

their special hue. The lung of the adult is, therefore, inflamed *en masse*; all its elements are at the same time the seat of anatomical changes. It is not so in the infant; the lungs of the child are affected in detail, and the lobules, being separately diseased, give to the section the granitic aspect noticed above, and which we have attempted to explain. On the surface of the division you will occasionally observe numerous drops of pus issuing from what appears to be dilated bronchi, but in reality from little abscesses resulting from the destruction of lobules in a state of suppuration. These are real vomicae, which are as common in childhood, as they are rare in the adult. On the margin of the diseased lung we also sometimes find transparent yellowish spots, of the consistence of jelly, and resembling, in colour, the agate or carnelian stone; in these spots hardly any trace of parenchyma is discernible, and when thrown into the water they sink to the bottom. The *fœtal* state, to which MM. Legendre and Bailly have lately directed their attention, appears to us to have received an undue degree of importance. We cannot believe that this state continues so late as the tenth or twelfth year—a period too far removed from birth to permit the production of the *état fœtal* by the very simple mechanism pointed out by the authors.

During pneumonia in the adult, the pleurae always, or almost always, participate in the inflammation; and false membranes are very generally met with on the surface of the diseased lung. In infancy, on the contrary, this complication is extremely rare; it is equally uncommon in the aged, on account of the catarrhal nature of the malady at both these extreme periods of human life. The bronchi are usually found red and inflamed, their mucous membrane thickened, and slight dilatations as after hooping-cough; accidentally, even small lacerations may be seen on their surface. The lymphatic ganglia are also frequently the seat of tumefaction, and complete the series of anatomical changes which are produced in the respiratory viscera of children by the presence of pneumonia.—*Med. Times*, Dec. 26, 1846.

27. *Hooping-Cough an Exanthemata.* By Dr. Volz.—There are many reasons why hooping-cough should not be classed among the neuroses, but rather among the exanthemata. For instance, its epidemic nature, its contagious character, its attraction to children, its occurring only once in a lifetime, its relationship to measles, its regular progress, and its uninterrupted career in the individual, are all points in which it has as little resemblance to a catarrh as it has to convulsions, but which show a great similitude between hooping-cough and acute exanthemata. That it is seldom that any eruption is perceived in hooping-cough is no proof to the contrary, since, in the other epidemic exanthemata, cases frequently occur where there is no external eruption, but in which, nevertheless, the nature of the disease is unquestionable; and in others, again, the eruption is so transient that it is frequently not observed. Since the time of Autenrieth, the relationship between hooping-cough and the other acute epidemic contagious exanthemata has been suspected. Neumann (*Krankheit des Mensch*, Bd. i. s. 648) has seen hooping-cough accompanied by an eruption resembling measles in form, but having the colour of scarlatina, and appearing chiefly on the breast and arms. This eruption is rare, but Volz also has seen something of the same kind in hooping-cough. Besides the ordinary morbid appearances, Volz mentions certain changes on the mucous membrane of the intestinal canal; these are observed chiefly in the glands of that organ, and are of the exudative kind, and such as are considered by Rokitsansky as peculiar to certain pathological processes, among which are included the exanthemata. If this peculiar alteration in the glandular apparatus of the intestinal mucous membrane is found not only in scarlatina, measles, cholera, and typhus, but also in gangrene, purulent deposits, &c., then it is evident that it is not the characteristic of a specific disease, but of some abnormal changes in the blood. Hooping-cough is therefore to be classed among the diseases produced by an abnormal change in the blood, and from the account of its occurrence as a contagious epidemic, and the numerous coincidences between it and scarlatina or measles, as already mentioned, it is improper that it should invariably be classed among the neuroses. With regard to the treatment, Volz found tannin and nitrate of silver each useful in a few cases, in alleviating the violence and frequency of the paroxysms, but in general these remedies were of no avail; belladonna was

found most uniformly of use.—*Monthly Journ. Med. Sci.*, Dec. 1846, from *Häuser's Archiv.*, Bd. iv. Hft. 3.

28. *Infantile Pleurisy*.—Mr. CRISP in a paper read before the South London Medical Society, (and published in *Lancet*, Jan. 16th, 1847.) after reviewing the opinions of Underwood, Maunsel, Evanson, West, Baron and Billard, on this disease, referred to 41 post-mortem examinations he had himself made of children under two years of age (the greater number under 12 months). In 6 cases inflammation of the pleura had been found, and in 5 of these it was combined with pneumonia; in one case it was complicated with pericarditis, in another with peritonitis and hydrocephalus, and in the sixth case the pleuræ alone appeared to be inflamed. Although the character of symptoms in the adult render the disease easily recognized, even without the aid of auscultatory signs, and with these last lead to a pretty certain knowledge of the boundaries and other nice points of diagnosis, yet it must be admitted that in some instances it is more difficult of detection, and is especially likely to escape observation in infantile life, where many valuable signs, obtainable in more advanced life, are wanting. The symptoms observed by the author in infantile pleuritis were—great restlessness, violent screaming at the onset of the attack, very quick pulse, hot and dry skin, glassy eye, dry cough (this not frequent), *the head thrown back*, and great apparent pain on placing the child erect. On auscultation a dry rubbing sound was heard. Many of these signs may be present in other diseases, as pneumonia, increasing the difficulty of diagnosis; but when the dry rubbing sound is heard, with frequent screaming, and an apparent increase of pain on elevating the head, the existence of pleurisy is pretty clearly indicated. If, in addition, mucous and crepitating rales are heard, and a small portion of the serous membrane only is inflamed, the diagnosis is more obscure; but it may be recognized by careful investigation. The author then narrated four cases he had seen of infants in whom, although the disease was unsuspected during life, signs of pleuritic inflammation were found on a post-mortem examination. In another child, æt. 10 months, after indisposition for several days, the child was seized with quick breathing, short cough, hot dry skin, quick pulse, and inability to cry aloud (although two days previously it had screamed violently at intervals, as if in pain); a rubbing sound was heard on both sides, especially on the right of chest; the head was thrown back, and the erect position increased the pain. Notwithstanding depletion, and the exhibition of calomel and antimony every four hours, the child died; and on examination a large deposit of straw-coloured lymph was found on the right pulmonary pleura, in parts one-sixth of an inch thick, with slight adhesions to the costal pleura, but without fluid. Lymphless abundant was found on the left side, with red hepatization of upper portion of the lung. In another child, æt. four months, the symptoms commenced suddenly with a shrill scream, which continued at intervals for nearly twenty hours. The symptoms, on being seen by the author, were hot skin, quick pulse, short dry cough, very quick breathing, glassy eyes, head thrown back, and pain much increased when the head was moved forward; dry rubbing sound indistinctly heard over sides of the chest. Antimonials, calomel, and local depletion, were ordered, with temporary relief; but the symptoms gradually became more unfavourable, and the child died. On examination, both pulmonary pleuræ were found covered with straw-coloured lymph, uniting these to the costal pleuræ; the surface of the pericardium was also coated with lymph, but there was no fluid in this or in the pleural cavities. Lungs congested posteriorly, but healthy in structure, as were the heart and abdominal viscera. The disease in the two last cases was detected during life.

The author considered it fortunate that the only diseases with which infantile pleurisy could be confounded, viz., pneumonia and pericarditis, required the same treatment; but would suggest a recourse to more active measures in pleuritis, if seen in the first stage, than in pneumonia; and if the case is seen early, there is no reason why the disease should not be arrested, and the little patients cured. He had seen two cases lately, in which, from local and general symptoms, pleuritis in an early stage probably existed, and the children convalesced under warm baths, leeches, calomel, and antimony. The author concluded by stating that his object in the present communication had been to show—1stly. That infantile pleuritis is