

including hypertrophy of the intervesicular tissue, owing, probably, to a deposit in them of an albuminous character, involves considerations of the highest importance, and demands a careful and patient investigation.

Dr. Williams mentions, in his *Principles of Medicine*, a chronic form of pneumonia in which the hepatised portion, owing to the thickening of individual vesicles, assumes an oolitic aspect. In this form of pneumonia he is of opinion that thoracic consumption may commence without the pre-existence of tuberculous disease.

(c.) *Treatment of the Sheffield Grinders' Disease.* This disease requires to be treated on general principles. All causes of irritation must be removed, attacks of inflammation must be subdued as they arise, and every care should at all times be taken to keep up the strength of the patient.

The Sheffield grinders' disease, in the first instance, is simply bronchitis, arising from the irritation produced by the presence of fine particles of stone and metal in the tubes. Removal for a time from the wheel, and a residence in the country, at least during the early stages of the disease, is an essential step to be taken; and the man should resolve for the future to work only in a hull where the revolving fan properly adjusted carries off the greater portion of the irritating particles.

In a grinder somewhat advanced in years, and in whom the disease has made considerable progress, when, in addition to dilatation of the bronchi, the surrounding portion of the lung is not only condensed by pressure, but very often also locally consolidated by chronic pneumonia, it often happens that an acute attack of bronchitis supervenes on the chronic disease. Such a case requires to be treated with the greatest possible caution. The patient, under such circumstances, broken down in constitution, does not die from the inflammation, but from the large accumulation of mucopurulent secretion thrown out by a congested surface. This copious secretion, which the patient has not sufficient strength to throw off, is the cause of death, the brain and tissues becoming poisoned by venous blood. Strong stimulating embrocations are here required to the chest, and doses of the sesquicarbonate of ammonia and of chloric ether should be given at short intervals.

With regard to the treatment of the chronic form of bronchitis, so common amongst the grinders of Sheffield, much will depend on the peculiar complications each case presents. The addition of a dilated state of the tubes to chronic inflammation of their mucous membrane, adds much to the difficulties of treating with success a patient so affected. In the great majority of such cases that I have seen, both in private and dispensary practice, the sputa have been very abundant, solid, opaque, and, for the most part, purulent. The face is bloated, the lips are blue, the countenance is generally livid; such symptoms arise from the altered state of the mucous membrane preventing the proper aëration of the blood. When the disease is of long standing, it is not uncommon to find enlargement and thickening of the right ventricle.

Blisters applied to different parts of the chest at intervals, and repeated dry cupping, are useful in many cases. In the chronic forms, counter-irritation, especially with the croton oil, or the turpentine and strong acetic acid liniments, should always be employed. The expectorant medicines to be selected must depend upon the condition of the discharge from the bronchial tubes. When the expectoration is excessive, balsam of copaiba and pyroxylic spirit are medicines of considerable value; and the inhalation of the vapour of tar, or of creasote, or of chlorine, much diluted, has unquestionably a tendency to reduce the irritability of the mucous membrane, and to lessen the quantity of its secretion.

Surrey House, Sheffield, April 13th, 1857.

ERRATUM.

[In Dr. J. C. Hall's paper on the Sheffield Grinders' Disease, in the JOURNAL of last week, by an error in revision, the woodcuts were unfortunately transposed; the description appended to Fig. 1 belonging to Fig. 2, and *vice versa*. To non-microscopists this error might prove embarrassing; and, therefore, to prevent any possibility of mistake, we again append the woodcuts illustrative of the sputa to this the conclusion of his elaborate articles on the Sheffield Grinders' Disease, with a correct description to each. EDITOR.]

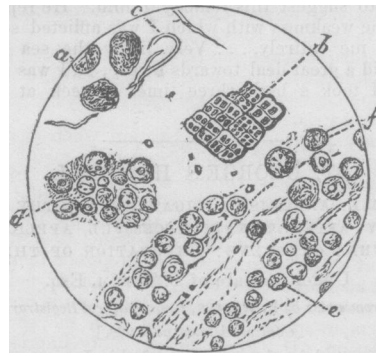


Fig. 1 contains the sputa of a table blade and file grinder. (a) cells containing pigment; (b) sarcina ventriculi; (c) curled elastic fibre; (d, e, f) pus and mucus cells; some very transparent, shewing a distinct nucleus; others (f) with pigment.

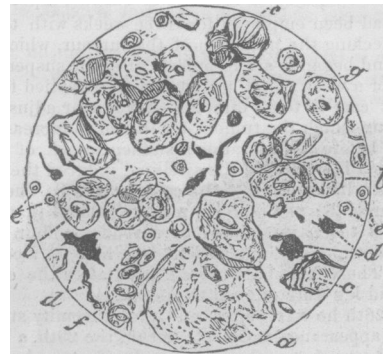


Fig. 2. Sputa of a fork grinder (dry). (a) epithelium from the mouth; (b) epithelium from the fauces; (c) silicious particles; (d) metallic particles; (e) blood-corpuscles; (f) pus and mucus cells.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL, MANCHESTER.

BELLADONNA IN INCONTINENCE OF URINE.

Under the care of G. B. MASFEN, Esq.

M. B., aged 5, who had been under my care at various times since February 6th, 1856, suffering from incontinence of urine, under a variety of treatment, and with, at the best, very trifling amendment, was again admitted on the 28th of January 1857. He is a delicate looking boy, but apparently healthy in all other respects than the disease, for which he was under treatment. He had rarely passed a night, that his mother could recollect, without wetting his bed; and the treatment which had appeared to do him most good, was abstinence from drink in the after part of the day; but this could not be successfully carried out in warm weather.

I prescribed an anodyne alkaline mixture, with an occasional drastic aperient, till having seen Mr. Brooke's case in the JOURNAL of February 21st, I ordered, on February 28th, one-twelfth of a grain of extract of belladonna to be taken three times a day, when a marked improvement immediately commenced, which continued till after having the medicine for twelve days there was no more appearance of the symptoms. He continued under the same treatment till March 21st, when I discharged him apparently cured. I shall keep this case under notice, and, should any relapse occur, shall not fail to place it on record.

While on this subject, I may mention that I wrote to a sometime patient of mine, who had consulted several eminent practitioners in various parts of the kingdom, and who seldom passed a night without wetting his bed, from birth to the age