for the cure of rheumatic affections; for he says, although it is mentioned in some works, "it is merely lauded there for its diuretic property." If Dr. Badeley will take the trouble to refer to vol. xi. of the "London Medical Gazette," p. 844, he will there find a paper, written by myself, on "rheumatism treated with common artichoke." Its anti-rheumatic properties have been tested and confirmed by several practitioners in the county of Norfolk; it is mentioned, with praise, by Dr. Hull, in his work on the morbid eye; and it is with pleasure that I find in Dr. Badeley's paper a further confirmation of the value of a medicine, which, as regards its employment in rheumatism, I believe I was the first to introduce to the notice of the profession.

Coltishall, June 5, 1844.

TUBERCLES OF THE LUNGS IN CHILDREN.

By ROBERT CASSELS, M.D., Physician to the Chorlton-upon-Medlock Dispensary.

THE following case of phthisis in a boy of three years old, presenting the unusual phenomena of softening and ulceration of tubercular matter in the inferior part of the lung, the summit being occupied by hard semi-transparent granules, may not be without interest.

John Swan, aged three years, was admitted a patient of the Chorlton-upon-Medlock Dispensary, on the 19th of October; had enjoyed good health until within a few months, when he at first complained of a slight dry cough, difficulty of breathing, and, from being a stout active boy, became averse to the slightest exertion. Rapid emaciation, and a state of feverishness, having alarmed his mother, she was at last induced to apply to the dispensary for medical advice; he was visited by Mr. Milne, the house-surgeon, who requested me to examine his chest. When I first saw him he had a troublesome cough, purulent expectoration, great difficulty of breathing, quick pulse, night perspiration, and diarrhoea. Upon examination I found the heart's impulse strong, the sounds confused, but no morbid sound; percussion generally dull over the right side of the chest, and also over the clavicle of the left side; no vesicular murmur audible in any part of the right side, with bronchophony above the mamma. In the mammary region, in addition to these, a kind of gurgling, on making him cough, was distinctly audible, as if the matter that produced it were thick and agitated in one mass. In the submammary region, distinct cavernous respiration and pectoriloquy. He died on January the 12th, 1844.

Examination twenty-four hours after death.—The lung of the right side was thickly studded throughout the upper and posterior parts with hard, semi-transparent, miliary tubercles: in the middle lobe crude tubercles, of a cheesy consistence, were collected in clusters. The lower lobe presented an irregular depression on its surface, which being cut into, exposed a large cavern containing about a drachm of purulent matter. The left lung in a more healthy condition—the upper part being occupied by small tubercles. The bronchial glands were greatly enlarged with yellow tuberculous matter. There was considerable effusion into both sides of the chest. The pericardium contained about half an ounce of serum; the heart rather large but normal. In addition to the tubercular matter occupying the chest the mesenteric glands were greatly enlarged with a deposit of caseous matter. Nearly two pints of serum were effused into the cavity of the abdomen.

ON THE USE OF ALKALIES IN THE TREATMENT OF RHEUMATISM.

To the Editor of THE LANCET.

SIR,—Having had several cases of acute rheumatism under my treatment quite recently, which were very protracted, and did not readily yield to the usual remedies, I anxiously turned to Dr. Furnivall's paper, in your last number, on that disease, in anticipation of finding some new point or discovery in the pathology thereof, to guide me by a more successful plan in future, but I found

that the "great obscurity which," he says, "envelopes the pathology of acute rheumatism," he has endeavoured to make much more obscure.

The only *novelty* put forth is, that his alkaline treatment is a prophylactic of heart disease, inferring thereby that affection of the heart *follows* an attack of acute rheumatism, when it is well known that it very frequently appears at the onset, and had we always the opportunity of examining the chest earlier, we should probably find, in some cases, that the heart is the first part attacked. We are neither told whether any experiments were made to ascertain the acid condition of the blood, nor what that acid is, nor the post-mortem appearances of a single case; facts on these points would, in my humble opinion, conduce more to the discovery of the cause of acute rheumatism, and consequently to a more rational treatment, than combatting of symptoms, which we must suppose acidity to be, until proved to the contrary. We are led to believe that "no affection of the heart occurred in, at least, fifty cases treated with alkalies." Now, with all due respect for Dr. Furnivall's skill in stethoscopic examination, it does not necessarily follow, because none was found, that none existed.

Dr. F. says, "let theory or hypothesis be laid aside," when a few lines before we are enlightened by no less than four of his own conjectures as to the *modus operandi* of an alkali,—which, by the bye, are very ingeniously drawn up, stating that it *may* act in a fourfold way! It may, to be sure. With many apologies for occupying so much space by these remarks, I remain your obedient servant,

ENDOCARDITIS.

London, June 5, 1844.

REVIEWS.

Recherches et Observations sur les Causes des Maladies Scrofuleuses. Par J. G. LUGOL, M.D., Médecin de l'Hôpital Saint Louis. Paris, 1844.

(Concluded from page 385.)

As we have already stated, M. Lugol considers scrofula to be *always* the result of hereditary predisposition; consequently, his second and third orders, which comprise "pathological causes" and "external occasional causes," are merely subdivisions of the first order of hereditary causes which we analysed last week.

The diseases of childhood, says M. Lugol, such as the eruptive fevers and hooping-cough, differ very considerably in their severity in different families. In some they are never fatal, seldom very intense in their manifestations, and leave no traces behind them. In others they are often fatal, and even when not so are frequently followed by chronic inflammations and by the formation of tubercles, either subcutaneous or deep seated. This difference is owing to the constitutional state of the children in these families being totally different. In the former the parents are robust and healthy; their progeny is the same, and presents no trace of the scrofulous constitution. In the latter, on the contrary, the children have received from their parents the predisposition to scrofula, and the eruptive fever is followed by chronic ophthalmia or catarrh, and by the formation of abscesses, tubercles, &c., in different parts of the body. When this is the case the parents of the children often attribute the appearance of the scrofulous symptoms to the attack of rubeola or variola, although they are merely symptomatic of the hereditary scrofulous predisposition which existed in the children previous to their illness, and which is called into play by it. According to this view of the subject, the eruptive fevers never *cause* scrofula, as it has often been asserted, but are very frequently followed by the appearance of the usual symptoms of scrofula in constitutions in which the predisposition existed, and had previously remained latent. When these diseases attack