would ultimately find out his mistake. At the same time, I told him that no operation could be unattended with danger.

After a short time Mr. Elliot operated, cut down upon the membranous portion of the urethra, dilated the prostate, and took away one small stone.

COLLECTANEA MEDICA.

FROM THE NOTE-BOOK OF

J. D. JEFFERY, Esq., Surgeon, Sidmouth.

ASTHMA COMPLICATED WITH CARDIAC DISEASE.

It may seem strange, but I believe it strictly true, that since I fixed my attention, now several years ago, more especially on pectoral diseases, I have scarcely met with a case of supposed asthma, in which pulmonary organic disease, and cardiac disease likewise, have not appeared to me clearly developed in the shape, more especially, of bronchitis or emphysema of the lungs, and of simple hypertrophy of the heart.—*Dr. Clendinning, Med. Gaz.*

DRY CATARRH AND ASTHMA.

Indication.—Swelling, with an obscure redness or violet hue of the mucous membrane.

When the bronchial tumefaction becomes more extended, dyspnoea is then experienced, even in a state of quietude, and particularly after meals; and this state of oppression is referred by some patients to one side only, and sometimes to the side least affected.

After a time, the dyspnoea comes on in fits, which usually lasts several days, and are so severe as to merit the name of asthma.—*Laennec, Diseases of the Chest*, p. 93.

RHEUMATIC PERICARDITIS ENDING FATALLY.

Jan. 1841. During this month I attended Frederick Smith, aged seven; had been ill some days prior to my visit. Symptoms: Pulse 120; profuse perspiration on the surface of the body; dry, brown coated tongue; great pain in the limbs, back, and chest; respiration difficult; heart's action very great, and much stronger in comparison with the force of the pulse at the wrist; urine high colored, with thick whitish deposit; bowels rather confined.

Treatment.—I first gave a mercurial aperient, followed by a draught, containing three grains of Dover's powder, to be taken every four hours; tincture of digitalis, ten drops; saline mixture, one ounce; with a powder containing two grains of calomel; eight leeches over the cardiac region. No relief in two days; heart's action increased; the leeches repeated, which bled profusely; blister over the leech bites, which rose very well; continue the calomel and draught as above, adding four drachms of tincture of opium to each. The boy complained of great pain at the heart, and constantly groaned; no relief followed; the heart's action was excessive, and the sound was confused and struggling. The patient's strength greatly diminished, and death took place after about ten days' illness.

Post-mortem.—External: Body thin; left side of the chest much elevated above the right, and evidently larger. Internal: On turning back the sternum, the pericardium was found adherent to it by injected cellular tissue to some extent.

A vertical incision of the pericardium being made, it was found adherent to almost the whole anterior

surface of the heart; I was obliged to dissect it carefully off, when the anterior and posterior surfaces of the heart were found to be covered with a semi-flocculent, net-work like investment of coagulated lymph, the internal surface of the pericardium presenting the same appearance; the sac contained about four ounces of thick yellow and almost gelatinous serum; the heart was enlarged considerably.

Remarks.—In the first place, I believe no human means would have arrested the disease at the time I was called; it had most probably been going on in a quiet though active form for some time; the boy was often observed to be soon out of breath, and to suffer from palpitation of the heart. I had attended him four years before (he being then only three years old) in a well marked case of acute rheumatism. I recollect then his pain was so great that his screams were distressing.

Secondly, this case is interesting as a well-marked case of rheumatic pericarditis or "metastasis." The post-mortem examination enabled me to verify the diagnosis, and to see the process ad mortem of this painful and dangerous disease. The adherence of the pericardium to the walls of the chest, and again to the anterior surface of the heart, enabled me to understand that "confused and struggling" sound of the heart which I had heard, and to know also that that organ can perform its office, even when held in bondage, as it were, by the plastic effects of inflammatory disease.

INDIAN MOXA.

The use of moxa, or of actual fire, to the surface of the body is a favorite practice in all savage and even half civilised nations. In China the down of the *artemisia chinensis* is set on fire, and the burning end applied directly to the part. In India a red hot *gool*, or hookah pastille, is usually employed. In Italy a small flame of hydrogen has been lately tried, and in Germany it is a common practice to place a particle of phosphorus on the skin, and then ignite it. The object in all is to effect counter-irritation, and the usual cases in which it is applied are chronic rheumatism, sciatica, neuralgia, deep seated diseases of the bones, cartilages, or ligaments. In India *gools* are used by the native empirics for almost all diseases, especially for enlargements of the spleen and liver.

The most disastrous effects often succeed the application of the cauterium in this or any other form to the tendinous parts, such as the wrist, back of the hand, temple, &c. We have witnessed three fatal cases of lock-jaw induced by the cauterisation of the wrist by an ignited *gool*.

To prepare an excellent substitute for Chinese moxa take fine cotton, soak it in a solution of saltpetre in cold or tepid water, dry it before the sun; when dry, press it into cones of various sizes from half an inch to an inch and a half in diameter at the base, and about two inches high. To apply these cones press one on the part by a wire ring or a pair of forceps, ignite the apex of the cone, and blow gently on it through a reed, to facilitate the combustion. The moxa should be removed before it has burned quite down to the skin; a blistered surface is thus at once formed which usually sloughs, leaving an open suppurating sore, rather difficult to heal.—*Dr. O'Shaughnessy, Bengal Dispensary*.