

usually bear out this idea, by the increased size and distended state of the veins of such organs as may have been affected, which they usually disclose. But this will give a very imperfect and incorrect impression of that variety of fever to which the term has been applied. This state of some vital organ may exist, but seldom in such a degree as to account for those symptoms, and that sudden sinking of the powers of life in fevers which it is intended to express. Dr. Armstrong has the honour of being the first to call the attention of the profession prominently to this state as an important modification of fevers, in his *Treatise on Typhus*; and that work, and his published Lectures, still afford the best description of the symptoms and phenomena of the disease, as well as of its course, pathology, and treatment. Though the Dr.'s observations are drawn from congestive affections occurring in England, and accompanying the fevers of that country, he early saw their connection with a depraved state of the secretions of the liver, as usually indicated by the dark and offensive stools; and the bearing of the following sentence will not be without its effect on such as have watched the decided change in the characters of British fevers since the first visit of cholera to that island, and the diminution of the inflammatory symptoms they are now found to exhibit:—

“The liver is intimately connected in the pathology of congestive fevers and for the first day or two the alvine evacuations will commonly be found either as dark as tar or whitish and slimy, though they speedily become natural when ptyalism takes place.”

It would have been of still more importance had he endeavoured to point out the connection between these appearances of the stools and the state of the skin which he states “may either

be damp and relaxed or dry and withered.”

That state of the vital functions that accompanies Asiatic cholera was early attributed to congestion, of which the collapse was supposed to be the consequence, and this may be looked on as the extreme of that variety in which we have the whitish appearance of the stools, and the damp relaxed skin; but a few years' experience in the marsh districts of Canada, and the history of malarious fevers will show a regular gradation of the same general symptoms, approaching nearer and nearer to perfect cholera as the stools assimilate to the rice water discharges.

(To be continued.)

PRACTICE OF MEDICINE.

On the Use of Gallic Acid in the Treatment of Albuminuria. By JOHN LYELL, Esq., Surgeon, Newburgh, Fife. —I was much pleased in perusing Mr. Sampson's recent paper, “On the Use of Gallic Acid in Albuminous Urine,” as it is a practice corroborative of the beneficial agency I have experienced from the same medicine for several years past.

The same process of reasoning which has led Mr. Sampson, knowing the effects of gallic acid in hæmaturia, to employ it in albuminuria, induced me, upwards of three years ago, to give it a trial in these latter cases, and, bating some exceptions, with the happiest effects.

Passing over the first case, in which I was my own patient, and speedily improved under its use, I shall give a brief detail of the second instance in which it was used by me, as a fair specimen of the cases in which gallic acid may be expected to do good—it resembles Mr. Sampson's fourth case.

Mrs. A——, a married elderly lady, consulted me on Sept. 16, 1846. She had for some time been in delicate health, but several of her relations having died dropsical, she only got alarmed about herself on the appearance of swelling in the feet and ankles. She had a