I consider the diagnosis of typhoid fever to be one of the most easy and best established in the whole range of internal maladies. I should not hesitate to pronounce as absolutely in a given case on the existence of the follicular lesion from the symptoms presented during life, as I would on the presence of lymph between the layers of the pericardium if I heard the to and fro sound over the region of the heart.

CASE OF

UNEXPECTED RECOVERY FROM A SEVERE
PULMONARY AFFECTION,

SIMULATING TUBERCULAR PHTHISIS.

By CHAS. SMERDON, Esq., CLIFTON.

Read before the Bath and Bristol Branch of the Association, Dec. 20th, 1849.

ALTHOUGH it was the opinion of Laennec that pulmonary phthisis, like other organic diseases of vital organs, was not absolutely incurable, still the occurrence of such an event, is so very rare, that a large majority of our profession—those even who have had the best opportunities of noting the progress and termination of this most insidious disease, are decidedly impressed with the belief, that hereditary tubercular consumption is never recovered from. This sweeping conclusion, although unhappily too true in general, is not, I believe, devoid of well-marked exceptions. How far the following case may be adduced as a confirmation of that opinion, I will leave to the decision of the Association.

CASE.—James Myers, sailor, aged 32, of slender make, about five feet seven inches in height, fair complexion, and of temperate habits. His grandfather and grandmother died at very advanced ages, and his father and mother are now living, and quite healthy. The year before his present illness he had yellow fever, contracted in one of the West India Islands, out of which he slowly though fully recovered. Sometime in May of the present year he was at Porto Rico, where, during the loading of the vessels for the homeward bound voyage, being then much exposed to the heat of the sun, he was seized with a sudden rigor, succeeded by the usual symptoms of fever. For some days previously to this attack, he had had pain of the chest, especially of the right side, but no cough, accompanied by unusual lassitude. After the attack of fever, these symptoms were greatly increased, so that it was clear some general derangement or inflammation of an internal organ had set in. A few days after the commencement of the homeward bound voyage, he became too ill to be about. He now had cough, embarrassment in breathing, rigors succeeded by night perspirations, copious expectoration, and rapid emaciation. In this state he arrived in Bristol, about the middle of July, after a homeward bound voyage of six weeks, when I first saw him. I was struck most forcibly by his sallow, bloodless, and

squalid appearance. He had an incessant cough, with copious expectoration of viscid sputa. His pulse was quick and small; breathing accelerated; pain over the whole chest but more especially of the right side, extending downwards to the right hypochondrium; tongue morbidly red and dry; percussion-sound dull throughout, respiratory murmur very indistinct, and on the right side especially, rhonchi of a crepitating character were clearly marked, but I could not make out any abnormal sounds indicative of a cavity either now or on a subsequent examination. Altogether, I never met with a more unpromising case. He was ordered some quieting pills of henbane, morphia, and ipecacuanha three times a day; a blister to the chest, and to take a tablespoonful of cod-liver oil thrice daily. During the following three weeks he steadily pursued this plan, without any appreciable benefit to the lung disease, although his general health had evidently improved. He was desired to continue the oil and the quieting pills, for another period of four weeks, during which time I saw him occasionally, but could not mark any improvement; on the contrary, he had become more emaciated, his breathing more hurried and oppressed, and his strength had decreased. Up to this time, since his return to England, he has had no night perspirations, and his sleep, when not disturbed by the cough, has been tolerably tranquil. On the 6th of September, during a violent fit of coughing, he was seized suddenly with hæmoptysis to the extent of about eight ounces, evidently of an arterial character. In the hurry of the moment a neighbouring surgeon was sent for, who bled him to eight ounces, and gave him pills of two grains of superacetate of lead and two grains of Dover's powders *ter die*. A blister also was applied to his chest. The large flow of blood was arrested by the blood-letting, but it reduced him to a very debilitated state, so that he could no longer rise from his bed; but, notwithstanding, large pieces of dark coagulated blood still continued to be expectorated each time of coughing, mixed with muco-purulent sputa, and this in such large quantities that I thought it impossible he could survive many days. About a week after the first attack of hæmoptysis, he had another, more moderate in quantity certainly, but equally as alarming as the first, taking into account the previously exhausted state of the patient. Notwithstanding, he was again bled, and another blister applied. I saw him a short time afterwards, and being convinced that further heroic means of this kind were inadmissible, I determined to arrest, if possible, the continuance of the blood spitting, by lead and opium, in large doses; with this view I gave him five grains of the superacetate of lead and one of the extract of opium, every three hours, and as maniacal symptoms were beginning to show themselves, I ordered his head to be shaved and kept wet with cold water. For three successive days and nights he took the lead pills. It may be right here to premise, that up to this period no abatement had taken place in the quantity or quality of the expectoration, nor of the cough. He was now seized suddenly with crampy pains at the pit of the stomach, extending over the upper portion of the abdomen; his agonies

were intense, so that he was with difficulty retained in bed. Every means that art could devise were employed, to relieve this deplorable state of things; hot fomentations, injections of various kinds, croton oil, with other drastic purgatives, the latter, from the extreme irritability of the stomach, could not be retained. But the extraordinary part of the case remains to be told. From the moment that the mucous membrane of the stomach and bowels became supersaturated, as it were, by the lead, the cough and expectoration entirely ceased. He now took eight grains of calomel and two of opium every four hours, and enemata, composed of gruel and croton oil, were given at the same intervals. A blister was likewise applied over the whole surface of the abdomen. At length, after two days of intense suffering, the constipation gave way, and immediate ease was the result. We had now another evil to contend against, of a different kind; salivation to an alarming extent supervened on the removal of the constipation. Stimulants *ad libitum* were now imperiously demanded to restore and keep up the already exhausted powers of the constitution, and by these means, and others not necessary to enumerate, this procrasted and apparently hopeless case was brought to a successful termination.

This man called upon me yesterday, December 17th. Since his convalescence, which, up to the present time includes a period of more than two months, he has taken a tablespoonful of cod-liver oil three times daily, with the most marked advantage. He has had no return of either cough, blood-spitting, or expectoration; his appetite is good; he sleeps well with the assistance of his quieting pills, and his bowels are regularly open without medicine; he has gained flesh and strength almost equal to his usual state, and his appearance is that of returning health, so much so that he is now looking out for employment as an ordinary seaman.

REMARKS.—This extraordinary instance of recovery, from an apparently hopeless malady, demands some cursory observations; and, first, what was the nature of the first attack, (for from that it is evident the subsequent morbid condition of the pulmonary tissues derives its origin?) Was it hepatitis? The pain of the right side which followed the first rigor, and preceded the pulmonary affection, would make this conjecture probable. Still he had no vomiting, and his bowels were regular. For eight days subsequent to his first attack he was about, but the supervention of debility which rapidly followed, and the cough and night perspirations, constrained him to keep his bed during the remainder of the voyage home. As a remedy, he believes the captain gave him quinine. The acetate of lead, (of which he took about two drachms altogether,) given in large doses, proved a most efficacious remedy; but, although the disease was arrested apparently by its means, it is not fair to infer, perhaps, that this would have been permanent if some other active agent had not subsequently interposed its influence to render it so. The not unusual occurrence of metastasis to the brain, in the last stage of pulmonary phthisis, will for

a time suspend the more alarming symptoms of the disease; and having more than once witnessed this curious pathological phenomenon, I fully expected that when the cerebral disturbance, and that produced by the lead had subsided, that, then, all the suspended symptoms would return again in full force. I conceive, therefore, that this active agent was the ptyalism, carried as it was to an extreme degree, and continued (as it did continue) for several weeks. Again, what was the origin of the hæmoptysis? Dr. Watson, in his admirable "Lectures on the Practice of Medicine" says:—"If a person spits blood, who has received no injury of the chest, in whom the uterine functions are healthy and right, and who has no disease of the heart, the odds that there are tubercles in the lungs of that person are fearfully high." And Louis, writing on the same subject, says:—"It is impossible, as it appears to me, not to admit, that with a few very rare exceptions, hæmoptysis denotes tuberculous disease of the lungs;" and in another place he admits that he had not met with a single example of hæmoptysis among 1200 patients, except in such as were phthisical.

In conclusion, whatsoever was the first cause from whence all the subsequent morbid disturbances took their rise, whether from acute inflammation of the liver, or from the formation and bursting of a vomica, independent of tubercle, it must I think be admitted, that this recited case is an instance of recovery very rare in the annals of medicine.

Hospital Reports.

QUEEN'S HOSPITAL, BIRMINGHAM.

CLINICAL REPORTS OF SURGICAL CASES UNDER
THE CARE OF PROFESSOR SANDS COX, F.R.S.,
SENIOR SURGEON.

Reported by THOMAS WHITTALL, Esq., Resident
Medical Officer.

CASE IV.—CONTUSED HAND.

JAMES PERRY, aged 24, sawyer, of a plethoric habit of body, enjoying good general health, admitted as an in-patient January 28th, under the care of Professor Cox. Met with an accident on Tuesday, the 19th inst., at his work, by which his hand was crushed between two logs of timber; the second phalanx of the first finger of the left hand is fractured, the soft parts contused and lacerated, and the skin and coverings of the first phalanx of the second finger of the same hand stripped off from the anterior surface of the bone, and reflected over its posterior surface, so as to leave the bone completely exposed. He was brought to the hospital immediately after the injury, and became an out-patient. An attempt was made to save each finger, by adopting those plans calculated to promote union by the first intention, but the attempt has not proved successful. Inflammation and sloughing have taken