

replaced the feared catarrh; and so on in instances more than we can name. This gentleness of nomenclature was accompanied by equal gentleness of prescription. Medicines in his hands were always on their good behavior. Patients got well under Sir Henry at less expense to the palate than under any physician that ever preceded him. He had wonderful skill in the use of placebos, and was fond of their use in his practice. With Akenside he might say:

Me they sent
To wait on pain and silent arts to urge,
Inglorious not ignoble; if my cares
To such as languish on a grievous bed,
Ease and the secret forgetfulness of ill
Conciliate.

Altogether viewing him in his civil, as well as his medical, character, we may say of him what Tacitus said of Agricola, and Sir Henry himself said of Baillie:

"Bonum virum facile crederes; magnum liberter."

Abridged from London Medical Times.

HISTORY OF A CASE OF GANGRENE OF THE LUNGS.

By C. A. Pope, M.D., Professor, &c.

H— M—, ætat. forty, a native of Ireland, has lived seventeen years in this country, during which period he has never been sick, nor does he recollect to have ever been much so at any previous time. He has worked as a blacksmith for thirty years. His habits are intemperate. Had a slight cough through last summer, but did not become uneasy about it, until February last; it came on generally at night, suffering very little through the day, with no expectoration, until March, which was small in quantity, and of a white tough character, gradually assuming a bad odor, and continuing to increase in foetidity. Has never complained of pain, nor spit blood until his entrance; amounting in all to about ten ounces, the hæmoptysis continuing for three days. Previous to going into the hospital, he took some oil and calomel, and, this excepted, he had no other treatment.

April 18.—Pulse 96, small and feeble: respiration, *anteriorly*, on *left* side, vesicular; on *right* side, under clavicle, cavernous; *posteriorly*, *left* side, vesicular throughout; on *right* side, feeble, with mucous ronchus; upper third bronchial respiration, with crackling; inferiorly vesicular, but feeble. Percussion on left side nearly natural; on right side, anteriorly, flat over upper half, dull below; posteriorly, the same; gangrenous expectoration continuing, mixed with blood.

19.—Patient walking about; cough less frequent; skin cool; no sweating; tongue natural; expectoration brownish, and still mixed with blood; foetid; respiration obscurely cavernous, with slight gurgling and pectoriloquy under right clavicle; pulsation of heart stronger.

20.—No appreciable change either in the symptoms or physical signs.

22.—The odor of the breath extraordinary and disgusting; expectoration consists nearly of blood, dark colored, foetid, eight ounces in twenty-

four hours; skin moist, warm, sweating; pulse 108, soft, regular, rather feeble; respiration 35; no alteration of signs.

24.—Expectoration remarkably increased in fœtor and quantity, nearly sixteen ounces; this morning admixture of blood; skin pale and sallow; slight œdema; appetite not lost.

29.—Stronger; skin less pale; temperature natural; pulse 100, feeble, but regular; cough severe during yesterday, less so this morning; expectoration still excessively offensive, being a reddish mixture of serum and blood, and part of a thicker muco-purulent matter, less in quantity and of a lighter color; fœtor of breath rather less; respiration 38, more easy; gurgling under right clavicle less liquid; amphoric respiration tolerably extensive, of a deep tone posteriorly and anteriorly.

May 6.—Symptoms have gradually decreased until present date; color more natural; no œdema; strength increased; fœtor of breath and expectoration increased after coughing, which is loose and paroxysmal; three stools daily; expectoration five ounces muco-purulent matter; pulse 100, soft, regular; respiration 38, sonorous ronchus; amphoric respiration less loud.

8.—Strength gradually improving; expectoration same; signs unaltered.

The treatment throughout this case has consisted in the exhibition of expectorants, astringents, antiseptics, tonics and revulsives, so timed as to meet indications as they arose. Sugar of lead, with opium, to stop the spitting of blood; chloride of sodium, to check putrescence; and the sulph. quin. and arom. sulph. acid, to support the strength of the patient, that nature might accomplish the necessary changes effective of a cure.

It is said, that the mortality of this disease is in part to be attributed to the absorption of a portion of the septic poison. Whether this be so or not, experience shows, that the only remedies which seem to give relief are those calculated to act as antiseptics. Gangrene of the lung often occurs endemially; this case, however, seems to be solitary.

On the 28th of April the expectoration commenced to lose some of its excessive fœtidity, pathognomonic of this disease, and to assume that muco-puruloid character which is to be regarded as a most favorable circumstance, since it is indicative of an effort at circumscription, which, of course, is the only cure.

It will be seen, that the signs yielded by percussion and auscultation have been what we had a right to expect. Those resulting from percussion, however, are comparatively unimportant, as the resonance is generally but little altered in idiopathic gangrene. There nevertheless existed some flatness over the upper half, and dulness over the lower half of the right lung.

Towards the commencement, we had mucous ronchus, which, as the tissue of the lung became softened, was replaced by a loud, distinct, and constant gurgling. According as the pultaceous and liquid contents of the cavity were thrown off, amphoric respiration succeeded, which, reaching a well-marked tone, was itself displaced by the cavernous,* as the walls of

* The cavernous respiration in gangrene is not so perfect as in phthisis. In the former, the tissue of the lung surrounding the cavity is unlike the hard thickened substance in the same situation in phthisis, and, of course, is by no means so good a conductor or reflector of sound.

cavity contracted. After his paroxysms of coughing, the sputa are still foetid; this secretion probably comes from that portion of the lung immediately surrounding the cavity, and will require some time for its entire elimination. Should he recover, there may be danger of consecutive pleurisy affecting the sound side; his respiration will not regain its original strength, and from his dissipated habits he may yet die of some pulmonary affection consequent on his present complaint—an idiopathic, circumscribed gangrene of the right lung.

At present, he seems to be regaining his natural color and strength slowly, and probably may add another instance to show that this formidable disease is not so fatal as was once supposed.

Died on May 31st. A large cavity, very sinuous, occupied the summit, front, and side of the right lung. It was flattened, and quite completely cicatrized. *Gangrene had commenced at upper portion of left lung.* No tubercles in either lung.—*St. Louis Med. and Surg. Journal.*

TOBACCO IN HYSTERIA AND SPASMODIC STRICTURE OF THE URETHRA.

By Wm. B. Diver, M.D., of Cincinnati.

IN the American Journal of Medical Science, April, 1842, is recorded a case of hysteria cured by tobacco. On reference to my note-book; I found recorded, Philadelphia, Dec. 9th, 1841, a case of hysteria, in which tobacco was used with the most prompt and beneficial effects. The patient was a servant in a highly respectable family in Philadelphia.

I was called to see her, at first, in a very distressing condition from having swallowed a number of large pins, which I succeeded, after a great deal of trouble, in removing from the œsophagus with Dr. Bond's admirable gullet forceps.

Several weeks after the occurrence of this accident, I was again called to see her in violent hysterical convulsions. The spasmodic contractions were so strong as to require the united efforts of four powerful adults to prevent her being injured. The eyes were forcibly drawn towards the inner canthus, so as to present a case of double squinting. The pupils were contracted to a small point, and the iris was insensible to a brilliant light. The tongue was frequently protruded between the teeth, and severely wounded.

After considerable trouble I succeeded in opening a vein in the arm, and abstracted about sixteen ounces of blood. This was followed by a temporary cessation of the convulsive throes, which, however, returned with increased violence, so that the patient was almost entirely unmanageable.

To prevent further injury of the tongue, and to facilitate the administration of medicine, a cork enveloped in the end of a towel was held between the teeth. Large doses of tinct. opii and tinct. assafoetid. were administered, and attended with but transient effects; the convulsions were