ciation of these two states, if not the actual dependance of certain hæmorrhagic diseases upon morbid conditions of the spleen; at present, however, we must be content to receive as a fact that which we cannot yet explain. The preceding case, amongst many other points of interest, affords an example of the existence of the fatty degeneration of the liver independently of tubercular disease in the lungs or any other organs.

CASE OF HEPATIC CONGESTION FOLLOWED BY DEATH.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I beg leave to forward to you for insertion in your Journal the following case, to which some of your correspondents may perhaps be enabled to give a name; a point which the history of the case and the cadaveric appearances have not enabled me to arrive at with any degree of certainty.

I am, Gentlemen,

Your obedient servant,

M.D.

Catherine M., aged twenty-nine, has been the mother of five children, the last having been born nine months ago, previously to which her general health had been good, but during the seventh month of pregnancy she became the subject of jaundice, the integuments assuming a very bright yellow hue. After delivery the disease spontaneously disappeared, and her health remained uninterrupted until three months after her accouchement, when from a sudden adverse change in her circumstances she was plunged into such extreme poverty as sometimes to pass more than a day without food; whilst in this state, although not obviously suffering from any local disease, she began to emaciate rapidly, and it was then first observed that her face quickly lost the hue of health and assumed a dingy greenish color, her spirits were much depressed, her family no longer appeared objects of anxiety to her, and in this state she continued until four days ago, when she suddenly became attacked with acute pain in the epigastrium, attended by vomiting of green viscid fluid, the quantity of which in twelve hours is stated to have exceeded eight pints; to this diarrhœa ensued, the dejections being described as presenting an oily appearance. On admission into hospital twenty-four hours afterwards, she presented the following appearances:—The face having its integuments of a dusky olive green; features shrunken; dark areolæ around the eyes; respiration quick and short; pulse scarcely perceptible at the wrist; extremities cold; surface covered by a clammy exudation; occasional slight delirium.

Stimulants were freely administered, and after the lapse of six hours symptoms of reaction came on, and she remained suffering from no urgent symptoms until this morning. She now complains of increased pain at the epigastrium, with nausea; dejections of natural color; urine dark, but without any deposit, and not albuminous; milk drawn from the breasts contains no bile.

Chloride of mercury, ten grains;

Opium, one grain. To be taken immediately.

Twelve o'clock, p.m. Sickness has occurred, the ejected fluid containing a large quantity of bile; pain at the epigastrium diminished; pulse rather more full; takes nourishment with tolerable freedom. Repeat the calomel and opium. Towards morning she became slightly delirious, and then appeared to pass into a sleep, in which she died.

Sectio Cadaveris.

Brain, heart, and lungs were quite healthy, excepting a few old adhesions of the pleuræ near the apex of the left; liver enlarged from congestion, a large quantity of blood following each stroke of the scalpel; the gall bladder filled with bile, but its duct quite pervious; kidneys rather larger than natural, but presenting no marked evidences of disease. The remaining viscera were very carefully examined, but no morbid change was detected.

REMARKS.

I was at first induced to regard the symptoms present in this case as indicating that form of hepatic disease in which the resinous rather than the coloring portion of the bile enters into the circulation, and gives rise to urgent symptoms, and often to a fatal termination without having produced any marked degree of the discoloration of the surface, commonly forming the most prominent symptom in jaundice. This idea was, however, quickly negated by the chemical examination of the milk at that time secreted, which afforded no evidences of the admixture of bile. The question next arose whether or not the symptoms present might not have been produced in the body from mental influence, and the cause of her malady to be sought for in the sudden mental shock produced by her adversity; some weeks, however, had elapsed ere the development of those symptoms which ended in death, and although the change in her affections would seem to strengthen this belief, yet the urgent symptoms were developed in a very rapid order, and were by no means those which commonly succeed to mental disease, and the acute epigastric pain, the vomiting and diarrhœa could scarcely be accounted for on these grounds. From the sudden manner in which the urgent symptoms occurred, their acuteness, and the fact of their being more particularly referable to the alimentary canal, the idea of the action of a poison suggested itself, but, independently of the moral evidence which opposed such an idea, a very careful examination of the stomach and intestines after death failed to demonstrate the presence of any deleterious agent.

THE GENESIS OF EMPHYSEMA OF THE LUNG.

By Dr. ENDER.

Emphysema consists in an abnormal dilatation of the air-cells, which has become permanent, without necessarily being accompanied with laceration of these cells, or inducing it as a consequence.

In order to explain more correctly the occurrence of this diseased state of lung, Dr. Ender tried the experiment whether elastic substances, when forcibly and repeatedly stretched, return to their original size or not. He accordingly stretched a long slip of gum elastic, whose length had been before noted, repeatedly with much force, yet carefully enough to prevent

injury being done to any of its fibres, and found it did not resume its original length a , but a medium between its normal a and the limit of extension b . The pulmonary tissue being highly elastic, must, after frequent distension, be deprived in like manner of that quality. Hence, in constantly occurring deep inspirations, as amongst the laboring classes, and violent coughing, &c., isolated spots of the pulmonary tissue being forcibly distended, do not return to their original calibre.

Let us suppose the pulmonary vesicle, in its natural condition, to be a , and b the limit of its greatest distension; the size of the emphysematous cell may remain permanently at b , or retain a degree of distension even greater. If in this state the small bronchial tube leading to the cell becomes blocked up by mucus or any other secretion, it is evident that, as the cell remains permanently distended at b , the elasticity which in health it enjoyed will not serve to expel its contained air; and this can only be accomplished by the contraction of the thoracic parietes. But here again the blocked up condition of the bronchial tube prevents the expulsion by this latter force of the contained air which now becomes rarified, and, by still further dilating the cell, compresses the tubes leading to the adjoining cells, and in this way keeps up a permanently distended condition of several cells, and so produces a true emphysema of that part of the lung. If we suppose inspiration to have commenced when the walls of the chest have expanded, each of these tubular passages will be relieved of its constriction, the emphysematous cell will dilate itself again, to supply the increased space within the thorax, and permit either a complete or partial current of new air into each neighbouring cell. And if we examine this process a little farther, we find that the original emphysematous cell still permits the repeated currents of air into its neighbouring vesicles, but not its egress from the same during expiration; that is, the cells become abnormally dilated, and finally emphysematous.

Pathological anatomy shows us, with reference to the condition of an emphysematous lung, the following appearances:—

1. A mere dilatation of the air-cells with increase of their cubic contents.

2. A dilatation of the cells with rupture of their walls, so that a number form into one chamber. An emphysematous cell permits, as we have seen above, the inward current of air *into* the surrounding vesicles only, but not its expulsion from them. In very forcible inspiration, in which the patient augments the quantity of air contained in the cell, whose efferent outlet, as already described, is valvularly closed during expiration, its parietes, no longer able to resist the expansion of its new supply of air, yields at last, and tears, permitting effusion of air into the contiguous cells. During common inspiration, on the contrary, when the entrance leading to the cell becomes free, the air already confined within it opposes, by its elasticity, a hindrance to a new current of air. But when the thorax, during inspiration, becomes expanded with greater energy, beyond its usual capacity, the cell b not yet having expended all its elasticity, dilating itself also to follow the movements of the external walls, must admit an additional supply of air; so that, when expiration takes

place, and its communicating outlet again contracted, it returns, by means of its still existing elasticity, to volume b , but is easily lacerated by the resisting air now necessarily forcibly compressed within.

3. A combination of this second condition with a true emphysema of the cellular parenchyma situated between the tubules. Two cases of this description were examined after death in the Hôpital de la Charité lately.

The first was a consumptive patient, whose inferior right lobe was attacked with emphysema. The disease had spread to certain places of the lung adjacent, leaving the intervening parts perfectly normal.

The other had died of hypertrophy of the heart. In the inferior left lobe was found a limited emphysematous spot, which nature had, in a remarkable manner, prevented from being injurious. Round about the diseased portion was found a layer of thickened cellular tissue, which had circumscribed the disease, and thus mechanically prevented its extension to the neighbouring tissue. It would be an interesting inquiry to examine whether nature always makes use of this remedial means of interrupting emphysema.

The distinguished Dr. Stokes conceives this disease to be frequently consequent on chronic bronchitis. The secretion of a viscid phlegm may certainly assist in its development and continuance. Thickening and contraction of the mucous membrane may also obstruct the air vesicles, and the increased temperature of the now confined air may occasion dilatation of the cell. That this is, however, not always the case, and very rarely an efficient agent, is proved by the frequent recovery of patients from bronchitis, without emphysema being left behind. On the contrary, bronchitis must often occur as a result, through the violent efforts at respiration in the patient, since the air permanently detained in the pulmonary vesicles, becoming altered in quality, must act prejudicially on the mucous membrane.

In reference to the diagnosis of the disease, which is founded upon the inverse ratio between the clearness of sound on percussion, and feebleness of the respiratory murmur, its genesis, above described, naturally accounts for such a pathognomonic sign, as well as for the one mentioned by later writers, the increased length of the expiratory murmur in emphysema, since we have seen that the primarily affected cell during expiration is compressed by means of the contraction of the thoracic parietes, and the communicating tubes of the surrounding vesicles still more diminished by the resisting air within, at the end of expiration are completely closed up and impervious; but when inspiration returns, they again expand, the sternal cavity at the same time widening, disemburthen those canals of their pressure, and renders the inspiratory movement comparatively unembarrassed.

Extreme cases of this disease are followed by irregularity in the structure of the sternal apparatus, and displacement of the viscera; the scapula is prominent, the clavicles rounded, the intercostal spaces are widened, however, only in the direction from above downwards, but not arched forwards, the lungs themselves are also dilated in the same direction from above downwards; the interval between the ribs increased still more, and its connecting tissue tensely stretched. In pleuritic effusion and in empyema the case is the

reverse; here we have to do with a fluid, and not an elastic gas; hence the dilatation of the thorax is from before backwards, the fluid widening the intercostal spaces, and at the same time protruding them forwards.—*Dublin Journal of Medical Science.*

PROVINCIAL MEDICAL JOURNAL

SATURDAY, JULY 8, 1843.

It has with much truth been said, that no profession but our own affords to the public so large a share of gratuitous assistance, or effects without reward so much towards the alleviation of human suffering; and there is, perhaps, no other class who receive so little of gratitude or remuneration, or suffer so greatly from the prejudices and ignorance of that public to whose service their untiring and unrequited aid is so constantly and cheerfully afforded. In the long list of medical charities, the attending medical officers, almost without an exception, receive no compensation for their labors, and yet the very existence of such institutions depends essentially upon their exertions. Charitable medical institutions are daily increasing in number, and it is not without something approximating to a doubt that we attempt an inquiry as to the influence which they may exert upon the character and usefulness of our profession, and the proximate and ultimate benefit that may accrue to its members.

The general features of almost all public medical charities have within the last few years undergone considerable modifications, and in the more modern and newly-constituted institutions we may sometimes almost fail to discover any traces of the character they once presented.

The dispensaries are fast fading away, and the number of institutions of that class affording relief for all the many ills which may befall us has become much reduced, and in their place there now arise in quick succession establishments appropriated for the cure or relief of special maladies. Scarcely, indeed, is any new medical charity now introduced unless having for its object the treatment of patients laboring under some particular form of disease: thus, for example, we now possess institutions for the treatment of diseases of the rectum, for diseases of the eye, of the ear, of the spine, of the lungs, of the skin, of women and of children, for hernia, and club-foot, and it is far from uncommon to see a dispensary patient, three or four of the members of whose family are in attendance upon an equal number of medical institutions, each of which is appointed for the relief of disease of one particular type.

What effect have all these medical establishments? Do they enhance or detract from the respectability of

the profession? Are they not the means of advertising, and thus benefitting the few at the expense of the many? There can be no doubt that the encouragement and support afforded to any institution designed for the medical treatment of any one specific form of disease does not benefit, nay, is prejudicial to the interests of the profession at large; each of such establishments soon acquires for itself a reputation for the relief of some particular class of maladies, in which the medical officers attached thereto participate, and hence an impression is produced on the public that as Dr. — or Mr. — is attached to an establishment founded solely for the cure of one disease, he must necessarily be more competent to its treatment than his *confreres*, albeit he may not have directed even the average amount of time or study to its investigation. A false reputation is thus thrust upon him, and he often acquires a practice, and realises a large income at the expense of his professional brethren, who, less confident in their own acquirements, have, with a greater share of modesty, believed that they know as much but not more than their fellow practitioners of this or that form of disease. The fact of holding a medical appointment to some one of these institutions often affords the means of introducing to the public some new candidate for their patronage, who, until the moment of his election, has probably thought little or nothing about the diseases he thus assumes to be conversant with; and accordingly as the establishment may be dedicated to the particular malady, so does he become in common *parlance* an eye doctor, a lung doctor, a spine doctor, or a mad doctor, and forthwith assumes the position, and attempts to maintain the character, of a consulting practitioner in some one of those classes of disease.

Occasionally it happens that the converse of this procedure takes place, and a medical practitioner, having the good fortune to receive the aid of a sufficient number of influential friends, contrives to get an institution established which may suit his own peculiar views. This plan is scarcely less open to objections than that just alluded to, as it still furnishes the means of acquiring surreptitiously a reputation to which the individual himself commonly has no kind of right, to the manifest injury of those around him. Quackery, or something closely akin to it, exists not only beyond, but within the pale of the profession; and the fact of impressing the public, by whatever means it may be, with the idea that the entire attention of a certain medical practitioner is devoted to the investigation and treatment of a particular disease, is in itself more or less allied to the practices by which the charlatan so often succeeds in deluding his appointed victims, and cannot serve to reflect any credit upon, although it may add to the pecuniary advantages of, the individual himself. Every conscientious practitioner must, and will admit the