

tebrae. The boy has been blistered, and also had leeches on before coming in, but all seems of no avail. It is proposed at present to keep him quiet, and watch the case. A little simple, cooling mixture was ordered, and milk diet.

Dec. 22nd.—About a month after there seemed no very manifest change. He has been ordered syrup of iodide of iron, and porter, expecting it is scrofulous, and may yield.

Jan. 12th.—Suppuration is advancing. Still to get nourishing diet. Hot poultices applied.

25th.—To-day Mr. Stanley, not without some trepidation, opened the swelling, when six ounces of pus were obtained, evidently coming from the region bordering on the peritoneum. The most curious point in the case, perhaps, is the immense time from the original injury, now five months, and the maturation of the abscess.

We should not confound this case with ordinary psoas abscess, so often met in practice, in which there is a large collection of matter found in scrofulous patients in the cellular substance of the loins, descending in the course of the psoas muscle, opening at Poupart's ligament, or even descending lower along the fascia of the thigh, with all the bad results which so usually follow such a state of things: there we usually have diseased vertebræ and scrofulous affections of other parts to guide us, but in the present case the chief interest seemed to centre in the absence of all such indications, and a want of reliable data, as Mr. Stanley observed, which in private practice in such a case—for instance, a gentleman, out shooting, jumping over a wall—might be very perplexing and puzzling. Cases of this kind, or even of common lumbar abscess, we may say, in conclusion, will require more than ordinary care. Mr. Abernethy usually looked on such abscesses, indeed, as only next door to pus effused into the serous cavities themselves, and accordingly treated them with the greatest care. Before his time such abscesses were allowed to burst themselves, or large openings were made; the pus encouraged to flow *pleno rivo*; a large gaping wound like an issue left, of which the patients died from the putrefaction of the contents of the abscess, and the consequent fever and constitutional irritation. In place of all this, the more correct practice of the present day is to make a small valvular incision, which should be healed by the first intention on the evacuation of the pus. Even if it fill again, the same process is to be gone through; all probing of the parts also to be carefully avoided. The cyst thus becomes more indolent, appears smaller and smaller, and finally, in place of the patient dying exhausted of fever, the cyst becomes obliterated, and he speedily recovers.

GUY'S HOSPITAL.

PNEUMONIA TREATED BY BLEEDING.

(Under the care of Dr. ADDISON.)

We have noted with some care, this and last week, two cases of pneumonia, treated on precisely opposite principles, yet both doing well. To the superficial observer, it might appear there was no guiding principle in medicine, and that, if in one case bleeding was had recourse to, while in the other it was strictly prohibited, our views were antagonistic; yet nothing could have been farther from the truth—nothing, in fact, more scientific than the treatment in both cases. In no other disease, perhaps, but pneumonia, could the usefulness of the discrimination observed be so beautifully shown. One case, recovering fast, is under the care of Dr. Addison, at Guy's Hospital; the other, under the care of Dr. Parkes, at University College Hospital. We place them together, in order to show the contrast, and the lesson the contrast teaches. In Dr. Addison's case, in the early part of the week, we could hear quite clearly what Dr. Addison thought level to the meanest capacity, though some of his clinical class had previously doubted its existence—namely, what for a better term he called *râle crepitant redux*, indeed, in a very limited form, the lung having been previously blocked up from pneumonia, and dull.

W. B—, aged twenty-five, was brought into Guy's Hospital, on the 24th of January, suffering very severely from what proved to be bad pneumonia, with some pleuritic inflammation. He had been very much exposed to cold and wet, about Christmas, as a carman; he lives at Norwood; has hitherto been very healthy; his breathing is very much oppressed; his pulse quick, and quite of a pneumonic character; he is thirsty and feverish; his expectoration tawny or rust-coloured, viscid, and presenting that intimate mixture of mucus and blood so pathognomonic of pneumonia; he has pain in the chest, and lies on his right side. Dr. Addison ordered

him to be bled to twelve ounces; the blood, as we saw it, was peculiarly cupped and buffed. It is curious, as observed at the time, that Louis believed venesection had little influence over pneumonia, other observers trusting to it almost alone; in the present case, the effect was most beneficial. Dr. Addison also ordered him calomel and tartar-emetic every six hours, with arrowroot as diet. In fact, we had here the ordinary treatment of early pneumonia.

Jan. 26th.—He appears much relieved to-day; takes his medicine; bronchial respiration.

27th.—Marked amendment; *râle crepitant* again audible in the posterior part of the right lung, where all had been blocked up previously, the percussion-note previously dull, with bronchial respiration, and signs of advancing hepatization.

29th.—Quite improved; the *râle crepitant redux* quite remarkable; the bronchial breathing disappearing; the returning crepitation is, in fact, quite large and loud, possibly depending on an œdematous state of the lung. The bleeding and tartar emetic have in all probability saved his life.

It is somewhat singular, that, as a general rule, pneumonia is not a disease often met in hospital wards. Mr. Erichsen, it is true, once pointed out a sort of passive pneumonia as the cause of death after surgical operations, in twenty-eight cases out of sixty-two post-mortems after surgical operation, as also in typhus fever, this form of pneumonia, with crepitation, having been found to exist, the general torpor of such patients too often masking the disease till too late. Bleeding, to be of use in pneumonia, perhaps it cannot be too often said, must be tried early, in that first stage of engorgement or splenization of the lung, where, however, we unfortunately are so seldom consulted.

In the second of the three stages of pneumonia, we have hepatization, as we shall speak of immediately. The lung now contains no air; the percussion-note is dull; the cut surface of the lung exhibits exudation into the lung-tissue of the albuminous constituents of the blood, in, perhaps, the interstitial spaces, not, as Rokitansky rather startlingly lays down, like croup, into the air-cells themselves, this exuded fluid, we need scarcely say, as in all such inflammatory products, displaying a granular blastema, and exudation-cells. Nature, as Mr. Simon well explains it, though suffering partial death of parts, brings also, as it were, elements of repair, if inflammation itself be not only a disturbance of ordinary nutrition, or running parallel to it, the third stage of pneumonia, with its pus-corpuscles, granular matter, exudation-cells, and epithelium, being only a still further advanced condition of the second stage. We do not now speak of the crepitation of pneumonia, mingling or not with ordinary vesicular murmur, as the sign of the first stage, nor of bronchial respiration that of the second; these are doubtless familiar to the practitioner and clinical student.

UNIVERSITY COLLEGE HOSPITAL.

PNEUMONIA TREATED BY WINE AND AMMONIA.

(Under the care of Dr. PARKES.)

We now give a case of pneumonia in a young woman, treated by wine and ammonia, with equal success:—

H. M—, aged twenty-four years, was admitted into University College Hospital in the early part of January. She states, that on New Year's-day she was attacked with sudden and severe pain in both sides of the chest, with severe dyspnoea and cough, which continued for three days, with expectoration of thick reddish matter. In the previous October she says she had a feverish attack, attended also with cough; and five years ago suffered from acute rheumatism. Her father also died of consumption.

January 10th.—Seen to-day by Dr. Parkes, and carefully examined. She is found to have double pneumonia, of a very bad kind, at the base of the lungs: both lungs, in fact, hepatized. Her respirations are 78 in a minute! four times the natural amount. Her breath is foetid; lips discoloured and cold; pulse intermittent and so quick it is impossible to count it. The woman was apparently dying. This was a case, as was well remarked by Dr. Parkes, where bleeding would have made matters worse; and yet where some practitioners would order it. On the contrary, he ordered her brandy, carbonate of ammonia, and wine. In the first twenty-four hours she took ten ounces of wine, thirty-six grains of carbonate of ammonia, and two drachms of compound spirits of sulphuric ether. No calomel, or tartar emetic. Eighteen hours after admission it was found the pulse could not be counted, it was so quick. The respiration had fallen, however, to 64. She had become drowsy.