

translated by McDougall. Second Edition. London: 1851. NELIGAN on Medicines. Third Edition. Dublin: 1851. NON-MEDICAL ESSAY on Cholera. London: 1851. PHARMACOPŒIA ad usum Nosocomii Phthisicorum, etc., accommodata. Londini: 1851. PHARMACOPŒIA Collegii Regalis Medicorum Londinensis. Londini: 1851. RELIGION and Science, Connexion of, and Independence of each other. Manchester: 1851. ROBERTSON on the Physiology and Diseases of Women; and on Midwifery. London: 1851. SNOW (Dr. John), Letter to Lord Campbell on the Chloroform Clause in the proposed "Prevention of Offences Bill". London: 1851.

### TO CORRESPONDENTS.

#### TYPHUS AND TYPHOID FEVER.

*To the Editor of the London Journal of Medicine.*

Hull, March 6, 1851.

SIR,—I was under a mistake, it appears, in ascribing to DR. WM. JENNER the opinion, that "occasionally, though very rarely, in typhoid fever with the rose rash, the follicular lesion is wanting". Nevertheless, I believe the opinion, apart from *his* authority, to be correct. As Dr. Watson distinctly asserts the same pathological truth, I think it probable I may have had the following passage from his Lectures in my mind, which I inadvertently confounded with the statements of Dr. Jenner. After describing the *spotted* or *rubeoloid* epidemic fever of 1838, Dr. Watson adds,—“I have looked for them (ulcers in the bowels) in many cases that have proved fatal in the Middlesex Hospital, and have discovered *neither ulceration nor any other apparent change in the follicles of the intestines. Still, in my own experience, such ulcers have been vastly more often present than absent.*” (*Watson's Lectures on the Practice of Physic*, 1st ed., vol. ii, page 689.) By inserting this explanation in your next Journal, you will much oblige,

Sir, yours faithfully,

HUMPHRY SANDWITH.

Physician to the Hull Infirmary.

PNEUMONIC PARALYSIS. We have received the following letter from MR. THOS. UNDERHILL, Jun., and shall be glad to receive information on the same subject from those who have it to give.

*To the Editor of the London Journal of Medicine.*

Tipton, Staffordshire, 27th February, 1851.

SIR,—I have read with much interest in the LONDON JOURNAL OF MEDICINE for this month, p. 163, your account of DR. MACARIO's paper on what he terms "Pneumonic Paralysis"; and as the two cases recorded in that paper are very similar to one which has lately occurred in my practice, I am induced to forward to you the following notes.

Richard —, aged 44, a labourer, of delicate constitution and nervous temperament, was seized on the 20th December, 1850, with acute pneumonia, commencing in the lower part of the left lung, and rapidly involving the whole of that organ. The symptoms soon assumed a typhoid character, as was anticipated from the constitution of the patient and the extent of the disease. There was some, but not much, delirium. I applied a large blister to the affected side; and in other respects adopted the ordinary treatment. On the 27th, he was decidedly convalescent. On the 28th, I found the improvement going on; he said that he had slept well, perspired freely, and expectorated copiously. There was a very distinct subcrepitant rhonchus. When I proceeded to feel his pulse, *he gave me his right arm, telling me at the same time that he could not move the left;* and that he supposed he had lain upon it. Upon examination, I found that the left arm was completely paralysed. He had no giddiness and no headache. Sensation was not impaired in the hand or arm; there was neither a feeling of numbness, nor of tingling; but when I raised the arm, it fell back upon the side like a dead weight. I directed daily friction of the limb with a stimulating liniment. On the 6th of January, 1851, he was able to walk about within doors; and with the exception of complete persistence of the paralysis as described, he was going on most favourably. On the 12th of January, he announced to me that he was able to move his fingers. On the 16th he could move the wrist-joint, though with difficulty; on the 20th he could bend the elbow. The arm gradually got stronger; and on the 20th of February he resumed his ordinary occupation.

I do not offer any remarks upon the complication of the pneumonia with paralysis. The relation (if any) between the two affections can only be solved by those who have large opportunities in hospitals of observing the former disease. I am, Sir, your obedient servant,

THOMAS UNDERHILL, Jun., M.R.C.S. Eng.