

2. The improvement in his condition and partial return of health three months after the invasion of the disease. This improvement, however, could not have been very great, inasmuch as the patient was only able to work for three days. However, gangrene occasionally runs an intermittent chronic course, in which relapses or fresh attacks of the disease succeed temporary recoveries. Dr. Stokes relates two very interesting examples of this nature, both of which presented the following features:—prolonged exposure to cold, followed by symptoms and signs of pulmonary gangrene; temporary recoveries, and without apparent cause; relapses with returns of the previous symptoms. (1) Professor Walshe also has “seen a case in which fetid gangrenous expectoration continued with intermissions for months, without much attendant constitutional suffering, but with gradual developement of the signs of excavation.” (2) Such appears to be the nature of Doyle’s case, as I have already suggested.

3. Some of the ablest writers have affirmed that gangrene of the lungs cannot last five or six months; whereas Doyle’s illness has been of ten months duration. This objection is completely met by the three cases last mentioned; Dr. Stokes’ 2 cases lasted “many months,” and Prof. Walshe’s for “months.” Dr. Law had one case under observation for “more than a year.”

4. Lastly, the comparatively little prostration and emaciation, notwithstanding the extent of the disease and the large size of the cavity. The answer to the second objection meets this—the size of the excavation has increased progressively with the fresh outbreaks or returns of the sloughing process. The patient, too, has been very favourably situated since the invasion of his malady—he has been an inmate of various public hospitals nearly the whole period, where besides freedom from damp and cold, intemperance and hard work, he has had a supply of good nutritious food, and careful medical treatment. Moreover, it is well to recollect that there is no standard by which to measure the tolerance of disease peculiar to different constitutions—one man shall succumb under cholera in four or five hours, another shall resist for twenty or thirty.

On reviewing the statements just made, then, it appears that each of the four arguments against the view that our patient’s case is one of gangrene of the left lung, may be met more or less satisfactorily; but that in favour of that view, there are six good reasons and three doubtful. The good reasons being 1st, the patient’s previous excellent health up

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(1) *Deb. Quar. Jour.*, New Series; No. 17, p. 10.

(2) *Dis. Lung and Heart*. 2nd Ed., p. 458.