depends on the locality and the succession of their appearance, taken in connection with well ascertained facts, relative to the origin and progress of pulmonary tubercle. To exemplify my meaning, the dull sound on percussion, produced by consolidation of the lung, is of the same character in whatever part of the lung it is observed; but the diagnosis, derived from its occurrence in the upper lobes, would be widely different from that indicated by its presence in the lower. But to return to inspection, as a means of the diagnosis of incipient phthisis:—In a healthy and well-formed subject, the upper part of the chest should be smooth and rounded, and, excepting in very thin persons, no hollow should exist beneath the clavicles. The expansion on both sides, during respiration, should be regular and equal. In phthisis pulmonalis, certain changes are induced in all these respects. The first thing to be observed, according to the experience of Dr. Stokes, is a want of equality in the expansion of the two subclavicular regions. Dr. Hughes* has likewise noticed the same fact, and believes that it precedes, for a considerable time, any flattening in the same regions, or any change in the resonance on percussion. The falling in of these spaces, however, soon follows, unless there should be a great amount of emphysema conjoined with the tubercular deposit, in which case the tendency to contraction is counteracted by the dilated air-cells. To form a correct judgment of the extent to which flattening has taken place, a piece of tape, as recommended by Woillez,† should be stretched from the nipple to the clavicle. In a healthily formed chest, the tape should be in contact with the skin throughout.

Auscultation.—The next branch of physical investigation—auscultation—is of far greater importance than the former; and will, therefore, require to be noticed more at length. The stethoscopic signs of incipient tubercularization of the lungs, have always been considered of so delicate a character, as scarcely to be distinguished from those produced in the healthy lung, except by a nicely educated ear. There is, beyond all doubt, much foundation for such an opinion; but, as has before been said, the difficulty has arisen from ignorance of, or want of attention to, the double nature of the respiratory act. That this act, instead of giving rise to a single sound, as taught by Laennec, is in reality a compound phenomenon, consisting of two sounds of unequal intensity, is now generally admitted. The normal character of each of these murmurs is a soft breezy sound, leaving on the ear the sensation of gradual and equable expansion. Fournet‡ has given us a scale by which we may measure the relative intensities and duration of the two sounds. The due appreciation of this relation is of great consequence in the diagnosis of incipient tubercular deposit, as the minute shades of the disease are only in the first instance to be detected by correspondingly minute disturbances in such relation.

The same softness characterises the expiratory sound, but its intensity is so slight, that it is inaudible in a healthy lung without considerable attention. The reality of the existence of this murmur was first

observed by Dr. Jackson,* an American physician, and soon after by Louis and Audral. In this country Dr. Cowan was the author of a separate treatise upon the subject, as far back as the year 1835. Fournet has represented the intensity and duration of the inspiratory murmur at ten, that of the expiratory sound at two, or one-fifth of the former.

The natural respiration gives rise to sounds of different qualities, according to the portion of the pulmonary apparatus in which they originate. Auscultators generally divide the respiration into the vesicular, the bronchial, the tracheal, and laryngeal.

The vesicular form is that which is produced in the vesicular tissue of the lungs, and is heard wherever this tissue exists, but in its greatest purity in the antero-superior portions of the chest.

The bronchial respiration, as its name indicates, originates in the bronchial tubes, and as it becomes, when a morbid phenomenon, a most important element in the diagnosis of tubercular deposit, it is of great consequence to be acquainted with its normal character and situation. Its character is that of greater intensity than exists in the vesicular sound, and there is less disproportion between the murmurs of expiration and inspiration; it holds, in fact, in this respect, the mean between the vesicular and tracheal respiration, in which latter the two murmurs are of nearly equal duration. It is heard in its normal state wherever the larger bronchial tubes are situated near the surface, and uncovered by vesicular tissue, and is, therefore, most perceptible at the root of the lungs. Fournet limits it to this spot. Dr. Williams, on the contrary, affirms, that over the space of two or three inches on each side of the summit of the sternum, and sometimes in the axillæ, the respiration is naturally bronchial. I am inclined, after careful consideration of the point, to agree with Fournet, for if that opinion be not correct, what becomes of the value of bronchial respiration as indicative of solidification of the lung, for the “two inches” mentioned include a portion of the apex of the organ, and the part most early affected by tubercle?

The tracheal and laryngeal forms of respiration need not detain us, since they, as morbid phenomena, are heard only in the latter stages of phthisis, and are, therefore, unconnected with the immediate object of this paper.

* Vide Review of M. Fournet's Work.—*British and Foreign Medical Review*, No. 18.

(To be concluded in our next.)

INFLAMMATION OF THE UTERUS DURING THE PREVALENCE OF PUERPERAL FEVER.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The two following cases occurred during the prevalence of puerperal fever in this neighbourhood. They may have had an origin which was quite independent of contagion, but if they were the result of it, as I am disposed to believe, they may possess some degree of interest. I will relate the circumstances attending

* Guy's Hospital Reports.

† *British and Foreign Medical Review*, No. 18.

‡ *Clinical Researches*; translated by Brady.

them, and leave it to others to form their own opinion on the subject, if you should think them worth inserting in your Journal.

I remain, Sir,

Your obedient servant,

W. HENCHMAN CROWFOOT.

Beccles, April, 1844.

Mrs. S., middle aged, and married, applied to me in the beginning of last August for the removal of a large polypus uteri. She had suffered materially in her health from profuse and repeated hæmorrhages, and had a very pallid and sickly aspect. This lady had been under the care of a very respectable and experienced practitioner, who suspected the existence of serious uterine disease, and had declined to operate. As I could detect no other morbid structure than the polypus, a ligature was applied to its pedicle on the 17th of August, and tightened every day until the 20th, when the polypus was removed, without the slightest local or constitutional irritation having been suffered by the patient. All discharge had ceased at the end of eight days, and, as far as the operation was concerned, the patient appeared to be quite well, when, as I was anxious to satisfy both myself and my patient that no other disease of the womb existed, I made a careful, but gentle examination, per vaginam, and had the satisfaction to find the os and cervix uteri in a perfectly healthy condition. It happened that, two days previously, I had been engaged in a *post mortem* inspection of a fatal case of puerperal fever, and that I was still in attendance on other cases. In just 48 hours from the time of the examination, I had the mortification to find my patient attacked by a severe rigor, followed by pain and tenderness in the region of the uterus, and particularly in the left iliac fossa, heat of skin, small and very rapid pulse, tumid abdomen, and great prostration of strength, in short, with symptoms which indicated a formidable metritis, and which remarkably resembled those which I had so recently witnessed in several cases of puerperal fever.

Notwithstanding the reduced state of the patient, from previous hæmorrhages, she was bled from the arm, to faintness, twice in the first 24 hours, leeches were applied to the verge of the anus, the bowels were freely purged by calomel and senna mixture, and warm stupes were applied over the body. These remedies were followed by doses of calomel and opium, with saline effervescing draughts. The disease gradually yielded to the treatment, and in a few days the patient was in a state of safety, but I could not help reproaching myself as having been the possible cause of her danger and suffering.

If the above case were an instance of the power of the poison of puerperal fever to produce a similar train of symptoms in a non-parturient female, the following one would tend to confirm the opinions that the disease itself may be occasioned by a poison generated by erythematous inflammation, unconnected with child-birth.

A nurse, who had been in attendance on a case of diffuse cellular inflammation, which had proved fatal in five days, was called, before the death of the patient, to Mrs. W. in her accouchement. Mrs. W., who was

the mother of several children, had a somewhat lingering, but easy labour, and went on remarkably well till the fifth day, when she had a severe attack of fever, preceded by a violent shivering fit, and attended by acute pain in the back and over the pubes, great tenderness on pressure over the uterus, and in each iliac region, a hot skin, dry tongue, sickness, and great prostration of strength; the pulse however, did not exceed a hundred beats in the minute, in the first instance, and never much exceeded 120 during the course of the disease. The patient was immediately bled to faintness, and leeches were applied to the anus, and to each iliac fossa, warm stupes to the abdomen, and the bowels were purged by calomel, &c. The symptoms were much mitigated by this treatment, but the disease was not subdued, and it was necessary to have recourse repeatedly to the leeching, in spite of the threatenings of typhoid symptoms, as well as to the use of calomel and opium. As the inflammation subsided in the womb, it attacked the right iliac and crural vein, occasioning great swelling of the limb. The patient had a tedious recovery.

I have just read the review of Dr. Lee's Lectures in the last number of the journal, and leaving it to the Doctor to defend his pathology of puerperal fever against the criticism of your reviewer, I would only beg leave to observe that, whatever may be our speculations as to the part of the system, the nervous, the vascular, or the sanguineous, on which the first impression is made by the morbid poison,—whether we believe that the inflammation is produced by poisoned blood, or that the blood is poisoned by inflammation, my own experience convinces me that inflammation of some organ or tissue will be generally found to be so early, and so important a feature of the disease, as to claim the earnest attention of the practitioner, and his most strenuous efforts to subdue it, and that, if it cannot be checked, in limine, the patient will be almost sure to die.

CASE OF DISLOCATION ON THE DORSUM OF THE ILIUM, WITH FRACTURE OF THE FEMUR.

By T. O'CONNOR, Esq., M.R.C.S.

This complication must be rare, as I have not seen it noticed in any surgical work which I have read, neither have I witnessed it before. I shall, therefore, with your permission, give the history and treatment, with a few passing observations upon it. The subject, by trade a carpenter, was employed in repairing the machinery of a windmill, when he fell off the scaffold to a distance of ten or twelve feet on a cross-beam, which, passing between the thighs, threw the femur on the dorsum of the ilium; having still to descend a distance of fourteen feet to reach the ground, he was prostrated on some logs of wood, fracturing *obliquely* the femur, at the junction of the middle with the superior third. In addition to these accidents, I may here observe, he had compound fracture of the fibula, about three inches from the head of the bone.

To the opinion that *dislocation* preceded the *fracture* of the femur, I am inclined by the following circumstances:—the position in which he is said to have fallen on the cross-beam; the contused appearance of the