

acter; the encouragement or discountenance which the present case affords to such a line of practice; the truth or falsity of the grave charge that taxed Dr. G. with rupturing the larynx,—was such an accident likely to have occurred in the management of an experienced surgeon, or even is it possible to the hands of one more rude? if any local injury did result, and was not of this extremity, in what did it consist? the pathological state of the upper part of the left lung, presence or not of an abscess, or cavity, and, admitting its existence, what was the antecedent disease of which it was the product? the occurrence of the emphysema; the abscess high up in the neck,—extra pharyngeal in position,—what might have been the reason of its production? and was it, during life, actually patulous or occluded? what is the real import of the rent that led to its interior cavity? the obscurity or palpableness of its existence during life, the advantages of having incised it, and the probable influence upon the future termination; and lastly, the constitutional condition of the patient, especially, considered in its probable influence upon the developments that happened and in their issue.

Persuaded of the satisfaction that must attend a solution of these important points, we were urged to proceed some steps further into the examination of the case, and, to be brief, we shall state the deductions they have led us to in the form of numerical statements, premising that they have been arrived at after a careful weighing of the entire evidence, voluminous though it was, and in a spirit, we deem, of perfect disinterestedness, having had no predilections to favor.

1st. The diagnosis of pulmonary tubercles could not be substantiated. Not a single tubercle was found at the autopsy after a thorough examination of both lungs. The only supposition in favor of the original diagnosis is to assume the existence of the cavity in the lung as evidence of tuberculosis. Still, at most it would be only an evidence of past tubercle, and it can only be admitted to be even that upon simply gratuitous concessions. Its appearance was such as to lead skilled witnesses who saw it, to pronounce decidedly against its tubercular nature.

2nd. The remedies first prescribed were nugatory. The dose in which the iodid of potassium was given might after repeated renewals become beneficial, but the exiguous portions of the other drugs were utterly valueless. This is the more pertinent because it was urged in defence, with apparent sincerity, that a cure had been effected in the original disorders before the fatal seizure. Upon more mature reflection, no one, we believe, will allow this could be possible in the case of pulmonary tubercles at the stage of softening, in the course of a few weeks, by the internal medicines prescribed.