

anterior always dilated, was not clearly solved, but which I think can now be easily explained. Because, as clearly seen in this case, during expiration, the anterior lobes become very much more filled with air than during inspiration. The tracheal and bronchial tubes apparently not being able to allow all the air to pass out at once, and when it leaves the posterior it accumulates in those in front for a space of time sufficient to allow it gradually to pass away, and also, I think, it can be easily perceived that as the lungs are never wholly empty of air, that the antero superior lobes contain more than the postero inferior. Reasoning from these data, I think we might possibly find out why inflammation of the upper lobes is so much more fatal than when it attacks those below, and likewise we might get a clue as to the reason why the superior are more apt to be affected with phthisis, and the inferior with pneumonia; but I am rather digressing from my subject. Prof. Goodsir thinks that the ribs on each side are attached to the sternum, and no doubt he is correct; because although they cannot be moved nearer one another yet they may be pressed inwards towards the vertebral column to an incredible extent, and the fissure can be increased from half an inch to 3 or 4 inches. What is more remarkable, these unnatural movements which interfere so much with the most important organs, neither gives him any pain nor affects his health in the least, although he has undergone many and long continued examinations. I hope I have not taken up too much of your valuable space, but I thought that the case might be interesting.

We will have a new work out here by the first of March, from the pen of Dr. Bennett. I am not sure of its title, but I think it will be either a *Practice of Medicine* or *Clinical Medicine*. It will be about as large as the second volume of *Watson's Practice*, as published here.

In this work will be developed his most recent views with regard to inflammation, which have been causing so much noise in the medical world on this side, and which appear to be so much at variance with our most established principles. He has come out against antiphlogistics and blood-letting in particular with most vehemence, and which has called forth a most severe criticism from Watson in the latest publication of his lectures. (1857, fourth edition.) It is amusing to go round the wards with Dr. Bennett, as he never allows a chance to escape without uttering a tirade against mercury and blood-letting. He says the benefit from cupping and leeching is not so much due to the blood abstracted but to the warmth which is kept up during and after their application. Whether Dr. Bennett's theory will stand the test of time or not is another question.

*Edinburgh, 1st Feb. 1858.*