and seemingly strong health is suddenly seized with an acute inflammatory attack of an uncertain nature. There may be just cough or pain enough to direct attention to the chest; where, perhaps, we may find the physical signs of slight bronchitis verging into pneumonia. And these physical signs may continue for many days or even weeks unchanged. As they change, at last, the physical signs of tuberculation of the lungs become manifest. And now the nature of the case is clear.

Some of these cases run on rapidly as acute phthisis, but others assume a very peculiar form. My experience of these is not sufficiently large to say in what way these terminate, or how long their end may be deferred; whether their duration be a question of months or years; a lengthening acquaintance with some of these would, however, lead me to assign them the longer term of duration. But their characters as a group are worthy of attention. One day, as it were, the patient was strong and active; perhaps more active than really strong. But, dating from that day, henceforth he is an invalid. And for the continuance of that invalid existence, he is bound to a most scrupulous observance of the rules which his own painful experience inculcates. It is an experience very soon acquired. For a neglect of its rules is as surely as speedily attended by a painful feverish attack, followed by long continued weakness. And the recovery from each such attack is always to a point lower in the scale of useful health than that which he occupied before.

Perhaps the most striking characteristic of these cases is the freedom from the usual symptoms of phthisis in the intervals of the attacks. The patient lives on the verge of these symptoms, which the slightest indiscretion will call into existence. But keeping within certain limits he may almost entirely escape them. This immunity, however, is less complete as the case goes on, and as the growing amount of organic disease of the lung renders the organ more susceptible of any injurious influences.

As to the nature of the inflammatory attack with which this form of consumption begins, I believe the disease to be essentially, though not exclusively, tubercular, from the beginning. The tubercle does not seem to be added to the original deposit; but we detect its proper physical signs as the other signs clear up. It is not an entire change, but a clearing up, which brings them to our notice. It is as if the ordinary products of inflammation and tubercle had been intermingled, and had contemporaneously gone through their respective changes, the simple disease to resolution, the tubercle to softening and erosion. And, as the curable disease passes away, the incurable comes fully into view. As the dulness on percussion becomes less extended, within those narrowing limits it becomes more intense. The fading bronchial sounds are gradually replaced by the signs of erosion of the lung.

We may regard these cases in their beginning, I believe, as tuberculosis limited to a portion of the lung, but attended by an unusual amount of local irritation. This view, however, can be maintained only on general grounds in preference to that which would regard the tubercular deposit as the consequence, not the cause, of the inflammation.

I have observed a very singular form of phthisis, where the symptoms of hectic fever have been manifested very early and with so much regularity, as to assume the type of tertian or quotidian ague. The three cases which I have particularly in mind at present had little in common, save that they were all women and hospital patients, and that their most prominent complaint was the intermittent paroxysm of fever. In one of them the paroxysms gradually assumed the regular tertian type while she was in the hospital. The effect of quinine in stopping their recurrence was here as distinct and rapid as in ague. And, indeed, I cannot wholly reject the opinion that she might have had ague.

Apart from the question of diagnosis, I would not lay any particular stress on this form of phthisis. For its very rarity, one chief cause of my putting it forward here, detracts from its general importance. The difference of treatment involved, according to the different reasonable suppositions of the cause of the symptoms, is not great, nor the alternatives perilous. And the indications are perfectly obvious throughout. Only one word more:—Rare as this form of disease has appeared to be, I should have been much surprised never to have noticed such a conjunction of symptoms. It would have been matter of wonder, had irritation of the lungs by organic disease of such a nature not found that form of constitutional sympathy which is excited by abscess of the brain, or by valvular disease of the heart.

[To be continued.]

OBSTINATE HÆMORRHAGE FOLLOWING ABORTION: RECOVERY.

By R. JONES, Esq., Strefford, Shrewsbury.

THE perusal of Mr. Humphreys' Case of Uterine Hæmorrhage, in the JOURNAL for December 4th, induces me to relate briefly a very similar case, which occurred in my practice some years ago. The subject of it was the wife of a blacksmith residing near this village, over 30 years of age. She was a woman of good constitution; but the tone of her system had been considerably reduced by privation and anxiety, induced by the prolonged and serious illness of her husband. She had hardly completed the third month of utero-gestation, when she experienced a sudden fright, and abortion was the consequence. The ovum was reported to have been expelled; and nothing alarming happened till some days afterwards, when she suddenly jumped out of bed to assist her husband in an emergency. Profuse loss followed; and I found her in a fainting state, with copious gushes escaping every two or three minutes. A plug applied put a stop to this at once. For the next month or five weeks, the same recurred, in spite of all treatment suggested, including the mineral acids, metallic salts, vegetable styptics, opium, and ergot, with cold affusions and astringent vaginal injections. On many occasions, the timely use of the plug appeared to rescue her from impending dissolution: all other treatment was of no avail; and such was the fearful condition to which my patient was reduced, that I looked upon her case as all but hopeless. As a *dernier ressort*, I decided to try the effect of mercury. One grain of calomel and half a grain of opium was, therefore, given every six hours. The bowels were relieved occasionally by cold water injections, and active counterirritation was applied to the sacrum. No serious hæmorrhage happened afterwards, and my patient made a slow but perfect recovery.

I have adopted the same treatment, with the same success, in several obstinate cases of the same character since; but of late years I have placed much confidence in another remedy for such cases, and have seldom been disappointed by it. That remedy is oil of turpentine.

Reviews and Notices.

ON CHLOROFORM AND OTHER ANÆSTHETICS: THEIR ACTION AND ADMINISTRATION. By JOHN SNOW, M.D., Licentiate of the Royal College of Physicians. Edited, with a Memoir of the Author, by BENJAMIN W. RICHARDSON, M.D., Licentiate of the Royal College of Physicians. Pp. 443. London: John Churchill. 1858.

IN undertaking to review Dr. Snow's book, it is necessary to do so as if the writer were still alive, although that course may appear somewhat ungracious, and is, no doubt, not perfectly just, since any defects which now appear in it might, and very probably would, have been corrected, had the author lived to revise it. He seems, however, to have left no notes or manuscript to guide in the continuation of the work beyond what now appears as the last sentence, during the writing of which he was seized with the apoplexy which proved fatal to him. The task of editing it devolved naturally on Dr. RICHARDSON, as the intimate friend of the deceased; and he has prefixed to the book a Memoir, which is entertaining, and not uninteresting, as exhibiting the struggles of a poor man of sterling integrity and much merit, but destitute of those popular talents by which early success is sometimes attained.

Of Dr. Snow's work we have no difficulty in expressing a very high opinion. In it an important subject is treated fully, and in the only way in which such a subject ought to be treated; viz. by a combination of experience, reasoning, and experiments. Yet the work has some grave omissions and defects; and, as its merits are so conspicuous, we need have the less hesitation in pointing them out. The most striking omissions—to the probable cause of which we have already referred—are the utter silence of the author on the very important subject of local anæsthesia, and on the supposed effects of the administration of chloroform upon the healing process. We must