they united, to support the weight of the body, their diameter at the seat of the mischief not being larger than an ordinary lead-pencil. On examining the bones, I found both tibia and fibula without ossific union, at about a third of their length from the malleoli, but having a strong ligamentous connection, the upper portions of the bones overlapping the lower; and both above and below these abnormal kind of joints, which admitted of very considerable motion, both in flexion and extension of the limb, the bones presented the appearance of having been gradually reduced in size from a short distance from their epiphyses to the ligamentous connection already mentioned, and had they been regularly filed down to the very small dimensions met with at this part of the leg, this process could not have been more effectually performed by art, whilst the portions near the knee and ankle-joints were of the usual size and consistence.

Remarks.—My original impression as to the case being one of congenital arrest of development, was considered in consultation rather improbable, as the breach of continuity in the bones was so near the central point of ossification, but I consider the examination of them after the amputation was performed, to have proved satisfactorily the correctness of my first diagnosis, and the rarity of such an unusual anomaly. The irritative fever which followed the primary operation was combated by salines, with tincture of hyosciamus, an occasional mild aperient, and once or twice an anodyne at night; latterly the strength was supported by light nourishment, with a small quantity of wine, &c., &c. The effects of the first inhalation of chloroform were *most complete*, having exempted my little patient from all pain during this severe and tedious operation; it was, however, followed for some hours by considerable irritability of stomach, and slight wandering of intellect.

The excision of the ends of bones, in cases of disunited fracture, was successfully performed by Mr. White, of Manchester, more than a century and a half ago, and has been a practice occasionally adopted by others since his time; and from the supposed analogy in this case of mine, it was considered imperative to give the child the only chance of retaining a useful leg, by resorting to an operation, which, under the peculiar circumstances of his case, appeared to have been dictated by common sense, and the propriety of which surgical experience had confirmed. I believe, however, that this operation is now very seldom performed.

CLINICAL NOTES FROM PRIVATE PRACTICE.*

By WILLIAM H. RANKING, M.D., Cantab., Norwich,
Late Physician to the Suffolk General Hospital.

SUBACUTE BRONCHITIS, WITH TUBULAR EXPECTORATION FROM THE LUNGS.

The following instance of a very rare form of pulmonary disease was attended by me some time since:—

The patient, a gentleman, aged 20, was seized on awaking with a paroxysm of coughing, accompanied by expectoration of sputa, tinged with blood. He had suffered three separate attacks previous to the present, of what was looked upon as simple hæmoptysis, and as such, dreaded as the forerunner of phthisis.

The first seizure of this affection occurred in January, 1841, a second in February, and a third in April, all of which yielded to digitalis. The present attack came on unexpectedly, the patient having the day before been in his usual health. The expectoration consisted of masses, which upon casual examination appeared to be mucus, tinged with blood, and was expelled rather by "hawking" than by cough. Upon more minute inspection these sputa were seen to consist of a whitish membrane, distinctly tubular, and accurately moulded to the form of the bronchial tubes, even to their most minute ramifications. The consistence of these varied; in some portions the membrane was tough and opaque, in others thin, and raised by air into minute vesicles. The blood was small in quantity, and could be easily removed from these tubes by agitation in water.

There was little disturbance in the system beyond that produced by mental agitation, the appearance of the blood having given rise to the greatest anxiety both to the patient and his friends. The pulse was 80, and soft; the skin cool, and tongue natural; and there was little or no pain in the chest. I made a very careful stethoscopic examination relative to the existence of tubercular deposit, but could not discover any grounds of apprehension. The chest was of an unusually round figure, and gave a clear sound on percussion throughout. The respiratory murmur was of an intensity almost puerile, and audible everywhere, with the exception of the neighbourhood of the larger tubes, where it was marked by a sibilous rale. There was considerable præcordial dulness, and extensive but not forcible impulse. There was less difference than natural in the "*timbre*" of the first and second sounds. "The diagnosis I formed from these signs was, subacute inflammation of the bronchial mucous membrane, with plastic secretion; many tubes obstructed partially by membranous deposit; and a dilated heart of less than average power."

Under the impression that digitalis, which had been prescribed on former occasions, was not suitable to the state of the heart, I gave him internally the acetate of lead, guarded in the usual manner by acetic acid draughts. Aperient medicine had been exhibited before my visit. Externally to the chest I applied the Unguent. Acet. Potas. Tart. The acetate of lead was suspended after forty-eight hours, and eight-grain doses of alum were substituted.

Under this treatment considerable amendment was perceptible on the third day, and by the end of the third week every unpleasant symptom had vanished.

The patient now remains in average health, and improves daily under a generous diet, and the daily use of tepid salt-water sponging, followed by friction with horse-hair gloves. Upon every tendency to catarrh

he applies the Linimentum Terebinthinæ to the chest.*

REMARKS.

The secretion of a membranous substance by the pulmonary mucous membrane is familiar to every one, as it occurs in croup; in fatal cases of which disease the bronchial tubes are often found to be filled with the same plastic material as is furnished by the lining membrane of the trachea. But the production of membranous secretion in the lungs of the adult, and unconnected with tracheal disease, must be considered as a rare event.

We have, however, several instances on record, by Bartholini, Ruysch, Tulpus, and Morgagni, and others, under the names of bronchial polypus and bronchial worms.

Hippocrates,† also, probably witnessed something of the kind in the case of Phericides, whom he describes as spitting up "*γαλακτώδεις*," "white milky substances."

Dr. Bergen, of Frankfort on the Maine, has left us a description of an epidemic catarrh, accompanied by the expectoration of membranous tubes, which occurred in 1759. "*Hanc tristem experientiam in propria filia feci, in qua hoc singulare simul se obtulit phenomenon, quod ante mortem, tussi et screatu rejecerit tubulum membranaceum. Hunc tubulum judico esse portionem membranæ tubulosæ per ramos bronchiorum, durante morbo, generatæ.*"

Another case is related by Dr. Warren,‡ who is generally thought to be the first person who has given an accurate description of the disease. It will be seen, however, that he did not entertain any more concise ideas concerning it than Berger, who preceded him by many years. The case is as follows:—

A girl, aged 8 years, of strumous habits, was suddenly seized with dyspnoea and cough, which yielded to medical treatment. At the end of six weeks she had a second attack, accompanied by night sweats; the symptoms ceased upon the expectoration of what Dr. Warren calls "a large polypous concretion." The girl suffered several relapses, but was at length freed from them entirely by the formation of an abscess, connected with caries of the os calcis.

Baillie has never met with a case of what he calls "*bronchial polypus*," but had seen preparations of it.

Cheyne describes two forms of "*bronchial polypus*," one of which is evidently nothing more than the fibrinous portion of blood effused into the bronchial tubes. The instance given by Laennec, as occurring in the progress of a case of phthisis, was of the same nature.

Dr. Casper§ has published the case of a girl, aged 12 years, also of strumous constitution, who, in the course

of inflammatory catarrh, coughed up "a whitish yellow polypous body, of a tenacious character, and corresponding to the bronchial ramifications."

A case will be found in the "*Med. Repository*," vol. xviii., by Mr. Iliff, and also in a memoir read before the Royal Academy of Medicine, on obliteration of the bronchial tubes, by M. Reynaud.

A paper has also appeared on the subject in the "*Medico-Chirurgical Transactions*," by Dr. Reid, in which two cases are recorded.* Another has been published by Dr. Starr,† of Daventry, under the denomination of "*chronic croup*," and which exactly resembles the case of my patient. A girl, aged 22 years, complained of pain in the chest, with a sense of general oppression. Membranous tubes, accurately moulded to the bronchial tubes, and, as in my case, tinged with blood, were expectorated. The blood was doubtless effused from small vessels ruptured in the exertion necessary to dislodge the tenacious sputa.

Authors are far from agreeing as to the precise pathological condition of the bronchial mucous membrane which gives rise to the plastic secretion. There are two principal and opposite opinions: one, which attributes the production of membrane, instead of the ordinary more fluid secretions of inflamed mucous tissue, to the existence of a high degree of irritation; another, which ascribes the phenomenon to an excess of the albuminous constituent of the blood. The generality of writers are in favour of the first opinion; the latter is embraced, among others, by Copland.‡ The question is discussed at some length by Andral,§ by whom it is decided that a high degree of irritation is not sufficient *per se* to cause the secretion of plastic membrane, but that there must be, in addition, some special conditions of innervation or sanguification.

It appears to me that neither of these opinions is the correct one, and that the true explanation is still to be sought for. If the more frequent formation of plastic membrane in children than in adults be due to the existence of a larger quantity of albumen in the blood of the former, then ought we to see such productions the common consequence, in them, of inflammations of the mucous tissues. Such, however, is not the fact. One half, at the least, of the diseases of infancy and childhood, consist of irritations, of greater or less intensity, of the pulmonary and gastro-intestinal mucous membranes. Yet in cases only of croup and diphtherite do we see the production of plastic membranes—cases which, numerically considered, are rare.

The same objections hold good against the opinion which refers this peculiar secretion to the intensity of the vascular excitement. If the degree of irritation were the true cause of such secretion, we ought to see it more frequently among the numerous cases of bronchitis and gastro-enteritis which present themselves to our notice. In our patient, as well as in that of Dr. Starr, every symptom opposed the idea of high vascular

* Since the above notes were taken this gentleman has died, with general anasarca, and other symptoms depending upon a dilated heart. He had no return of the tubular secretion, but suffered from emphysema of the lungs, and eventually from oedema, coexistent with the general dropsical symptoms.

† De morbis popular. lib. vii. ss. xli.

‡ Med. Trans., vol. i., Art. 16.

§ Wochenschrift für die Gesamte Heilkunde.

* Vol. xxviii.

† Medical Gazette, Feb. 7, 1840.

‡ Vide art. Croup, Copland's Dictionary.

§ Anatomie Pathologique, p. 484.

excitement; yet was the formation of the membrane of the most perfect kind.

It is, however, in this as well as in many other points connected with the science of medicine, more easy to frame objections to a given opinion, than to propound

a better; nor in the present instance do I pretend to do so. All that can be said is, that the case may be regarded as subacute bronchitis; but why fibrinous, rather than mucous secretion, should take place, remains a mystery.

A Biographical Notice

OF

ROBERT JAMES NICHOLL STREETEN, M.D., F.L.S.,

Secretary to the Provincial Medical and Surgical Association, and Editor of this Journal.

One principal object originally contemplated in the formation of the Provincial Medical and Surgical Association, was to elevate the character of the members of the profession resident in the provinces, and by a more systematic combination, for the advancement of medical knowledge, to render their labours more productive to the treasury of science. To effect this, and in a manner in some degree commensurate with the importance of the occasion, it was found necessary that a regular plan should be devised, by which the daily occurring medical facts should be collected together, and that provincial practitioners should have a ready mode by which they could give their thoughts and opinions to the world. This important enterprize could not be successfully carried forwards without encountering great difficulties, because its very novelty rendered it impossible that those who engaged in it could have any precedents for their guidance. The scheme originally devised at Worcester, in 1832, did not provide for more than the publication of an annual volume of "Transactions," which it was very soon found was a very inadequate representation of the active and energetic spirit of inquiry which has of late years characterized the enlightened cultivators of medicine exercising their art in the English provinces. In a few years after the institution of the Association it became apparent, that a medium of communication published at more frequent intervals was positively necessary ere the object the society contemplated could be accomplished. It was not, however, until the year 1840, that any effort was made to bring about this good purpose; and but for the ready aid of one whose irreparable loss the Association will long have to mourn over, we should in all human probability have remained for an indefinite period vainly endeavouring to produce so desirable a result. But, fortunately, we possessed in our highly esteemed Secretary Dr. Streeten, one whose habits and pursuits peculiarly qualified him to foster the energies of the profession in the provinces; and whose zeal, learning, and sterling worth prompted him to do all in his power to call forth these results,

In accordance, then, with the desire to do honour to one who has been a successful cultivator of science, and who, by his life and conversation, has done much to produce a favourable impression of the medical

character on the public mind, we proceed to throw together some reflections on the life of the late Editor of this Journal.

Robert James Nicholl Streeten was born on the 28th day of June, 1800, and was the eldest of eight children. His father, John Mitchell Streeten, being at the time of his birth a resident in London. His childhood calls for no comment, excepting that his early education was carried on at home under the direction of his father; and we may infer that he was in youth well grounded in languages, ancient and modern, as in after life, he shewed very great knowledge in this department, particularly in Greek, Latin, Hebrew, French and German. We know nothing as to the circumstances which determined the choice of his profession, but find that he matriculated at Edinburgh University in the year 1820, where he remained till the year 1822. He then went to Paris, and remained there until the year 1823, after which he returned to Edinburgh and graduated in 1824. His diploma is dated on the 2nd of August in that year, his thesis being "De delirio tremente." In that celebrated University he formed acquaintance congenial to his habits and pursuits, and was so fortunate as to be noticed by the late Professor Graham, to whom, in conjunction with the late Dr. Hope, he became clinical clerk; and the intercourse with the latter, thus occasioned, ripened into friendship, which continued uninterrupted until the death of that distinguished pathologist.

Professor Graham seems to have become very much attached to his pupil, as we have now lying before us a recommendatory letter from the former, on the occasion of the latter becoming a candidate for the office of Physician to the Worcester Infirmary, in which he addresses Dr. Streeten in terms of the warmest friendship, and expresses much anxiety for his future prosperity. It is worthy also of notice, that it was to his intimacy with the Professor, whom he accompanied on a walking tour to the Highlands, that the subject of this memoir first derived his taste for botany, and for the general pursuit of natural science.

Not many months after he became a physician, his father being then resident in the neighbourhood of Worcester, Dr. Streeten commenced practice in that ancient city. He was soon favourably known and