

of Sir James Barr's vaseline method to a moveable board (= parietal pleura). Now gradually move the board so as to put the cord on the stretch (= action of the inspiratory muscles). Query. What stretches the cord? Is it the pressure of the atmosphere on the exposed surface of the steel plate?

In certain lectures published by me I refer, among other things, to the effect of pulmonary suction in drawing blood into the heart. Sir James Barr says that in so doing I merely elaborate, or attempt to elaborate, the work of others, and suggests that I did not know of this work, seeing that in my preface I say, "I am led to publish these lectures because in them are set forth for the first time certain principles which I believe to be important." Evidently Sir James Barr does not think I say anything very new in those lectures, and I am glad to know this because they have hitherto passed uncriticised. I would like to point out, however, that they do not deal only with the subject of pulmonary suction. I may, or may not, have cast new light on this subject, but that for which I chiefly claim originality in these lectures—and I am grateful to Sir James Barr for the opportunity he has afforded me of drawing attention to the fact—is in the enunciation of the principle that in practically all cases of dyspnoea other than those due to obstruction in the larger air-passages (as by strangulation or diphtheric membrane) the mean size of the chest tends to be increased by the preponderating action of the inspiratory muscles, and that this increase is of a compensatory nature. The truth of this generalisation does not appear to have been recognised. Evidently Sir James Barr, although he has apparently done me the honour of reading my lectures, does not recognise it, for otherwise he would not contest my statement that in fibroid phthisis the inspiratory muscles act with supernormal vigour, and that, largely in consequence of this, the comparatively non-elastic lungs are made to exercise supernormal traction on the circum-pulmonary structures.

I am, Sir, yours faithfully,

Cimiez, Dec. 29th, 1907.

HARRY CAMPBELL.

ACUTE PULMONARY ŒDEMA.

To the Editor of THE LANCET.

SIR,—Having read the letters that have lately appeared in THE LANCET on Acute Pulmonary Œdema, the following case may be of some interest to some of your readers.

The patient, a man aged 30 years, was admitted on Dec. 20th, 1907, to the Taunton and Somerset Hospital complaining of shortness of breath and pain in the umbilicus. Up to 6.45 P.M. he was in his usual health and was driving into town with some friends. Having a slow horse, "he had to shout at it." About half an hour after starting he was "taken with the wind and pain in the navel," thought by him to be flatulence. His friends drove the rest of the way and at 8 P.M. left him at a hotel as he did not feel well enough to go with them to the theatre. At 8.55 P.M. he came by himself to the hospital in a cab. When admitted his face was pale and with an anxious look; his lips were cyanosed, his extremities cold; pulse rapid and of small volume. There was a slight odour of alcohol in the breath. He refused to lie down on the stretcher but preferred to be carried to the ward sitting in a chair. He was expectorating a good deal of frothy, "rusty" sputum by a muscular action that resembled a combined cough and vomit. He preferred to sit up in bed. He continued to cough up the frothy material in large quantities until his death (36 ounces in all). Venesection was performed, about ten ounces being extracted. Three veins were opened as the blood flowed very slowly. Oxygen inhalations, an injection of $\frac{1}{50}$ th of a grain of sulphate of atropine and $\frac{1}{50}$ th of a grain of strychnine were given, and hot fomentations, frequently changed, to the bases of the lungs behind. The man rallied slightly for a time but died 55 minutes after admission. He complained the whole time of dyspnoea and pain in the umbilicus. Nothing definite could be made out as to the condition of the heart owing to the loud stridor and bubbling râles. Dr. V. L. Ardagh of Stogumber, his previous medical attendant, informed me that he had had rheumatic fever 15 years previously and had never been able to follow any continuous employment owing to mitral valvular lesion. About three years ago the patient had a similar attack, was treated with carbonate of ammonia and squills and got better in a day or two. A coroner's post-mortem examination was made two days after death.

The lungs were intensely engorged and œdematous. The weight was 36 ounces each. The heart weighed 24 ounces; the right side of the heart was much dilated, the auricle being full of blood clot. The mitral valve showed evidence of stenosis and regurgitation, one cusp being the seat of a large calcareous mass. The left kidney showed two old infarcts. Except for some engorgement the rest of the organs showed nothing to throw any light on the cause of the condition. The following seem points of special interest:—1. The profuse bronchorrhœa. (The frothy material continued to come from the mouth and nose for several hours after death.) 2. The right heart and lungs were engorged but the veins of the extremities were empty and extremely hard to find even after bandaging the limb. When opened the blood flowed but slowly and clotted almost immediately, necessitating the opening of several veins. 3. The pain was referred to the umbilicus though nothing abdominal was found to account for it.

I am indebted to Dr. Brown, under whose care the case was admitted, for permission to publish the notes of the case.

I am, Sir, yours faithfully,

W. J. JAGO, M.R.C.S. Eng., L.R.C.P. Lond.,

Assistant House Surgeon.

Taunton and Somerset Hospital, Taunton, Jan. 3rd, 1908.

To the Editor of THE LANCET.

SIR,—Acute congestion or œdema of the lungs is a common cause of death so rapid and unexpected as to demand an inquest. I have met with several such cases—the last three weeks ago. A temperate man, aged 50 years, who had had good general health and had not consulted a medical man for a long period, was out for a considerable time during the evening of Dec. 19th—a cold, wet, stormy night. He did not complain of anything when he went to bed, but about 4 A.M. he roused one of his children, said he felt very ill, and told her to fetch some whisky from downstairs. Before she could return he was dead. On post-mortem examination I found both lungs universally loaded with blood and serum, the lower parts being almost airless. There were extensive old adhesions of the left pleura. The heart was of moderate size with competent valves, but the walls were thin and rather soft. The aorta showed commencing atheroma. Other organs were healthy.

In another case which I saw recently a man aged 60 years, who lived alone in a small flat and appeared to be in his usual health during the day, was heard to come home about midnight on a cold, wet night. Next morning he was found dead by the side of his bed which had not been used. He had just begun to undress. In another case a woman was shopping on a cold, foggy, winter's evening. Her breathing suddenly became distressed and she went into a shop and asked to rest but she died before assistance could be obtained. When I saw her a few minutes later there was a thick layer of white froth covering her mouth and nostrils, looking at first sight like a pad of cotton-wool. In all these cases the victim had been out at night in cold and damp weather, and in all the necropsy revealed lungs deeply gorged with blood and serum and a heart of unsatisfactory powers, though free from valvular defects. In each case the opinion was given that death was from syncope, a weak heart having failed owing to rapid congestion of the lungs due to exposure to cold and damp weather.

I am, Sir, yours faithfully,

FREDERICK POLLARD, M.D. Lond.,

Surgeon V Division, Metropolitan Police.

Jan. 6th, 1908.

ALCOHOLISM: ITS CAUSES AND TREATMENT.

To the Editor of THE LANCET.

SIR,—With most of Lieutenant-Colonel Douglas's letter in your issue of Dec. 28th I entirely agree, but when he makes the sweeping statement, "Drugs are useless," I feel compelled to give him my experience. That drugs are useful in inebriety any medical man can easily convince himself, especially if he has the practice of a police surgeon. There is nothing more remarkable in the whole round of medicinal treatment than the effect of apomorphine upon the mad-drunk patient. A small hypodermic injection of this drug will produce an immediate calm and in less than ten minutes a quiet sleep. No medical man who has once seen this can say that drugs are useless in the treatment of inebriety. I do