five hours. After his return he experienced pain in the back with occasional dyspnoea. He occupied his mind with chemistry, and entertained no idea of the extent of his complaint until Mr. Sibson examined his chest, on Monday, March 5th, when he observed symptoms similar to those which I have described. It was remarkable that the patient had been actively engaged in his occupation, with scarcely any inconvenience; in fact, he appeared to be in good health, excepting occasional shortness of breath. The treatment consisted of small doses of chloride of mercury, nitre-draughts with tincture of digitalis and blister.

March 26th.—Was visited by Dr. Hodgkin, Mr. Sibson, and myself, the former of whom confirmed the diagnosis of the two latter. The symptoms continued much the same as before; the pulse varied from 80 to 90. The patient took decoction of sarsaparilla with spirit of nitric ether; compound camphor-liniment was to be rubbed all over the affected side of the chest, and he was to be confined to his bed.

Dr. Hodgkin, Dr. Sibson, myself, and Mr. Sibson, subsequently visited him: the effusion gradually diminished, while the heart was returning nearer to its natural position. Dr. Sibson noticed the following symptoms, by means of his chest-measurer: the expansion of the ribs on the left side was nil, while that of the ribs of the right side was doubled, or from eight to twenty hundredths of an inch. The abdominal motion was rather more normal in the centre, being 1 to 1.5 of an inch; at the left side it was only two or three hundredths of an inch: to make it for this, the tension was twenty, twenty-five, or thirty hundredths, instead of ten, on the right side of the abdomen. At the next examination the effusion was lessened; there was some shade of motion on the second left ribs, about one or two hundredths; the exaggerated motion on the left side was decidedly increased, being from four to six hundredths, while the exaggerated motion on the right side of the abdomen was diminished, being about fifteen to twenty hundredths. The movement of the whole right side was severely so exaggerated as on the previous occasion. During a deep inspiration, the ribs on the right side expanded about sixty or seventy hundredths; those on the left side, over the second, to fourth or fifth, expanded about 13 to 15 hundredths; the movement of both sides over the sixth and seventh ribs was inconsiderable.

On the 26th of May the line of dulness was just to the right of the sternum; effusion lessened; heart’s beat felt both to the left and right of the sternum.

The following were the respiratory movements in hundredths of an inch:

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd rib, ordinary inspiration</td>
<td>15—20</td>
</tr>
<tr>
<td>5th rib</td>
<td>80</td>
</tr>
<tr>
<td>5th rib</td>
<td>8—10</td>
</tr>
<tr>
<td>6th rib, at the side</td>
<td>40</td>
</tr>
<tr>
<td>9th rib</td>
<td>10—15</td>
</tr>
<tr>
<td>Abdomen.</td>
<td></td>
</tr>
<tr>
<td>Centre</td>
<td>20</td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

being a marked advance towards the normal state. The patient is at present in the country.

Case of effusion into the left side of the chest, in which paracentesis thoracis had been performed on both sides.

S. II—aged twenty-one, a tailor, residing at Lambeth, became an in-patient of St. George’s Hospital, under Dr. Chambers, on December 23th, 1833. Pulse 120, soft; skin warm; bowels open; urine scanty, depositing a yellowish sediment. Complains of shortness of breath, aggravated by exercise; no palpitation; cannot lie on his left side on account of cough; cannot expand the thorax; both sides dull on percussion. Was for twenty-four weeks in the Westminster Hospital, which he left about a month ago. Paracentesis thoracis was performed between the sixth and seventh right ribs three days after admission into that institution. The fluid drawn off is said to have been transparent; heart beating on the right side of the sternum; ailing six months; had slight dyspnoea since the operation. Ordered, a spermaceti draught, with tartarate of potash, eight grains; tincture of sulphur, fifteen minims; spirit of nitric ether, half a drachm, every six hours; compound powder of ipecacuanha, eight grains at night.

Dec. 30th.—Sub-axillary region of both sides dull on percussion, not affected by change of posture.

Jan. 6th, 1834.—Chest exceedingly dull on percussion; on both sides a general rise of fluid; heart’s beat inaudible in the same situation, both anteriorly and posteriorly. I cannot detect any strophion; heart beating to the right of the sternum, and its sounds heard more distinctly on the right side than on the left. Began taking small grains of digitalis, one grain a day; dried squill, half a grain, mix for a pill, thrice daily.

10th.—Feels very faint; thinks he has made rather more use of the left side of the chest, and has had more frequent; skin warm and moist; tongue white.

13th.—Passed a bad night; felt easier this morning, lying on the right side; no oppression; breathing much relieved; no palpitation; pulse 100; contraction of the right side much lower; heart’s action less violent and less evident than it was to the right of the sternum, but more so on the left.

Feb. 11th.—Paracentesis thoracis was performed yesterday between the sixth and seventh ribs of the left side at their angles, that part of the chest being rather prominent. About two pints and a quarter of transparent fluid, light brown, with a gummy tongue, was drawn off. It coagulated by heat and nitric acid in a manner similar to blood. The patient felt considerably relieved after the operation, but did not complain of difficulty of breathing and pain about the heart; pulse 140, very small and weak.

19th.—Died at three a.m.

13th.—Post-mortem Examination.—The body, before being opened, was percussion, and fluid distinctly heard in the left side of the chest. On removing the sternum, there were found about two pints of fluid, similar to that which was drawn off, and frothy, from the succession in left pleural cavity. The pleura had a deposit of hard cartilaginous lymph, varying from one eighth to one fourth of an inch in thickness, over its whole extent, which on some parts of the pleura costalis presented a slightly reticulated appearance. The lung was compressed into a small angle against the mediastinum and apex, and firmly bound down by the thickened pleura. The deposit could be peeled off from the pleura pulmonalis, leaving an apparently healthy surface beneath. On the right side there was a very thick deposit, between the lung and the ribs, with universal and firm adhesion, so that it was necessary to separate it with the knife. The lung was cut across transversely at the level of its root. In this situation, the deposit on the exterior of the lung varied from one half to three quarters of an inch in thickness, and had the appearance of five lamine, a purple layer in the centre, then a white one on either side, and again a purple lamina externally; vessels were distinctly observable coming from one to the other; on separating them, these deposits extended over the whole lung, but were not always found in their regular lamina. The white deposit in some parts had a complete tubercular appearance (like that of Dr. Bคร’s tuberculous lymph); heart, very small, was considerably more to the right side than naturally, and was bound down in that situation by the thickening and adhesion of the anterior mediastinum; pericardium healthy, and contained about the natural quantity of serum.

—Chester-terrace, Chester-square, July, 1849.

ON THE TREATMENT OF INFLAMMATION OF THE SKIN.

By JOHN SNOW, M.D. Lond.

To the Editor of The Lancet.

Sir,—In consequence of the notice, in the last number of The Lancet, of a communication to the Academy of Sciences of Paris, by M. Robert Lateur, recommending the application of an adhesive compound to the skin, in order to arrest inflammation, I shall be obliged if you will allow me a little space in the same journal, in order to express my approval of this treatment, as well as to show that it is not new, but was advocated in THE LANCET upwards of seven years ago, and has been practised more or less efficiently from time immemorial. In a paper on Inflammation, which was read at the Westminster Medical Society, and reported somewhat fully in The Lancet, in the early part of this year, I alluded to this treatment, from a consideration of the causes which promote the circulation in the capillary bloodvessels, as well as from the result of experiments by MM. Brechet and Becquerel, in which the skin of animals was covered with
There was one indication which might be fulfilled with safety and advantage in every case of inflammation of the skin—that the patient should have on his person a great deal of water, being the chief function of the skin, promoted the circulation in its capillaries, and thereby kept up its temperature. On this principle he believed that the benefit of water-dressings should be employed with all other means for the cure of the disease; and this was strongly supported by the observations of Dr. Chyney. From the report of that paper:—

There was one indication which might be fulfilled with safety and advantage in every case of inflammation of the skin—that the patient should have on his person a great deal of water, being the chief function of the skin, promoted the circulation in its capillaries, and thereby kept up its temperature. On this principle he believed that the benefit of water-dressings should be employed with all other means for the cure of the disease; and this was strongly supported by the observations of Dr. Chyney. From the report of that paper:—

There seems little doubt, that in this case the effusion of water in the brain was the cause of death, and from attentive consideration I am of opinion, that the effusion took place suddenly. It is the apoplexia hydrocephalica of Cullen, a species as is usual in chronic hydrocephalus, and there was no softening of the brain. The heart and lungs were perfectly healthy. The stomach was nearly empty, the contents being simply a little pap. The liver was slightly enlarged.

On the morning of the 31st of March I was called to visit the child of a ribbon-waver, residing in this town, reported to have been suddenly taken ill. Before I could reach my house, a second messenger arrived, stating that the boy was dead. I found, on inquiry, that the child was about six months old; that it had been remarkably healthy, "never having had any complaint in its life;" that it had been bed that morning quite well, but that, soon after being dressed, it appeared to change countenance, moaned once or twice, and in three minutes was quite dead. The evening before, the child had eaten a hearty meal, but, as it appeared slightly griped, a small dose of "Godfrey and rhubarb" had been given to it. I was informed that this was the sixth child of my own family, and the only local application. It was applied, once every day, to the whole inflamed surface. The first application to every newly-inflamed part always afforded immediate relief. At the end of six days the inflammation had quite disappeared, and the patient was convalescent. It is in the first stage of inflammation that protecting it from the air appears to be of most service.—I remain, Sir, your obedient servant.

Of the cuticle, and the latter likewise interfering with transpiration, which, from the report of that paper:—

The following are a few of the practical inferences to be drawn from a consideration of the case. Had time permitted, the immersion of the body in a warm bath; cold applications to the head, and the free abstraction of blood, by leeches, from the occipital or temporal region, in order to relieve the vascular congestion, would have been proper. It is possible that this turgescence was increased by the dose of "Godfrey and rhubarb" given before the patient was examined. This medicine favors the appearance of the skin in its capillaries, and thereby kept up its temperature. On this principle he believed that the benefit of water-dressings should be employed with all other means for the cure of the disease; and this was strongly supported by the observations of Dr. Chyney. From the report of that paper:—

Parents are generally extremely anxious to get rid of any eruptive complaints appearing on the heads of children; this sometimes proves very injurious. The suppression of eruptions on the scalp and behind the ears has often been known to occasion the disease. Dr. Cheyne (I think it is) even supposes that the diminished frequency of these eruptions has rendered hydrocephalus more common now than formerly. The frequent use of cold applications to the head, and the discarding of caps &c. within doors, are plainly indicated. Coventry, April, 1850.

Dr. James Ogilvy, M.D., Coventry.

On the morning of the 31st of March I was called to visit the child of a ribbon-waver, residing in this town, reported to have been suddenly taken ill. Before I could reach my house, a second messenger arrived, stating that the boy was dead. I found, on inquiry, that the child was about six months old; that it had been remarkably healthy, "never having had any complaint in its life;" that it had been bed that morning quite well, but that, soon after being dressed, it appeared to change countenance, moaned once or twice, and in three minutes was quite dead. The evening before, the child had eaten a hearty meal, but, as it appeared slightly griped, a small dose of "Godfrey and rhubarb" had been given to it. I was informed that this was the sixth child of my own family, and the only local application. It was applied, once every day, to the whole inflamed surface. The first application to every newly-inflamed part always afforded immediate relief. At the end of six days the inflammation had quite disappeared, and the patient was convalescent. It is in the first stage of inflammation that protecting it from the air appears to be of most service.—I remain, Sir, your obedient servant.

On Anæsthesia by the Inhalation of Ether or Chloroform.

M. Velpeau read, at the annual meeting of the Academy of Sciences, a paper on the inhalation of ether or chloroform, in which he embodies the history of anæsthetic agents, their introduction into practice, the results obtained, and his own opinions on the subject. In the historical sketch we find the following passages:—

Parents are generally extremely anxious to get rid of any eruptive complaints appearing on the heads of children; this sometimes proves very injurious. The suppression of eruptions on the scalp and behind the ears has often been known to occasion the disease. Dr. Cheyne (I think it is) even supposes that the diminished frequency of these eruptions has rendered hydrocephalus more common now than formerly. The frequent use of cold applications to the head, and the discarding of caps &c. within doors, are plainly indicated. Coventry, April, 1850.

On Anæsthesia by the Inhalation of Ether or Chloroform.

M. Velpeau read, at the annual meeting of the Academy of Sciences, a paper on the inhalation of ether or chloroform, in which he embodies the history of anæsthetic agents, their introduction into practice, the results obtained, and his own opinions on the subject. In the historical sketch we find the following passages:—

Parents are generally extremely anxious to get rid of any eruptive complaints appearing on the heads of children; this sometimes proves very injurious. The suppression of eruptions on the scalp and behind the ears has often been known to occasion the disease. Dr. Cheyne (I think it is) even supposes that the diminished frequency of these eruptions has rendered hydrocephalus more common now than formerly. The frequent use of cold applications to the head, and the discarding of caps &c. within doors, are plainly indicated. Coventry, April, 1850.