

3rd. The existence of erosions in the epiglottis may be allowed as a matter of courtesy. Otherwise it falls into the same category with the former.

4th. The injury from the nitrate of silver injection into the bronchi is only an assumption, and was not warranted by any declared disclosures. Had the injection been of the corrosive character implied, its effects would have been instantaneous and gravescent. On the contrary, however, the patient, for eight days afterwards, was certainly nothing the worse, which was abundance of time to allow of the local excitement produced, if there was any, to exhaust itself and subside. The destructive lesion in the lung, if gangrene from a topical cause, would have declared itself by very decided symptoms of intense pneumonia in the upper lobe which it has not been proved, nor attempted to shew, were present.

5th. Injections of this or any other caustic salt into the interior of the air-tubes is not prospectively of any service in phthisis, and no bona-fide facts can be adduced to demonstrate that it has ever been of any real benefit. It is no longer a question to decide whether or no such a feat is accomplishable, for there exists no doubt of the affirmative. Once we know it was considered an impossibility. We well remember when a very verdant young man, rich in conceit, but poor in physis, was asked what was the treatment for phthisis after the lungs were ulcerated? He without concern replied in a bold, off-hand way, "touch them up with the nitrate of silver." Great was the consternation of the grave lecturer; greater still was the amusement of his fellows, who had yet to learn the responsibilities of medical men. Every one then believed the rash answerer to be a fool, and no one credited the propriety of such a tremendous practice as "touching up" ulcerated lungs with caustic. But that was many years ago. And now the juvenile, were he still in the ranks of medicine—which happily he is not—might be esteemed a prodigy. But to return; such a method is not prospectively beneficial, neither theoretically nor practically. The correct pathology of phthisis does not lead us to conclude that local stimulants swept over the bronchio-pulmonary surface will be of any use. As we have been able to understand it, the lungs are the localities where the last scene of the mournful tragedy is played out, but not the residences where the hurtful actors dwell. They live elsewhere, and do not appear on the stage until fully strengthened for successfully finishing their parts. The primitive vice is in the large organs which manufacture chyle, and turn it into blood, and in the capillaries that have so much to do with nutrition, secretion and decomposition