acquainted with the Persian and Arabic to read with ease the professional works that are written in these languages; and some of them, by combining a knowledge of the Tamool Materia Medica with the opinions and doctrines which they find in the books they peruse, possess a great deal of information, and are in general men of polite manners, liberal minded, and humane.

III.

Researches on Pulmonary Phthisis, from the French of G. L. Bayle, D. M. P. By William Barrow, M. D. Senior Physician to the Fever Hospital, Lunatic Asylum, and Workhouse, Liverpool. Liverpool, 1815. pp. 479. 8vo.

This is a very good book, although the extravagant praise with which it is introduced to our notice by the translator, almost prepossessed us against it. But a translator must be looked upon as a lover, who has eyes only for his mistress, and thinks "this present age yields not a woman worthy to be her second." We readily admit, that "the indefatigable industry and perseverance of M. Bayle, his unassuming modesty and candour, the perspicuity and genuine philosophy he has displayed, certainly entitle him to the esteem and respect of every country;" but Don Quixote was less unsuccessful in getting the transcendent beauty of his Dulcinea acknowledged, by force of arms, than Dr Barrow will be in his attempts to convince the pupils of the London and Edinburgh schools of the right of France to exult, even "at present, in her claim to pre-eminence, either in pathological or practical knowledge," or "to boast that one of her physicians has done more towards establishing an accurate knowledge of disease of the lungs, than had been effected in other countries (Why other countries only? Why except France itself from the censure?) in two thousand years."

We agree perfectly with Dr Barrow on the great value of morbid anatomy, and lament with him most sincerely the obstacles which exist in this country to pathological investigation, that in use amongst the more enlightened and high cast of Mooslumans, which, by containing a great many Arabic, Persian, Sanscrit, and even Tamool and Telingoo words, is rich, copious, expressive, and energetic.
even in our public hospitals; but we do not agree with him in conceiving that legislative interference would produce much good in regard to this matter. The coroner might indeed be required to examine the body in all cases which come under his consideration, a duty which at present is often culpably neglected, and some facilities might be afforded for the keeping of correct bills of mortality and parish registers; but Dr Barrow's notions of obliging the faculty attached to public hospitals, to keep correct registers of practice, and of regulating the opening of the dead by law, are perfectly chimerical. It is only by removing the prejudices of the people, and by encouraging the zeal of the profession, that any progress is to be made.

In illustrating the advantages to be obtained from dissecting the dead, Dr Barrow mentions a very curious and important fact, which we regret he has not detailed more circumstantially, although not connected with Pulmonary Phthisis.

"Some time ago a very alarming disease broke out amongst the children in the workhouse. It was observed to commence in the most sudden manner. The little sufferers were seized with vertigo, without any previous indisposition, and instantly fell to the ground: a very languid state and stupor, from which it was difficult to rouse them, quickly followed. The first that was affected did not excite alarm in the apothecary then in attendance, and he ordered the usual means for clearing the bowels: the child, to his great astonishment, continued in a comatose state, and died in the afternoon of the same day. This circumstance being represented to the churchwardens, they interrogated him very closely, and though, in this instance, very little to blame, he was severely censured. In a day or two after, another child was seized in the same manner, of which I had immediate notice; and having already had a melancholy account of the formidable nature of the disease we had to contend with, I prescribed powerful antimonial emetics, to be repeated every ten minutes till they produced a copious effect. The little patient was then put into a warm bath, and afterwards wrapped in blankets, to elicit a profuse perspiration, during which I directed the nurse to awake him every three or four hours, for the purpose of giving a couple of pills of calomel and antimonial powder, to be washed down with a mixture of infusion of senna and salts, and this course to be repeated as long as the coma lasted. This plan having succeeded, the child got well. More of the children, however, continued to be attacked each day, and being treated in the same manner, all, except one, recovered. This child, after shewing symptoms of amendment, relapsed two or three times, and died. I took the opportunity of examining the body very minutely, but could find nothing in the brain or stomach to throw any light on this singular disorder. In the heart alone could I discover any morbid change, and here were strong appearances of
inflammation, particularly in the aortal valves of the left ventricle. Having obtained this proof of the nature of the disorder, I was enabled to proceed with confidence in place of the timidity and diffi-
dence I felt previous to the dissection, and though more than 200 of the children were attacked, this dangerous disorder was not fatal in any other instance."

We do not think Dr Barrow warranted to infer, from finding the aortal valves of the left ventricle inflamed in a single in-
stance, that the inflammation of these, or even any part of the heart, occurred in all the two hundred attacked, unless some symptoms, indicating disease of this organ, had been observed in all or most of them.

The translation is, upon the whole, correct. We noticed, however, some errors, as commissioner, repeatedly, for porter. Its style may be judged of by the extracts we have made.

M. Bayle, in the first part of his work, treats of the essential character of phthisis; of the diseases which have been con-
founded with phthisis; of the different kinds of phthisis; of the different periods of phthisis; of the state of other parts of the body in those who die of phthisis; of the complication of phthisis with other diseases; and, lastly, of the treatment. These subjects occupy 130 pages; the remaining 370 contain the his-
tories of particular observations, with dissections and remarks.

M. Bayle, in establishing his essential character of phthisis, disregards entirely those symptoms by which it is commonly
recognised during the life of the patient, and deduces it solely from a pathological state of that organ. In his opinion, "Every organic affection of the lungs which, left to itself, produces their progressive disorganization, succeeded by their ulceration, and finally by death, ought to be considered as phthisis pulmonalis." This definition limits the commonly received idea of phthisis in some respects, and extends it in others. It excludes all diseases, in which there is no actual dis-
organization of the lungs, however much they may resemble phthisis in their symptoms, and it includes all incurable disor-
ganizations of the lungs, however different in their nature, as soon as they commence, and therefore before they have pro-
duced any symptoms to denote their existence.

His particular view of this disease renders it necessary to dis-

distinguish it from some other afflictions, which are united with it, when the subject is differently considered. These are, 1st, Chronic pulmonary catarrh, when it proves fatal; the catarrhal phthisis of authors. M. Bayle indeed candidly admits, that in its symptoms, especially when accompanied by puriform expec-
toration and hectic fever, it is very nearly allied to phthisis, but
considers it as an essentially different disease, as it only affects
the mucous membrane of the lungs, does not disorganize them,
and has no tendency to destroy their substance. 2dly, Chronic
peripneumony, which indurates the lungs, gives them some-
what the appearance and consistence of muscle, but does not
produce ulceration. One variety of this affection is called
Engouement du poumon, when the lungs are a little firmer than
usual, very heavy, and pouring out from all parts an astonish-
ing quantity of blood, serum, and frothy mucus, without tuber-
cles or ulcerations. 3dly, Chronic pleurisy, especially when it is
not accompanied by any local pain, and when it produces effu-
sion, purulent expectoration, hectic fever, cough, and the highest
degree of marasmus. On opening the thorax, the lungs on one
side sometimes seem to be altogether destroyed, or converted
into a purulent fluid; but, on accurate examination, they will
be found entire, and contracted into very small bulk. In other
cases, the lungs will seem to contain a very large cavity filled
with pus, when, in fact, the pus is not in the substance of the
lungs, but effused in the space between two of their contiguous
lobes adhering by their edges.

M. Bayle next proceeds to describe the various affections of
the substance of the lungs, which, in his opinion, constitute
phthisis pulmonalis; and of these he has observed six, which
sometimes occur without complications, but frequently com-
bined with each other, or with other affections. This view
leads him to divide phthisis into six species; 1. tubercular;
2. granular; 3. with melanosis; 4. ulcerous; 5. calculous; and
6. cancerous.

Tubercular phthisis is often simple. The tubercles are form-
ed by a homogeneous substance, always opaque, of a white or
dirty white colour; at one time yellowish, at another greyish.
Some are very distinctly encysted; the surface being commonly
membranous, but in some cases cartilaginous, or even bony.
Others adhere to the parenchyme of the lungs, by continuity
of substance, and are commonly marked by some black lines.
Both kinds are penetrated by capillary blood-vessels, and both
often occur in the same person. They vary in size from a mil-
let seed to a chesnut, and are sometimes excessively numerous,
and at others there are only two or three in number. They are
at first very firm, then grow soft in the centre, which is trans-
formed into a grumous purulent matter; and in the end they
are totally destroyed by suppuration. The ulcers arising from
the suppuration of tubercles are almost always covered by a dis-
tinct membrane which secretes pus, or by an albuminous layer,
unless where the substance of the lungs is ulcerated. When
there are several ulcerations, they communicate with one another by irregular openings, and form in the lungs rugged cavities, sometimes of great extent. With the bronchi they communicate by round openings. The substance of the lungs is sometimes almost sound around the ulcerations when they are very small, but commonly it is more or less altered. Usually it is not ulcerated, although sometimes it seems to have almost entirely disappeared, from the compression caused by the tubercles. Sometimes there is a complication of the tubercular with ulcerous phthisis, in which case, ulceration of the substance of the lungs is the consequence of the suppuration of a portion of it, which had become inflamed at the time when the softening of a contiguous unencysted tubercle took place.

Granular phthisis has not been described. The lungs are stuffed with miliary granulations of a cartilaginous nature and consistence, transparent, shining, sometimes speckled with bright black lines or points. They vary in size from a millet seed to a grain of wheat. They are never opaque, and never dissolve, but at last occasion ulcerations of the parenchyme of the lungs; and in this case, there is always an evident albuminous layer lining the ulcer, and even often a distinct membrane, which secretes the pus. It is almost always complicated with tubercular phthisis.

Phthisis with melanosis has been observed, but not understood. It affects only adults, and, above all, persons advanced in years. Those whom it kills have ulcers in the lungs of various sizes, as black as coal, and very hard; sometimes a few lines thick, and sometimes as many inches. The parts remote from the ulceration are commonly very sound; but if the disease affects an entire lung, it is hard, compact, black as ebony or charcoal, and sometimes like half-burnt leather. It is commonly complicated with tubercular or granular phthisis, or even other species, and also occurs without complication.

Ulcerous phthisis is very rare. When absolutely without complication, the ulcer takes place in the very substance of the lung, and is never covered by an albuminous layer, nor by any distinct membrane; or in ulcers which are the consequence of tubercles. It almost always exhalas a very fetid and gangrenous smell. Its surface, which is very unequal and irregular, is commonly covered with decayed substance of a brown colour, or with greyish, brownish, or even blackish purulent matter of a pungent offensive smell. These are generally the traces of haemorrhage. The structure of the part where the ulcer is situated becomes closer, but sometimes without tenacity; at others firm, while the lung at a little distance is quite sound. The
size of the ulcer is very variable, and sometimes there is only one deep seated ulcer. Ulcerous phthisis is commonly quite simple. When it is complicated with other species, there are almost always several excavations communicating with one another. In calculous phthisis, the lungs contain calculi or ossified particles, sometimes in great numbers. They are almost always situated in the bronchial glands, or in small cysts, and sometimes between the bronchi or the first divisions of their ramifications.

Calculous phthisis is sometimes simple, but more frequently complicated with other species, and it occurs sometimes in persons subject to gout or nephritic colic.

In cancerous phthisis the part is of a glossy white, sometimes firm, at others already in a soft state, and always with extremely minute blood-vessels running through it. The cancerous masses are sometimes insulated, at others occupy the parenchyme of the lung. This species is commonly the consequence of a cancerous diathesis. It sometimes occurs single, sometimes complicated with tubercles or melanosis. This is fungus haematodes affecting the lungs.

Much as pathological anatomy is to be esteemed, and zealously as it ought to be cultivated, it is from its ultimately enabling us to form, in the first place, a just diagnosis of resembling diseases, and then of establishing a scientific treatment of each, that it derives its practical value. Admitting, then, that M. Bayle is right in his anatomical observations, and we would not willingly object to their excessive minuteness or subdivision, let us next consider the symptoms by which each of his species is to be recognised during life. We may premise, that M. Bayle has added to the three stages into which the progress of phthisis is usually divided, an occult stage, where the organic change has taken place, but as yet has not given rise to any of the symptoms which would inevitably have followed, if the patient had not been cut off by another disease.

The first obvious degree of tubercular consumption varies much both in its symptoms and in its duration. It often begins with a dry cough, frequently preceded by some other disease, as spitting of blood, inflammation of the chest, an eruptive fever, or cold. A mucous expectoration then takes place, in which opaque white threads, or sometimes little lumps like rice much boiled, and sometimes streaks of blood, are to be seen. These succeed slight accessions of fever in the evening, flushing of the cheeks, and burning palms of the hands. It gradually passes into the second degree. Hectic fever commences, the wasting makes progress; constipation and sleeplessness, as well as night
sweats, sometimes supervene. The third degree begins in a few
months, or not until a year or two afterwards. The hectic fever
experiences only slight intermissions; night sweats, diarrhoea,
apthææ, expectoration and cough, exhaust the patient. In this
stage, traces of pus are often, but not always, to be found in the
expectoration, which, however, in the greater part of phthisical
patients, is nothing but an increased secretion from the mucous
membrane of the bronchi:

In granular phthisis, hæmoptysis, more or less abundant, or
an habitual sense of oppression, is often the first symptom, or it
commences with an obstinate dry cough, or a catarrhal affection,
accompanied with transparent glairy expectoration. Chronic
pulmonary catarrh, hectic fever, and marasmus, precede death,
if it be not previously caused by hæmorrhage.

Phthisis with melanosis is slow and long, without any
alarming symptoms. Moderate cough; expectoration whitish,
rather opaque, round, of much consistency, and floating in
water; sometimes vomiting from the cough; little affection of
the chest; the sleep disturbed by the cough; slow but very
great marasmus, with a pulse a little more quick than natural;
sometimes ædema of the legs are the symptoms commonly ob-
served.

Ulcereous phthisis is attended in its first degree with cough
and expectoration, at first ropy, afterwards containing strings
of blood and streaks of pus. Pains arise in the chest, after
which the expectoration becomes manifestly purulent and fetid,
and sometimes there is severe hæmoptoe. The hectic fever is
constant and well marked, with burning heat.

Calculous phthisis is recognised by the spitting up of con-
cretions of a whitish or greyish colour, after having had a dry
cough for a length of time.

Cancerous phthisis is very slow. Difficulty of breathing and
slight cough; occasional pains in the breast, more or less un-
supportable, succeeded by expectoration more or less copious,
and sometimes very white, and the skin commonly assumes a pale
yellowish colour, like that of persons affected with other cancer-
ous complaints.

Such are the symptoms most commonly observed in each
species of phthisis, according to M. Bayle, when they exist in
their simple form; and it is evident that the diagnosis is even
then attended with very great difficulty; but when we consider
that two or even three species sometimes exist together, we
must anticipate that an accurate and certain diagnosis will be
possible in a very few cases only. But the concurrence of se-
veral species of degeneration in the same individual naturally
suggests a doubt that they do not differ in kind, but only in form; and that M. Bayle has only subdivided the tubercular phthisis of authors into several varieties, in distinguishing it into phthisis with tubercles, granulations, melanosis, and calculi. The ulcerous and cancerous phthisis appear to be sufficiently distinct. But the difficulty of the diagnosis is still farther increased by the numerous diseases with which phthisis is complicated, so that some are suspected of having been the cause of the phthisis, when, in fact, they only accelerated its progress, and others prove fatal chiefly in consequence of the pre-existing disorganization of the lungs. These diseases are exanthematous fevers, peripneumony, pleurisy, pulmonary catarrhs, acute or chronic, haemoptysis, diseases of the heart, and syphilis. The effect of these complications is well explained by M. Bayle.

"There is still a question of importance to be discussed here:—When phthisis shews itself after pleurisy, haemoptoe, chronic peripneumony, or even after a prolonged pulmonary catarrh, can we not, or ought we not to presume that the phthisis has been produced by the chronic inflammation of the lungs?"

"This question is of the more importance, since many able physicians have regarded pulmonary catarrh as the most frequent cause of phthisis; and have even asserted that rheum, by the consequences it produces, destroys more persons than the plague."

"In order to answer the question we have just stated, it is sufficient to call to mind the following facts:—"

"1st, I can assert, that of a thousand persons there is not perhaps one who dies of a chronic pulmonary catarrh uncomplicated. What has occasioned the protracted rheum to be regarded as a dangerous disease is this, that they have confounded with pulmonary catarrh different affections which are accompanied with some symptoms analogous to those of rheum. The affections which have misled them the most frequently, are phthisis at the first stage, consumptions much prolonged, chronic peripneumony, and lastly, acute peripneumony complicated with chronic pulmonary catarrh. When the error in the diagnostic attaches to these two last complications, it is easily rectified, provided the authors who have fallen into this error have given exact descriptions of the diseases they speak of: it is sufficient that we read the dissections they report. In spite of the kind of prepossession that the idea of a simple pulmonary catarrh has given them, they say the lung was hardened, carnified, rendered liver-like; or they employ other analogous expressions, which designate the state of lungs affected with acute or chronic peripneumony, whilst in the simple chronic pulmonary catarrh the lung is not either carni-

fied or hardened: we observe only a slight thickening of the mucous membrane of the air passages, which exudes a great quantity of mucous matter. This thickening and this mucous matter are very visible, whether it be in subjects which perish from simple pulmonary..."
catarrh, or in those who, having a chronic pulmonary catarrh, become the victims of some other disease.

"2d, Numberless tubercles are observed in subjects who, having been ill only a few days, have died of peripneumony, of pleurisy, of spitting of blood, or of some other acute disease.

"3d, The lung is frequently found to be without ulceration or tubercles after chronic peripneumony, after chronic pleurisy, after hæmoptœ frequently repeated, and after chronic pulmonary catarrh of the most obstinate kind. These observations shew that if, in some analogous cases, the lung is tuberculous, or filled with miliary granulations, it is because there were two diseases. Besides, in the instances of this complication, the tubercular disease might easily have preceded the inflammation.

"4th, Tubercular degeneracy being a very frequent chronic disease, which does not prevent other diseases, and which even produces some, it is not surprising that tubercles are met with in many persons who have had a chronic inflammation of the chest. For when a hæmoptœ, a pulmonary catarrh, a pleurisy, a peripneumony, or any other inflammatory disease, attacks an individual who has miliary granulations, or a tubercular affection of the lungs, the granulations and tubercles, by continually stimulating this organ, rendered more sensible by a phlegmasy, contribute to keep up the inflammatory disposition. They render the inflammation chronic, which ought to have terminated favourably in a few days; and amongst the inflammations which ought to follow a chronic course, tubercles make incurable or fatal the greater part of those which, by a well-understood treatment, might, without this deadly complication, terminate in a cure. In order the better to perceive this truth, we will examine the influence of tubercles and miliary granulations of the lung in cases of inflammation of the pleura, and we shall see how much more dangerous this inflammation is when it is complicated with a previous degeneracy in the organ of respiration.

"Inflammation of the pleura in a slight degree is very common, since there is scarcely a dead body in which some adhesion of the lung with the contiguous parts does not occur. Besides, these adhesions, as all the world knows, arise from inflammation alone. It is nevertheless rare that the slight degree of phlegmasy, sufficient for the formation of accidental membranes, is sufficiently intense to occasion the symptoms of pleurisy. This slight inflammation of the pleura easily gets well when not kept up by any particular cause. This is not the case if the lung be already affected with granulations or with tubercles, whatever be their nature and quantity. When this coincidence takes place, the inflammation of the pleura and the phthisis have a reciprocal influence, and the patient dies. On opening the body, we find the pleura inflamed, and the lung tuberculous. But we must not conclude from this that the pleurisy produced the tubercles; it only accelerated the progress of those which had a tendency to grow soft and to suppurate. We likewise see chronic pleurisies of long duration without tubercles in the lungs; and
meet with numberless tubercles in subjects where the pleurisy, though chronic, has not been of long duration. We may even affirm in general, that simple chronic pleurisy is commonly of very long duration; and when it is complicated with tubercles, death, as we have already mentioned, is more rapid in proportion as the tubercles are more numerous. Lastly, in chronic pleurisies there are often tubercles in both lungs, though the pleurisy only affects one side of the chest; and frequently tubercles are most numerous on the side where the pleura was not inflamed; at other times there are no tubercles but in the lung of the side opposite to the pleurisy, or even there are tubercles in the mesentery as well as the lung. These facts prove that the development of tubercles depends on a general diathesis, and not on local irritation.

"5th, The tubercular affection is very probably of a scrofulous nature, as M. Portal seems to me to have proved in his treatise on Phthisis Pulmonalis. Some other authors also are of the same opinion. Besides, the scrofulous taint is a particular affection which is not the effect of any inflammatory state, not even chronic; and this degeneracy does not shew itself in those who are not scrofulous, even when they are affected with a phlegmasy either acute or chronic.

"These different considerations appear to prove, that inflammatory affections are much more rarely than is imagined the decided causes of phthisis. Besides, as I have already said, if these inflammations occasioned this disease, the greater part of them ought to produce the ulcerous phthisis; yet it is precisely the contrary, as I have constantly observed. It is always the tuberculous phthisis that is met with in examples which are adduced in favour of the production of phthisis by acute or chronic inflammation. We have only to consult in the different treatises on phthisis the facts relating to it, in order to be persuaded, even to conviction, that these also, like those which I have observed, ought to be referred to tubercular phthisis."

M. Bayle's opinion, that phthisis is almost always incurable and fatal, is calculated to depress all endeavours to discover a method of cure; but our attention must not be relaxed, for he adds, truly, that it is often confounded with other diseases, some of which are easily cured, and that, by proper treatment, the fatal event may sometimes be postponed for many years. The treatment recommended by preceding authors, appears to M. Bayle defective, as they did not distinguish the several species, which, depending upon distinct causes, require different remedies.

"In fact, we cannot know with accuracy what the indications are in consumption of the lungs, until we have learned to distinguish its species; since, as we shall see by and by, each species is of a different nature, and presents particular indications. Besides, it is impossible to treat a patient properly, unless the indications which the nature of the
disease presents be accurately fulfilled. When we mistake the
species of phthisis, we mistake also the true indication, for this is
subordinate to the nature of the phthisis; therefore we cannot treat
the disease properly. If we do decide on a course of treatment, we
act at random, and often lessen the chances of cure or of relief the
patient might have had if left to the aid of nature. What I advance
as to the difference of treatment which suits each species of phthisis
cannot be disputed: for can one hope to cure or to relieve, by the
same means, cancerous and scrofulous affections? and is it proper to
treat in the same manner phthisis from calculi, and that which is the
effect of an ulcer?

"One cannot then investigate with too much care what is the
species, and what the real nature of the phthisis which we have to
treat; since it is essential, in order to enable us to decide upon a
suitable treatment; and yet it has been very little developed by au-
thors, for which reason I shall undertake the subject here.

"In each of the six species of consumption which I have described,
the affection of the lungs is of a peculiar nature, and belongs to an
order of morbid alterations which does not develop itself exclusively
in the organ of respiration. To be convinced of this, let us examine
each of the diseases to which the different species of phthisis may be
referred. These diseases are tubercles, cancer, melanosis, calculi,
ulcers, and the development of accidental cartilages.

"Tubercular affections and cancerous diseases discover them-
sew, as we know, not only in the lungs, but also in almost all
other parts. Calculous concretions also form in different organs;
and those which are found in the lungs of consumptive persons ap-
pear of the same nature as the calculi, and collections of calcareous
matter, which are seen in the articulations of some gouty persons.
The melanosis is a peculiar degeneracy which affects the lungs, the
liver, the mesentery, the intestines, and other organs. Ulcers may
shew themselves in all parts, and most of them are connected with a
general disposition. Transparent miliary granulations hold a con-
nection with the spontaneous development of accidental cartilages;
and these cartilages do not occur in the lungs alone, but also in the
intestines, in the peritoneum, in the womb, in the heart, and in
many other parts."

M. Bayle then proceeds to speak of the treatment of each
species of phthisis, of their complications and symptoms, and
of the selection and appreciation of the principal means to be
employed. For these we must refer our readers to the work itself.
The number of phthisical patients in the Hotel Dieu, has en-
abled M. Bayle to give some curious tabular views, illustrative of
the history of this formidable disease.

"The different kinds of phthisis are by no means all equally fre-
quent. From the facts which I have collected, one might determine
their relative frequency by the aid of the following table, extracted
from an account taken of 900 dissections:
Bayle on Pulmonary Phthisis. July

Tubercular phthisis ..... 624
Granular phthisis ..... 183
Phthisis with melanosis ..... 72
Ulcerous phthisis ..... 14
Calculous phthisis ..... 4
Cancerous phthisis ..... 3

900

"In this table I have referred to the same species the particular cases in which this species was simple, and those where it was predominant."

The actual frequency of the disease is dreadful. M. Bayle calculates that one-fifth of the deaths in Paris is caused by phthisis, and that, besides, one-tenth of those who die of other diseases was phthisical.

The following table shews the mortality of phthisis at different ages.

| Age.          | No. dead. | Age.          | No. dead. |
|---------------|-----------|---------------|-----------|
| From 15 to 20 years | 10        | From 40 to 50 years | 21        |
| 20 to 30      | 23        | 50 to 60      | 15        |
| 30 to 40      | 23        | 60 to 70      | 8—100     |

It appears that nearly the same number of phthisical patients die in every season of the year.

Number of consumptive persons who died in autumn, 64—winter, 58—spring, 54—summer, 68.—Total, 244.

In regard to the duration of phthisis, the following table gives satisfactory information:

| Months. | 1st | 2d | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th | Total |
|---------|-----|----|-----|-----|-----|-----|-----|-----|-----|------|------|------|-------|
| Days.   | 16  | 44 | 44  | 44  | 60  | 60  | 60  | 60  | 60  | 60   | 60   | 60   |       |

From the 9th round to the 40th...... 6

Total......200
"Tubercular phthisis seems to be the species which, under all circumstances, is the soonest fatal, by carrying through all the stages those who, in truth, had the seeds of the disease, but never till then felt any symptom of it."

"Phthisis with melanosis appears to be that which commonly lasts the longest; but of those in whom the phthisis lasts a great many years, some are affected with tubercular phthisis. There are then but few tubercles, and the ulcerations produced by the tubercles seem to form a purely local disease, which does not affect the vital functions."

The ninth and last chapter constitutes two-thirds of the whole bulk of the book. It contains a detail of the principal observations, 54 in number, from which M. Bayle has derived his opinions, and thus he enables others to judge how far they seem to be warranted, besides presenting us with very valuable materials for a history of this disease.

The work is concluded with a recapitulation of some points of doctrine which M. Bayle considers as established in his treatise.

"1st, When an accidental disease destroys a person affected with pulmonary phthisis in its commencement, or at its first degree, we always find the lesions of the lung I have mentioned, and no appearance of their tendency to get well. It is not from two or three insulated observations that I discovered this truth: it is from very extensive inquiry, and after numerous dissections of subjects in whom phthisis was at its first periods.

"2d, Chronic peripneumony, obstruction of the lungs, chronic pulmonary catarrh, symptomatic catarrh, which accompanies diseases of the heart, and other affections of the chest, sometimes resemble phthisis pulmonalis. But when individuals die of any of these disorders, or when any other accidental cause brings on their death, we do not find in the lungs any of the lesions which are remarked in the first degrees of pulmonary phthisis.

"3d, When phthisical persons have had partial inflammations of the parenchyme of the lungs surrounding the tubercles, or when they have experienced severe hemoptysis which has endangered life, if they recover a better state of health, and after having been in marasmus, appear convalescent, they still retain a dry cough or some other symptom, which discloses the existence of phthisis, of which the progress is not interrupted, though the complication which made it more alarming has been cured. Some individuals arrived at this state of apparent convalescence sink under some other accidental disease, and the state of the lungs demonstrates then most evidently that phthisis was not getting better. Tubercles in the lungs never terminate in resolution, any more than those which arise in other parts: they remain stationary, or have a tendency to grow soft and to suppurate, as I have always stated, as well before the publication of my remarks on tubercular degeneracies as since that time."
Bayle on Pulmonary Phthisis.

"4th, Miliary granulations appear to be of a nature similar to that of cartilages; and when they have displayed themselves in the lungs, they produce there a state of irritation, permanent and impossible to be destroyed.

"5th, Cancerous phthisis, in its first degrees, is not less incurable than granular and tubercular phthisis; for scirrhouus tumours never terminate by resolution, any more than tubercular affections."

"6th, I have shewn that we commit great error, when we take for a scirrhouus the chronic inflammation of a glandular part; but the error is as great, when we take a chronic inflammation of the chest for a pulmonary phthisis. In both cases we arrive at false conclusions, particularly when the disease terminates in recovery.

"But is it very certain, that the pulmonary phthisis is not a chronic inflammation? We have seen heretofore, that the tubercular degeneracy cannot be considered as a termination of inflammation: we have seen, that, after chronic inflammations which have lasted for a very long time, we did not find in general either tubercles or scirrhi in the lungs. In fine, I have made the remark, that, when tubercles are met with in an individual affected with chronic inflammation of the chest, they are sometimes in the lung of the opposite side to that which is the seat of the inflammation."

"7th, It results from what I have stated, that chronic inflammations and catarrhal affections may resemble phthisis, and that they may even contribute to its development. Hence it follows, that physicians of the greatest talents deceive themselves sometimes in the diagnosis of these different diseases; and in consequence of this mistake, we see some individuals get well, whom one would have believed to be affected with an incurable disorder. These cures have given rise to two opinions diametrically opposite, which divide practitioners; some regarding pulmonary phthisis as curable at the second, or even at the third degree—others being convinced that it is incurable at every period."

IV.

A Treatise on the Medicinal Leech; including its Medical and Natural History, with a Description of its Anatomical Structure; also, Remarks upon the Diseases, Preservation, and Management of Leeches. By James Rawlins Johnson, M.D. F.L.S. Member Extraordinary of the Royal Medical Society, Edinburgh. (Illustrated with Two Engravings.) London, 1816. Longman and Co. 8vo. pp. 147.

The fulness of the title of this work precludes the necessity of a regular analysis of its contents. The utility of the leech