

for going his round, and very frequently, owing to some cause or other, it is considerably past that hour before he makes his appearance, and as the demonstration commences at nine o'clock, it is evident that the time is very limited for the pupil to make his observations on the numerous and interesting cases that are in the wards.

Perhaps, Mr. Editor, you or some of your numerous readers will be kind enough to inform me what reason is assigned for Dr. Latham's paying his visit at so early an hour; for I am confident the majority of his pupils would prefer his coming in the middle of the day, in the manner of the other physicians and surgeons. I am, Sir, your obedient servant,

A MEDICAL PUPIL.

November, 1829.

CONFINEMENT OF SUPPOSED LUNATICS.

To R. BROWNE, Esq. one of the Metropolitan Commissioners of Lunacy, &c.

SIR,—In your letter to the editor of *The Times* of the 11th instant, you state that the law relative to the insane is as follows:—"That no person or persons represented or alleged to be insane, shall be put under any restraint by any individual (*not a relative, or a committee*), without a written order from an authorised person, and the previous personal and separate examination of 'two' medical practitioners of the state of mind of the patient."

I beg most respectfully to ask, if by the above law, a *relative* can put a person under restraint who is supposed to be insane, *without* the previous and separate examination of two medical practitioners, or without any examination by competent persons, of the state of mind of the patient?

If it be so, I conceive an individual, even in the present reformed state of the law, might be confined in the house of a malignant and rapacious relative, although in a perfectly sound state of mind.

I also beg leave to ask, to what extent the present act would affect a medical practitioner, in the event of his giving a *false* certificate, or one without previous examination of the patient. I should consider the heinousness of such an offence to be so great, that nothing short of transportation for life, or hanging, would be commensurate to the crime. The favour of an answer through the medium of *THE LANCET*, would oblige, Sir, your obedient servant,

AN INQUIRER.

ON THE PULMONARY CREPITOUS RATTLE.

By JOHN WHITE, Esq., M.R.C.S.
St. Neots.

AN important advantage attending the publication of *THE LANCET* is, that by its means, new opinions may be made known to every member of the medical profession. If the opinions be erroneous, they may be confuted by the very same means to which their publicity is owing. This latter circumstance will render unnecessary any apology from me, for disputing the correctness of the explanation of the crepitous rattle which is given by Laennec.

The description of the crepitous rattle cannot be given better than in the words of its illustrious discoverer, as translated by Dr. Forbes. I will add, too, his explanation of the cause:—"The moist crepitous rattle has evidently its site in the substance of the lungs. It resembles the sound produced by the crepitation of salts in a vessel exposed to a gentle heat, or that produced by blowing into a dried bladder, or it is still more like that emitted by the healthy lungs, when distended by air and compressed in the hand, only stronger. Besides the sound of crepitation, a sensation of humidity in the part is clearly conveyed. We feel that the pulmonary cells contain a watery fluid as well as air, and that the intermixture of the two fluids produces bubbles of extreme minuteness." Of this supposed presence of the two fluids, I doubt the correctness; and even if they were proved to be present in the pulmonary cells, I do not think their intermixture in such very minute quantities as must necessarily be contained in each cell, would produce the sound known as the crepitous rattle.

The crepitous rattle is invariably present in the first stage of pneumonia, and is supposed to indicate inflammation of the air-cells, attended with a secretion of a watery fluid. In every inflammation of a mucous membrane which comes under the cognizance of the senses, it is evident, that in the first stage of the inflammation, as suppression of the natural secretion occurs, and a consequent preternatural degree of dryness of the inflamed membrane. In proof of this circumstance, I need hardly mention the sensation of dryness and grittiness which is experienced in inflammation of the conjunctiva, or the still more common occurrence of the dryness felt in the commencement of a coryza or catarrh. But although these effects of inflammation of a mucous membrane are so constantly presented to our observation, it is supposed that the air-cells, whose lining membrane is mucous, no sooner become inflamed, than an increased secretion of fluid takes place from their surface.