use his left arm for some time. About six months after the accident his left shoulder "began to grow out," when he applied to a surgeon, who told him that nothing could be done for it. He worked at the mill one year, and two at a farm. During the last two years he has been employed as a labourer in London. About three months back he thought that his

right shoulder began to grow out; this, with other feelings of bad health, induces him now to seek relief. He is of a fair complexion, &c., with a general appearance strongly indicative of the scrofulous diathesis. He has lost one unmarried sister, ætat. 38, from consumption, and another, married, ætat. 21, from a "bad throat." He never was very strong, and is now losing flesh and strength rapidly. He has night perspirations, and little or no appetite; wandering pains about his chest, almost constantly between his shoulders; his spine is curved (where there is considerable tenderness on pressure), bending towards the left shoulder, and causing great rotundity of that side of the thorax, posteriorly. For support, over the same shoulder, he wears a broad belt, which is attached to another encircling his chest. The walls of the thorax, on the right side, seem as if they had approximated antero-posteriorly, so that collapse and immobility are very striking. The infra-clavicular depression is not so great on the left side, throughout which respiration is highly puerile. In the entire upper part of the right lung respiration is absent, and slightly audible in spots only, in the lower part. Percussion elicits a dull sound over both infra-clavicular regions, particularly over the right. The heart-sounds are very audible over the same spaces.

I examined him again on the 5th and 7th of February. On the latter date a physician also stethoscoped him, whose diagnosis tallied with my own, in pronouncing his lungs to be the seat of tuberculous deposit. On February 12th he was stethoscoped with the same result. He felt himself getting daily worse, when I, with much scepticism, determined to try naphtha, the first and only medicine he has had from me. He was ordered ten drops, to be gradually increased to twenty drops, three times a-day. At the end of a week, to my surprise, he expressed himself as being much better; his *perspirations had ceased, his appetite and spirits were returning, the spinal tenderness had gone, the breathing was more extended in the right lung*, although very weak, and the *puerile respiration in the left lung was greatly diminished*. The treatment was continued for six weeks, when he was vastly improved in every respect; the right side seemed to have become more developed, and where collapse and immobility had previously existed, there was now considerable freedom and elevation of the ribs during inspiration. In fact, he was so well that he abandoned his medicine (naphtha). After a *week's discontinuance of it he felt much worse, and gladly resumed taking it, and at the end of another week he felt himself in the same improved condition as when he left it off*.

On the 7th instant I noted the following particulars:—Anteriorly, percussion bespeaks improvement,—the sounds on both

sides are nearly equal; *respiration is audible over the right infra-clavicular space*, but not so distinct as over the left; expiration is loud in the right supra-scapular fossa; posteriorly percussion is pretty good, excepting over the scapulæ, where it is rather dull. Respiration is much improved, and nearly audible alike on both sides. He says he is gaining flesh and strength fast, and has an excellent appetite. When he began taking the naphtha he weighed nine stone seven pounds, and now he weighs ten stone six pounds, being an increase of thirteen pounds in twelve weeks. The belt which encircles his chest he has been obliged to lengthen considerably, arising, in my opinion, not so much from additional substance on his ribs, as from their partial restoration to their former wonted action. The heart-sounds are less audible.

I have other cases progressing most favourably under the naphtha treatment, which I shall report in due time. In one case in particular, I adopted precaution against error of diagnosis, in having the patient stethoscoped by two high authorities on auscultation, who both pronounced the patient to be phthisical.

I will not occupy your valuable space in theorising on the foregoing case, or the new therapeutic agent. Facts must, as yet, be principally known to Dr. Hastings, who has used naphtha very largely, and his opportunities, as physician to a public institution, where is treated an immense number of cases, must be both numerous and extensive. He has promised to give the profession the result of his investigations. Our time, I submit, may be more profitably employed in patiently collecting carefully-observed facts than in framing theories, already too numerous and conflicting in medicine, to the great detriment of medical science. I would observe that I have verified the statement made by Dr. Hastings, not only of the superiority of the wood or rectified naphtha over the coal naphtha, but also the frequent and absolutely injurious effects of the latter. I am, Sir, your obedient servant,

D. WILSON, Surgeon.

Eccleston-square, May 27.

A FAMILY OF DWARFS.—Lately deceased in the neighbourhood of Epinal, at the age of eighty-four, B. Souvay, a well-formed individual, but only a metre, or three feet three inches in height. He had always enjoyed good health. In 1820 he exhibited himself as a show at Paris, which, however, he probably found less profitable than he expected, since he afterwards returned to his old employment of spinning twine, which had previously always been his chief occupation. B. Souvay had had two sisters as diminutive as himself; one died at the age of twenty, but the other lived to her seventieth year.—*Gazette des Hôpitaux*.