years. Sometimes there was an interval, varying from a week to a month, in which there was no discharge, either white or red: lately, however, the discharge had been constant. It appeared that there was no interval between the cessation of the catamenia and the appearance of this discharge: the duration of this latter must, therefore, be uncertain. No enlargement of the uterus was perceptible above the pubes. In the vagina, a softish leathery-feeling mass, larger than a walnut, was felt hanging through the os uteri. The circle of the latter could be felt clearly on the right side and fore part, the finger not reaching it well in other directions. There was blood in the vagina; and the speculum showed the surface of the polypus to be superficially ulcerated.

April 3rd. When she was under the influence of chloroform, and laid upon her stomach upon the operation table, with the legs hanging down, the vagina was dilated by means of suitable speculum and spatulae. Mr. Humphry then seized the polypus with the vulsellum, and pulled it down so as to bring its neck through the os uteri, and enable him to pass the chain of the *écraseur* round it, some distance above the expanded portion which projected through the os. It was easily divided by the instrument, with scarcely any hæmorrhage; and was brought away. It consisted of the ordinary fibrous structure, covered by a thick layer formed, apparently, by a prolongation of the lining membrane of the uterus. This, which had furnished the blood, was, at the extremity of the polypus, vascular and ulcerated.

April 23rd. No unfavourable symptoms followed. On examination, the os uteri was found natural; there was no trace of polypus. A week after the operation, there was some discharge, of a red colour; but this soon ceased, and there has been no return of it.

REMARKS. There is perhaps no class of affections in which the *écraseur* is likely to prove of more real value than polypus uteri, provided the chain can be applied sufficiently high upon the neck of the tumour. By it would be avoided, to a great extent, the dangers incidental to the ordinary plan of ligaturing the polypus by means of Gooch's canula, such as inflammation of the veins, secondary abscesses, etc., which have so often proved fatal, that the operation of tying a polypus is, with reason, regarded as one of great danger. The risk of hæmorrhage, which has constituted the objection to the more speedy removal of the growth by the knife or scissors, as practised by Dupuytren, is also avoided.

The difficulty of passing the chain high enough round the neck of the polypus, which will prove the objection to this new method, may be often, in great measure, overcome by seizing the polypus with hooks, and dragging it lower down, as was done in this instance. It was a peculiarly favourable case, from the fact of the tumour having already, in part, passed through the os uteri.

It should also be borne in mind that it is not always necessary to remove the whole of a polypus; for, when the expanded portion has been taken away, the part of the neck remaining in the uterus commonly wastes, or, at any rate, gives no further trouble.

Original Communications.

CASES OF STHENIC PNEUMONIA AND ASTHENIC PLEURISY.

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CASE I. *Sthenic Pneumonia*. J. F., aged 27, a carter, a healthy man, was admitted on March 9th. He had been ill five days: at first he had shivering, which continued up to his admission; at times he was "like a furnace". On admission, his face was flushed; skin warm; pulse weak, rather frequent; tongue coated; lips livid. He had pains flying all over him, most felt about the lower part of the loins. He had a bad cough all night long; the expectoration had been like blood for several days. There was some dulness in the lower part of the right back, perhaps also in the left: nowhere else. There was good breathing in the left front, with prolonged expiration; fair breathing in the upper part of the left back; and small crepitation and harsh breath-sound in the lower part. There was loud breathing in the upper part of the right lung; in the lower part, both in front and behind, there was inspiratory crepitation (not

fine), with prolonged expiration. There was more vocal fremitus on the right side than on the left. A turpentine stupe was ordered to be applied over the whole dorsal surface of the chest, and to be kept on as long as possible; and the following medicine was prescribed:—

R. Antimon. potassio-tart. gr. ss; liquoris opii sedativi ℥v; infusi calumbæ ʒi. M. Fiat haustus tertiis horis sumendus.

March 10th. I visited him at his own residence, and found that he had not coughed nearly so much. He felt much relieved; had not vomited, and had been very little nauseated. The pulse was 100, large; the tongue white; he had copious perspiration. The expectoration was free from visible blood, very adhesive, scanty, and transparent. The urine was loaded with lithates; its quantity was not more than half a pint in twenty-four hours. The respirations were 46, chiefly abdominal; the movement of the lower ribs was diminished, that of the upper increased. Dulness, not absolute, existed in all the right back; bronchial breathing was heard at the upper part, at the middle a moist middling sized *râle*, at the lower part the same, with fine crepitation. In the left chest, there was more vesicular sound, but very imperfect, with moist bronchial *râle*. In both fronts there were loud snoring and semi-moist bronchial sounds, with very little vesicular. A senna purge was ordered; and he was ordered to take two drachms of bicarbonate of potash daily in his ordinary drink.

Repetantur mistura, et fofus terebinthinæ.

March 11th. Pulse 105; respirations 46. The expectoration is very small in quantity, very tenacious, clear, and transparent: it contains but few mucus-corpuscles, and those delicately granulous, some much larger than others, and a good many red blood-corpuscles, with a few flat scales, and some oil-drops; with here and there a few fibrinous films—quasi-membranes—of fibro-homogeneous aspect. The quantity of urine in the last twenty-four hours was 44 ounces; it is very high coloured, almost as if bloody, clear at first, but, after standing a night, precipitating an abundance of lithates; specific gravity, 1026; acidity of about the normal degree, as measured by a test solution. The total amount of urea was 499.84 grains; of uric acid, 19.8 grains.

March 12th. His bowels were open this morning. Pulse 93; respirations 40. The expectoration is the same. The left lung is clearer. In the right lung, there is fine crepitation at the upper part of the back; and absence of breathing, with coarse moist *râle*, at the lower two-thirds.

R. Antimon. potassio-tart. gr. i; liquoris opii sedativi ℥v; misturæ camphoræ ʒi. M. Fiat haustus tertiis horis sumendus.

March 13th. Pulse 75, quiet; respirations 27. Pain felt yesterday in the right side has been much easier since the application last night of a sinapis, followed by a linseed-meal poultice. The expectoration is the same. The left lung is nearly free; the right lung has some vesicular breathing at the upper third, with short, weak, moist *râle* in the lower two-thirds. The tongue is coated at the back. He has slept better, and has had no sickness. The mixture and the bicarbonate of potash were continued.

Sumat pro re natâ pilulæ hydrargyri cum colocynthide gr. v.

March 14th. Pulse 70, small and weak; respirations 30. The expectoration is frothy, less tenacious, and clear. Resonance is fairly good in all the right back, and in the left, except at the lowest part; air enters freely at the upper half of the right on deep inspiration, not in the lower half. There is much *râle* in all this back; fine with vesicular sound above, coarser without vesicular sound below, and very brief. Clear and healthy breath sound, without *râle*, is heard in all the left back, except the very lowest part, where it is null. Full and clear breathing is heard in both fronts. In the lower left lateral region, the breath-sound is null, and is replaced by some fine crepitus: no pain is felt here. The sputa of yesterday contained a strikingly small amount of cell-growth, a few fibrinous films, and numerous torulæ in groups or linear series; it was still transparent, very tenacious, and scanty. The quantity of urine in the last twenty-four hours was 30 ounces, of lighter colour than the former specimen. The acidity was much less than on the 11th; each ounce was then neutralised by sixty-five drops of the test solution, now by fifteen. Specific gravity 1026. It is full of glistening prisms of triple phosphate. The total amount of urea is 334.56 grains; of uric acid, 17.550 grains.

Pergat in usu misturæ quater die.

March 16th. Respirations 29; pulse 70. Much perspiration still continues, as has been the case throughout. The tongue

is quite clean; the urine is thick, of high colour, and sedimentary. Expectoration is muco-watery, not sticky. Air enters freely with vesicular sound into the lower half of the right back. The patient is now continually nauseated by the medicine, and has vomited once.

R Potassæ nitratis gr. viij; infusi calumbæ ʒi. M. Fiat haustus ter die sumendus.

March 18th. Respirations 28; pulse 66. The tongue is clean; appetite good. He is sitting up. There is good resonance in both backs, and good breathing; a trace of fine *râle* is heard here and there at the end of a deep inspiration. There is good full breathing in both fronts. The expectoration still contains very few corpuscles; here and there some largish groups of glomeruli; in some parts there are numerous corpuscles like small torulæ. The quantity of urine of twenty-four hours has been 31 oz.; turbid, with lithates; specific gravity, 1025; the acidity is represented by sixty-five drops of test solution per ounce. Lithic acid is deposited spontaneously. The total amount of urea is 320.168 grains; of uric acid, 0.51 grains.

March 23rd. He coughs very little: there are no sputa. Pulse weak; skin cool. Full and clear breath-sound is heard all through both backs; there is fair breathing in the left lateral region, with a trace of *râle*. The urine is quite clear. He has gained strength.

R Infusi calumbæ ʒi; tincturæ cinchonæ ʒss. M. Fiat haustus bis die sumendus.

March 26th. He was quite well, and was discharged.

REMARKS. That this case was one of sthenic pneumonia in a healthy system, is sufficiently clear. Such instances in the present day, I believe, are somewhat rare. I have reminiscences of such in my student days; but latterly I had begun to doubt whether they were again to be met with. This impression was confirmed by reading Dr. Hughes Bennett's able paper in the *Edinburgh Medical Journal* for March 1857. To his rejection of blood-letting I make but little demur, though not by any means agreeing with his views, especially as set forth in propositions 3 and 4. I think blood-letting seldom necessary or useful, because we can usually accomplish all that we need by antimony. But Dr. Bennett denies that antimonials in large doses, such as "weaken the heart and the force of the pulse", are serviceable. Such a view is by no means corroborated by the result of the above case. Immediate relief was afforded by the tartar emetic; the bloody expectoration ceased after a few doses, and the cough was diminished. Afterwards, on March 12th, when improvement was not proceeding so fast as I could wish, and it was clear that the drug was well borne, doubling the dose evidently accelerated the decline of the inflammation and the reabsorption of the exudation. The effect of the increased dose was to bring down the pulse from 93 to 75, and the respirations from 40 to 27. On the fourth day from the time of his commencing the larger doses, the inflammation was at an end. It is curious to observe that now, when the remedy had done its work on the disease, it was no longer tolerated, and nausea and vomiting occurred. It can hardly be objected, that the turpentine stupes or the alkaline drink were of any such power in modifying the morbid action, that it is uncertain whether the main remedial effect was due to the antimony.

Dr. Bennett states the average duration of double uncomplicated pneumonia at twenty-one days. In the foregoing case, the total duration was twelve days, of which five had elapsed before treatment was commenced. The pneumonia was certainly double, though the left lung was much less severely affected than the other. Towards the close there was decided engorgement and semi-hepatization of the base and lateral part. The condition of the sputa was carefully observed in this case, and appeared simply to indicate the decline of the inflammatory *nisus*. It was always poor in cell-growth, and gave scarce any indication that the exudation was at all removed by its means from the lung. Dr. Graves mentions cases in which there was an absence of expectoration altogether, or at least after the first few days. Examination of the urine indicated very strongly that destructive metamorphosis was proceeding actively during the height of the inflammation. The colour of the urine was a deep red, evidencing that a large amount of hæmatine was being eliminated from the system. The total daily amount of urea was 179.672 grains above the amount excreted when the inflammation was at an end; and the amount of uric acid was 13.29 grains greater at the former period than at the latter.

I am of course well aware that the evidence of one case is not worth much; and yet it seems reasonable enough to suppose that, if I meet with one of this kind (though I might perhaps cite more) in a field of observation peculiarly unsuitable for

such an inquiry, others, who are more favoured, would find them more numerous. I think it quite impossible that the improvement observed in this case coincidently with the administration and increase of the antimonial was an accidental coincidence. Antimony is no *placebo*; and I am quite sure that, had it not done good, it would have done exceeding harm. In the *Lancet* of April 25th, 1857, there are records of some cases of pneumonia treated (most properly) in a very different manner. The difference between these cases and the one above is as great as can be; they are not *really* the same disease, though they affect the same tissue, and have the same name. Herein, as Trousseau so well observes, lies the falsity of statistics,—that things are put together, and presumed to be alike, which are in essentials most widely diverse. The vital endowments of the system, on which our remedies operate, are not to be directly observed, weighed, or measured; they differ in different individuals, and at different epochs. From the impossibility of adequately estimating these, it results that medicine never can be an exact science.

CASE II. *Asthenic Pleurisy*. The following case is one of an opposite type, and may be well contrasted with the preceding. D. A., aged 45, a labourer, was admitted January 29th. He has been ill fourteen days; he complains of catarrh and oppression of breathing; the cough is dry; the skin cool; the pulse weak; bowels rather costive; urine free, rather dark. There is good resonance, and fair breathing, with some *râle*, in all the right back. In the left there is marked dulness, and deficiency of breath-sound in the lower half, also in the lateral region, and in the front up to the third or fourth rib. Vocal fremitus is null in the left back, well marked in the right. Vocal resonance is not increased in the left back; there is no ægophony. There is loud breathing in the right front, rather weak in the upper part of the left. The heart is manifestly displaced; the sounds are normal.

Applicetur emplastrum lyttæ 4 X 6 lateri sinistro.

R Tincturæ ferri sesquichlor. mx; tincturæ digitalis mx; spiritûs ætheris nitrosi ʒj; aquæ ʒi. M. Fiat haustus ter die sumendus.

February 2nd. The blister was repeated.

February 9th. The breathing has been shorter during the last two days; he appears very trembling and weak; pulse very feeble. There is more breathing in the left back, more bronchitis in the right.

R Ammoniæ sesquicarbon. gr. iv; spiritûs ætheris sulphurici comp. ʒss; infusi cascarillæ ʒi. M. Fiat haustus ter die sumendus.

February 12th. Imponatur emplastrum lyttæ 4 X 6 lateri dextro.

Pergat in usu misturæ.

Sumat olei morrhuæ ʒi ter die.

Omni nocte sumat morphinæ acetatis gr. ʒ.

February 16th. He is decidedly better. The treatment was continued.

February 19th. He is better. The vocal fremitus is null in the left back, distinct in the right. Breath-sound is distinct in the right back, and free from *râle*; it is bronchial and weak in the left, though of better quality in its upper third. The left side is flattened, and dull to percussion. The left shoulder is lowered. The heart is nearly in its normal site. Pulse very compressible, weak, 80.

Pergat in usu misturæ.

Ter die sumat ferri et manganis carbonatis saccharatæ ʒi.

February 26th. He is considerably better.

March 5th. The breathing is still short; otherwise he improves.

Pergat in usu olei et pulveris.

R Potassii iodidi gr. i; ammoniæ sesquicarbon. gr. iv; infusi calumbæ ʒi. M. Fiat haustus ter die sumendus.

Lateri sinistro infricetur linimentum ammoniæ.

This treatment produced no notable change in the state of the left lung, and was omitted on March 16th.

March 26th. He felt well; and was discharged; it being evident that any further improvement in the former seat of the effusion must be the work of time and the *vis medicatrix naturæ*. There was still flat percussion-sound and weak respiration in the left lower back, good breathing and resonance in the right.

The only remark I shall make on this case is, that if, on the strength of the manifest pleurisy and effusion, I had treated it with mercurials and salines, the result would have been very lamentable. The disease was asthenic, and its treatment behaved to be directed accordingly.