complained of excessive exhaustion, and was much distressed at the roughness of her mouth (caused by the undiluted spirits).

This feature of E. M.'s case seems to partake of the characteristics of trance, as she persists, in opposition to all persuasion, that she was *in heaven*. I need not occupy further space with particulars, as subsequent symptoms were merely those of amenorrhœa, which gradually yielded to the use of dec. aloes co., and mixt. ferri co., in equal parts, one ounce three times a-day, and the occasional employment of the warm bath, and compound aloetic pill. In fourteen days the catamenia reappeared, continuing the ordinary period, and have since been subject to no irregularity. Three months subsequently this patient had a slight attack of pure hysteria, from which, however, she in a few days recovered, and has up to the present time continued well.

September 26, 1842.

ABSCESS OF THE LUNG.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Perhaps the following case of pneumonia, terminating in abscess of the lung, may not be uninteresting to your readers, being a disease of such very rare occurrence. Laennec, with all his opportunities, and in all his dissections of pneumonic patients, met with only one case in twenty years. Dr. Budd, of King's College, while physician to the Dreadnought, met with three cases in three years. By its insertion in the pages of your valuable Journal, you will oblige

Your obedient servant,
M. R. C. S.

CASE.—J. B., aged thirty-four, ostler, had always enjoyed good health until the 27th of August, 1842, when he caught a severe cold, and was seized, on the evening of the same day, with shivering, followed by great fever and thirst. On the following day the fever was accompanied by a severe cough, shortness of breath, expectoration, and pain under the right mamma. The poor fellow being in very humble circumstances, did not procure medical assistance until the 31st, four days after the onset of the disease, when he requested me to see him. I found him lying on his left side, complaining of violent pain under right breast, short dry cough, expectorations of the rusty nature so characteristic of the second stage of pneumonia. Countenance anxious; respirations 42; pulse 136, full, and strong; urine scanty; skin dry; tongue furred. The left side was perfectly resonant on percussion, both before and behind, and the respiratory murmur was distinctly audible. Right side emitted a dull, flat sound on percussion for a considerable extent underneath the scapula; motion of ribs over the affected part diminished; no sound of any kind to be heard by auscultation, the lung being completely consolidated, and no air entering it. I bled him to eighteen ounces, and ordered the following:—

Tartarised antimony, half a grain;
Water, one ounce. To be taken every two or three hours.

September 1. Much relieved. Respiration 36; skin moist; had some sleep in the night; pulse 100; nausea; slightly purged. Ordered ten drops of tincture of opium to each dose of mixture.

2. Purging has ceased; pain in side diminished; pulse 100; urine scanty; tongue dry; respirations 36; cough less violent; expectoration rusty. Continue remedies.

3. Not so well this morning. Respirations 40; pulse 110; countenance anxious; purged; great dullness on percussion; no sound to be heard by auscultation. Ordered a large blister under right scapula. To have an ounce of chalk mixture after every fluid stool.

4. Purging has ceased. Respirations 42; pulse 110; tongue dark, and furred; countenance very anxious; breath fetid. Ordered brandy and ammonia every four hours. Other remedies to be omitted.

5. Worse. Great fat of breath; evidently sinking.

6. Died this morning.

Post-mortem Examination Twenty-four Hours after Death.

On opening the thorax, it was found that the right lung was entirely in a state of purulent infiltration. On the posterior surface of one of the lower lobes was an extensive cavity filled with pus; the left lung was engorged; heart healthy; liver nutmeg and granular; all the other viscera healthy.

The only remark which I feel it necessary to make is, might not the patient in all probability have been saved had he called in medical advice at the onset of the disease?

CASE

OF

ENCYSTED ABSCESS OF THE BRAIN.

By FREDERICK BROWNE, M.D.,

Physician to the Newbury Dispensary.

B. C., a young female of exemplary habits and not confined to a sedentary occupation, but of scrofulous aspect, having suffered from slowly suppurating cervical glands in early life, leaving extensive scars, was attacked with severe pain over the frontal region, and intense vomiting of a peculiar colored fluid mixed with the mucous secretion of the stomach, which resembled verdigris in the brightness of its green; pulse seldom above 90, but with heat of skin. This state, in spite of remedies, continued for many days. She appeared to pass through the stages of common gastric fever, protracted to the 28th or 29th day; she then appeared better; nourishment was freely taken, and the pain in the head, if not gone, was greatly mitigated, but was now altogether referred to the occiput. The stomach retained food, except when she turned on her left side, when vomiting was immediately excited; the strength, however, did not return; the countenance remained anxious; emaciation was extreme; hectic was set up, purulent expectoration, and death after an illness of seventy days. About ten days previous to dissolution, she requested that her body should be examined in my presence, and Mr. Lamb, the surgeon, who attended with me, proceeded to inspection twenty-four hours after death.

Head.—Dura mater thick, firm, free from vascularity; general venous congestion over the surface of

the cerebrum, and some effusion of lymph beneath the arachnoid; ventricles contained about three ounces of colorless fluid; substance of the brain firm; centrum ovale presented few bleeding points. Cerebellum firm, containing in the left lobe an encysted abscess with well defined walls, being a cavity which would contain a good-sized walnut, and filled with pus of a scrofulous appearance.

Thorax.—Both pulmonic plurae obliterated; the lungs adherent firmly almost throughout both sides; beneath the clavicles, large collections of tubercles in various stages of progression, with suppurating cavities.

Heart.—Small and pale.

Abdomen.—Liver indurated, not enlarged but divided in sections, presented a nutmeg appearance throughout. Examination was not carried further.

It is worthy of remark that there was during this protracted disease no delirium, no convulsion or paralysis, no earache, and the pain for a period was confined to the frontal portion. At one time partial amaurosis was thought to exist, but the pupils never wholly lost their activity.

Newbury, September 29, 1842.

PROVINCIAL MEDICAL JOURNAL

SATURDAY, OCTOBER 8, 1842.

The second clause of an act, entitled "An Act for Regulating Schools of Anatomy," but better known as "the Anatomy Act," provided for the appointment of not fewer than three persons to be inspectors of places where anatomy is carried on. The appointments were vested in the Secretary of State for the Home Department, and in the Chief Secretary for Ireland.

We do not belong to that class of medical politicians who ridicule and reject every act of the executive, merely because such act emanates from persons having authority over us. We are not vain enough to imagine that nothing is right which does not issue from our own cranium—nothing just which may thwart our inclinations or fetter our passions. But, on looking back at the appointments which took place when the Anatomy Act first came into operation, we must say that, with a single exception, they were not calculated to give much satisfaction for the present, or encouragement for the future. Dr. Cragie was appointed inspector for Scotland, and against the propriety of such a selection we have not a word to offer. Dr. Somerville received the appointment for England, and Sir James Murray that for Ireland.

It is at all times a peculiarly painful task to have to deal with men instead of measures or facts; but when this task becomes a duty it must be fulfilled. The appointments of Sir James Murray and Dr. Somerville were not hailed with satisfaction by the medical profession. They could not be satisfactory. The one

gentleman was known as the *protégé* of a warm political partizan, and his impartiality was, from the outset, a suspected matter. The other gentleman was the most obsequious of vice-regal hangers-on, an honorary graduate of an university which has often degraded herself by similar acts of vice-regal sycophancy, and an itinerant vendor of a pharmaceutical preparation. The tree, it is said, may be known by its fruits. Of the manner in which affairs were conducted in Ireland we shall say nothing. The conduct of the Irish inspector appears to have been satisfactory; his certificate of good conduct is signed by many of the most eminent practitioners of Dublin—who also bear witness to the efficacy of his magnesia. In England affairs have not proceeded quite so smoothly. The first circumstance which excited dissatisfaction was the removal of Dr. Cragie from the office of inspector for Scotland, and the substitution of Dr. Somerville in his place. People could not easily understand why—if a Scottish inspectors were requisite—he should not be resident in Edinburgh, or for what useful purpose the administration of anatomical affairs should be concentrated in the hands of the same individual. The arrangement alluded to was, however, maintained, and for several years Dr. Somerville continued to fill the offices of inspector of anatomy for Scotland and England.

We are unwilling to scrutinize acts of which we necessarily have but an imperfect knowledge; instead of blaming the conduct of the English Inspector, we merely record events. His administration gave rise to several complaints from the anatomical teachers of the metropolis, and it was urged in particular that a certain university known to enjoy the favor of the inspectors' patron was treated with marked partiality in the distribution of anatomical subjects. During the existence of the Whig government the complaints of the teachers received, it is said, little attention. But "other men, other morals." The present Secretary of State for the Home Department ordered an investigation to be made, and the consequence has been, as we announced last week, that Dr. Somerville has ceased to hold the appointment of inspector of anatomy for England and Scotland. Mr. Bacot and Mr. Rutherford Alcock have been nominated inspectors for England and Wales; and Dr. Andrew Wood inspector for Scotland.

The number of English inspectors has thus been increased to two, and a resident inspector allotted to Scotland. So far these arrangements are satisfactory, but time alone can decide how far the improvements promised by Dr. Somerville's successors will be realised.

One of the arguments of the let-alone, expectant school of medical politicians is, that political, like