addressed to him, by which it appears you are anxious to publish Mr. S.'s case (amongst others), to show that the oxalic acid is innocuous, when given in medicinal doses, but before doing so you wish to know if the statement you enclose contained any error, I have carefully looked over your report of the case, which appears in the main correct; the only inaccuracy I observe is the statement that Mr. S. had taken cod-liver oil previously to your visit in April.

I must say I was astonished at the amendment which was so soon apparent, after he commenced the use of the acid, as his condition appeared to me at that time altogether hopeless.

Yours, very faithfully,

A. G. PROCTOR."

"Witham, Nov. 28th, 1854.

MY DEAR SIR,—In reply to your note received this morning, I have to inform you that I have not seen Mr. S. since he left Beckingham, at the end of September, so that you have seen him more recently than either Mr. Dixon or myself. To enable me to give you a more definite answer to your inquiry, I called to-day upon Mrs. R. of this place, who is Mr. S.'s aunt, and she informed me that she dined with him at Chelmsford within the last fortnight, and he then appeared tolerably well.—I remain, my dear Sir, yours very faithfully,

A. G. PROCTOR."

Dec. 5th.—He came to town this morning, and paid me another visit. His cough and expectoration were less than they had been for many months, his appetite was good, and he had gained strength. The only change in the physical signs was that the cavity had become dry. The fluoric acid was ordered to be continued.

CASE 3.—*Extensive Cavity in the Left Lung; useful effects of Oxalic and Fluoric Acids.*—Mr. F.—, aged thirty-one years, took cold in the summer of 1851. This was followed by a troublesome cough; and in the autumn of the same year, by a severe attack of hæmoptysis. The expectoration soon became considerable, the breathing difficult, and the night perspirations excessive. He first consulted me on August 10th, 1852, when, in addition to the foregoing symptoms, the circulation was hurried, the appetite bad, he was unable to lie on his left side, and had wasted considerably. Upon inspecting the chest, depressions were observed below the left clavicle; over this region expansion was deficient, percussion yielded a dull sound, and an extensive gurgling râle was heard over the same space. For eighteen months the treatment comprised naphtha, bisulphuret of carbon, and cod-liver oil; and during this period, although there were times when he lost ground, upon the whole his health underwent a sensible improvement.

Feb. 28th, 1854.—As he had not been so well of late, half a grain of oxalic acid, with a little syrup of poppies, was prescribed three times a day.

On May 2nd, he informed me that he had continued the medicine up to that day, and had been so much relieved, that he expected soon to have been able to report himself well; but during the last few days the cough had become harder, and the expectoration more difficult to bring up. I then ordered him one-twenty-fourth part of a drop of fluoric acid, in a mixture, with a little syrup of poppies, three times a day.

On June 27th, he stated, that since his last visit he had lost his cough for a month; but, for the last two or three weeks, it had troubled him again. Upon examination I found the cavity dry; and it appeared to me to occupy less space than formerly.

Nov. 16th.—The acid treatment was continued up to this time with considerable advantage, sometimes combined with cod-liver oil; but the latter was not regularly taken, intervals of a month's duration occasionally occurring, when more was administered.

Although the condition of this patient's lungs was, and, notwithstanding the improvement they have undergone, still is, such as to render his chance of complete and permanent recovery not very probable, still I think no unprejudiced person can read the details of this case without coming to the conclusion that, in this instance, the good effects both of the oxalic and fluoric acids were plainly manifest.

CASE OF OVARIAN DROPSY.

By JOHN MORLEY, Esq., M.R.C.S. Eng., & L.S.A.

THE observations introductory to the report of a case of ascites in the "Mirror" (Feb. 11th, 1854), induce me to publish the following case:—

March 2nd, 1844.—Mrs. T.—, aged forty, a labourer's wife, residing at South Ferriby, consulted me on account of great enlargement of the abdomen. She had had four children; the youngest being six years old: catamenia regular until two years and a half ago, when her abdomen began gradually to enlarge, and she thought herself pregnant, until the usual time for delivery had arrived. At present she is able to walk about, and suffers chiefly from the weight and distention of her body. On examination, as she lay in bed, a distinct tumour could be traced, inclined to the right side, with evident signs of fluctuation. I tried the influence of the iodide of potassium, and small doses of mercury, until May 28th, 1844. Having read Mr. I. B. Brown's paper in THE LANCET, published May 4th, I commenced the general plan of treatment recommended by him, which was strictly followed out until the 24th November, when my patient anxiously sought relief from tapping, on account of the increased size of the abdomen, and frequent sickness, together with other signs of constitutional irritation.

The operation was then performed, by which thirteen pints of clear fluid, of a pale-straw colour, were drawn off, revealing the presence of a tumour connected with the uterus, about the size of a foetal head. Folded napkins were applied, and a long flannel roller, wound tightly two or three times round the body, and worn to the end of December.

She recovered without an unfavourable symptom. The cyst never filled again. I have seen her lately; and she informs me that the tumour has not increased in size. She appears to be in good health, and able to attend to her domestic duties.

I have stated this case as concisely as possible, in order to testify to what I consider the chief merit of Mr. I. B. Brown's treatment—the tight bandage—applied for some time after tapping, by which I apprehend the walls of the cyst are brought into apposition.

Barton-on-Humber, 1854.

ON THE TREATMENT OF DISEASE BY BLOODLETTING.

By HENRY WILKINSON, Esq., M.R.C.S.E. & L.A.C.,
Rotherham.

I HAVE read with great satisfaction and pleasure an article on the above subject in THE LANCET of September 9th and November 4th, 1854, from the pen of Mr. Langley, and if I remember correctly, I read a similar paper on the same subject, from the same author, in the same journal, several years ago, and had I, like some men, been troubled with the "cacœthes scribendi," I should have written in corroboration of the views of Mr. Langley at that time; but now that Mr. Langley is kind enough to favour us with a second epistle, I cannot resist the temptation of doing so, for the purpose of showing him that he does not stand alone in his estimate of the Lancet, either as a book or a surgical instrument.

I regret to say that I am not a Dr. Chambers, for I have kept no notes of cases, except in my head and my daily journal; so that what I shall write on this subject must be considered as my own established principles of practice.

In commencing with the subject in dispute, perhaps it would not be out of place to give a reason why I first felt a *penchant* for bloodletting. I served my pupilage with a gentleman who had a great dislike to the use of the lancet, and he frequently had occasion to meet a physician in consultation (the late Dr. Younge, of Sheffield) who entertained the most opposite views, insomuch that I have more than once heard the doctor say, that "he frequently had to regret not having taken sufficient blood, but very seldom that he had taken too much." This remark of the doctor's caused me, as a tyro, to notice and compare the results of both lines of practice, and I came to the conclusion that we lost many valuable lives for want of the lancet; and I was subsequently strengthened in these views by reading in THE LANCET the admirable discourses of the late Dr. Armstrong, the correctness of whose rules and precepts I am more convinced of by every day's experience.

It would be difficult for me to enumerate all the diseases in which I practise with success general bloodletting, inasmuch as I do not confine myself to a particular class, whether they be acute, subacute, chronic, or congestive. I will give you a specimen of each kind, in corroboration of my opinions and practice, and leave my readers to form their own conclusions as to their correctness and soundness.

For the sake of arrangement, I will begin with acute diseases; and I would observe in this place, that, in bleeding in these diseases, I follow the rule laid down by Armstrong to