our knowledge of the pathology and treatment of thoracic disease.

" I am, my dear Doctor,

" Sincerely and truly yours,

" D. J. CORRIGAN.

" *To R. Cane, Esq., M.D.,*

" *Kilkenny.*"

The facts, I conceive, derivable from the cases now presented to the Profession are, that plastic bronchitis is a disease *sui generis*; that the sputa are essentially distinct from those bodies termed polypi, and which are no more than coagula, freed of the colouring matter of the blood; I allude to those found in the heart; and those sometimes ejected from the bronchi of patients who have had hæmoptysis. With those they have no character in common, except that of shape, being moulded in tubes of a like form; indeed it is unnecessary to dwell upon the differences, for the preparations, as exhibited on the plate, will at once display them. That as far as the two cases, now published, go, they are not indicative of phthisis, and that mercury is a certain remedy for cure, are facts the more valuable, because of the concurring testimony afforded by the valuable case of Dr. Corrigan.

ART. VII.—*Cases of Laryngitis*. By EDMOND SHARKEY, M.B.T.C.D., Allihies Mines, Berehaven.

I.—*Cases in which the Disease did not advance beyond the first Stage.*

DECEMBER 5th, 1833. A fine boy æt. six, was yesterday attacked with the following symptoms: fever; croupy cough and respiration in paroxysms; chest dilatable; epiglottis apparently thickened; tongue white, with prominent papillæ; pulse 104, firm; pressure on larynx externally produces pain; bowels free. Venesection to $\frac{3}{8}$ viii. produced syncope, after which

the breathing appeared easier, and had less of the croupy character. The child expressed himself relieved.

Sum. statim Calom. gr. viii. Pediluvium. Sumat quoque Calom. gr. ii. Pulv. Antimon. gr. i. 5tis horis.

He was well in a day or two.

May 5th, 1835. A child a year old, ill since morning, was brought to me this evening. Symptoms: cough, decidedly croupy; dyspnœa but little. I took $\frac{3}{4}$ vi. of blood from the jugular vein, producing syncope, and gave a solution of tartar emetic, which operated smartly on stomach and bowels. Ordered

Calom. gr. iii.

P. Ipec. gr. $\frac{1}{4}$.

Opii. gr. $\frac{1}{8}$. To be given every fourth hour.

On the following day cough was less croupy, and vomiting was produced by the powders; the hippo was now omitted; calomel and opium, as before, every third hour. Recovery took place rapidly.

II.—*Cases in which the Disease advanced beyond the first Stage.*

September 2nd, 1834. William Carter, æt. three years and a half, after two days' slight premonitory illness, was attacked by unequivocal symptoms of croup about 3 A. M.; when I saw him at 9 A. M., I found both cough and respiration strongly characteristic of the disease. I took $\frac{3}{4}$ vi. of blood from the jugular vein, (syncope ensued,) and ordered the following:

R Ant. Tart. gr. iii.

Aquæ $\frac{3}{4}$ i. Solve.

Sumatur. cochl. min. duodecima quaque parte hora ad effectum.

12 o'clock. Had vomited freely; stomach tranquil at present.

Sumat statim Calom. gr. x.

Pulv. Antim. gr. i. Warm bath.

Ordered that in two hours

Calom. gr. i.

Ant. Tart. Ipecac. a. gr. ss.

should be given and repeated every half-hour.

Half-past 6, P. M. Blood buffed and cupped; breathing less stridulous; fever diminished. A little blood drawn from the opposite jugular, again produced syncope. Five of the above powders have been taken and retained.

Repr. Pulv. ut antea.

10 P. M. Continues easy; skin of natural temperature; countenance pallid; pulse 120; bowels free.

Repr. Baln. Tepid. Continuentur Pulv.

Is much inclined to doze.

September 3rd, 9 A. M. Slept well; considerable mucous rale in trachea; breathing rather less stridulous; cough less ringing; has continued the powders since last report; they are all retained; bowels not free.

Habt. statim Pulv. ex Calom. gr. viii.

P. Rhei Scammoni ā gr. iv.

P. Jalap. gr. iii.

6 P. M. Bowels not moved.

Injiciatur enema domesticum statim.

Half-past 10, P. M. A good deal of hard fæces followed the enema. On looking into the throat there is nothing remarkable to be seen, except one or two aphthous specks on the tonsils, which are not enlarged, but are, as also the back of pharynx, more than normally vascular; considerable dyspnœa from the presence of some obstructing matter in the trachea; some tenacious mucus has been discharged in the act of vomiting, but no false membrane; I now touched the tonsils and back of pharynx as far down as I could reach with a solution of argenti nit. (ʒi. ad ʒi.)

℞. Calom. gr. ix.

Ant. Tart. Ipec. ā. gr. iii. M.

In chartulas vi. divide. Sumantur ut priores.

Necnon sumatur, si dyspnœa permolesta fuerit :

Pulv. Emet. ex Ipec. gr. xi.

Ant. Tart. gr. ii.

4th. Had a good night's rest. About an hour after last visit a good deal of mucus was coughed up, together with a piece of false membrane, followed by some fluid blood ; cough softer ; washed fauces again with sol. arg. nit.

Hab. Pulv. Emet, statim.

This emetic discharged a good deal of mucus. Bowels not being free, an enema was given, which procured a dark, tarry, feculent discharge ; has taken all the powders, which were, however, in general rejected ; the last was retained for two hours.

Repr. Pulvs. 2dis horis.

Half-past 7, P. M. Has just now had a fit of coughing, by which another piece of false membrane was extricated.

Half-past 10, P. M. Dyspnœa continues ; pulse still high ; flushings of face continually. Repeated the nit. arg. sol.

Repr. Baln. Tepid. et Pulv. ut antea. Infric. Ung. Hyd. Fort. 3 ss. regioni submaxillari.

5th. Another portion of false membrane discharged ; two dark motions from bowels. Repeated the emetic, the application of Nit. Arg. Sol. and mercurial friction ; mouth sore ; pulse 130.

6th. Considerable improvement ; to take one of the powders daily.

10th. Was this day attacked by a return of the tracheal rale and cough ; gave an emetic, which brought away another piece of false membrane, followed, as before, by a little blood. From this time he recovered rapidly. I have detailed this case at considerable length, as presenting some features of practical importance ; *e. g.* first, the extraordinary tolerance of tartar emetic, of which a great quantity was taken by this child with very little disturbance of stomach or bowels ; secondly, the utility of the nitrate of silver solution, assisted by emetics, in detaching

the false membranes ; thirdly, the great tendency to morbid secretions in the intestinal canal. In confirmation of the two last points I will relate another, but a fatal, case.

September 21st, 1834. Denis Harrington, æt. 3, after three days' previous illness, was attacked by croup. Above twelve hours were suffered to elapse from the development of the disease to relief being sought. Cough croupy ; respiration stridulous, but not much impeded.

V. S. e venâ jugulari ad 3 viii.

Solut. Ant. Tart. as in former cases.

Powders containing calomel and minute portions of P. opii, and tart. emetic, were given at short intervals. Warm bath.

In two hours after (7 P. M.) I opened the jugular vein of the opposite side, but nausea supervening, very little blood flowed.

22nd. Symptoms have abated.

27th. The child appeared so far relieved at the date of last report, that I yielded to the importunities of the friends, and allowed him to be removed home from a house close to my own, in which, when possible, I keep patients labouring under this complaint, for the purpose of frequent visits. Yesterday I was informed, that in the middle of the previous night he had been attacked with a renewal of the symptoms. I sent an emetic, and a blister for the nape of neck, desiring that the former might be given and the latter applied immediately, and the child brought back to my neighbourhood. The emetic was given, but the blister was not applied. He was brought back to-day. The blister was now applied, and the fauces washed with the strong nit. of silver solution, at the second application of which a large fragment of false membrane was brought up in a fit of coughing, which threatened suffocation. Great obstruction apparently in the trachea.

Repr. P. Emeticus.

I gave also, to-day, two of the powders of calom. tart. emetic and opium, before mentioned.

Half-past 11, P. M. The tartar emetic operated both on stomach and bowels; the discharge from the latter being described as black; blister rose; is sleeping without much tracheal rale or sibilous breathing.

Repetr. Haust. Emetic si opus.

Curetur locus vesicatus Ung. Hyd. Nit. Ox.

28th. (8 A. M.) A quiet night; dyspnœa recurred towards morning; no false membrane brought away by emetic; washed fauces and pharynx a good way down with the sol. nit. argenti.

Repr. Pulv. Cal. Op. et Tart. Ant. ter die.

30th. No dyspnœa, but complete aphonia; countenance very pallid; debility very great; bowels not free.

Habt. Pulv. Purg. Pergat c. Sol. Nit. Argent.

A low fever, with dark, dry tongue, and typhoid countenance, succeeded; little or no fluid was retained by the stomach. He died on the 6th of October.

Having met with an accident, I was unable to see the child after the 30th September, as often as before, and I have reason to think that an accumulation of morbid secretions took place in the bowels, a fetid, dark motion having passed on the day preceding death. Had this latter been prevented, the disease might probably have terminated favourably.

CASE V.—April 7th, 1837. 11 o'clock, A. M. Mary Shea, æt. 8, having laboured for three weeks under a bowel complaint, has presented within the present week symptoms of croup. (I could not ascertain the precise time of their development.) She is at present in a most distressing state; cough constant and severe, threatening suffocation; breathing stridulous and accompanied by a crowing sound; abstraction of about $\frac{3}{4}$ x. of blood from the jugular vein produced faintness and some relief, judging by the change of the symptoms. An antimonial solution was given, which produced free vomiting; applied a blister over sternum, reaching as high as the lower part of larynx.

Half-past 3, P. M.

Sumat omni hora Calom. gr. i.

Pulv. Opii. Ant. Tart. ā gr. $\frac{1}{8}$.

Half-past 7, P. M. Has taken four of the above powders ; just now washed tonsils and pharynx as low down as I could, with solut. nit. arg. The operation produced great dyspnœa and vomiting, but no separation of false membrane ; dyspnœa very great ; pulse intermittent ; countenance ghastly ; continue powders.

Half-past 9, P. M. Applied sol. arg. nit.

Habeat negus.

11, P. M. Blister has risen well ; washed fauces again ; pulse very rapid ; evident sinking ; the stethoscope applied over both mammary regions indicates the admission of very little air, accompanied by slight sibilous rale ; no membrane has been detached.

Continuatur negus.

April 8th, 8, A. M. Same state ; pulse not more intermittent than yesterday ; countenance *rather less* cadaverous ; drinks freely ; touched fauces again, and gave a hippo emetic, which brought up merely some tenacious mucus, that on inspection was found to have been not sufficiently tenacious.

Half-past 7, P. M. Fauces have been washed occasionally during the day with the sol. nit. arg.

Half-past 9, P. M. Repeated the emetic, adding some ant. tart. No membrane ejected.

11, P. M. Repeated sol. nit. arg., and applied a plaster, consisting of pix Burgund. and ant. tart. over the site of blister.

April 9th. Countenance *less* ghastly ; pulse 130—140, not intermitting ; sleeps with mouth open ; during inspiration a loud snoring sound, during expiration a tracheal, but not snoring sound, is emitted ; pain of bowels ; the epiglottis, on examination, does not seem thickened. Continue sol. arg. nit.

St. statim. Ol. Ric. $\frac{3}{4}$ ss.

Tinct. Op. gr. vii.

Haust. Emet. vesperi.

10th April. Her friends, having become desponding, took her home yesterday; said to be in the same state; griped still.

Repr. Haust. Ol. c. Tr. Op. et Haust. Emet. vesperi.

Continue Nit, Arg. solution.

11th. Reported worse; breathing more difficult, but said to be relieved by application of nit. arg. sol.; dysphagia. Died!

The last two cases, though having a fatal termination, I have brought forward mainly for the purpose of confirming Professor Mackenzie's opinion in favour of the topical use of the nitrate of silver in solution to the fauces and pharynx, as tending not only to assist in throwing off the *adventitious* membrane already formed, but, also, to prevent the further formation of it, and, as every one must admit, alleviate the attendant distress of breathing. The *paramount importance of prompt and decided measures* will appear from the following statement:—Of thirteen cases which I have noted, nine recovered, and of these nine, seven were seen within twenty-four hours after the laryngeal symptoms had set in, and were bled largely and *antimonialized freely*; the four fatal cases were those of children, in whom the first symptoms were overlooked for a longer period than that above mentioned, or, whose residences were so remote as to preclude the possibility of my frequent visits, and in whom, consequently, the disease was allowed to go on, in a great measure, uncontrolled. There is no disease which stands so much in need of the constant, I almost say hourly, attention of the physician as well as the persevering, well directed efforts of the attendants. This is well expressed by Pinel, as follows:—

“ Mais c'est dans des cas semblables que le medecin a besoin d'être secondé par le zèle et les bons offices de tous ceux qui entourent le malade, par les soins les plus assidus et les plus infatigables, soit de jour soit de nuit, par une succession ou une alternative continuelle des moyens internes et externes déjà proposés, soit pour déranger l'ordre des mouvemens et la direction vicieuse qu'affecte la nature en obstruant les voies de la respi-

ration, soit pour empêcher une sorte d'assoupissement qui se renouvelle sans cesse, et qui semble donner un nouveau degré d'intensité à la maladie."

So far as my experience goes, I think I am warranted in recommending strongly the combination of calom. hippo and tartar emetic, occasionally combined with opium, in this disease ; and I may here observe, that in the somewhat analogous disease of pleuritis with tendency to effusion of coagulable lymph, it seems also a very efficient one. With respect to the powerful adjuvant of counter-irritation, I fully coincide in the opinion of Drs. Maunsell and Evanson, that blisters not immediately over the larynx are to be preferred ; they recommend their application over the sternum. I have applied them in this situation, and to the poll with apparently equal advantage in the election.

In a disease which runs its course so rapidly, and for which such a variety of remedies is laid down in systematic works, I know well, from experience, the perplexity of a young practitioner brought for the first time to treat a case ; and I am not without hope, that the present contribution may prove an assistance to some member of the Profession so circumstanced ; if that expectation prove well founded, I will consider myself amply repaid for any time or trouble which the present report may have cost.

ART. VIII.—*Observations on the Use and Abuse of Mercury.*

By CHARLES LENDRICK, M.D., T.C.D., Queen's Professor of the Practice of Medicine, Clinical Physician to Sir Patrick Dun's and to Mercer's Hospitals, &c.

IN a former number of the Journal, (that for May, 1837,) I remarked, that the venereal disease is especially illustrative of the morbid, and the beneficial operations of mercury on the human system, and that valuable inferences may be drawn from its use and abuse in that disease, as to the mode of its administration in others.