

that it is not a frequent one in the latter. And this is just what might be expected after reflecting upon the teachings of morbid anatomy—the vessels terminating in the walls or traversing the cavity of an abscess—a circumscribed suppuration—are usually effectually sealed, while those involved in gangrenous disorganization, more frequently remain pervious and pour forth their contents. For these reasons then, I do not regard the case under observation as one of foetid *pulmonic abscess*, and in the present state of knowledge but two explanations of the case remain, *tuberculous cavity* and *gangrene* of the lungs. Let us now examine the arguments which favour the latter view rather than the former, and then those which are antagonistic.

*Reasons in favour of Doyle's case being one of Gangrene of the Lungs.*

1. His previous good health up to the time of the sudden manifestation of severe cough and foetid expectoration, is quite consistent with what we know of gangrene. Whereas, in tubercular disease of the lung, some signs of impaired health, and a more or less dry cough, almost invariably precede foetid or even purulent expectoration.

2. The nature of the apparent cause of the attack—the prolonged contact of cold and moisture. Our patient's clothes were saturated with rain while driving a distance of seven or eight miles, which must have occupied about two hours; a condition than which none could be more efficient in the production of intense congestion and inflammation of the internal organs. That such a cause is competent to the production of gangrene also—nay, that it is a frequent cause of it—is proved by the fact that three out of Dr. Law's four cases of pulmonary gangrene, (1) four out of Dr. Stokes' nine, (2) and two out of Andral's three, (3) i. e. nine out of sixteen cases were induced by the sudden and powerful operation of cold; and further, in five of those nine, the co-operation of moisture was present—thus two fell into the water, two were chilled while bathing, and one by long exposure to a cold sea fog.

3. The short period which elapsed between the wetting and the occurrence of the foetid expectoration—only four or five days, if we can rely upon the patient's statement. This I hold to be almost conclusive of gangrene; for it is impossible to believe, that in that time tubercle could be deposited, a vomica formed, and its walls attacked with gangrene. In one of Dr. Stokes' cases the foetor was observed on the fourth day of the illness—in another, "within a week"—in a third, after "some days;" and so on.

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(1) Lib. Cit.

(2) Lib. Cit. and Dis. Ches., Am. ed.

(3) Clinique Medicale, t. 3, pp. 443-456.