nounced to be affected with ovarian disease, and that if we were perfectly unaffected by what Dr. ——— and Mr. ——— may have thought of the case, and were to conduct our own inquiries (repeating them sufficiently often) upon the principles we have laid down, there would be but few cases wherein it would be impossible to give a correct diagnosis.

To the junior members of the profession we shall again say, "learn to wait." The medical practitioner must oftener be a Fabius than a Marcellus. No doubt he sometimes wants the eagle glance of the general on the battle field, to know how to break the force of the disease by a sudden attack, but more frequently will he find the prudence of keeping to the hills and dodging the enemy. In beginning practice we are apt to give decided opinions; to this we are prompted by the impulsive energy of youth, and by the fear of being accused of ignorance if we do not give a decided answer. Thus we are persuaded to an erroneous diagnosis which we should not have given if we had well examined and thought over the case;—an error of diagnosis which may compromise the reputation of the man of talent, and which no future professional success can wholly obliterate from the minds of the public.

11, York Street, Portman Square.

[To be continued.]

GALLIC ACID IN HÆMOPTYSIS.

By WILLIAM BAYES, M.D.

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—The invitation given forth in the last number of your journal to your subscribers, "to put their shoulders to the wheel," induces me to forward you the history of a case which has very recently occurred to my notice, and which, showing as it does the great value of gallic acid as a therapeutic agent, and the large doses with which it may be given with safety, may possibly appear to possess some interest to your numerous readers.

I am, Sir, yours obediently,

W. BAYES, M.D.

Marine Square, Brighton.

Mr. R., a gentleman of bilious temperament and thin conformation, called upon me (professionally) on Sunday, the 6th of June. Before he had recovered from the fatigue of walking to my house, and while his wife was giving me a slight sketch of his ailments, he gave a painful evidence of his state by a fit of coughing, accompanied by some slight hæmoptysis, perhaps as much as two or three tablespoonfuls. After recovering him from the faintness which ensued, and quieting the mental anxiety and excitement which this induced, I sent him to his house, (which was near at hand,) with orders to be put to bed at once, and to be kept per-

fectly quiet. On following him to his house, I heard from his wife that he had been for years subject to attacks of (what they believed to be) bronchitis;—that he was at this time threatened with jaundice;—that four years since Dr. Ramadge had pronounced him incurably consumptive;—that, not being satisfied with this opinion they had consulted Dr. Addison, who had reported the same;—that their present London physician had, however, told them that it was merely bronchitis;—that, after a severe attack, which had been accompanied by profuse expectoration, by night sweats, and by hectic fever, he had been advised to visit Brighton;—that he had been in Brighton two weeks, and had apparently much improved, when he imprudently had walked to the top of the Downs;—that the fatigue attending this exertion had caused him to expectorate blood five or six times;—that this had frightened them, and that they had continued their walk to my house, to ask whether it would be safe to return at once to London;—and that the excitement attendant upon this last imprudence had produced the hæmoptysis before-mentioned.

In the highly nervous and excitable condition in which I found Mr. R., (he had been shedding tears like an hysterical female,) I did not deem it prudent to make a very lengthened or particular stethoscopic examination of the lungs, especially as the hæmoptysis had much diminished since he had assumed the recumbent position. I found, however, that they were extensively diseased, and that there was evidence of subacute inflammation in the lower and back part of the left lung. His skin and face were yellow, and dusky-looking; tongue deeply furred; breath very offensive; pulse 95, rather full, yet jerking and tremulous; skin felt harsh and rough; bowels confined, and for several months he had never had proper action from them, generally scarcely more passed daily than the size of two or three almonds; urine abundant, and he said "it smells quite beautiful, almost as good as a scent." On examination I found it diabetic, although in quantity it was not very much increased, probably not more than six or seven pints daily. The only pain he felt was a dull aching across the loins, and occasionally more severe at the lower and back portion of the left lung. The colour of the expectoration was bright and florid.

I first ordered him a few grains of sulphate of magnesia and sulphuric acid, in infusion of roses, and in twenty-four hours, the hæmoptysis having almost ceased, I gave him three tablespoonfuls of lemon-juice, to be continued every two hours. Under this treatment all the symptoms of subacute inflammatory action subsided, the pulse diminished in frequency, (to 68,) the pain in the side disappeared, the tongue cleared itself, the night sweats became greatly decreased, and in three days ceased altogether. What most of all pleased me was, that the bowels acted freely, and the alvine secretions were well coloured with bile. The patient himself seemed astonished with the change, saying, that his bowels had not acted so well or so comfortably for years. The urine, so far from increasing in quantity, diminished considerably, and Mr. R. was rapidly gaining

strength, and apparently health, his skin losing its dusky yellow tinge, and becoming clear, and even slightly coloured.

I do not ever remember to have seen so rapid a change for the better in six days, but, on the 12th of June, I was as much grieved as astonished to see my patient walk into my consulting room, leaning upon the arm of his wife. Before, however, I had time to express my displeasure, the poor gentleman sunk into my chair, and the hæmoptysis returned, worse than at the first. Every fifth or sixth inspiration brought on the cough, and every cough was followed by sputa of frothy florid blood. I was seriously alarmed for him, and as soon as possible had him conveyed home, and laid upon the sofa, with the strictest injunctions that he should neither be allowed to speak or to move. I ordered him five grains of gallic acid every second hour, and was pleased to see that the hæmoptysis gradually diminished. He probably had lost half a pint of blood between twelve o'clock at noon—when he called upon me, and nine at night, the intervals between each expectoration being, at the latter hour, about twenty minutes, and the colour still florid, although somewhat less bright. At a quarter past eleven o'clock the same night I was summoned, hurriedly. In undressing the patient, the hæmorrhage had a third time recurred. His breathing was now hurried, every inspiration brought on a cough, and every cough brought up bright arterial-looking blood. He was becoming faint and livid-looking when I arrived, and I really was afraid lest he should have been suffocated. The air passing through the blood already in his throat produced a gurgling sound, which alarmed his wife, to whom it sounded like the "death rattle." I now took a drachm of gallic acid, put it into a six-ounce bottle, dissolved it in hot water, and added rather more than a tablespoonful of brandy. I cooled this mixture in some ice which was in the room, and gave Mr. R. a dessert spoonful of it every three minutes. The pulse, which could not be felt at the wrist, recovered slightly after the third dose. At the end of half an hour the face became less livid, and he seemed much revived; I, however, continued the gallic acid every five minutes until the end of the first hour, and afterwards every ten minutes until nearly two hours had elapsed, when, to my great joy, the expectoration became perfectly inky. After the first inky expectoration the breathing became greatly relieved, and the patient fell into a quiet doze. He had taken the first drachm of gallic acid in one hour and fifty minutes. I then mixed a second drachm, in the same manner as the first, and gave him a tablespoonful of the mixture at half-past one o'clock, after which he fell asleep soundly; I then left him, with orders that the gallic acid should be given him, in five-grain doses, every hour, for six hours, while he was awake, or to be repeated every ten minutes, if the hæmoptysis were to recur. On calling next morning I found he had expectorated but twice, and the sputa were perfectly inky. I kept him under the influence of the gallic acid for three days, gradually diminishing the frequency of the dose. At the end of this time, as he had neither cough nor expectoration, I

changed his medicine to the infusion of roses and sulphate of magnesia, and ordered him also to take five-drop doses of creasote, three times a day, upon sugar; he now went on steadily getting well. I found it rather difficult to prevent his committing indiscretions in exercise and in diet, and therefore curbed him a little, by giving him minute doses of tartarized antimony; and upon the 26th, or fourteen days after his severe attack, he was so far recovered, and had for some days borne exercise in the open air so well, that I allowed him to go home again to London, indeed for the last three days I could scarce persuade him that he was an invalid.

Perhaps one of the most satisfactory results of the large doses of gallic acid, was the entire disappearance of the diabetes, and the simultaneous reappearance of bile and sufficient stools. Another point worthy of notice was, that the patient weighed precisely the same upon the day he left Brighton as he had done one month previously.

There is yet a third point to which I would direct the attention of the reader,—that the dyspnoea was almost completely relieved as soon as the system was well saturated with the gallic acid. The difficulty of breathing was no doubt caused by the gorged state of the vessels of the lungs, which was relieved by the powerful astringent acting upon them from within.

ON MAMMARY ABSCESS.

By ALEX. H. PATERSON, ESQ., ALTRINCHAM.

SEVERAL London surgeons have mentioned that boils, carbuncles, and similar diseases have been very prevalent in the metropolis during the last few months.

These diseases have not been confined to London, but have spread, I believe throughout the country, and in this neighbourhood I have noticed inflammation and suppuration of the breast to be unusually frequent after confinement, in females of all classes. In most of the cases I have seen there has been no cause assigned for an attack of fever, which commonly set in a week or fortnight after delivery, was in many cases very severe and even dangerous, typhoid in character, with disordered secretions and diarrhoea. This was followed by inflammation in one and sometimes in both breasts, terminating in abscess.

Burns and Ryan, in their works on midwifery, tell us that this complaint is very easily induced, and very difficult to check. And we know from experience, that the loose cellular tissue of the gland favours the formation of troublesome sinuses, which give great pain, are very long in healing, and seriously affect the strength. The skin is here thick and loosely attached, and the subcutaneous tissues thickened, pass into a state of sub-acute or chronic inflammation, and remain indolent and painful for a long time. Not unfrequently abscess succeeds abscess, and sinus unites with sinus, until a young and delicate woman is reduced to a shadow, and