I did not find that even one of the six children afflicted had been relieved in any degree. I was therefore driven to seek other therapeutical means.

It may not be out of place to mention here, that, of the several "specifics" I have been compelled to resort to, I am disposed to attach the most value to alum, which I gave in the ordinary manner, in water well sweetened with the syrup of red poppy, and afterwards in conjunction with diluted sulphuric acid. I think the efficacy of the alum is much promoted when given with this acid. Two of my children have recovered under the use of this remedy, two more when taking the carbonate of potash and cochineal in simple syrup, and two remain under treatment. These have resisted not only the alum, potash, nitric acid, quinine, but pretty nearly everything else I can find in Dr. Gibb's excellent volume. Of course the attendant circumstances of the disorder in each case—its complications and so on—have received all due attention at my hands. As a rule, it may be admitted that free purgation and emetics of ipecacuan are almost indispensable, from time to time, during the course of severe and protracted whooping-cough, whatever additional *specific* treatment may be adopted for its relief and cure.

Northwoods, Bristol, August 11th, 1854.

A CASE OF HÆMOPTYSIS TREATED BY GALLIC ACID.

By WILLIAM BAYES, M.D., Physician to the Brighton Dispensary.

[Read before the South Eastern Branch of the Association, June 21, 1854.]

On May 22nd, 1854, at one o'clock, A.M., a gentleman, aged 66, of spare habit and nervous temperament, was seized suddenly with hæmoptysis of a bright arterial colour, to the amount of about three ounces. There was no appearance of pus mixed with the blood, nor was it wholly mixed with air, though here and there it was frothy. I saw the patient within half an hour, and found him in a very nervous and excited condition, expectorating at short intervals a bright arterial-looking sputum, which was also frothy. The pulse was 110, full, and bounding: the general expression was agitated and haggard. The exact seat of the lesion I did not then wait to ascertain, having satisfied myself (by placing the stethoscope over each bronchus) that it proceeded from the right side, and being convinced, from collateral evidence, that it arose from the bronchial membrane.

I immediately made a saturated solution of gallic acid in hot water, to which I added a little brandy (a drachm of gallic acid in eight ounces of water and two drachms of brandy); and of this mixture I administered an ounce every ten minutes for three doses in succession. This I followed by two other doses, at intervals of a quarter of an hour. The hæmoptysis appeared to have ceased after the third dose.

At twenty minutes to three, the patient expectorated about an ounce of dark coloured and half coagulated blood, after which I gave two other doses at intervals of a quarter of an hour, and a third half an hour later. During the hour succeeding the last of these doses, a perfectly black inky looking sputum was expectorated. The pulse was thin and wiry, about 95 beats in the minute. There was a sense of constriction in the forehead, and a buzzing sound in the ears. Perceiving from these signs that he was now completely under the influence of the remedy, I left the patient with full confidence, ordering him to continue the gallic acid in similar doses every hour. His breathing was now perfectly easy, and he was less distressed.

At 7 A.M. I saw him again. He had slept for two hours, and was free from hæmoptysis.

At 9 A.M. he expectorated a small clot, about half an inch in length, and of the diameter of the small end of a

tobacco-pipe. On this were seven bright-looking specks; otherwise it was tough and very dark. The pulse was 90, thready, without any jerk or other irregularity in its rhythm.

During the remainder of the day, two firm and dark clots were expectorated.

May 23rd. He passed a good night, sleeping throughout. There was one hard clot expectorated this morning. Pulse 80.

May 26th. He remained perfectly well; his cough had almost left him. There had been no hæmoptysis. The bowels were rather confined, and I gave him a few grains of sulphate of magnesia.

May 27th. There had been very little urine passed since the attack. I ordered him to drink freely of barley water. He had also great dullness of hearing, which is most unusual with him. The gallic acid was continued in gradually diminished doses (two grains), and in combination with phosphate of soda (ten grains), three times a day.

From this time he remained perfectly well, and has been taking still smaller doses of his medicine, with a teaspoonful of cod-liver oil, twice a day.

REMARKS. The previous history of the case was as follows:—He spent twenty-seven years of his life in India, and since that period has resided twenty-four years in England and Scotland. Until 1851 he had enjoyed admirable health; but during that winter, in Leamington, he was seized with bronchitis, followed by hæmoptysis. This reduced him so much, that he was for four months confined to the house. He subsequently had an attack of subacute rheumatism. In the autumn of 1852, he had a mild attack of dysentery, accompanied by slight hæmorrhage. This gave way readily. In the autumn of last year, he had a second attack of hæmoptysis, when, from the firmness and resistance of his pulse, his medical man bled him, and gave him digitalis. This treatment reduced him much, and a long and tedious convalescence, of nearly six months' duration, followed.

The reminiscence of the extreme prostration following his former attacks added not a little to the depression of spirits and unusual agitation of the patient. Remembering the frequent recurrence of slight hæmoptysis which had accompanied his first two illnesses, he was in nervous anticipation for the first four days of a return; thus I had not merely a diseased state of body, but also the nervous fears of the patient, to assuage. The full confidence in the powers of the gallic acid, which frequent experience of its benefits had given me, became, under these circumstances, no inconsiderable element of cure, since it enabled me to assure the patient most positively of his perfect safety.

There are a few points of interest in this case to which I will very briefly advert:—

1. There was no evidence that any fresh exhalation of blood occurred after the appearance of those signs which denoted the *saturation* of the system with the gallic acid.

2. These signs became fully established *when the patient had taken about a drachm of the remedy*, and when nearly two hours had elapsed since its first exhibition. In both these particulars, there was a perfect coincidence with what has occurred to me in other cases.

3. No poisonous effects followed as sequelæ. A rapid convalescence has succeeded to a safe cure; and if we except the sense of constriction in the forehead and temporary deafness (both which gave way on diminishing the frequency of the dose), the patient had not even an unpleasant symptom. He could have eaten heartily, had I allowed him: he had no thirst, and slept soundly. The small quantity of urine passed, I believe, was mainly owing to the very small proportion of fluid taken; and the secretion became well established when the patient drank freely of the barley water.

4. The constipated state of the bowels was certainly not owing to the gallic acid; it was the habitual condition of the patient, who for years has been accustomed to lightly aperients. A few ten grain doses of sulphate of magnesia removed this state.

5. The pulse lost its bounding, thrilling character, as rapidly as and more permanently than it would have done under any other treatment with which I am acquainted, though it remained for several days more frequent than natural.

Having recently entered fully into the *modus operandi* of the medicine, in a paper on Gallic Acid in the ASSOCIATION MEDICAL JOURNAL for June 9th, 1854, I need not enter further into the subject here, than to remark that this case most fully bears testimony to the value of the remedy when administered in such a manner to produce a thorough and complete saturation of the system.

This case was read before the annual meeting of the South Eastern Branch of the Association, June 21st, 1854. I would just add to this, that the gentleman still remains well, and in better health than he has been for many months.

28 Old Steine, Brighton, Aug. 12th, 1854.

BIBLIOGRAPHICAL NOTICES.

AN EXPOSITORY LEXICON OF THE TERMS, ANCIENT AND MODERN, IN MEDICAL AND GENERAL SCIENCE; including a complete Medical and Medico-Legal Vocabulary, and presenting the correct pronunciation, derivation, definition, and application of the names, analogues, synonyms, and phrases (in English, Latin, Greek, French, and German) connected with Medicine, and employed in Anatomy, Animal Pathology, Astronomy, Botany, Chemistry, Comparative Anatomy, Conchology, Crystallography, Entomology, Geography, Geology, Geometry, Ichthyology, Materia Medica, Medical Jurisprudence or Forensic Medicine, Medicine, Microscopy, Mineralogy, Natural History, Natural Philosophy, Nosology, Obstetrics, Ornithology, Pathological Anatomy, Pathology, Pharmacy, Phrenology, Physiology, Surgery, Trigonometry and Zoology. By R. G. MAYNE, M.D., Surgeon to the Leeds Lock Hospital, and Surgeon to the Leeds Guardian Asylum and General Penitentiary. Part III. pp. 305 to 456. London: 1854.

THE title of Dr. MAYNE's Lexicon, which we have copied at length, indicates pretty clearly what is its object; and we can truly say that the three parts which have already appeared, extending from the letter A to the word "Hydri-formis", evince an extraordinary amount of laborious research and correctness on the part of the author, which, it is to be trusted, will meet with their due reward. Dr. Mayne does not pretend to write essays on the various subjects, and to give the symptoms, pathology, and treatment of "fever", or the anatomy of the "heart" or "glottis"; but he merely gives the pronunciation, etymology, and French and German synonyms of the words, with a concise definition. A few specimens will shew the general style of the work.

"Fever. (*Ferveo*, to be hot.) *Pathol.* Term for a disease which it is difficult to define; but in general terms it may be stated to be characterised by loss of appetite, thirst, languor, debility, unwillingness to move, accelerated pulse, increased heat of surface, and general disturbance of all the functions of the body; also termed *Pyrexia*. *Fébris*, *is*, f. See *Febris*. Fr. anal. *fièvre*, f. Germ. syn. *Fieber*, n.

"Fibrilla, æ, f. (Dim. *Fibra*, a tendril or fibre.) *Anat.*, *Physiol.* Applied (*Fibrilla*, nom. pl.) to the extremely slender filaments seen by the microscope, and by the collection of a number of which in a sheath, or sarcolemma, a muscular fibre (of animal life) is formed; each *fibrilla* is composed of a small row of elongated cells, and hence has a beaded appearance when seen alone; the juxtaposition of the spaces between the beads give the fibre a striated appearance. *Bot.* Term for a very minute thread-like web proceeding from a radicle: a fibril. Fr. anal. *fibrille*, f. Germ. syn. *Faserchen*, n.

"Flexor, *ōris*, m. (*Flecto*, to bend.) A bender. Applied to those muscles which oppose the *Extensors*, by flexing, or bending

the limb or joint on which they are situated: a flexor. Fr. syn. *fléchisseur*, m. Germ. syn. *Beugmuskel*, m.

"Gastro-Enteritis, *idis*, f. (Prefix *gastro-*; *enteritis*, inflammation of the bowels.) *Pathol.* Term for inflammation of the stomach and bowels: gastro-enteritis. Fr. anal. *gastro-enterite*, f. Germ. syn. *die Magen- und Darmentzündung*.

"Glottis, *idis*, f. (*Γλωττις*, the small chink, cleft, or aperture of a pipe; from *γλῶσσα*, or *γλῶττα*, the tongue, which also signifies the tongue of a pipe, or that piece inserted in it, which contributes greatly to the formation of its superior aperture.) *Anat.* Name for the superior opening of the larynx at the root of the tongue, constituting the most essential part of the organ for the production of voice, or sound. Fr. anal. *glotte*, f. Germ. syn. *Stimmritze*, f.

"Gravel. (Fr. *Gravelle*.) *Med.*, *Pathol.* A popular term applied either to calculous matter formed in the kidneys, passing off in the urine without painful symptoms and subsiding after the urine has been for some time voided and at rest; or to small distinct calculi or concretions which pass from the kidneys through the ureters in the course of a few days, causing severe pain in their passage. It is also used incorrectly for any pain, uneasiness, or difficulty in passing the urine. *Lithiasis*, *is*, or *eos*, f. Fr. anal. *gravelle*, f. Germ. syn. *Gries*, m.

"Heart. (Sax. *Heorte*.) *Anat.* A hollow muscular viscus of an irregular pyramidal form, obliquely inverted, situated between the lungs, but more under that of the left side of the chest, and enclosed within its proper investing membrane the *Pericardium*; from which proceeds the circulation of the blood. *Cor*, *dis*, n. See *Circulation*, *Uragium*. Fr. syn. *cœur*, m. Germ. syn. *Herz*, n.

"Hernia, æ, f. (*Ἔρως*, a branch; because it branches out from its natural situation.) *Surg.* Term for a tumour formed by the protrusion of any of the viscera of the abdomen beyond its parietes, commonly known by the term *Rupture*; also for displacement of any of the intestinal viscera through openings, either congenital or the result of injury, in the mesentery or meso-colon; also for certain swellings in the groin, navel, *labia pudendi*, the upper and forepart of the thigh, in the anterior part of the abdomen, the *foramen ovale*, the perineum, vagina, ischiatic notch, etc., in all which the parts may not be protruded at all, or may not have any hernial sac. The parts which are usually involved in abdominal hernia, are either a portion of the omentum, or a part of the bowel, or both together; but the stomach, liver, spleen, uterus, ovaries, bladder, etc., have formed the contents of hernial tumours. It is also applied to protrusions of brain through an opening in the skull. See *Hernia Cerebri*. A genus of the Ord. *Ectopia*; Cl. *Locales*, of Cullen's Nosology. See *Ramex*, *Ruptio*. Fr. anal. *hernie*, f. Germ. syn. *Bruch*, m.

Besides words in common use, such as the above, the author has treated in the same fashion nearly every term having relation to medical science, which the ingenuity of word-makers has put together. We give one or two examples.

"Gnathalgia, æ, f. (*Γνάθος*, the cheek, *ἄλγος*, pain.) *Med.*, *Pathol.* Term for pain of the cheek. Fr. anal. *gnathalgie*, f. Germ. syn. *Wangenschmerz*, m.

"Histogenesis, *is*, or *eos*, f. (*ἱστός*, a tissue, or web; *γίγνομαι*, to engender.) *Anat.*, *Med.* Term for the origin, or formation of an organic tissue: histogeny. Fr. anal. *histogénie*, f. Germ. syn. *die Bildung des organischen Gewebes*.

From the extracts above given some idea of the style of the work may be formed. It will be at once seen that there are several classes of persons to whom Dr. Mayne's Lexicon would be of great service.

1. To the medical man, it would explain the meaning of such unusual terms as he might meet with in his reading, and regarding which the common sources of information would fail to give him information. It would also enable him to give a clear and concise definition of any professional term of which he might be asked the meaning in a court of law, or even in private conversation.

2. To magistrates, coroners, lawyers, clergymen, and others of the laity, it would be of great utility, and would often enable them to avoid a display of ignorance, equally discreditable to them, and productive of annoyance to those with whom they are brought into contact.

3. Scientific men—as chemists, geologists, mathematicians, etc.—would find in Dr. Mayne's Lexicon abundant references to the terms used in their respective sciences.

The third part of Dr. Mayne's Lexicon, equals, and