26. "The abdominal uneasiness," writes Mr. Newton, "was much relieved by the blister, and little or no pain is now complained of on pressure. The bowels continue very inactive, and the character of the evacuations unchanged. The tongue however is cleaner and moist. I attempted the addition of a little ipecacuanha to the evening powder, as we had agreed upon, but its nauseous taste prevented the boy's taking it. His pulse is somewhat reduced in frequency." Desired to continue the treatment.

July 10. The child improving. Bowels still torpid, but the motions *tinged* with bile. A little appetite, less thirst, and able to sit up in bed. Recommended an addition of a single grain of calomel to the evening powder, the latter and enemata being persevered in.

24. Much improved; abdomen lessened and soft; strength returning and fever gone; stools still figured, but of tolerable colour. Directed to have small doses of the sulphate of magnesia rendered palatable by nitric acid.

Aug. 15. Our patient progressing favourably.

25. Convalescent.

Remarks.—In the above case several modifications of diet were tried, such as stewed prunes, oatmeal with treacle, ripe fruit, buttermilk, &c., with a view to induce liquid evacuations; but the bowels, although so supplied and daily stimulated by enemata, continued torpid, and the feces figured, up to the period of convalescence; a circumstance somewhat unusual, considering the dejections had in a great measure recovered their bilious hue for some time previously. Again; this boy took, as may possibly be remarked, an extremely large quantity of mercurial medicine, upwards of three hundred grains of the hydrargyrum cum creta, independent of the calomel, and yet no perceptible affection of the salivary glands was induced by it! It has indeed, in several examples of infantile remittent fever, and in a few cases of acute rheumatic fever, been matter of surprise to the writer, how little the mouth has seemed to be affected by this useful mineral; whilst, in some other diseases, the reverse condition cannot have escaped remark: for example, during the decline of measles, wherein I have known the exhibition of a couple of moderate doses of calomel, followed by consequences alike prejudicial to the health of the patient, and the reputation of the practitioner.

(To be continued.)

CASE OF PULMONARY APOPLEXY.

To the Editor of THE LANCET.

SIR,—The following case of pulmonary apoplexy happened in my practice at the City Dispensary; it presents some symptoms of very rare occurrence, which you may probably deem worthy of record in your useful Journal. I am, Sir,

Your obedient servant,

R. ROWLAND, M.D.

69, Fenchurch-street,

Oct. 12, 1835.

CASE.—Sept. 21, 1835. Thomas Holloway, aged 50, a porter, had been subject to cough and dyspnoea for several years, but he was able to work at his business until about two years ago, when the "shortness of breath" obliged him to discontinue all active employment. In general the cough and expectoration were trifling, but they were frequently increased from slight causes.

About a week ago, after exposure to wet and cold, he was attacked with an aggravation of all his symptoms; the cough became severe, the dyspnoea urgent, and the expectoration copious, but without any admixture of blood. The respiration was inaudible over the right lung, and was bronchial, with sibilant and mucous rale over the left; the heart's action could be readily distinguished over the whole anterior portion of the chest. On Thursday, the 17th of September, I received a hasty summons to visit him. During the previous night he had vomited an enormous quantity of blood, some of which was coagulated. I found him lying on his back; the pulse was quick, jerking, and wiry; the respiration exceedingly laborious; the countenance anxious, and of a leaden colour. He answered questions coherently, and chiefly complained of difficulty of breathing. On the following day he rallied a little; the sputa were still bloody, and mixed with mucus, but the blood had not appeared in large quantities. He remained nearly in the same state on Saturday and Sunday. On the latter day the patient called my attention to a pulsating movement of the veins in the back of the right hand, which I also observed, although less distinctly, in those of the left. This symptom was more remarkable after each expiration, when the veins became elevated, but a very evident quivering pulsation occurred also during inspiration. Neither of these movements was synchronous with the arterial

pulse. When the vein was pressed, the pulsation ceased below the part where it was employed, but continued in the portion of the vein nearest to the heart; the jugular veins were prominent, but no pulsation could be observed in them. Early on Monday morning the bleeding returned, and the patient almost instantly expired.

Sectio Cadaveris.—Monday evening. The right lung adhered firmly to the ribs, and could not be separated without laceration. It was thickly studded with tubercles. An excavation of about the size of a hazel-nut was discovered beneath the clavicle. The left lung was also bound to the ribs, but less firmly than the right. It was emphysematous, and was completely gorged with blood in a fluid state. No tubercles could be detected in it.

The heart was pale and flabby; the right auricle and ventricle were greatly dilated; the parietes of the latter were about their natural thickness. All the valves were healthy.

Remarks.—I was at first inclined to attribute the venous pulsation in this case to the diminution of the column of blood occurring simultaneously with disease of the right side of the heart, of the existence of which there was sufficient evidence; but upon further reflection, I think it more probable that it was occasioned by the sudden effusion into the left lung, causing an obstruction to the free transmission of the blood, the right lung having been greatly condensed from previous disease. I offer this opinion with much diffidence, as it is contrary to the theory of Laennec and other celebrated pathologists, who attribute venous pulsation to regurgitation of the blood.

I have been led to the above explanation of this remarkable symptom, from a consideration of the character of the pulsation, which was a gradual elevation of the vein following each expiration, but was not synchronous with the arterial pulse; and the absence of the stethoscopic signs, which indicate either regurgitation or valvular derangement, and also the remarkable condensation of both lungs, which the post-mortem examination disclosed. The fluttering irregular pulsations which occurred during inspiration were probably the result of the auricular contraction, and perfectly coincide with the observations of Dr. Hope on that subject.

SUPERSULPHATE AND SUPER-ACETATE OF IRON.

To the Editor of THE LANCET.

SIR,—I have sent you an account of the effects which have almost uniformly resulted in the undermentioned diseases, from the internal exhibition of the solutions of the supersulphate and superacetate of iron. I am, Sir, your obedient servant,

J. PELHAM BUCKLAND.

84, Watling-street, St. Paul's,
Oct. 13, 1835.

The colour of the solution of the supersulphate of iron is dark-brown; the taste is exceedingly rough; it dissolves sulphate of quinine, and is decomposed by the same preparations as the sulphate.

CASE 1.—I was consulted in April 1832, by a gentleman who had been subject for a considerable time to periodical returns of neuralgia faciei. He had been affected with the disease in a greater or less degree uninterruptedly for three months previously to his consulting me, and during the whole of that time had taken the subcarbonate of iron in large doses. The paroxysms had now become very severe, and at each intermission the part was left so excessively tender, that he was unable to bear the slightest touch.

I commenced my treatment by giving him 1℥x of this solution three times a day, and a gentle aperient every second night. The paroxysms in a few days became less violent. The dose was then gradually increased to half a drachm three times a day. He was completely cured within a month.

The effects produced by the increased dose were, entire loss of appetite, and excessive dryness of the skin, which the patient described as being drawn too tight upon the body. The secretion of urine was very small, the heat of the skin rather diminished. These symptoms arising from the too large dose of the medicine, were entirely removed in a few days by the daily use of warm cathartics. Since this case I have never given it in larger doses than ten minims three times a day. Early last spring, this patient had a return of the complaint, when the liq. ferri supersulphatis was given in smaller doses with success, and without any unpleasant results.

CASE 2.—I have given this solution in several cases of leucorrhœa with the most beneficial effects. Some cases of long standing were completely cured by it, others were nearly so, the strength of the patient greatly increasing.