"better," and seemed more collected. In a quarter of an hour after the wires were discontinued, the pulse fell to 80, but was of improved strength and volume; the skin generally grew warmer, the looks were more natural, and she now answered questions rationally.

Eight o'clock. (*Vespere.*) No return of fits; surface warm and moist; pulse 64, of good volume and strength. Ordered a little gruel, and hot bottles to the feet.

19th. (*Mane.*) Slept but little during the night, and until three o'clock was loquacious and wandering; had no fit since yesterday afternoon; pulse 66, of better strength; is quite sensible, and expresses herself as improved. Upon enquiry states that she has had considerable headaches during the first two months of her pregnancy; never had any fits before, at any period of her life; always enjoyed good health; urine, up to the time of her delivery, had always appeared natural, and voided in proper quantity; bowels have often been confined during the last two or three months, and says that last week were a good deal constipated; yesterday morning diarrhœa came on, and she was purged three or four times; says she had headache yesterday morning, (chiefly over os frontis,) and that at times she fancied every thing turned round. Does not remember her delivery. Urine voided normally, of specific gravity 1.010, does not coagulate by heat; nitric acid produces no effect; litmus paper is unaltered.

Half-past one p.m. Summoned in great haste, it being reported she has had in quick succession three fits, which were pretty similar to those yesterday. No foaming at the mouth. On my arrival was sensible; countenance red and flushed; skin hot; pulse of better volume and strength; tongue rather dry; eyes a good deal injected; head hot; some lachrymation; pupils normal.

Venesectio ad oz. xi., (which was carried so far as to produce a slight impression upon the pulse.) R. Calomelanos, gr. iv.; Pulv. Opii, gr. iss.; Extr. Hyoscyami, gr. iv. Misce. Fiat pil. ij. statim sumendæ. Empl. Lyttæ nuchæ. A bladder of ice to be applied to the head.

Eight o'clock, (*vespere.*) No return of fits. Since she took the pills she has had a tranquil and continuous sleep; says her head feels "comfortable" since the application of the ice; pulse 76, full and soft; skin moist; tongue not at all dry, and tolerably clean. Countenance natural, and expresses herself as much better.

January 20th. (*Mane.*) In every respect favourable. No return of fits.

Vespere. Is still going on favourably. Bowels not moved.

R. Sol. Morph. Mur., gtt. x.; Ol. Ricini, dr. iv.; Aquæ Ment. Pip., dr. iv. Sit haustus statim sumendus.

January 21st. Progresses favourably.

Vespere. After having been up at stool she had a slight fit. Nurse did not send at the time but applied a bladder of ice, and she is now comfortable; nor does she complain of pain in the head. Bowels regular; pulse natural; tongue clean.

- 22nd. Favourable.

25th. Up to this date in every respect went on well.

Reported that about ten o'clock this morning had a return of fits; pulse most particularly full and of not more than natural frequency. Complaints of considerable pain in the head; bowels regular; skin warm.

Venesectio ad deliquium animi. R. Pulv. Opii, gr. ij.; Pulv. Sodæ Carb., dr. ss. Sit pulvis statim sumendus.

26th. Had another fit last night, which from the description, was of an hysterical character; no foaming, but some convulsive agitation. Blood drawn, natural. Bowels open; pulse of good volume and strength; had a tolerable night; countenance clear and natural; complains of some tenderness over the inferior part of the abdomen; no lochial discharge.

27th. Improves.

From this time the case progressed in the most satisfactory manner, and in the course of a few days was pronounced convalescent.

27, Acacia Road, Regent's Park, London.

(To be continued.)

CLINICAL NOTES FROM PRIVATE PRACTICE.*

By W. H. RANKING, M.D., (Cantab.,) Norwich.

3. Double Pneumonia; Hepatization of the Posterior Portions of the Lower and Middle Lobes of both Lungs: Recovery.

A young gentleman, aged 17, of delicate frame, subject in infancy and childhood to repeated attacks of inflammatory croup, after exposure to cold was attacked March 22nd with symptoms which were considered to indicate a common "bilious attack." It appears that he had some cough from the first, but this symptom was not so severe as to cause any anxiety on the part of his medical attendant until the 27th, when a sudden aggravation of the pulmonary symptoms induced him to seek my co-operation.

When seen by me on the morning of the 28th, the patient was in the following condition:—Decubitus on the back, raised by pillows; countenance sunken, pale, and anxious; alæ nasi in rapid motion; whole surface bathed in perspiration; respiration 60 in the minute, abrupt and superficial; pulse 130 to 140, feeble; cough slight; expectoration scanty, tenacious, and rusty. On raising him into a sitting posture, it was found that all the auxiliary muscles of respiration were in full play, and it was evident from the short and rapid breathing that a small portion only of the lungs was pervious to air.

Physical signs.—Dulness on percussion of the posterior portions of both lungs, extending from an inch above the angles of the scapula on the left side, and about half an inch on the right; above these points, and over the anterior regions of the chest, the stroke-sound was normal, or nearly so; over the entire space indicated by dulness on percussion, the vesicular murmur was extinct; and in its place loud bronchial or tubular breathing was heard, the expiratory "whiff" being peculiarly well marked. These signs were developed in their greatest intensity on the left side.

* Continued from page 253.

In the upper lobes, posteriorly and in front, the respiration was puerile, but no crepitus could be discovered by the most attentive examination. The lower ribs behind were motionless.

The above combination of physical signs, pointing out distinctly the existence of double pneumonia in the stage of hepatization, treatment to the best of my judgment, suitable to the emergency, was at once adopted. Six leeches were ordered between the angles of the scapulæ as the only depletory measure admissible, and these were to be followed by a blister. The subjoined pill was also exhibited every two hours:—

R. Hydr. Chlorid., gr. ij.; Ant. Potass. Tart., gr. $\frac{1}{8}$; Pulv. Opii, gr. $\frac{1}{4}$. Fiat Pilula. And eight grains of sesqui-carbonate of ammonia were given every four hours, in Decoct. Senekæ. Beef tea *ad libitum*.

29th. The leeches had bled well, and the patient expressed himself as relieved at first by them, but at the time of our visit he was apparently all but asphyxiated by the sudden accumulation of bronchial secretions, which he was unable to expectorate. Suffocation appearing imminent from this cause, he was raised into the semi-erect posture, and brandy and water administered several times during the day.

30th. Has expectorated a considerable quantity of frothy phlegm, under the stimulus of the brandy, and the immediate danger of suffocation has passed. The mucous rhonchi have also subsided as suddenly as they appeared.

For the next two days there was no very obvious change, but it was evident that the patient did not lose ground, a matter, under the circumstances, sufficiently encouraging. Pergat.

April 2nd. General aspect improved; respiration sank to 40, and the pulse to 100; skin cool; tubular breathing less distinct, and vesicular breathing beginning to appear, especially on the right side. No "*crepitus redux*" heard, though carefully listened for. As the bowels had been several times purged, and the motions were green, the calomel was replaced by mercurial dressing to the blister, and he had Mist. Cretæ.

4th. Expresses himself as considerably better; scarcely any cough, and expectoration scanty, but less tenacious, containing a small quantity of pus, and occasionally streaked with blood; gums becoming tender; purging suspended. Both lungs "clearing up;" tubular respiration almost gone on the right side; *still no crepitus*.

5th. Mercurial fætor well pronounced. The blister to be dressed less frequently. Ordered Pulv. Ipecac., gr. j; Extr. Conii, gr. iv., in pill, every six hours. To continue the mixture.

7th. Pulse 90; respiratory murmur heard fully to the base of the right lung; the left less permeable to air.

12th. Has continued steadily to improve; there has been but little cough or expectoration, but the respirations and pulse have gradually come down to the natural standard. Sits up and takes food with appetite. On examination of the chest, the left side is observed to be flatter than the right, and measures less by nearly an inch; it has a less extent of motion in breathing,

but air may be heard to penetrate to the base, by causing the patient to take forced inspirations. Ordered Potass. Iodidi, scr. j.; Vin. Ferri, oz. j.; Infus. Gent., oz. vj. Sumat cochl. magn. ter in die.

From this period no regular reports have been taken, but occasional examination has satisfied me that the left lung is gradually recovering itself, and the side expanding in proportion. He has now returned to his usual food and habits.

The above case offers instructive evidence of what energetic medical treatment is able to accomplish, under apparently the most hopeless circumstances, and affords as triumphant an answer as could well be wished to those who would depreciate the efficacy of medicine, in order to magnify the restorative powers of unassisted nature. At the time of my first seeing the patient his vital energies were so much sunk, and the extent of lung rendered useless for the purposes of respiration so great, that I did not entertain the smallest hope of saving him, but, on the contrary, his death appeared all but inevitable—certain, if he remained many hours longer unrelieved. Pneumonia advanced to the stage of hepatization, and occupying a large portion of even one lung, is a disease of very considerable danger, and medical efforts are often baffled, although the patient possesses one sound lung for the maintenance of respiration. Here the major portion of both organs was rendered impermeable by air, and recovery must be looked upon as a rare and fortunate event. Andral states that he has never known a patient recover from pneumonia, whose respirations reached fifty in the minute. In the present instance this number was exceeded, and they remained as high as forty for a space of two days.

Two points especially worthy of notice are the trifling amount of cough and expectoration, and the restoration of the lungs, without the re-appearance of the "*crepitous rale*." It is the not uncommon absence or trifling amount of cough, which causes pneumonia to be so often overlooked in its early stage by those who are not conversant with the practice of auscultation. An instance has occurred to me within the past year of one lung becoming almost universally solidified from pneumonia, which the medical attendant, an elderly practitioner, quite unacquainted with auscultation, and occupied by a co-existing jaundice, had entirely failed to recognize; nor could I convince him of the fact, *because there had been but little pain and cough in the earlier period of the attack*. I saved this lady's life by at once commencing a vigorous mercurial treatment, but to this day I have reason to know the gentleman in question considers that the solidified lung was the offspring of my imagination.

The second point to be noticed, (the restoration of the hepatized lung without the reproduction of "*crepitus*,") is one of particular interest. From the time of Laennec till now it has been known, that when a portion of lung which has been solidified by inflammation begins to be restored, the *crepitous rale* which had disappeared as bronchial breathing becomes developed, again re-appears as the "*crepitus redux*."

That this is the ordinary course of events is beyond dispute, and is alluded to by Watson, Williams, and, in fact, by every recent writer and lecturer on diseases of the chest. It may, therefore, be readily imagined, that I was not a little surprised to find that, though there was indisputable proof of amendment in the condition of the lungs of our patient, I yet could not on the most minute and repeated examination discover any "crepitus redux." The character of the breath-sound passed at once from the bronchial to the vesicular, the latter gradually gaining upon, and eventually displacing, the latter. I could not at the time account for this, and was content to note it down as a fact, that "crepitus redux" is not an invariable accompaniment of the resolution of pneumonia; when, upon turning to that admirable example of bed-side teaching, Graves' "Clinical Medicine," I found the same fact had been observed by its author, and under precisely the same circumstances as were offered in the present case—viz., recovery, with trifling cough, and little or no expectoration. Dr. Graves remarks, that in ordinary cases resolution of pneumonia takes place by increased secretion, together with interstitial absorption, but the latter alone is sufficient in certain instances. When such is the case, and no secretion takes place into the bronchial ramifications, there can be no "crepitus redux."

This case offers still another feature of interest, in the sudden occurrence of imminent suffocation from effusion into the larger bronchial tubes on the 29th. This effusion was evidently asthenic, resembling that which occurs towards the close of many other diseases. It might not have been of so much importance under some conditions of disease, but here it was a most formidable complication, obstructing what little portion of pulmonary tissue had been spared by the original malady. It was promptly met by the free exhibition of brandy, a few doses of which enabled the patient to discharge a quantity of frothy mucus. The urgent debility being thus obviated, the symptom did not re-appear.

The treatment was conducted on general principles. Depletion to any extent was inadmissible, and it is questionable if free blood-letting is of use after hepatisation has taken place, even if the patient's strength would tolerate it. All that is necessary in this stage, is by removing a small quantity of blood, to induce something like a balance between the bulk of the circulating fluid, and the diminished capacity of the lungs. I regretted even the application of a few leeches, in the present instance, and am not sure that they were not the cause of the sudden bronchial effusion above mentioned. It will be seen that mercury was looked to as the sheet anchor. Such I regard it to be in the stage of hepatisation. The time is then gone by when good is to be expected from the use of large doses of antimony. The air-cells are clogged by fibrinous deposit; and the best absorbent of lymph, whether in the pulmonary tissue or between the layers of the cornea, is mercury. The iodide of potassium also did good service in completing the resolution of the obstructed lung.

PROVINCIAL Medical & Surgical Journal.

WEDNESDAY, MAY 17, 1848.

We insert this week a letter from a Midland Counties' surgeon, in reference to the recent actions against the Midland Railway Company, for remuneration for professional services rendered, in the case of a poor man, who had suffered a severe accident on the railway. A report of these trials will be found in the *Provincial Journal* of April 19th, together with some brief comments, which we deemed it right to append. The author of the letter thinks, that in these comments, our "zeal for the interests of the profession, has to a certain extent outrun our discretion." Individually we might be well content to underlie this imputation, seeing that we are not alone in the views which we have taken of the conduct of the Company on this occasion,—that the sentiments which we ventured to express were, "to a certain extent," partaken in by the counsel, the Court, and the jury, and would seem to be justified even by the defendants themselves. The counsel, we are informed, "remarked rather strongly on what he characterized as the shabby, mean, and most ungenerous nature of the Company's procedure, in refusing to liquidate the claim. The Judge "suggested that as it was contended for the Company that no servant of theirs had authority to order medical attendance in cases of accident (the plea set up on the part of the Company,) they ought to make it publicly known. The jury, under the direction of the Judge, returned a verdict for the plaintiffs, and even the defendants "did not dispute the justice of the charge, but merely pleaded that they were not indebted," on the ground that their officer had no authority to make a contract with the medical men.

Seeing therefore that such is the recorded opinion of the parties concerned, and that the presiding Judge held the responsibility of the officers of the Company, we do not think that either in any of the observations which we made, or in the conclusion on the conduct of the Company at which we arrived, we can with any justice, be said to have allowed "zeal to outrun discretion;" and further we are still of opinion, notwithstanding the observations of the author of the letter, that the attempt of the