SOME cases of surpassing interest have lately come under my observation—cases unlike in many respects to any which have hitherto been observed by me; and, judging from my own experience that they must be of extreme rarity, I trust a brief notice of them may be acceptable to the profession.

The first case I shall narrate is one of gangrene of the lungs, an accurate history of which previous to the patient's admission into Sir Patrick Dun's Hospital, I regret to say, I was unable to obtain, for, owing to extreme debility and breathlessness, he could scarcely speak, and little could be learned from his friends who brought him to the hospital. Mr. Collins, the resident medical scholar, obtained all the information he could on receiving him into the house on the 3rd of December last. He learned that the man was aged thirty-four, and had been from early youth a person of extremely intemperate habits, and also that from the time he had measles, when six years old, he had a "delicate chest." Three months before the date of his admission into hospital he had some pulmonary affection which, from the account given of it, was probably of an acute character. During this illness the expectoration was said to have been very abundant, and to have contained some blood, but not in any considerable quantity. At no period of his life had he hemorrhage from the lungs.

About two months before he sought medical assistance he is said to have spat up a very large quantity of purulent matter, of so offensive and overpowering a nature that the smell had such an effect on himself as to produce nausea and vomiting.

A sudden aggravation of the symptoms under which he had for some time laboured induced him to seek aid, but he was, from the report of Mr. Collins, in a state which indicated speedy dissolution when he was admitted. The prostration was extreme, the expression of his countenance was indicative of terror and anxiety. His respiration was 72 in a minute; his pulse feeble, flickering, and intermitting—on first examination only 82, but soon rising to 130 in a minute. His lips were livid, and the face of death-like paleness; the eyes sunken, and the features pinched. He was harassed by a paroxysmal cough, and by the expectoration
of such an enormous quantity of fluid that it appeared as if he must be speedily suffocated. When I saw him for the first time, a few hours after he came into hospital, I learned these particulars, and on investigation of the case, fully concurred in the opinion formed by Mr. Collins, that the case was one of gangrene of the lung.

Obscure as the disease so often is, there was in this case a combination of symptoms which enabled us unhesitatingly to arrive at the diagnosis. On entering the spacious ward in which the patient lay, the windows of which were open, I was assailed by an odour so insufferably offensive that I fancy my nose would well nigh suffice to enable me to tell what the disease was, being, unfortunately, endowed with a more than ordinarily acute sense of smell. A near approach to the bed was particularly unpleasant, as the atmosphere about him was loaded with the effluvia from the breath, and from the expectoration, which was being brought up in such quantity that an ordinary spitting cup did not answer for its reception—a large vessel being necessary. The expectoration was of a greenish hue, purulent, and of a peculiarly disgusting odour. The patient was intolerant of the slightest movement, believing that any change of position would cause an increase of the expectoration, and thus inevitably deprive him of the power of breathing. An examination of the chest with any degree of accuracy appeared to us, under the circumstances, to be unwarrantable, and in truth, a close and protracted physical examination would be to most people a most painful proceeding. From the moment that the patient was first seen the lethal nature of the disease was manifest, and with that prescience which we so often observe among the dying, he was himself fully persuaded that his end was rapidly approaching.

Stimulants were unsparingly administered; large doses of quinine with nitro-muriatic acid were given, and turpentine inhalations were employed. The stimulants had no influence in checking the downward course of the disease, and after a distressing struggle he died in about forty-eight hours after his admission, having been unconscious for a few hours before his death.

The autopsy revealed the following appearances:—Both lungs were found adherent to the costal pleura, and were of a greenish-black colour; patches of a deeper hue were observed on the surface, which, on being cut into, gave exit to a purilaginous ichor of a most offensive odour. On cutting into the lungs they were found