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THE
M E D I C A L T I M E S :

A JOURNAL

OF

ENGLISH AND FOREIGN MEDICINE,

AND

MISCELLANY OF MEDICAL AFFAIRS.

VOLUME THE SEVENTEENTH.

OCTOBER 16, 1847, to APRIL 29, 1848.

THE FRANCIS A. CONNORWAY
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INDEX TO VOL. XVII.

- A.**
Abdominal pregnancy, 97
Abnormal condition of the urinary apparatus, 481
 distribution of the brachial artery, 140
 sounds in the heart and arteries, 20
Abortion, obstetric, 430
 spontaneous, 429
Abscess of the bladder, 96
 and inflammation of the uterine appendages, 333
Abscesses, dry-seated, and cysts, incision of, 360
 which precede fistulae in ano, 428
Absorption of chyle, 409
Abuse and use of chloroform, 347
Academy of Medicine, 19, 35, 54, 78, 94, 119, 137, 155, 175, 197, 313, 338, 259, 276, 294, 332, 380, 408, 416, 505
 Sciences, 35, 55, 78, 137, 155, 175, 213, 237, 276, 294, 312, 359, 360, 408, 425
Accidents brought to the London Hospital 359
Accomplished artist, Dr. Robert Lee's, 349
Accoucheurs, ratio of instrumental deliveries by, 80
Acetate of lead in tympanitis, 377
Acid, sulphuric, fatal case of poisoning by, 258
Acute articular rheumatism, treatment, 57
 glanders in a female mattress-maker, 123
 hydrocephalus, and inflammation of the ventricular serous membrane, 361
 mania, treatment of, 360
Address, inaugural, by N. Simon, 169
Adherent iris and cataract, 358
Administration of chloroform, request for information on, 483
Adult, pervious urachus in, 428
Advance of the cholera westward, 68
Affection, cancerous, spontaneous cure of, 296
Affections, carcinomatous, of the spine, 461
 cerebral, 132
 paralytic, strychnine in, 92
Africa, west coast of, 167
 climate of, 506
Age, at what, does menstruation commence, 498
Aged, frequency of pulse and respiration in, 20
Agents, disinfecting, and their virtues, 263
Air-passages, foreign bodies in, 429
Albuminous nephritis, 332
 urine after the application of blisters, 155
Albuminuria in the puerperal state, 20
Allderman Davis, the late, 206
Aliment, beans as a strengthening, 56
Alleged case of death from chloroform, 325
 neglect of a medical officer, 266
 specific for hydrophobia, 167
Allnutt, case of the boy, 243
Alterations, quarantine, 228
Alteration of animal heat under the influence of chloroform or ether, 360
Alveolar hemorrhage compress, Dr. Reid's, 128
American statistics in midwifery, 80
 private obstetric practice, statistics of, 56
Amputation above the shoulder-joint, 80
 of the foot, Chopart's, 47
Amputations, chloroform in, 276
Amusat, M., on treatment of strictures, 409
Anæsthetic agent more efficient than sulphuric ether, 90, 143
Analysis of cases of delirium tremens, 447
 the lymph of a horse, 36
 "Provincial Medical Directory" 382
Anatomical normal appearances of the intestinal mucous membrane in the infant at breast, 35
 results of acute and chronic rheumatism, 376
Anatomy, Burmese, 435
 morbid, of cholera, 378
 of the sphenopalatine ganglion, 408
Andover union, 46
Andral, Professor, general pathology by, 138
 on signs furnished by the investigations of the digestive organs, 155
 dyspepsia, gastralgia, and vomiting, 175
 signs furnished by exploration of the intestines, 193
 the alvine evacuations, 193
 the investigation of the circulation, 209
 semeiology of diseases the circulation.—Auscultation of the 229, 249
Andral, Professor, symptoms furnished by disturbance of the arterial circulation, 250
 signs derived from investigation of the venous circulation, 269
 the investigation of the capillaries, 269
 examination of the spleen, 370
 furnished by the respiratory organs, 289, 323
 expectoration, 311
 semeiotic signs furnished by the organs of secretion, 341
 semeiology of the nervous system, 355
 convulsion and pain, 387
Angina pectoris, 155
Aneurisms about the root of the neck, difficulties of diagnosis in, 30
Aneurism of the arch of the aorta, 377
 of the arteria innominata spontaneously cured, 394
 at the bend of the arm, diffused case of, 135
 femoral, 360
 of the left coronary artery, 278
 spontaneous, at the head of the arm, 239
 subclavian, cured by galvanopuncture, 260
 thoracic, 312
Animal ligature, 96
Ankle-joint, partial dislocation of, 356
Announcement of Discourses of the Heart by Wardrop, 340
Annuity fund, general medical, 24
Anomalies of the venous system, remarks on, 50, 72
Another case of poisoning at Hackney, 107
 stethoscopic blunderer in Mr. Liston's case, 285
Anterior lobes of the brain, localization of speech in, 276
Anteroversion of the uterus during labour, 158
Anthropophagism, 93
Antiquity, probable, of chloroform, 318
Apex of the lungs, physical sign of pneumonia in, 55
Aphthæ, nosology of, 121
Apologies, 181
Apology for a good action, an, 24
Apoplectic collapse after coition and debauch, 239
Apothecaries' Hall, licentiates admitted, 12, 47, 68, 107, 127, 148, 162, 168, 207, 237, 267, 287, 303, 319, 351, 366, 378, 394, 451, 467, 483, 499
 manifesto, last edition of the, 144
 penal clause, present value of, 448
Application of chemistry to the detection of crime, and to the preservation of public health, 91
 chloroform, extraordinary, 207
Appointment of Professor Syme, 284, 336
Appointments, 221
 medical, 107, 168
 naval, 67, 188, 207, 247, 267, 278, 303, 319, 351, 366, 399, 425, 444
Apprenticeship, medical, and medical education, 121
 walking the hospitals, 262
Arsenic, poisoning by, 79
Artery, femoral, irregularity of the, 176
Arthritis, 79
 chronic, treated by nitrate of silver ointment, 314
Arrangement, important, between the Government and medical corporations, 361
 new, Mr. Stanley and the, 497
Arts, insalubrious, 312
Ashbourne, Bakewell, and Belper unions, 64
Ashley, Lord, his resolutions, 362, 415
Ashton-under-Lyne union, 64
Asiatic cholera, the, 6, 217, 316
 treatment of, 458
 in the stage of collapse, 196
Asphyxia and convulsions produced by chloroform, 174
Assistants, medical, 87, 104
Assizes, Kingston, 498
Association, new, for Suppression of Quackery, 315
Asthma, periodical, checked by quinine, 313
Asylum for Idiots, 443
Asylums, lunatic, non-restraint in, 105, 154, 222
Auscultation, a word on, 221
 of the heart, 229, 249
Authoritative recognition of quackery, 264
Autoplastic operations, 360
A very early human ovum, 80
Awful mortality on board an emigrant vessel, and ship fever, 126
 B.
Bandage for fracture, sea-moss as a, 68
Basford board of guardians, 47
Beales, Mr., on puerperal convulsions after delivery, 174
Beans as a strengthening aliment, 56
Bedsteads, tub, and madhouse fractures, 23
Belladonna, injections of, in rigidity of os uteri, 429
Belper, Bakewell, and Ashbourne unions, 64
Beneficial effects of proteine in caries, 490
Berkshire Hospital, the Royal, 231, 356
Berncastle, Dr., and the Croydon case, 366, 382
Bill, Lord Morpeth's, 346
 the new, 382
Birth of disproportionate twins, 158
Bite of a rattlesnake, death from, 319
Bladder, abscess of, 96
 foreign body in, 361
 introductions of foreign bodies into the, 36
 irritable, and stricture of the urethra, depending on tapeworm, 360
 of a cow, pedunculated tumour on, 177
Blane, medals, the, 480
Blighted fetus, 392
Blisters, albuminous urine after the application of, 155
Blood, composition of the, 276
 new mode of separating fibrine from, 359
 of the spleen and vena portarum, researches on, 294
 and urine, pathological conditions of in gout, rheumatism, &c., 378
Blunder, the fatal, 247
Blunderer, stethoscopic, another, in Mr. Liston's case, 285
Bone, nerves of, 278
Botanical Society of London, 127
Brachial artery, abnormal distribution of, 140
Brady, Mr., on medical education, 224
Braid, Mr., and Dr. Elliotson, 106
 and Mr. Wakley, 163
Brain, anterior lobes of, localization of speech in, 276
Brandy in childbirth, 240
Brain in insanity, state of, 312
 and meninges in puerperal women, phlebitis of, 393
 treatment of inflammatory affections of, 121
"British and Foreign Medico-Chirurgical Review" and Mr. Markwick, 264
Brodie, Sir Benjamin, at St. Stephen's, 179
Bromide and iodide of potassium in the secondary and tertiary forms of syphilis, 36
Bronchitis, chronic, strychnine in, 56
Brown, Mr. Thos., on spasms glottidis, 155
 Dr. W. H., on the brain and nervous system, 403
Buboes, syphilitic, 56
Buller, Mr., interview with, 511
Bulley, Mr., on dislocation of the elbow, 357
 laceration and contusion of the hand, 234
 partial dislocation of the ankle-joint, 356
Burmese anatomy, 435
Burn, case of, 223
Burns, treatment of, 259
Burrows, Dr., 200
 and his class, 162
Bushnan, Dr., on the anatomical results of acute and chronic rheumatism, 376
 on the etiology of puerperal fever—puerperal peritonitis, 376
 On the development of the Graafian vesicle, 460
 ozone the cause of catarrhal diseases, 461
 carcinomatous affections of the spine, 461
 laws regulating the labour of children in factories, 461
 progress of German medical science, 235
 remarks on the polariscope, 424
 visit to Dieffenbach, 135
Butler, Mr. Henry, report of caries of the tarsus, 407
 on secondary syphilis, with unusual characters, 424
 retention of urine from stricture, and enlargement of the prostate, 493
Bust of Mr. Green, 500
 C.
Cæsarian section, the successful, 183
Cantharides, large doses of, in pneumonia, 506
Calculus, nasal, 36
Campbor, poisoning by, 451
Canada, emigrant fever in, 47, 68
 and Ireland Government medical remuneration in, 297
Cancer-cells, proper, 157
Cancer, gelatiniform, of the peritoneum, 461
 of the os uteri, 492
Cancerous tumours, utility of microscopic observations in, 260
 of the breast, microscopic examination of, 97
Capsule, Glisson's, use of, 377
Carcinomatous affections of the spine, 46
Cardiac nerves, Dr. Robert Lee's, 285, 317, 349
Caries, effects of proteine in, 477
 of the tarsus, Chopart's amputation of foot in, 407
 beneficial effects of proteine in, 490
Carotids, ligation of both, 20
Cartilages of the larynx, ossification of, 278
Case of burn, 223
 the Croydon, 282
 of diffused aneurism at the bend of the arm, 135
 enormous calculus in the colon, producing death by perforation of the intestine, 78
 glands in a man, 493
 in which two fetuses were united at the sternum, 99
 of laryngitis accompanied by the formation of false membrane in the trachea and bronchi, in which tracheotomy was successfully performed, 216
 in which numerous lumbrici were expelled from the intestines, 155
 of poisoning at Hackney, 107
 severe surgery, 46
Cases occurring in private practice, 54
Cataract and adherent iris, 358
 composed of phosphate of lime, 377
Catarrhal discharge, ozone the cause of, 461
Cause of paraplegia, diagnosis of the, 214
Causes of death after surgical operations, on the, 49, 114
 disease, 332
 and nature of winter sleep, 167
 puerperal fever, 122
Central Criminal Court, 204
Cauterization, superficial treatment of neuralgia by, 36
Cerebral affections, 132
Cervix uteri, incision of the, 240
 preternatural elongation of, 263
Characters of urine in pregnancy, 139
Charter, the projected, of the College of Physicians, 465
Chemistry, application of, to the detection of crime, and to the preservation of the public health, 91
 organic, by Dumas, 78, 109, 190, 270
Chemists, practice of, 68
Chesterfield union, 159, 183
Childbirth, brandy in, 240
Children, new-born, icterus of, 238
 clinical observations on diseases of, 30, 111, 130, 150, 189, 211, 250, 372, 474, 489
China, pharmacy in, 68
Chinese method of applying manure, 187
 testing the purity of opium, 295
 nutgalls, 239
Chirurgical and Medical Society, 83, 122, 177, 218, 313
Chloride of gold in granular lide, 429
 lime, oxygen from, 313
 and phthiases, 66
Chloroform, 126, 138, 145, 148, 155, 162, 167, 175, 176, 184, 213, 237, 247, 276, 294
 administration of, request for information on, 483
 appearing to suspend uterine action, 196
 in amputations, 276
 asphyxia and convulsions produced by, 174
 employed at Constantinople, 464
 and ether, 359
 alteration of animal heat under, 360
 extraordinary application of, 207
 failure of, 345
 fatal case from, 317, 349, 363
 first case of, in Irish obstetric practice, 152
 improper use of, and quackery, 264
 in midwifery, 224, 278, 479
 the new anæsthetic agent, 143

- Chloroform, new instrument for inhalation of, 294
 probable antiquity of, 318
 in puerperal convulsions, 335, 436
 Dr. Rigby on, 151
 Dr. Simpson's remarks on alleged case of death from, 335
 a substitute for ether in surgery and midwifery, 145
 in surgical operations, 145, 195, 226, 390
 in typhus fever, 376
 use and abuse of, 347
 Cholera, 48, 66, 79, 87, 107, 128, 147, 148, 166, 197, 207, 247, 316, 367
 Asiatic, the, 6
 treatment of, 458
 in the stage of collapse, 196
 in China, treatment of, 361
 cured by ether, 247
 history of, at Constantinople in 1847, 458, 480
 Infantia, 294
 and influenza, 180
 at Kurrachee, report on, 336, 374, 381, 386
 morbid anatomy of, 378
 notice of, as it appeared at Colombo in 1847, 32
 payment of medical men during the, 125
 and quarantine, 198
 in Russia, 166, 287, 303
 westward, advance of, 68
 Chorea St. Viti, rheumatism and its connection with, 116, 163
 treatment of, 79
 Chronic arthritis, treated by nitrate of silver ointment, 914
 bronchitis, strychnine in, 56
 cystitis, treatment of, by injections of nitrate of silver, 130
 farcy, 35
 lippitudo, 429
 Churchyard, Huddersfield, 166
 Chyle, absorption of, 409
 Clarke, Mr., on chloroform in amputations, 276
 Clavicle, fracture of, 377
 Clay, Dr., on the removal of a large steatomatous tumour from the lower jaw, 422
 Climate of Africa, 506
 Clinical lectures, by Mr. South, 2, 37, 308, 840
 notes, by Dr. Daunt, 344, 476
 observations on some of the more frequent diseases of children, by Dr. Wilsheire, 30, 111, 130, 150, 189, 211, 250, 273, 441, 474
 Clitoria, malignant disease of the, 238
 Cod-liver oil and phthisis, 36
 Coghlan, Dr., case of burn, 283
 Colic and debauch, fatal apoplectic collapse after, 239
 Cold water in fever, 395
 intermittents, 359
 College charters and the profession, 450
 modest, in Pall-mall, 83
 of Physicians, 314, 396
 and their dignities, 340
 the general practitioners, 60
 their impurities, 317
 extra-urban licentiate of, 498
 Surgeons, 240
 members admitted, 12, 87, 127, 166, 207, 240, 399, 435, 467
 University, 227
 London, professors of the, 296
 Comments on Mr. Green's evidence, 265
 Commission, metropolitan sanitary, and union surgeons, 178
 Committee on medical legislation, evidence taken before, 10, 27, 43, 161, 185, 202, 226, 243, 286, 292, 318, 365, 398
 of poor-law medical officers, 100, 124, 246
 registration, the, 8
 the poor-law, 457
 Complications of gunshot wounds, 408
 Composition of the blood, 276
 Compound fracture of the external condyle of the femur, 413
 Concours for the chair of clinical surgery, 197, 426
 Condition, abnormal, of the urinary apparatus, 481
 sanitary, of rural districts, 315
 Conditions, pathological, of the blood and urine in gout, rheumatism, &c., 378
 Conference of poor-law medical officers with the College of Physicians, 316; with Society of Apothecaries, 317
 Congenital hernia of the liver through umbilical ring, 293
 obstacle to catheterism, 97
 Conjugation union, 316
 Conjunctivitis, strumous, 295
 Consumption, naphtha in, 278
 Consumption treated by inhalations of chlorine, 359
 Contemporary eulogy, 8
 obligations, 415
 Contractions of the heart, influences of the spinal nerves on, 213
 Contributions to the medical topography of the Mediterranean, 31, 73, 445
 Contusion and laceration of the hand, 234
 Convention, the, 5, 22, 25, 37, 298, 397
 medical poor-law, 8, 83, 187, 240, 464
 of poor-law union officers, 29, 62
 Convocation of poor-law doctors, 9
 Convulsions depending on tapeworm, 360
 puerperal, after delivery, 174
 Cooper, Professor Saml., Lectures on Surgery, by, 4, 69, 89, 129, 149, 169, 210, 290, 310
 resignation of, at University College, 483
 Copenhagen, 108
 Corfe, Mr., on intoxication, 17
 cerebral sympathies in irrationality, 119
 delirium in fever, 159
 from pneumonia, 153
 paralysis agitans—paralysis venosa, 219
 hysteria, 194, 212
 chorea, 212
 poisoning by sulphuric acid, 258
 the alphabet of auscultation, 273
 pneumonia, 292
 laryngitis, 329
 thoracic derangement, 253, 391, 406, 488
 emaciation of the frame, 443
 Corneitis, treatment of, 296
 Coronary artery, the left, aneurism of, 278
 Coroners' juries, liberality and justice of, 380
 and medical men, 363
 and medical witnesses; a friend in court, 199
 Corporations, medical, and sanitary reform, 101
 Government, important arrangements between, 361
 professional education, 241
 what have they done for the profession, 309
 Correspondents, 5, 22, 37, 50, 88, 108, 188, 148, 168, 185, 208, 228, 248, 268, 284, 304, 320, 336, 351, 368, 384, 400, 416, 436, 458, 468, 484, 500, 512
 Corroding ulcer of the uterus, 140
 Country inquest, a, 184
 Cow and human female, duration of pregnancy in, 394
 pedunculated tumour on the bladder of the, 177
 Cox's femoral ankylosis, by M. Maisonneuve, 137
 Cramming and its cure, 179
 Craniotomy, new instrument for, 505
 Cretinism, 214
 disease analogous to, in the west of England, 257
 Crime and insanity, case of the boy Allnutt, 243
 Croton oil in tubercularization of the lungs, 30
 Croup, nitrate of silver in, 429
 Croydon case, the, and Dr. Berncastle, 366, 382
 Cumberland Infirmary reports, 493
 Cure of diseases, electricity in, 394
 spontaneous, of a cancerous affection, 396
 Curious fact of natural history, 94
 feature of yellow fever, 214
 Cysts, and dry-seated abscesses, incision of, 360
 Cystotomy and lithotomy, 35
 Dairymple, the late William, 206
 Dalston German Hospital, 201
 Daunt, Dr., clinical notes by, 344, 476
 Davis, the late Alderman, 206
 Deafness in scarlatina and measles, 157
 Death, alleged case of, from chloroform, 325
 among the doctors, 396
 causes of, after surgical operations, 49, 114
 from bite of a rattlesnake, 319
 ethereal inhalation, 96
 suffocation, 168
 Deaths by fever, 207, 267
 Debauch and colic, fatal apoplectic collapse after, 239
 Defences, the two, 296
 Deficiency of the stylo-hyoideus muscle, 39
 Definition of yellow fever, 459
 Deformity of the pelvis, turning in, 215
 Degraded state, present, of medical profession, 46
 Delirium in pneumonia, 294
 tremens, analysis of cases of, 447
 Delirium tremens, and delirium ebriosum, 214
 Induced by tobacco, 460
 modes of dying in, 37
 Delivery, posthumous, 121
 puerperal convulsions after, 174
 Dentition, on tardy and defective, 53
 Deodorizer, a new, 260
 Derangement, mental, morphia in, 259
 Destructive ophthalmia, 313
 Detection of crime by the application of chemistry, 91
 Development of the Graafian vesicle, 460
 Devilliers, Dr., statistics of pregnancy by, 213
 Diagnosis of cancerous tumours, utility of microscopic observations in, 260
 the cause of paraplegia, 214
 Dr. Watson and Williams in the case of Mr. Liston, 219
 Diagnostic sign of disorder of the digestive function, 278
 Diaphragm, rheumatism of the, 177
 Dieffenbach, Dr. Bushman's visit to, 135
 death of, 108, 127, 135
 Difficulties of diagnosis in aneurisms about the root of the neck, 20
 Diffused aneurism at the bend of the arm, case of, 135
 Digestive organs, signs furnished by, 155
 "Directory, Provincial Medical," analysis of, 383
 Disarticulation of the femur, 119
 Discharge, catarrhal, ozone the cause of, 461
 Discovery of a new anesthetic agent more efficient than sulphuric ether, by J. Y. Simpson, M.D., 90
 Disease analogous to cretinism in the west of England, 257
 causes of, 332
 follicular, of the tonsils, and phthisis, 260
 laryngeal, treatment of, by the nitrate of silver, 121
 malignant, of the clitoris, 238
 thoracic, new treatment of, 259
 Diseases of children, clinical observations by Dr. Wilsheire, 30, 111, 130, 150, 189, 211, 250, 372, 441, 474, 489
 the Heart, announcement of a work by Wardrop, 240
 electricity in the cure of, 392
 exhausting, ice in, 392
 of females, reports on, by Dr. Rigby, 173, 272, 324, 420
 the hip-joint, nature and treatment of, 477, 490
 Physiognomy of, 17, 112, 152, 194, 212, 253, 273, 292, 329, 391, 406, 423, 443
 various observations on, 105
 Disinfections agents and their virtues, 263
 Dislocation of the ankle-joint, partial, 356
 the elbow, 357
 the hip-joint, on the reduction of, 481
 shoulder, 175
 Dislocations attended with remarkable circumstances, 308
 Disorders of the nervous system during pregnancy and parturition, 140
 Dispensary, Gateshead, 166
 Distribution of prizes, 197
 Diuretic wine in dropsy, 12
 Division of the neck of the uterus in labour, 177
 Doctor's boy, letter from, 66
 Doctors, poor-law, convocation of, 9
 Double phosphates of magnesia and ammonia, the neutral variety of, 132
 Dreaming and its relation to diseases, 481
 Dropsy after scarlatina, 410
 diuretic wine in, 12
 Druggists and surgeons, partnerships between, 335
 Dry-seated abscesses and cysts, incision of, 360
 Dumas on fabrication of manures, 76, 109, 190, 270
 Duration of pregnancy in the human female and cow, 394
 Dyer, Mr., on intermittent fever in an infant, 479
 Dyspnoea, anons in, caused by rarefaction of the atmosphere, 56
 Dystocia, 480
 E.
 Early struggles of sanitary reform, 201
 Edinburgh, fever in, 67
 Education, medical, on, 224
 reform of, 364
 and medical apprenticeship, 124
 professional, and medical corporations, 241
 medical, 496, 509
 Effects of proteine in caries, 477
 Efficacy of ox-gall in removing impacted faeces, 215
 Effusions, serous, in the theca of the medulla spinalis, 409
 Elbow, dislocation of, 357
 and forearm, gunshot wound of, 238
 Election of office-bearers, 213
 of a surgeon, 218
 Elections, French medical, 500
 Electricity in the cure of disease, 392
 Electro-puncture, treatment of varices by, 57
 Elliottson, Dr., and Mr. Braid, 106
 Embryology, 19
 Emigrant fever in Canada, 47, 68
 ships and typhus fever, 39
 vessel, awful mortality on board of, and ship fever, 126
 vessels, 364
 Encephaloid tumour of the lungs, 139
 Encephalous monster, 426
 Enema, ether, in operations, 97
 England and Wales, lunatics in, 319
 Enlargement of the ovary from inflammation, 260
 Enormous calculus in the colon, 78
 Enterocoele, voluminous, through fundus uteri, 260
 Entrance of air into the jugular vein, sudden death from, 139
 Entropion, operation for, 261
 Epidemic influenza, 346
 in the north of Scotland, 166
 Erysipelas and tobacco, 57
 treatment of, by strong solution of nitrate of silver, 77
 Eruptions on the organs of generation produced by tartar emetic rubbed into other parts of the body, 426
 Ethereal inhalation—death, 96
 Ether and chloroform, 359
 alteration of animal heat under, 360
 cholera cured by, 247
 enema in operations, 97
 inhalation in intermittent fever, 429
 substitute for, in Paris, 167
 sulphuric, a new anesthetic agent more efficient than, 90
 in tetanus, 256
 Ethnological Society, 216
 Etiology of puerperal fever—puerperal peritonitis, 376
 Eulogy, contemporary, 8
 Extra-urban licentiate of the College of Physicians, 498
 Evidence taken before the select committee of medical legislation, 10, 27, 43, 164, 185, 202, 226, 243, 265, 286, 299, 318, 350
 Examination of the ear, 214
 microscopic, of nasal polyp, 97
 tumour of the breast, 97
 Exclusion of the whole genital organs, 87
 Exhausting diseases, ice in, 392
 Exoneration, professional, 381
 Experience Life-assurance Company and Dr. McCulloch, 433
 Extirpation of both ovaries, 56
 External condyle of the femur, compound fracture of, 410
 Extract of secale cornutum in internal hemorrhage, 360
 Extraordinary application of chloroform, 207
 Extra-uterine foetation within the Fallopian tube, 56
 Eye, rheumatic inflammation of, 393
 F.
 Fact, curious, in natural history, 94
 Faculty of Medicine, 94, 138, 155, 175, 446
 Physicians and Surgeons of Glasgow, 201
 Failure of chloroform, 345
 Fairbrother, Dr., on chloroform in typhus fever, 276
 Fallopian tube, foetation within, 56
 rupture of, 392
 Famine fever, 238
 Fatal blunder, the, 247
 case from chloroform, 317, 349, 363
 Farcy, chronic, 35
 Fawkes, Guy, at the medical schools, 22
 Fee, relation of, to a summons, 161
 Fee, medical, and life-assurance societies, 450, 466
 Female mattress-maker, acute glanders in, 129
 Females, diseases of, by Dr. Rigby, 173, 272, 324, 420
 Femoral aneurism, 360
 ankylosis (Cox's), by M. Maisonneuve, 137
 artery, irregularity of the, 176
 hernia, strangulated, 407
 Femur, disarticulation of the, 119
 Ferguson, Mr., 145, 168
 Fever in Belfast, 88
 cold water in, 295
 deaths by, 207, 267
 on board the Syren sloop, 148
 in Edinburgh, 67
 emigrant in Canada, 47, 68
 intermittent, in an infant, 479
 and physicians, 68
 puerperal, causes of, 122
 etiology of, 376
 ship, awful mortality on board of an emigrant vessel, 126
 typhoid, treatment of, 78
 urine in, by Dr. Martin Solon, 132

Fever, typhus, chloroform in, 276
 and emigrant ships, 39
 yellow, curious feature of, 214
 definition of, 439
 negro race exempt from, 68
 in New Orleans, 19, 68, 167
 physiology of, 398
 Fevers, remittent and intermittent, treatment of, 393
 Fibrine from the blood, new mode of separating, 359
 First cases of chloroform in Irish obstetric practice, 158
 session of the new Parliament, 104
 in ano, abscesses which precede, 428
 Fistula lachrymalis caused by syphilis, 377
 urinary, treatment of, 35
 vesico-vaginal, remedied by caustic, 450
 treatment of, 137
 Fetus, blighted, 392
 Follicular disease of the tonsils, and phthisis pulmonalis, 260
 Forearm and elbow, gunshot wound of, 238
 Foreign body in the bladder, 35, 361
 throat, 84
 bodies in the air-passages, 459
 Fracture of the clavicle, 377
 compound, of the external condyle of the femur, 410
 of the skull in children, 56
 of the thigh, 447
 ununited, treated by galvanism, 157
 successfully treated, 462
 Fractures, madhouses, and tub beds, 23
 ten-moss as a bandage of, 56
 France, salt marshes of, by Dr. Melier, 119, 137
 Free Hospital operations, 235, 295
 quackery, 200, 217
 French medical elections, 300
 Frequency of the pulse and respiration of the aged, 20
 Friend to literature, Wakley as a, 9
 Function, digestive, diagnostic sign of disorder of, 278
 Fund, Annuity, General Medical, 24
 Fundus uteri, voluminous enterocoele through, 290
 Ganglion, epinephalic, anatomy of, 408
 Gangrenous syphilitic sores, treatment of, 315
 Galvanism, ununited fracture treated by, 167
 Galvano-puncture, subclavian aneurism cured by, 259
 Gateshead Dispensary, 186
 General Medical Annuity Fund, 24
 pathology, by Professor Andral, 138, 156, 175, 193, 209, 246, 249, 289, 310, 323, 341, 355, 367
 practitioners and College of Physicians, 60
 remarks on anomalies of the venous system, 30, 72
 Generation organs, of eruptions on, from tartar emetic rubbed into other parts of the body, 426
 Genital organs, excision of the whole of, 57
 Gentle hint to poor-law medical officers, 104
 Gelatiniform cancer of the peritoneum, 464
 German Hospital, Dalton, 201
 medical science, progress of, 234, 376, 461
 Giacomini, Professor, treatment of cholera by, 313
 Glanders, acute, in a female mattress-maker, 123
 case of, in a man, 493
 Glands of the neck, scrofulous disease of, 295
 Glasgow, Faculty of Physicians and Surgeons of, 201
 Glisson's capsule, use of, 377
 Glottitis, spasms, 155
 Glottis, oedema of, surgical treatment of, 96
 Gloucester Infirmary, science of surgery at, 180, 283
 Gold, chloride of, in granular lida, 499
 Good action, an apology for, 23
 Gout, rheumatism, &c., pathological conditions of the blood and urine in, 378
 Government, the, and Irish medical profession, 464
 and medical corporations, important arrangement between, 361
 medical remuneration in Ireland and Canada, 297
 remuneration of Irish medical practitioners, 334
 Graafian vesicle, development of, 460
 Graduates, Turkish, 351
 Green, Mr., bust of, 500
 his evidence, comments on, 265
 Greenock Infirmary, professional squabbles at, 243
 Guardians, Basford board of, 47
 the poor-law, 180
 Gunshot wounds, clinical lecture on, by Velspeu, 392, 408
 Guthrie, Mr., lectures on some of the more important points in surgery.

Lecture I.—On Wounds and Injuries of the Chest.—Impolicy of the separation of surgery and physis; danger of wounds of the chest; advantages of auscultation; bayonet wounds rare; complication of non-penetrating wounds by pleuritis or pneumonia; nine cases; Dr. Stokes' case of pneumonia and gangrene of the lung from external injury; healthy sounds heard, during respiration, through the stethoscope; experiments of Van Swieten, Dr. D. Williams, and Mr. Quekett on wounds of the chest; percussion, 306
 Lecture II.—Inflammation of the pleura; symptoms; effusion of fluid; its danger in wounds of the chest; signs indicated by auscultation and percussion; inflammation of the lungs; symptoms; the three stages of pneumonia; signs of pneumonia discoverable by auscultation; formation of false membranes in pleuritis; compression of the lung in cases of pleuritic effusion, 321
 Lecture III.—The changes in the structure of the lung from pneumonia, empyema, hepatization, and purulent infiltration; occurrence and seat of the respiratory murmur during the presence of pleuritic effusion; great necessity for attending to this fact in pistol-shot wounds of the chest; greater frequency of inflammation in the right lung than in the left; treatment of pleuritis and pneumonia; bleeding; practice of Dr. Gregory, and Dr. Rutherford of Edinburgh; aphorism of Laennec; illusory character of the pulse as a guide for bleeding; opinion of Laennec; Mr. Guthrie's early experience of the efficacy of bleeding in pleuro-pneumonia, at Berry Head, and in British North America; directions for bleeding; opinions of the French physicians respecting bleeding in pleuritis and pneumonia; application of leeches; cupping; internal use of tartar-emetica in pneumonia; tolerance of tartar-emetica in large doses; when of doubtful utility; use of mercury in serous inflammations; mode of exhibiting mercury in large and small doses, comparative value of mercury and tartar-emetica; disorders; diet; critical terminations of pneumonia, 337
 Lecture IV.—Typhoid pneumonia.—Symptoms and treatment; Dr. Hunter and Dr. Stokes on typhoid pneumonia; typhoid pleuritis; occurrence of pleuro-pneumonia after amputations; Mr. Guthrie's opinion that it depends on inflammation of the veins, and absorption of purulent matter; latent or chronic pleurisy; empyema; hydro-thorax; causes of empyema; symptoms; pathological condition of the chest after the cure of empyema; Dr. A. T. Thomson's case; results of percussion and auscultation; treatment, 353
 Lecture V.—The operation for empyema; ancient mode of operating; the modern methods by trocar and canula, and by incision; Dr. T. Davies' grooved needle; place of election; directions for the operation; comparative success of the operations by incision and by puncture with the trocar; admission of air into the cavity of the chest; opinions of Mr. Cook and Dr. Hughes on paracentesis thoracis, and on the admission of air into the cavity of the chest; M. Goss's case of paracentesis thoracis for hydrothorax; in hydrothorax the puncture should be closed immediately—in empyema a permanent drain should be established; Dr. Th. Thompson's case; Dr. T. Davies' practice; the propriety of injecting fluids into the cavity of the chest; Dr. Glisson's case; case by Morand; case by Diemerbroeck; case of Dr. Wendtstadi; case of musket-shot wound of the chest; case of penetrating wound by a polish lance; cases of the operation by necessity; Messrs. Faure and Aubert's cases of external abscess communicating with the chest; lance wound of the chest; Dr. F. Bird's report of a fatal case of pistol-shot wound of the chest, under the care of Mr. Lynn and Dr. Roe in the Westminster Hospital; post-mortem appearances, 369
 Lecture VI.—Dr. Maclean's cases of empyema; conclusions respecting the operation of paracentesis thoracis; Dr. Edward Barry's operation for puncturing abscess of the

lung; performed successfully by Mr. Tecky; revived by Dr. Hastings; Sir Henry Marsh's case; pneumothorax; symptoms and consequences of pneumothorax; signs by auscultation and percussion; tinctament metallicum; Mr. Kelly, of Leith, the first person who operated for pneumothorax; Dr. Davy's case; case of Mr. Cornish; Dr. Roe's case, reported by Dr. F. Bird; case of Lord Beaumont; Dr. Houghton's opinion respecting the cause of the tinctament metallicum in pneumothorax; the operation only palliative when the pneumothorax is caused by a tubercular abscess; curative when it has been induced by a local injury, 385, 401
 Lecture VII.—Emphysema; cases by Paré, Wiseman, Litteré, and Dr. W. Hunter; emphysema of the lung; character and causes; symptoms of emphysema; emphysema caused by fractured ribs; treatment; by punctures; Mr. J. Bell on emphysema; Baron Larrey's case; Mr. Guthrie's case; emphysema never caused by a musket-shot wound; condition of the lungs in emphysema; treatment of extreme cases; hernia of the lung; Sabatier's case; Cruveilhier's opinion that hernia of the lung may be mistaken for circumscribed emphysema; M. Jobert's case; M. Cruveilhier's case of old hernia of the lung; M. Lavallee's case and opinion; wounds of the heart; their fatality; opinions of the ancients that wounds penetrating the cavities of the heart were immediately fatal, but not so if the substance only were divided; cases of foreign bodies found in the hearts of animals; Mr. Gralange's case; cases of wounds of the heart, from various authors, in which the injury was survived during a longer or shorter period; Senke's opinion that wounds of the right ventricle are more common and more quickly fatal than those of the left; cases of wounds of the heart recorded by Dr. Babington, Mr. Featherston, M. Ferus, Messrs. Davis and Steward, M. Fournier, and Mr. Trige, 417
 Lecture VIII.—Cases of wounds of the heart, by Dupuytren, Percy, Chianca, Steffanand, Sanson, Malic, Ferus, Vel, eau, Frixi, Holmes, Schnucker, Henri, Breschet, and Quatani; auscultation of the precordial region; Dr. Hope and Dr. Laitham's description of the precordial region; sounds of the heart; impulse of the heart; use of the terms endocardial and exocardial; unhealthy sounds of the heart and pericardium; symptoms indicative of wounds of the heart; M. Jobert on the signs of these wounds, and their causes; propriety of closing the external wound in the first instances; Dupuytren's treatment of the Duke de Berri; Larrey's cases of wounds of the heart; comments on these cases; Larrey and Desault's cases of supposed traumatic dropsey of the pericardium, and the operation; Larrey's operation for hydro-pericardium; Skielderup's operation by trepanning the sternum; case of wound of the heart and diaphragm; influence of the structure of the heart on its wounds; insensibility of the heart; wounds of the heart by pins and needles; cases by Sir G. Ballingall, Sir Stephen H. mick, and Dr. O'Connor; death from blows on the heart; medical treatment; lacerations and ruptures of the heart, 437
 Lecture IX.—Penetrating wounds of the chest; stab by a triangular sword, small knife, or other weapon; symptoms and treatment; examination of the wound by probes not generally admissible; Dr. Mayer's case of penetrating wound made with a knife, and retention of part of the knife in the wound for some days; the question of closure of the external wound; Paré's opinion, illustrated by cases; Wurtz's opinion; sucking the wound, its advantages and dangers; La Motte's cases of penetrating wounds; Ravaton, Dionie, and Larrey on the closure of the external wound; effects of sucking the wound; position in incised wounds of the chest; case of bayonet wound in the chest; treatment of incised wounds of some extent; use of the suture through the skin only; consequences of such wounds; existence of alarm or shock immedi-

ately consequent on the wound; treatment of the reaction; inflammation of the pleura; wounds of both cavities of the chest usually regarded as mortal; cases; Mr. Keate's successful case of sword-thrust through the chest; fatal case of pistol-shot wound involving both cavities; two important points in the treatment of large and direct incised wounds of the chest; Mr. Hewson's mode of proceeding; closure of the wound confirmed by later writers; effects of the closure of the wound; effusion into the cavity the natural result of inflammation which has passed the stage of adhesion; two cases in which closure of the external wound was successfully practised; the non-closure of the wound endangers the extension of inflammation to the whole cavity of the pleura, with subsequent effusion; cases by Mr. Stanley and Dr. Folts; indications of effusion; cases; hemorrhage from penetrating wounds of the chest; difference of opinion as to the treatment when the hemorrhage is severe; the proper treatment to be pursued; reopening the wound to evacuate the effusion when the hemorrhage has ceased; when the inflammation has passed the adhesive process, and effusion has taken place, the better discharge is effected the better; treatment to arrest the hemorrhage, other than closing the wound; cases by Dionie, Le Dran, and Mr. Guthrie; Valentin on the treatment of hemorrhage in such cases; Fothergill's case; commented on by Valentin; Valentin on the ecchymosis indicative of the effusion of blood into the chest; Saurcotte's case; Larrey's cases; general conclusions, 463
 Lecture X.—Gunshot wounds of the chest, penetrating the cavity, always dangerous; Dr. Gregory's inference erroneous, as to the results at Quebec; results after the battle of Thoulon; of Menniere, at Paris, in 1832; of Hippolyte Larrey; after Waterloo; on the Butte; appearances of orifices of entrance and of exit; symptoms; balls said to run round; peculiarities of; cases of; balls rebound from the sternum; lodge in it; removed from the mediastinum; Mr. Stanley's case; Ravaton's; Mr. Guthrie's case; balls impacted between the ribs, with fracture of the bones; enlargement of the gunshot wounds, for the extraction of the ball; case of Hall Chaux; Percy, Sorbier, and Gerard's cases; enlargement of the wound in cases of fracture of rib by musket-ball; Mr. Guthrie's case; extraction of splinters; imbedding of splinters, &c., in the lung; extraction of balls impacted between the ribs; injury of the costal cartilages; how to replace the bent portion; balls striking obliquely run round the chest; consequences of this kind of injury; Mr. Guthrie's case; character of the gunshot track through the lung, and its symptoms; beneficial effects of previous adhesions; Mr. Guthrie's cases; case of Sir Lowry Cole; of Sir Andrew Barnard; of Col. Broke; of the Duke of Richmond; of Mrs. Magnus; comments on these cases; cases in which the external opening does not communicate freely with the cavity of the chest; cause of death from pistol-shot wounds in duels; effusion of red-coloured serum into the chest; case of Sir Charles Bampfylde; Mr. Guthrie's cases; M. Scharf's case; penetrating wounds, followed by supuration and recovery, with some alteration of the size and appearance of the chest; cases of the Marquis D'Harcourt, Major Gillies, Lieut. Forster, Major M'Gibbon, Captain Cane, &c.; Diemerbroeck's case; cases from the Indian battles; Mr. J. R. Taylor's case; Dr. Williamson's cases; case of Lieut.-Colonel Dumarecq; Mr. Collins' case; General Macdonald's case of the bombardier, 469
 Lecture XI.—Appearances after death, in gunshot wounds of the chest, when not followed by empyema; Mr. Franklin's case; Mr. Hesse's case; Mr. Bruce's case; case of Mr. Drummond; Dr. Moore's case of gunshot wound of the lung, the ball remaining in the viscus during many years; Dr. Houston's case; cases by Dr. Stokes, Mr. Keate, Sir K. Home, and Mr. Guthrie; removal of splinters of bone, or other foreign bodies, from the wounded lung; probing

- with sharp-pointed instruments to be avoided; excoriation of buttocks, wadding, pieces of cloth, and bone; M. Guthrie's case of musket-shot wound, in which a large incision was made for the extraction of foreign bodies; Mr. Guthrie's cases; fatal consequences of foreign bodies lying in the cavity of the pleura; to Mr. Guthrie's cases; Mr. Guthrie's cases of gunshot wounds of the chest, to scabbed lying loose on the diaphragm; case of Major-General Sir Robert in Glasgow; Mr. Key's case; Baron de Bussy's case; Mr. Collier's case, 41, 495
- Lecture XII.—Consequences of traumatic inflammation, &c., 501**
 Guy Fawkes' Day at the medical schools, 22
 Guy's Hospital, 36
- H.**
 Hæmaturia, case of poisoning at, 107
 Hæmaturia, 175, 313
 Hæmoptysis, symptomatic of primary disease of the stomach, 313
 Helman, M., on chloroform in midwifery, 479
 Hemat, laceration and contusion of the, 334
 Hæmorrhage, medical Society of London, 37
 Hæmorrhage, monument to, 435
 Hemat, turning by the, 97
 Hemat, public, and an adequate supply of water, 228
 Hemat, state of, in the last quarter of 1847, 265
 Heart and arteries, abnormal sounds in, 20
 Hemat, examination of the, 229, 249
 Hemat, diseases of the, announcement of a work by Wardrop on, 240
 Hemat, nervous system of Dr. Robert Lee on, 228
 Hemat, true hydrothorax of the, 140
 Hemat, animal, alteration of, under chloroform and ether, 360
 Hemorrhage, internal, during pregnancy, 212
 Hemat, extract of scælae coracæ in, 369
 Hemat, rupture of the spleen, death, 268
 Hemat, congenital, of the liver, through umbilical ring, 365
 Hemat, radical cure of, 81
 Hemat, strangulated femoral, 407
 Hemat, Petit's operation for, 499
 Hip-joint, on the nature and treatment of, 477
 Hip-joint, reduction of a dislocation of, 481
 Hip-joint, treatment of diseases of, and the effects of protease in caries, 490
 History of cholera at Constantinople in 1847, 456, 490
 Hip-joint, the illness of Daniel O'Connell, and of the post-mortem examination of his body by Dr. Leacor, 190
 Hip-joint, natural, a curious fact of, 94
 Hodgkin, Dr., and medical reform, 143
 Holborn union, 138
 Home Secretary, memorial to, 455
 Hopwood, Mr., on ether in tetanus, 258
 Hôpital de la Charité, 176, 426
 Hôpital des Cliniques, 177
 Horse, the analysis of the lymph of, 36
 Horseshoe as human food, 128
 Hospital, Free, operations, 293, 295, 508
 Hospital, German, Dalton, 301
 Hospital, Guy's, 36
 Hospital, King's College, 136, 166, 399
 Hospital, London, accidents brought to, 359
 Hospital, Middlesex, 188
 Hospital, munificent gift to, 484
 Hospital, of Milan, mean length of abode of patients in, 377
 Hospital, reports, 135
 Hospital, Royal Berkshire, 234, 366
 Hospital, Saint Louis, 19, 425
 Hospital, Smallpox, physician's report of, 238
 Hospital, Westminster, reports, 407, 434, 489
- I.**
 Ilium, Asylum for, 483
 Ilium in exhausting diseases, 392
 Imperforation of the vagina, 239, 427
 Impermeable piline, 335
 Important arrangement between the medical corporations and the Government, 361
 Important to unlicensed practitioners, 108
 Inaugural address by Mr. Simon, 169
 Inauguration of the statue of Vesalius, 267
 Incision of dry-seated abscesses and cysts, 260
 Incision of the cervix uteri, 240
 Incision of the uteri during parturition, 81
 Incorporation, new, 221
 Indians, Peruvian, poisoned weapons of, 87
 Induction of premature labour, 215
 Inhalation of chlorine in consumption, 359
 Inhalation of ether, death from, 96
 Inhalation of medicinal vapours, 425
 Infirmary, Greenock, professional squabbles at, 243
 Infirmary, Cumberland, reports, 493
 Infirmary, Leicester, perfection of, 414
 Infirmary, Gloucester, science of surgery at the, 180, 283
 Inflammation and abscess of the uterine appendages, 333
 Inflammation, enlargement of the ovary from, 260
 Inflammation, rheumatic, of the eye, 393
 Inflammation, of the spleen, 377
 Inflammation, spontaneous, varicose sapheous vein cured by, 240
 Inflammation, of the ventricular serous membrane, and chronic hydrocephalus, 361
 Inflammatory affections of the brain, treatment of, 121
 Influence of the periods of the day on mortality, 97
 Influence, spinal nerves on the contractions of the heart, 213
 Influenza, 166, 265, 304
 Influenza, and cholera, 180
 Influenza, epidemic, 316
 Influenza, at Marseilles, 148
 Injury to poor-law surgeons, 26
 Inoculation of medicines, 459
 Inquest, a country, 184
 Insolubrious arts, 313
 Insanity and crime, case of the boy Allnutt, 243
 Insanity, cured by the trephine, 157
 Insanity, state of the brain in, 318
 Instructions delivered to the sanitary physicians in the Levant, 119
 Instrumental deliveries by different accoucheurs, ratio of, 80
 Instrument, for craniotomy, 505
 Instrument, new, for preventing pressure on the umbilical cord, 57
 Intermittent fever, inhalation of ether in, 439
 Intermittent, in an infant, 479
 Intermittent, strabismus, 261
 Intermittent, cold water in, 359
 Internal hemorrhage during pregnancy, 191
 Internal hemorrhage, ext. of scælae coracæ in, 360
 Interview with Mr. Buller, 511
 Intestinal perforation, treatment of, by Professor Piory, 55
 Intestines, lumbrici expelled from, 155
 Introduction of foreign bodies into the bladder, 36
 Introductory lecture by Dr. G. Budd, 13
 Introductory, by Mr. South, 9
 Inverness, Northern Infirmary, 135
 Inversion of the uterus successfully treated, 55
 Iodide and bromide of potassium in the secondary and tertiary forms of syphilis, 36
 Iodine, of lead, 240
 Iodine, preparation of, in the treatment of syphilis, 394
 Iodine, stains of the skin, on the removal of, 481
 Iodine, in the urine, method of discovery, 239
 Ireland and Canada, Government medical remuneration in, 397
 Iris, adherent, and cataract, 358
 Irish inquest, an, 246
 Irish medical practitioners, Government remuneration of, 334
 Irish medical profession and the Government, 464
 Irish, squabble, 351
 Irish, obstetric practice, first use of chloroform in, 132
 Irish, poor-law medical remuneration, 218
 Irritable bladder and stricture of the urethra depending on tapeworm, 360
 Irritability of the muscles of paralyzed limbs, 239
 Irregularity of the femoral artery, 176
 Ischiatic notch, dislocation of the thigh-bone into, 308
 Islington-green legislation, 434
- J.**
 Jaw, lower, osteo-sarcoma of, 81
 Jugular vein, sudden death from the entrance of air into, 139
- Justice and liberality of coroners' juries, 260**
 K. Mr., on the medical topography of the Mediterranean, 445
 King's College Hospital, 136, 166, 399
 Kingston, 498
 Knee-joint, luxation of the semilunar cartilages of, 295
 Knorr, Dr., on wounds of the thoracic region of the chest, 477, 503
 Kurrahee, cholera at, in 1846, report of, 266, 374, 261, 398
- L.**
 Labour, premature, simple and easy method of inducing, 447
 Laceration and contusion of the hand, 234
 Laryngeal disease, treatment of, by the nitrate of silver, 181
 Laryngotomy, 233
 Larynx, ossification of the cartilages of, 278
 Last edition of the Apothecaries' manifesto, 164
 Late meeting, 67
 Law, misdeeds of, 336
 Laws regulating the labour of children in factories on the Continent, 481
 Lawrence, Mr., and St. Andrew's University, 28
 Lead, acetate of, in tympanitis, 377
 Lead, iodide of, 240
- LEADERS—**
 The Poor-law Convention, 22, 63
 Guy Fawkes' Day at the medical schools, 22
 Madhouse fractures and tub beds, 22
 An apology for a good action, 24
 The Convention, 5, 37
 Mr. Lawrence and St. Andrew's University, 28
 Emigrant ships and typhus fever, 39
 The poor-law, 59
 Lincoln's Inn and St. Andrew's, 60
 The College of Physicians and the general practitioners, 60
 Medical reform, 63
 The modest college in Pall-mall, 63
 The science of meteorology, and its bearing upon the public health, 65
 The Royal Medical and Chirurgical Society, 65
 The Committee of Poor-law Medical Officers, 100, 184
 Members of Parliament and the profession, 100
 The medical corporations and sanitary reform, 101
 The first session of the new Parliament, 101
 Medical apprenticeship and medical education, 124
 Payment of medical men for public services during the cholera, 125
 The ship fever, awful mortality on board an emigrant vessel, 126
 Asiatic cholera, 6
 Hygiene, 7
 The Registration Committee, 8
 Contemporary eulogy, 8
 The poor-law movement, 142
 Dr. Hodgkin and medical reform, 143
 Chloroform, the new anæsthetic agent, 143
 The last edition of the Apothecaries' manifesto, 144
 The Chesterfield union, 159
 Medical reform founded on public utility, 160
 Medical witnesses in coroners' courts. The relation of a summons to a fee, 161
 Robert Liston, F.R.S., 163
 The metropolitan sanitary commission and the union surgeons, 178
 Sir Benj. Brodie at St. Stephen's—cramming and its cure, 179
 The science of surgery at the Gloucester Infirmary, 180
 The poor-law guardians, 180
 Cholera and influenza, 180
 Apologies, 181
 The late Mr. Liston and the stethoscope, 181
 Poor-law Convention, 197, 240
 Operative surgery, 197
 Cholera and quarantine, 198
 Coroners and medical witnesses—a friend in court, 199
 Free Hospital quackery, 217
 The medical council of the London University School—election of a surgeon, 218
 Irish poor-law medical remuneration, 218
 The College of Physicians and their dignities, 240
 The Quackery operations, 241
 Medical corporations and professional education—Mr. Green at the House of Commons, 241
 Professional squabbles at the Greenock Infirmary, 243
 Insanity and crime—case of the boy Allnutt, 243
 The Royal Society and Dr. Robert Lee, 261
 Medical men and coroners' juries, 262
- Walking the hospitals, and medical apprenticeship, 263**
 Disinfecting agents and their value, 263
 Authoritative recognition of advertising quackery, 264
 The Croydon case, 282
 An adequate supply of water essential to public health, 283
 Surgery at the Gloucester Infirmary, 283
 Professor Syme's appointment, 284
 Notice, 296
 The two defences, 296
 Government medical remuneration in Ireland and Canada, 297
 The Poor-law Medical Convention, 298, 314, 373, 484
 Mr. Wardrop's work on the Heart, 298
 The College of Physicians, 314
 The sanitary condition of rural districts, 315
 The new Association for the Suppression of Quackery, 315
 Physicians and quack medicines, 316
 Mr. Quinlan's lectures on wounds of the chest, 316
 Asiatic cholera, 316
 A word for sunshine, 334
 Government remuneration of Irish medical practitioners, 334
 Partnerships between surgeons and druggists, 335
 Impermeable piline, 335
 Settlement of the question of medical reform, 346, 361
 Lord Ashby's hill, 346
 Registrar-general's quarterly report—epidemic influenza, 346
 Use and abuse of chloroform, 347
 Whitley v. the Medical Times, 348
 Medical-legal state trials, 348
 Medical treatment of the poor, 348
 Important arrangement between the Government and the different medical corporations, 361
 Lord Ashley's resolutions, 362
 The fatal case at Newcastle after the inhalation of chloroform, 363
 Emigrant vessels, 364
 The new settlement, 380
 The Justice and Liberality of coroners' juries, 380
 Mr. Thom's report on cholera, 381
 Death among the doctors, 396
 The new reform, 397
 Professional wrongs and their remedy, 397
 The perfection of the Leicester Infirmary, 397
 The House of Commons—Lord Ashley's resolutions, 444
 Contemporary obligations, 415
 The seven resolutions, 421
 Poor-law medical reform in connection with sanitary legislation, 431
 Egges females and men-midwives, 493
 Parliament and medical reform, 448
 The present value of the Apothecaries' penal clause, 448
 Medical men and modern society, 463, 482
 The Irish medical profession and the Government, 464
 Medical reform, 466
 The poor-law, 496
 On medical education, 496
 Mr. Stanley and the new arrangement, 497
 The Poor-law Committee, 497
 Licentiate, extra-urban, of the College of Physicians, 498
 Surgery in the nineteenth century, 506
 On medical education, 509
 What have medical corporations done for the profession? 509
 The Croydon case, 510
 The Poor-law Medical Committee, 510
 Asiatic cholera, 510
 Medical portraits, 510
- LECTURES—**
 Clinical observations on some of the more frequent diseases of children, by Dr. Willshire, 30, 111, 130, 150, 169, 211, 236, 260, 273, 441, 474, 489
 On wounds and injuries of the chest, 485
 On clinical surgery, by John F. South, 2, 29, 308, 340
 Introductory lecture, by Dr. G. Budd, 49
 On materia medica, by Dr. Eoupeil, 1
 On organic chemistry, by Dumas, 7, 109, 190, 370
 On general pathology, by Professor Andral, 138, 156, 175, 183, 209, 229, 249, 269, 289, 310, 323, 341, 355, 387
 On the physical phenomena of living bodies, by Matteucci, 16, 131, 173
 On surgery, by Mr. Sam. Cooper, 4, 69, 89, 129, 149, 169, 200, 290, 310
 On some of the more important points of surgery, by Mr. Guthrie, 305, 321, 337, 353, 369, 385, 401, 417, 437, 453, 469, 501
 Lee, Dr. Robert, 299
 and his accomplished artist, 349
 and his cardiac nerves, 285, 317, 349

- Lee, Dr. Robert, and his discoveries, 383, 434
 on the nervous system of the heart, 385
 and the Royal Society, 361, 317
 Leeches, sale of, 332
 scarcity of, 367
 Left coronary artery, aneurism of, 278
 Legislation, medical evidence taken before the select committee on, 10, 27, 43, 164, 185, 202, 226, 264, 206, 299, 318, 350, 365, 398
 Leicester Infirmary, perfection of the, 414
 Letter addressed to W. Lawrence, Esq., 45
 to the Board of Guardians of the Walsall Union, 182
 from a doctor's boy, 66
 Liberty and justice of coroners' juries, 380
 Licentiates admitted at Apothecaries' Hall, 12, 47, 68, 107, 127, 148, 163, 168, 207, 267, 287, 297, 303, 319, 351, 366, 378, 394, 451, 467, 483, 499
 Lids, granular, chloride of gold in, 429
 Life-assurance societies and medical fees, 450, 466
 Ligature, animal, 96
 of both carotids, 2
 the esophagus, 79
 Limbs, paralyzed, irritability of the muscles of, 339
 Lime, chloride of, in phthisis, 66
 oxygen from, 313
 phosphate of, cataract composed of, 377
 Lincoln's-inn and St. Andrew's, 60
 Linnean Society of London, 81, 178, 379
 Lippitudo, chronic, 429
 Liston, Mr., another stethoscopic blunderer in his case, 285
 Robert, 162
 and the stethoscope, 181—
 post-mortem examination of, 182
 Mr., case of, Drs. Watson and Williams on, 219
 Lithotomy, 360
 Literature, Wakley as a friend to, 9
 Lithotomy and cystotomy, 35, 54, 79
 Liver, congenital hernia of the, through umbilical ring, 295
 ulceration of the, 177
 Living bodies, physical phenomena of, by Matteucci, 16, 131, 173, 231, 252
 Localization of speech in the anterior lobes of the brain, 276
 London Hospital, accidents brought to, 359
 London, mortality in, 12
 University of, 166, 187
 Lord Ashley's resolutions, 362, 415
 Lord Morpeth's bill, 346
 Lower jaw, osteo-sarcoma of, 81
 removal of a large steatoma tous tumour from, 422
 Lumbrici expelled from the intestines, 155
 Lunacy, 228
 Lunatic asylums, non-restraint system in, 105, 151, 222
 Lunatics in England and Wales, 312
 Lungs, tubercularization of, croton oil in, 20
 apex of, physical sign of pneumonia in, 55
 tumour of the encephaloid, 139
 Luxation of the semi-lunar cartilages of the knee-joint, 295
 Lymph of a horse, the analysis of, 36, 155
 M.
 Madhouse fractures and tub bedsteads, 23
 Magnesia and ammonia, the neutral variety of, 132
 Malformation of the heart, notes of a case of, 216
 Malignant disease of the clitoris, 238
 tumour of the uterus excised during labour, 178
 Maltese hospitals, 475
 Man, case of acute glanders in, 493
 Mania, acute treatment of, 360
 hysterical, 312
 Manifesto, Apothecaries', last edition of, 144
 Manure, Chinese method of applying, 127
 Markwick, Mr., and "The British and Foreign Medico-chirurgical Review," 264
 Marseilles, influenza at, 148
 Marshes, salt, of France, by Dr. Melier, 119, 137
 Masturbation, 426
 Materia medica, lectures on, by Dr. Roupeil, 1
 Matteucci, Professor, on the vocal apparatus—voice, 16, 131
 hearing, 173
 vision, 231, 252
 McCulloch, Dr., and the Experience Life-assurance Company, 433
 Measles and scarlatina, deafness in, 157
 Medals, the Blanc, 480
 Medical and Surgical Society, the Westminster, 196, 498
 appointments, 107, 148
 apprenticeship and medical education, 144
 walking the hospitals, 262
 assistants, 87, 104
 Medical and Chirurgical Society, 85, 122, 177, 214, 313, 333, 378, 410, 461
 colleges of the United States, statistics of, 451
 Convention, the Poor-law, 8, 83, 197, 298
 corporations and the Government, important arrangements between, 361
 professional education, 241
 sanitary reform, 101
 council of the London University School, 218
 "..... Directory, Provincial," analysis of, 382
 education, on, 224, 496, 509
 reform of, 364
 elections, French, 500
 fees and life-assurance societies, 450, 466
 reform, 83, 451, 496, 497
 General Annuity Fund, 24
 legislation, evidence taken before the select committee on, 10, 27, 43, 164, 185, 226, 265, 286, 299, 318, 350, 365, 398
 men and coroners' juries, 262
 modern society, 463, 482
 mortality of, 267
 payment of, during the cholera, 125
 remuneration of, 267
 Society for the Relief of the Orphans and Widows of, 499
 officer, alleged neglect by, a, 266
 officers, a gentle hint to, 104
 poor-law, committee of, 100, 246
 poor-law remuneration, 9, 26, 104, 218
 practitioners, Irish, Government remuneration of, 334
 profession, the Irish, and the Government, 464
 the present degraded state of, 46
 registration, 367
 founded on public utility, 160
 and Dr. Hodgkin, 143
 Parliament, 448
 poor-law, and sanitary legislation, 431
 settlement of the question, 346
 relief, poor-law, 26, 48, 102, 105, 127, 146, 220, 483
 remuneration, Government, in Ireland and Canada, 297
 schools, Guy Fawkes at the, 23
 Society, Harveian, 27
 King's College, 132
 topography of the Mediterranean, contributions to, 34, 75, 445
 treatment of the poor, 348
 witnesses and coroners, 199
 Medicinal vapours, inhalation of, 425
 Medicine, Academy of, 19, 35, 54, 78, 94, 119, 137, 197, 213, 332, 360, 408, 446
 Faculty of, 94, 138, 155, 175, 446
 Medicines, inoculation of, 459
 Medico-botanical Society, the Royal, 462
 legal state trials, 348
 Medulla spinalis, serous effusion in the theca of, 409
 Meggison, Dr., on a fatal case from chloroform, 317
 Members admitted at the College of Surgeons, 12, 399
 of Parliament and the profession, 100
 Memoir of Dieffenbach, 136
 Memorial to the Home Secretary, 466
 Men-midwives and *sages femmes*, 442
 Meninges and brain, phlebitis of, in puerperal women, 393
 Menstrual periods and parturition, 278
 Menstruation, at what age does it commence, 498
 spurious, 313
 Mercury in pericarditis, 259
 Meriman, Dr. S., his letter to Mr. Corfe, 383
 Mesmerism, and Dr. Stokes, 449
 Meteorology, science of, and public health, 85
 Method, Chinese, of testing the purity of opium, 295
 of discovering iodine in the urine, 239
 inducing premature labour, 447
 Metropolitan sanitary commission and union surgeons, 178
 Microscopic examination of a cancerous tumour of the breast, 97
 of nasal polypi, 97
 observations, use of, in diagnosis of cancerous tumour, 260
 Middlesex Hospital, 188
 Midwifery, American statistics in, 80
 chloroform in, 145, 224, 278, 479
 singular case in, 277
 Modern surgery, triumphs of, 87
 Modes of dying—delirium tremens, 57
 Modest college in Pall-mall, 83
 Monster, encephalous, 428
 Moore v. Taylor, 303
 Morbid anatomy of cholera, 378
 secretion of milk, 215
 Morphia in mental derangement, 259
 Morpeth, Lord, his bill, 346
 Mortality, influence of the periods of the day on, 97
 and mean length of abode of patients in the hospital of Milan, 377
 in the metropolis, 12, 186
 Mortality table, 48, 68, 88, 108, 128, 148, 168, 188, 208, 228, 248, 268, 288, 320, 368, 383, 399, 415, 435, 452, 468, 484, 500
 Monument to Harvey, 435
 Mucous membrane, normal anatomical appearance of the interstitial in the infant at the breast, 36
 Munificent gift to the Middlesex Hospital, 484
 Muriate of opium, 480
 Muscle, stylo-hyoidens, deficiency of, 139
 Muscles, irritability of, in paralyzed limbs, 239
 Museum, Hunterian, 128
 Myotomy and tenotomy, 135
 N.
 Naphtha in consumption, 278
 Nasal calculus, 36
 polypi, microscopic examination of, 97
 Natural history, a curious fact in, 94
 Nature and treatment of Asiatic cholera by Prof. Giacomini, of Padua, 213
 Naval appointments, 67, 87, 127, 166, 188, 207, 247, 267, 278, 303, 319, 351, 366, 399, 425, 444
 promotions, 12, 47, 351
 Neri, aneurisms about the root of, difficulties of diagnosis in, 20
 removal of a large tumour from, 275
 scrofulous disease of the glands of, 295
 of the uterus, division of the, 177
 Neglect, alleged, of a medical officer, 266
 Negro race exempt from yellow fever, 68
 Nephritis, albuminous, 332
 Nerves of bone, 278
 cardiac, Dr. Robert Lee's, 285, 317, 349
 Nervous system, brain and, 403
 disorders of, during pregnancy, 140
 of the heart, Dr. Robert Lee on, 285
 Neuralgia, treatment of, by superficial cauterization, 36
 Neutralization of the double phosphate of magnesia and ammonia, and its artificial separation from the urine, 132
 New anæsthetic agent, chloroform, 90, 143, 214
 arrangement, Mr. Stanley and the, 497
 bill, the, 382
 and old trick, 433
 New-born children, icterus of, 238
 New deodorizer, 260
 incorporation, 221
 instrument for preventing pressure on the umbilical cord, 57
 the inhalation of chloroform, 224
 craniotomy, 505
 mode of separating the fibrine from the blood, 359
 bleeds, yellow fever in, 12, 68, 167
 Parliament, session the first, 101
 poor-law board, 207
 reform, 397
 settlement, the, 380
 Nicoties of the law, 336
 Nichol, Dr., on muriate of opium, 480
 Nitrate of silver in chronic cystitis, 120
 croup, 429
 treatment of erysipelas by, 77
 in the treatment of laryngeal disease, 121
 ointment in treatment of chronic arthritis, 214
 Non-restraint system in lunatic asylums, 105, 154, 222
 Normal anatomical appearances of the intestinal mucous membrane in the infant at the breast, 36
 Norris, Mr. Hugh, on a disease analogous to cretinism in the west of England, 257
 North of Scotland, epidemic in, 166
 Northern Infirmary, Inverness, 135
 Nosology of apthæ, 121
 Note from Mr. Teevan, 147
 Notes, clinical, 344
 of a case of malformation of the heart, 216
 Notice of cholera as it appeared at Colombo in 1847, 32
 Nutgalls, Chinese, 239
 O.
 Obituary, 12, 28, 55, 63, 88, 108, 148, 168, 188, 208, 228, 247, 288, 304, 319, 336, 399, 435, 467, 484, 500, 512
 Obligations, contemporary, 415
 Observation of the vagina, 410
 Observations, clinical, on diseases of children, by Dr. Willehire, 30, 111, 130, 150, 189, 211, 250, 372, 441, 474
 Observations on the natives of the three kingdoms of Ambriz, Ambrizette, and Musula, 117
 various diseases, 105
 Obstacle, congenital, to catheterism, 97
 Obstetric abortion, 430
 practice, Irish, first case of chloroform in, 152
 American, statistics of, 56
 Oedema of the glottis, surgical treatment of, 96
 Oesophagus, ligature of, 79
 tubercular tumour of the vertebral opening into, 20
 Officers, poor-law medical, committee of, 246
 Oil, cod-liver, and phthisis, 36
 croton, in tubercularization of the lungs, 20
 Ointment in scald head, 481
 Olive oil, scabies treated by, 214
 Old trick and the new bill, 433
 Onions in dyspnœa caused by rarefaction of the atmosphere, 56
 Operations, ether enema in, 97
 Operation for entropion, 261
 plastic, symblepharon successfully treated by, 57
 Petit's, for strangulated hernia, 410
 surgical, 88
 Operations, autoplactic, 360
 surgical, chloroform in, 145, 195, 236, 390
 Free Hospital, 225
 the Quackley, 241
 Operative surgery, 197, 333, 360
 Ophthalmia, destructive, 313
 Opium, Chinese method of testing the purity of, 295
 muriate of, 480
 poisoning by, 162
 Opposite polarity of the tissues, 97
 Oration, the Hunterian, 313
 Organic chemistry, by Dumas, 70, 109, 190, 270
 Organs, digestive, signs furnished by, 155
 of generation, eruptions on, from tartar emetic rubbed into other parts of the body, 426
 genital, excision of the whole of, 57
 Orphans and Widows of Medical Men, Society for the Relief of, 499
 Ossification of the cartilages of the larynx, 278
 Osteo-sarcoma of the lower jaw, 81
 Os uteri, incision of, during parturition, rigidity of, treated with injections of belladonna, 429
 ulceration of, a cause of sterility, 295
 cancer of, 492
 Ovarian tumour, 409
 Ovaries, extirpation of, 56
 Ovary, enlargement of, from inflammation, 260
 Ovum, human, a very early one, 80
 Oxgall, efficacy of, in removing impacted feces, 215
 Oxygen from chloride of lime, 313
 Ozone the cause of catarrhal discharge, 461
 P.
 Pall-mall, modest college in, 83
 Parasite thrush, a, 158
 Paralyzed limbs, irritability of the muscles of, 239
 Paralytic affections, strychnine in, 92
 Parliament, new, session the first, 101
 and medical reform, 448
 Partial dislocation of the ankle-joint, 356
 Partnerships between surgeons and druggists, 335
 Parturition, incision of the os uteri during, 81
 and menstrual periods, 278
 Pathological conditions of the blood and urine in gout, rheumatism, &c., 378
 Society, the, 21
 Pathology, general, lectures on, by Professor Andral, 138, 155, 175, 193, 209, 249, 269, 289, 310, 323, 341, 355, 387
 Patients in the hospital of Milan, mean length of abode of, 377
 Payment of medical men during the cholera, 125
 Pedunculated tumour on the bladder of a cow, 177
 Pelvis, turning in the deformity of, 215
 Penitentiary, influenza in, 208
 Perchloride of formyle, observations on the use of, 118
 Perfection at the Leicester Infirmary, 414
 Perforation of the intestine by calculus in the colon, 78
 of the stomach, 57
 Pericarditis, mercury in, 259
 Periodical asthma checked by quinine, 313
 Periods of the day on mortality, influence of, 97
 Peritonæum, gelatiniform cancer of, 461
 Perspiration, urea in, 312
 Pervious urachus in the adult, 423
 Petition against the Public Health Bill, 433

- Petit's operation for strangulated hernia, 410
 Pharmacy in China, 68
 Phenomena, physical, of living bodies, by Matteucci, 16, 131, 173, 253
 Phlebitis of the brain and meninges in puerperal women, 393
 Phosphate of lime, cataract composed of, 377
 Phthisis and chloride of lime, 66
 cod-liver oil, 36
 pneumonia and follicular disease of the tonsils, 260
 Physical sign of pneumonia of the apex of the lungs, 66
 Physicians, College of, 314, 398
 and their dignities, 240
 general practitioners, 60
 their impurities, 317
 extra-urban licentiates of, 498
 and fever, 68
 in the Levant, sanitary instructions to, 119
 and quack medicines, 316
 report of the Smallpox Hospital, 391
 and Surgeons of Glasgow, Faculty of, 301
 Physiognomy of diseases, 17, 112, 152, 194, 212, 253, 273, 292, 329, 391, 406, 423, 443
 yellow fever, 393
 Physiological problems, 163
 Pline, impermeable, 335
 Plorry, Professor, treatment of intestinal perforation, 65
 Placenta prævia, Dr. Waller on, 223, 265, 291
 Plague, 94
 Plastic operation, symblepharon successfully treated by, 57
 Pneumonia, delirium in, 264
 large doses of cantharides in, 306
 treatment of, 460
 Poisoned weapons of the Peruvian Indians, 67
 wells, 167
 Poisoning by arsenic, 79
 camphor, 451
 a case of, at Hackney, 107
 by opium, 162
 by somnambulist, 48
 sulphuric acid, fatal case of, 258
 vinegar, 157
 Polaroscope, remarks on, 424
 Polydipsia, 506
 Polyp, nasal, microscopic examination of, 97
 Polypus uteri, 410
 Poor-law, the, 59, 382, 496
 Committee, 497
 board, the new, 207
 guardians, 180
 Medical Convention, 8, 9, 22, 25, 83, 197, 240, 296, 314, 397, 464
 Officers, Committee of, 100, 124, 246
 Convention of, 39, 62
 a gentle hint to, 104
 reform, and sanitary legislation, 431
 relief, 26, 102, 105, 127, 146, 220, 493
 movement, 142
 reform, 451, 465
 surgeons, injustice to, 26
 Poor, medical treatment of the, 248
 Posthumous delivery, 120
 Post-mortem examination of the late Mr. Liston, 123
 Practice of chemists, 68
 private, cases occurring in, 54
 Practitioners, unlicensed, important to, 106
 Frankel, Mr., on failure of chloroform, 245
 Pregnancy, abdominal, 97
 disorders of the nervous system during, 146
 duration of, in the human female and cow, 394
 internal hemorrhage during, 121
 statistics of, by Dr. Devilliers, 212
 Premature labour, induction of, 215
 simple and easy method of inducing, 447
 Prescott union, 27, 64
 Presence of fibrine in the urine, 140
 Present degraded state of the medical profession, 46
 value of the Apothecaries' licence, 448
 Prematural elongation of cervix uteri, 260
 Prizes, distribution of, 197
 Probable antiquity of chloroform, 318
 Profession, the, and college charters, 450
 members of Parliament, 100
 Professional education and medical corporations, 241
 exoneration, 391
 nationality, 308
 squabbles at the Greenock Infirmary, 243
 wrongs and their remedy, 397
 Professor Serres, 83
 Professors, the, of the London University College, 298
 Progress of German medical science, by Dr. Bushnan, 266, 376, 461
 Projected charter of the College of Physicians, 468
 Proper cancer cells, 157
 Proteins, effects of, in caries, 477
 beneficial effects of in caries, 490
 "Provincial Medical Directory," analysis of, 389
 Prurigo scitilis, 277
 Public health and an adequate supply of water, 283
 state of, 168
 preservation of, by the application of chemistry, 91
 science of, and meteorology, 85
 state of, in the third quarter of the year, 86
 state of, in the last quarter of 1847, 365
 utility, medical reform founded on, 120
 Puerperal convulsions, chloroform in, 335, 446
 after delivery, 174
 fever, causes of, 182
 etiology of, 376
 state, albuminuria in, 90
 Pulse and respiration, frequency of, in the aged, 90
 Purgatives, researches on, 505
 Pury, Dr., on thymic asthma and spasms glottidis, 54
 Pustula maligna, treatment of, 19
 Pyke v. Harvey, 247
 Q.
 Quack case, 221
 medicines, and physicians, 316
 Quackery, authoritative recognition of, 261
 Free Hospital, 200, 217
 and improper use of chloroform, 264
 new association for suppression of, 315
 what is it? 163
 Quackley operations, the, 341
 Quarantine alterations, 228
 Quarantine and cholera, 198
 at Naples, 303
 Quarterly report of the registrar-general, 316
 Quinine and morphia in traumatic tetanus, 139
 in periodical asthma, 313
 it, 11.
 Radical cure of hernia, 81
 Ratio of instrumental deliveries, by different accoucheurs, 80
 Rattlesnake, death from the bite of, 319
 Reduction of dislocation of the hip-joint, 481
 Reform, medical, 83, 451, 496, 497
 of medical education, 364
 medical, founded on public utility, 100
 and Dr. Hodgkin, 143
 Parliament, 448
 poor-law and sanitary legislation, 431
 settlement of the question, 346
 the new, 397
 poor-law, 451, 465
 sanitary, and medical corporations, 101
 499
 university, 483, 409
 Region, thoracic, wounds of, 477
 Registrar-general's quarterly report, 346
 Registration Committee, the, 8
 medical, 367
 Reid's, Dr., alveolar hemorrhage compress, 128
 Relation of dreaming to diseases, 481
 a summons to a fee, 161
 Relief, medical poor-law, 26, 48, 102, 105, 127, 146, 483
 Remarks on the alleged case of death from chloroform, 335
 anomalies of the venous system, 50, 72
 the polariscope, 424
 unhealthiness of towns, by Dr. J. C. Hall, 133
 Remedy, professional wrongs and their, 397
 Remittent and intermittent fevers, treatment of, 392
 Removal of iodine stains from the skin, 481
 a large stomatous tumour from the lower jaw, 429
 a large tumour from the neck, 276
 Remuneration, Government, of Irish medical practitioners, 334
 of medical men, 267
 poor-law, 9, 26, 104, 466
 Report on the cholera at Kurrachee in 1846, 326, 374, 388
 the physician's, of the Smallpox Hospital, 331
 Requet, a, for information on the administration of chloroform, 483
 Researches on the blood of the spleen and vena portarum, 249
 properties of scammony and jalap, 19
 purgatives, 505
 Resignation of Professor Sam. Cooper at University College, 483
 Resolutions, Lord Ashley's, 362, 415
 Resolutions, the seven, 431
 Results, anatomical, of acute and chronic rheumatism, 376
 Respiration and pulse, frequency of, in the aged, 90
 Retention of urine from stricture, 493
 Retroflexion of the uterus, 121
 Revaccination, 428
 REVIEWS—
 A system of surgery, by J. M. Chelius, 58
 A guide to the examination of the urine in health and diseases, for the use of students, by Alfred Markwick, 82
 Observations on some of the parts of surgical practice; to which is prefixed an inquiry into the claims that surgery may be supposed to have for being classed as a science, by John F. Vincent, 96, 140
 On the causes and treatment of abortion and sterility; being the result of an extended inquiry into the physiological and morbid conditions of the uterus, with reference especially to leucorrhœal affections and the diseases of menstruation, by James Whitehead, F.R.C.S., 123
 On the inhalation of the vapour of ether in surgical operations; containing a description of the various stages of etherization, and a statement of the results of nearly eighty operations, in which ether has been employed, by John Snow, M.D., 153
 Practical observations on midwifery and the diseases incident to the puerperal state, by Alfred H. McClinck, M.D., and S. L. Hardy, M.D., 404
 Elements of general and pathological anatomy, &c., by David Craigie, M.D., 217
 Deafness practically illustrated; being an exposition of original views as to the causes and treatment of diseases of the ear, by James Yearsley, M.R.C.S.E., 279
 A treatise on diet and regimen, by W. Robinson, M.D., 280
 Ventilation illustrated; a tract for the schools of rich and poor, 281
 Companion to the barometer, by John Underwood, 281
 Tables for students, by Wm. E. Nourse, M.B.C.S., 341
 Elements of Natural Philosophy; being an experimental introduction to the study of the physical sciences, by Dr. Golding Bird, 379
 Vision in health and disease, by Alfred Smees, 384
 Contributions to the pathology and practice of surgery, by James Syme, F.R.S.E., 411
 A practical treatise of chemical analyses, including tables for calculation in analyses, by H. Rose, 430
 Practical observations on midwifery, by A. H. McClinck, 494
 Letters to a mother, &c., by Dr. Conquest, 506
 Rheumatic inflammation of the eye, 393
 Rheumatism, acute articular, treatment of, 57
 of the diaphragm, 17
 and gout, pathological conditions of the urine in, 378
 its occasional connection with chorea St. Viti, 116, 163
 Rigby, Dr., on chloroform, 151
 reports on the diseases of females, 173, 274, 324, 420
 Rigidity of os uteri treated by injections of belladonna, 429
 Robinson, Mr., on chloroform in surgical operations, 390
 Root of the neck, aneurisms about, difficulties of diagnosis in, 20
 Rotherham union, 127
 Roupelli, Dr., lectures on materia medica by, 1
 Royal Berkshire Hospital, 234, 356
 Free hospital operations, 285
 Medical and Chirurgical Society, 85, 122, 177, 216, 313, 333, 378, 410, 461
 Medico-Botanical Society, 462
 Royal Society, 147
 the, and Dr. Robert Lee, 261, 317
 Rupture of the Fallopian tube, 292
 spleen; hemorrhage; death, 157
 uterus, 460
 Rural districts, sanitary condition of, 315
 Russia, cholera in, 164, 267, 303
 Russian recruiting, 54
 8.
 Sages femmes and men-midwives, 433
 Sale of Leeches, 333
 Salt-marshes of France, by Dr. Meier, 119, 137
 Sanitary condition of the city of Edinburgh, 167
 rural districts, 315
 commission, metropolitan, and union surgeons, 178
 physicians in the Levant, instructions to, 119
 legislation and poor-law medical reform, 431
 reform, early struggles of, 301
 and medical corporations, 101
 499
 state of Westminster, 68
 Saphenous varicose vein cured by spontaneous inflammation, 240
 Scarcity of leeches, 367
 Scars, drops, after, 410
 Scars, and measles, deafness in, 157
 Schools, medical, Guy Fawkes at the, 32
 Science of meteorology and public health, 85
 progress of German medical, 236, 276
 Sciences, Academy of, 35, 55, 78, 137, 155, 173, 213, 237, 276, 294, 312, 360, 408
 Scrofulous disease of the glands of the neck, 295
 Sea-moss as a bandage for fractures, 68
 Seat of tubercle, 176
 Seale cornutum, extirpated, in internal hemorrhage, 360
 Second examination for the degree of bachelor of medicine, 166
 Secretion of milk, morbid, 215
 Section, Cæsarina, the successful case of, 183
 Select Committee of medical legislation, evidence taken before, 10, 27, 43, 185, 202, 226, 243, 265, 286, 290, 318, 350
 Semeiotics, Mr. Corrie on, 17, 112, 152, 194, 212, 253, 273, 292, 299, 391, 406, 423, 413
 Semilunar cartilages of the knee-joint, luxation of, 295
 Serous effusion in the theca of the medulla spinalis, 409
 Serres, Professor, 88
 Session, 42d, of the new Parliament, 101
 Settlement, the new, 380
 of the question of medical reform, 346
 Severe surgery case, 46
 Ship fever—awful mortality on board an emigrant vessel, 198
 Shoulder, amputation of, 80
 dislocation of the, 175
 Signs, diagnostic, of disorder of the digestive function, 278
 Signs furnished by the investigation of the digestive organs, 153
 Silver, nitrate of, treatment of erysipelas by, 77
 Simpson, Dr., remarks on the alleged case of death from chloroform, 335
 Singular case in midwifery, 277
 Skin, iodine stains of, on the removal of, 481
 Skull, fracture of, in children, 56
 tumours of, 446
 Smallpox Hospital, physician's report of, 331
 and vaccination, 36
 Snob, a thorough-paced, 499
 Society, Ethnological, 216
 Harveian Medical, 97
 Linnean, of London, 81, 178, 379
 Medical, King's College, 121
 modern, and medical men, 462, 499
 Pathological, the, 21
 Royal, 147
 the Royal, and Dr. Robert Lee, 261, 317
 the Royal Medico-Botanical, 469
 Royal Medical and Chirurgical, 85, 122, 177, 216, 313, 333, 378, 410, 461
 for Relief of Widows and Orphans of Medical Men in London and its Vicinity, 47, 499
 Westminster Medical, 196
 the Western Medical and Surgical, 198
 Somnambulist, poisoning by, 48
 Sound, abnormal, in heart and arteries, 20
 visible, 467
 South, Mr., lectures on clinical surgery, 2
 On hematocoele consequent on tapping hydrocele, 29

- On dislocation of the right thigh-bone backwards and downwards into the ischiatic notch five times, 308
 Dislocation of the right thigh-bone backwards and upwards upon the dorsum lili twenty-one times, 309
 Dislocation forwards and downwards into the thyroid hole, which slipped during reduction upon the pubes, 309
 On varicose saphenous vein cured by spontaneous inflammation, 340
 Spasms glottidis—thymic asthma, 54, 155
 Spasmodic stricture, 448
 Speech, localisation of, in the anterior lobes of the brain, 576
 Spleno-palatine ganglion, anatomy of, 408
 Spine, carcinomatous affection of, 461
 Spleen, inflammation of, and suppuration, 377
 rupture of, 137
 and vena portarum, research on the blood of, 394
 Spontaneous abortion, 439
 aneurism at the head of the arm, 339
 cure of aneurism of the innominate, 394
 a cancerous affection, 396
 Spooner, Mr., on the Chesterfield union, 183
 Spurious menstruation, 313
 Squabble, Irish medical, 351
 Squabbles, professional, at the Greenock Infirmary, 343
 St. Andrew's and Lincoln's Inn, 60
 St. Andrew's University and Mr. Lawrence, 38
 Stanley, Mr., and the new arrangement, 497
 State of the brain in insanity, 313
 medical profession, degraded, 46
 public health in the third quarter of the year 1847, 86
 last quarter of 1847, 366
 trials, medico-legal, 348
 Statistical Society, 316
 Statistics of American private obstetric practice, 56
 the medical colleges of the United States, 451
 in midwifery, American, 80
 of pregnancy, by Dr. Devilliers, 313
 Statue of Vesalius, inauguration of, the, 367
 Stomatous tumour, removal of, from the lower jaw, 423
 Stethoscope, the, and Robert Liston, 181
 and Dr. Williams, 321
 Stethoscopic blunderer, another, in Mr. Liston's case, 286
 Sterility caused by ulceration of the os uteri, 395
 Stomach, perforation of, 57
 primary disease, protracted hæmoptysis in, 313
 Stokes, Dr., and mesmerism, 449
 Strabismus, intermittent, 361
 Strangulated femoral hernia, 407
 hernia, Petit's operation for, 410
 Strictures, treatment of, 409
 Stricture a cause of retention of urine, 493
 of the urethra and irritable bladder depending on tapeworm, 360
 Strumous conjunctivitis, 395
 Strychnine in chronic bronchitis, 56
 paralytic affections, 93
 Stylo-hyoidous muscle, deficiency of, 130
 Subclavian aneurism cured by galvanopuncture, 360
 Substitute for ether in Paris, 167
 Sudden death from entrance of air into the internal jugular vein, 129
 Suggestions to, and remarks on, the convocations of poor-law doctors, 9
 Suffocation, death from, 168
 Stedman, Mr., on puerperal convulsions after delivery, 174
 Sulphuric acid, fatal case of poisoning by, 258
 other, a new anæsthetic agent more efficient than, 90
 Summons, relation of, to a fee, 161
 Sunshine, a word for, 334
 Superficial cauterization, treatment of neuralgia by, 36
 Supply of water and the public health, 283
 Suppression of Quackery, new Association for, 315
 Surgeon, a sham, 302
 the unprotected, 284
 Surgeons, College of, 12, 67, 197, 166, 207, 240, 390, 435, 467, 483
 injunctive to poor-law, 26, 67
 and druggists, partnerships between, 335
 Physicians of Glasgow, Faculty of, 201
 Union, and Metropolitan Sanitary Commission, 178
 Surgery, clinical, concurs for the chair of, 426
 in the nineteenth century, 506
 lecture, by J. F. South, 39
- Surgery, lectures on, by Mr. S. Cooper, 4, 69, 89, 149, 149, 169, 310, 390, 310
 on some of the more important points in, by Mr. Guthrie, 305, 331, 337, 353, 369, 385, 401, 417, 437, 453, 469, 485, 501
 and midwifery, chloroform a substitute for ether in, 145
 modern, triumphs of, 87
 operative, 86, 197, 333, 360
 ophthalmic, observations on, 52, 73
 science of, at the Gloucester Infirmary, 180, 383
 Surgical operations, chloroform in, 145, 195, 236, 390
 on the causes of death after, 49, 114
 Surgical treatment of oedema of the glottis, 94
 Symblepharon successfully treated by plastic operation, 57
 Syme, Professor, his appointment, 284, 336
 Syphilis, bromide and iodide of potassium in the secondary and tertiary forms of, 36
 the cause of fistula lachrymalis, 377
 treatment of, by the preparation of iodine, 394
 Syphilitic buboes, 57
 sores, treatment of, 215
 in women, primary treatment of, 315
 Syren sloop, fever on board the, 148
 System, nervous, and brain, 403
 of non-restraint in lunatic asylums, 154, 105
 venous, general remarks on anomalies of, 50, 73
 T.
 Tables of mortality, 42, 69, 86, 108, 128, 148, 168, 188, 208, 228, 248, 268, 288, 330, 368, 383, 399, 415, 436, 451, 468, 484, 500
 Tapeworm, convulsions depending on, 360
 irritable bladder and stricture of the urethra depending on, 360
 Tardy dentition and defective dentition, 53
 Tarsus, caries of, 407
 Teeth, young permanent, treatment of, 409
 Tevian, Mr., note from, 167
 Tenotomy and myotomy, 135
 Tetanus, case of, 176
 ether in, 258
 Testing the purity, opium, Chinese method of, 356
 Theme union, 37
 Theca of the medulla spinalis, serous effusion in, 409
 Thigh-bone, dislocation of, into the ischiatic notch four times, 308
 fracture of the, 447
 Thom, Mr., his report of the cholera at Kurrachee, 396, 374, 398
 Thomas, Mr. Evan, on a case of glanders in man, 495
 on chloroform in capital operations, 195
 Thoracic aneurism, 312
 region, wounds of, 477, 503
 Thorough-paced snob, a, 499
 Throat, foreign body in the, 34
 Thrush, a parasite, 158
 Thymic asthma—spasms glottidis, by Dr. Furry, 54
 Thyroid hole, dislocation of the thigh-bone into, 309
 Tissues, opposite polarity of, 97
 Tobacco and erysipelas, 57
 smoking producing delirium tremens, 460
 Topography, medical, of the Mediterranean, contributions to, 34, 75, 445
 Tonsils, follicular, disease of the, and phthisis, 360
 ulcer of the, 428
 Traumatic tetanus successfully treated with quinine and morphia, 139
 Treatment of acute articular rheumatism, 57
 mania, 360
 new, of thoracic disease, 359
 burns, 359
 Asiatic cholera in the stage of collapse, 196
 cholera in China, 361, 458
 chorea, 79
 cornetitis, 296
 chronic cystitis by injections of nitrate of silver, 190
 erysipelas by nitrate of silver, 77
 gangrenous syphilitic sores, 215
 inflammatory affections of the brain, 121
 intestinal perforation, by Professor Piory, 55
 laryngeal disease by the nitrate of silver, 121
 medical, of the poor, 348
 neuralgia by superficial cauterization, 36
 pneumonia, 460
 primary syphilitic sores in women, 315
 pustula maligna, 19
- Treatment of remittent and intermittent fevers, 333
 strictures, 409
 surgical, of oedema of the glottis, 96
 typhoid fever, 78
 syphilis by iodine, 294
 urinary fistula, 35
 varices by electro-puncture, 57
 verrucae, 481
 vesico-vaginal fistula, 137
 young permanent teeth that require plugging, 409
 Trophine, insanity cured by the, 157
 Triumphs of modern surgery, 87
 True hydatid of the heart, 140
 Tub bedsteads and madhouse fractures, 23
 Tube, Fallopiian, rupture of, 338
 Tubercular tumour of the vertebræ opening into the œsophagus, 90
 Tubercle, seat of, 176
 Tuberculation of the lungs, croton oil in, 20
 Tumour, cancerous, of the breast, microscopic examination of, 97
 of the lungs, encephaloid, 139
 malignant, of the uterus, excised during labour, 178
 of the neck, removal of a large, from, 375
 ovarian, 409
 pedunculated, on the bladder of a cow, 177
 steatomatous, removal of, from the lower jaw, 423
 Tumours, cancerous, utility of microscopic observations in, 360
 of the skull, 446
 Turkish graduates, 351
 Turning in deformity of the pelvis, 215
 by the head, 97
 Tuseu, Mr., on diseases of the hip-joint, and effects of proteins in caries, 477, 490
 Tyler, Dr., on chloroform in midwifery, 191, 294
 Tympanitis, acetate of lead in, 377
 Typhus fever, chloroform in, 376
 and emigrant ships, 39
 Typhoid fever, urine in, 138
 U.
 Ulcer, corroding, of the uterus, 140
 of the tonsils, 428
 Ulcerating of the os uteri a cause of sterility, 395
 Umbilical cord, new instrument for preventing pressure, 97
 ring, congenital hernia of the liver through, 395
 Unhealthiness of towns, remarks on, by Dr. J. C. Hall, 133
 Union, Andover, 46
 Ashton-under-Lyne, 64
 Belper, Bakewell, and Ashbourne, 64
 Chesterfield, 159, 183
 Congleton, 316
 Holborn, 138
 Prescott, 37, 64
 Rotherham, 137
 Thame, 37
 Walsall, 63, 183
 Walls, 65
 Wycombe, 37
 Poor-law Officers, Convention of, 39, 62
 surgeons, and metropolitan sanitary commission, 178
 University reform, 483, 499
 St. Andrew's, and Mr. Lawrence, 38
 College, 327
 professors of the, 398
 Hospital reports, 407
 resignation of Professor Samuel Cooper at, 483
 of London, 186, 187
 School, medical council of, 218
 Unlicensed practitioners, important to, 108
 Unprotected surgeon, the, 284
 Ununited fracture, 468
 treated by galvanism, 157
 Urinary fistula, treatment of, 35
 Urachus, pervious, in an adult, 428
 Urea in perspiration, 312
 Urethra, stricture of, and irritable bladder, depending on tapeworm, 360
 Urinary apparatus, abnormal condition of, 481
 Urine, albuminous, after the application of blisters, 155
 and blood, pathological conditions of, in gout, rheumatism, &c., 378
 method of discovering iodine in, 239
 in pregnancy, characters of, 139
 presence of fibrine in, 140
 in typhoid fever, 138
 retention of, from stricture, &c., 493
 Use and abuse of chloroform, 347
 of Gilson's capsule, 377
 Uteri, cervix, incision of the, 340
 preternatural elongation of, 380
 fundus, voluminous enterocele through, 360
- Uteri, os, cancer of, 499
 rigidity of, treated with injections of belladonna, 499
 Uterine action, chloroform appearing to suspend, 196
 appendages, abscess and inflammation of, 433
 fixation within the Fallopiian tube, 56
 polypus, 410
 Uterus, anteroversion of, during labour, 158
 division of the neck of, in labour, 177
 hydatid in, 378
 inversion, successfully treated, 56
 malignant tumour of, excised during labour, 178
 retroflexion of, 181
 rupture of, 460
 V.
 Vaccination and smallpox, 36
 Vagina, imperforate, 359, 487
 obliteration of, 410
 Vaginal hysterectomy, 439
 Value, present, of the Apothecaries' penal clause, 448
 Vapours, medicinal, inhalation of, 485
 Varices, treatment of, by electro-puncture, 57
 Varicose saphenous vein cured by spontaneous inflammation, 340
 Various diseases, observations on, 165
 Velpeau, Prof., on gunshot wounds, 392, 408
 Vena portarum and spleen, parasites in the blood of, 394
 Venous system, remarks on anomalies of, 50, 73
 Ventricular serous membrane, inflammation of, and acute hydrocephalus, 361
 Verrucae, treatment of, 481
 Vertebra, tubercular tumour of, opening into the œsophagus, 90
 Vessels, inauguration of the statue of, 367
 Vesicle, Graafian, development of, 460
 Vesico-vaginal fistula remedied by caustic, 460
 treatment of, 137
 Vessels, emigrant, 364
 Vinegar, poisoning by, 157
 Voluminous enterocele through fundus uteri, 360
 W.
 Wakley and Mr. Braid, 163
 as a friend to literature, 9
 v. Medical Times, 348
 Wales and England, lunatics in, 312
 Walking the hospitals, and medical apprenticeship, 363
 Waller, Dr. C., on placenta previa, 233, 353, 391
 Walsall union, 63, 183
 Walton, Mr., on adherent iris and cataract, 358
 removal of a large tumour from the neck, 375
 War-office, 67, 87, 137, 166, 186, 307, 237, 247, 383, 435, 467, 499
 Wardrop, Mr., his work on the Heart, 398
 Water, cold, in intermittents, 359
 supply of, and the public health, 283
 Watson and Williams, Drs., diagnosis of, in the case of Mr. Liston, 319
 Weapons, poisoned, of the Peruvian Indians, 87
 Wells, poisoned, 167
 union, 65
 West coast of Africa, 167
 Western Medical and Surgical Society, 498
 Westminster Hospital reports, 407, 493
 School, 383
 Medical Society, 196
 sanitary state of, 68
 What is quackery, 163
 have medical corporations done for the profession? 509
 Widows and Orphans of Medical Men, Society for the Relief of, 499
 Willemin and Rayer, Drs., researches on scammony and jalap, 19
 Williams, Dr., and the stethoscope, 321
 and Watson, Drs., again, 398
 Willshire, Dr., clinical observations on diseases of children, 80, 111, 130, 150, 189, 211, 230, 350, 378, 441, 474, 489
 Winter sleep, nature and cause of, 157
 Witnesses, medical, and coroners, 199
 Women, puerperal, phlebitis of the brain and meninges in, 393, 408
 Word, a, on auscultation, 321
 Wound, gunshot, of elbow and forearm, 238
 Wounds, gunshot, clinical lecture on, by Velpeau, 393
 of the thoracic region, 477, 503
 Wrong, professional, and their remedy, 397
 Wycombe union, 37
 Y.
 Yellow fever, curious feature of, 314
 definition of, 459
 negro race exempt from, 68
 in New Orleans, 12, 68, 167
 physiognomy of, 393
 Young permanent teeth, treatment of, that require plugging, 409

No. 420. SUMMARY. Oct. 16.

ORIGINAL LECTURES—

Suggestions for a more Simple Arrangement of the	
Materia Medica, by G. L. ROUPELL, M.D.	1
Introductory Lecture on Clinical Instruction, by	
JOHN F. SOUTH, Esq.	2
A Course of Lectures on Surgery, by SAMUEL	
COOPER, Esq.	4
TO CORRESPONDENTS	5
LEADERS—	
The Convention	5

The Asiatic Cholera	6
Hygiene	7
The Registration Committee	8
Contemporary Eulogy	8
Poor-law Medical Convention	8
Suggestions to, and Remarks on, the Convention of	
Poor-law Doctors	9
Letter from a Medical Officer	9
Poor-law Remuneration—Returns presented by the	
Medical Officers of the Eastford Poor-law Union	9
Evidence taken before the Select Committee on Me-	
dical Legislation	10
The College Petition	10

Registration Generally	10
Objections	10
The New Charter	10
The Registration Bill described	11
The Secretary of State as Chief of Registration	11
A Council of Health	11
One Faculty	11
Professional Reciprocity	11
Apothecary Apprenticeship	12
Scotch Degrees	12
GOSSIP OF THE WEEK	12
Diuretic Wine recommended for the Treatment of	
Dropsy, by Dr. Teissier, of Lyons	12

SUGGESTIONS

FOR A MORE SIMPLE ARRANGEMENT OF THE

MATERIA MEDICA,

BASED ON ITS PHARMACEUTICAL AND THERAPEUTICAL RELATIONS.

By GEORGE LEITH ROUPELL, M.D.

Cantab., F.R.S., Fellow of the Royal College of Physicians, Physician to St. Bartholomew's Hospital, Lecturer on Materia Medica at the College of St. Bartholomew's Hospital.

LECTURE XI.

(Continued from page 694.)

The class of medicinal substances which I have to notice in the first place to-day is the

X. Drugs which Owe their Efficacy to an Acid.

These have been placed to sugar, from the circumstance universally known of the facility with which saccharine fluids become acid. By what is called the acetous fermentation, alcohol is converted into vinegar. During this process oxygen is absorbed, affording us an illustration of the way in which one organic acid at least may be formed, and showing a natural connection as it were between this and the class last treated of. Let me remark that I shall confine my present observations to the vegetable acids. The organic acids, which, united with certain radicals, ethule, glycerule, &c., form oils and fats, have elsewhere been appropriately treated of.

The vegetable acids are familiarly known as substances of an agreeable taste, assuaging thirst and stimulating the digestive powers. They produce a sensation of coolness in the body, are popularly known as astringents, and are serviceable on many occasions. Taken in excess, however, they induce emaciation of the soft parts, and it is asserted softening of the hard parts, of the system, the bones. The vegetable acids are usually now divided into the monobasic, the bibasic, and the tribasic forms, which have reference to the quantity of hydrogen which they contain, capable of replacement by the equivalent of base in the formation of salts. The part which the hydrogen plays in these transformations is highly interesting, but concerns me now only so far as that when there is in the acid one equivalent of hydrogen thus available it is called monobasic; when two, bibasic; when three, tribasic, &c.

As instances of the first division, I may quote the—

46. Acetic acid, obtained by fermentation and dry distillation of wood.

47. Oxalic acid.

48. Valerianic acid.

In the second division, the bibasic, we find—

49. Tartaric acid, contained in—
Morus nigra.

Bitartrate of potassa.

50. Malic acid, contained in—

Various of the pomae.

In the third, the tribasic, we have—

51. Citric acid, contained in—
Citrus limonum.
Tamarindus indica.

Acetic acid, the earliest known of all acids, is met with under the denomination of pure acetic acid, pyroligneous acid, and as vinegar. The pure acid is volatile, colourless, and very pungent and caustic. The symbol of this acid is A , and the formula, when hydrated, is $C^4 H^3 O^4 + Aq$. The hydrated acid, holding camphor and volatile oils in solution, constitutes aromatic vinegar, which is used as a stimulus. Pyroligneous acid is the acetic acid obtained by the destructive desiccation of wood; when raw, it has the smoked flavour of creosote, which it contains; it is usually of a pale straw colour, has a strong acetic odour, and it differs from the pure acid in strength, and in not being combustible or easily crystallizable.

There are several forms of vinegar, which is a weak solution of acetic acid mixed with various colouring matters and alcoholic products. It is manufactured in this country from infusion of malt or other saccharine solutions, and in France chiefly from the lighter wines. By distillation it is freed from its colouring matter.

The use of acetic acid is very great. In its strong form it is an efficient application to venereal condylomata, to other warts and corns. It quickly produces local action; hence is recommended as a powerful counter irritant.

The pyroligneous acid is antiseptic, preserving both animal and vegetable substances from decay.

Vinegar is used largely as a condiment for sponging the body in fever, for gargles, &c. Many vegetable substances are soluble in it; hence we have in the Pharmacopoeia the vinegar of squills and colchicum.

The oxalic acid is not now employed in medicine; it was formerly used instead of the citric and tartaric acids, but it possesses other and very active properties. The oxalis acetosella is still retained in the list of officinal drugs; it has a pleasant acidulous flavour, which is owing to the binoxalate of potassa which it contains.

Valerianic acid deserves a brief notice, since salts composed of this acid combined with various bases, as zinc, iron, and quinine, have been lately introduced into practice. It is contained in small quantity in the root of the valerian; and it is supposed that, combined with the above-mentioned metallic oxides, it would

be especially serviceable in nervous affections, such as epilepsy, chorea, &c.

The tartaric is a bibasic acid, its formula being $C^8 H^4 O^{14} + 2H^2 O$. It appears in large transparent, oblique, rhombic prisms, which have a pleasant sour taste. It is extracted from the tartar of the grape, the bitartrate of potassa, which is first converted into tartrate of lime and then decomposed by sulphuric acid. It is considered to impart the agreeable acidity to the fruit of the mulberry.

Tartaric acid is largely used for making what are called lemonade powders, citrated kali and sodaic and artificial Seidlitz powders.

The tartrates are the most important class of salts. Those of potassa and soda are in constant use by every medical practitioner. Those with potassa and iron on the one hand, and with antimony on the other, are of well-known efficacy and power.

The citric is a tribasic acid, and its formula is $C^6 H^5 O^{11} + 3H^2 O$. It readily crystallizes in right rhombic prisms, the crystals containing more or less water, according to the temperature at which they may be dried. The formula given above is that of the acid dried at a heat of 212° ; if crystallized by cooling it will contain an additional equivalent of water, and another still if crystallization be effected at a temperature of 61° .

Citrates of potassa and ammonia are largely resorted to as febrifuges given during effervescence or afterwards. The ammonio-citrate of iron is deservedly coming into extensive use; and, although there seems some question about the antiscorbutic property of citric acid, there can be none about the agreeableness of it as an ingredient in the diet of the sick, and as a beverage in the parching heat of warm climates.

Citric and tartaric acids exist in combination in the tamarind; the first, however, is by far the larger proportion, and the one or the other is found in very many acid fruits. These it will not be necessary for me to allude to; but I must not omit to state the important part which the vegetable acids enact in combination with the alkaloids, which they convert into salts, rendering them soluble, and active and efficient as remedies. A few of these may be quoted as examples, such as the kinic, which is found united with quina in bark; the meconic, which is associated with morphia in opium; the igasuric, which is combined with strychnia in the fruit of the nux vomica, &c.

With these remarks I must conclude this division of my subject, and pass on to the next order.

XI. Drugs Useful only from their Colouring Matter.

To remove colouring principles on the one hand and to impart them on the other form part of the province of the pharmacist.

All are familiar with the diversified colours in nature, their beauty, their variety, and their changes. The effect of light in producing some and destroying others is known to all, and the bleaching properties of sulphurous acid and chlorine need no comment.

The colouring of our medicines is now little thought of; indeed, is objected to rather than approved of, though probably in ancient days, from the ideas entertained upon this subject, colours were themselves supposed to be therapeutical.

Colouring matters belong to two divisions, one of which contains nitrogen; the other is deficient in this principle. Of the non-azotized colouring matter it is to be remarked that they are soluble in various menstrua—water, alcohol, and ether. Alkalis change the yellow to brown, the red to violet, blue, or green; the acids change the blue to red, and the red to a brighter tint.

They all combine with alkalis, when they have a great tendency to absorb oxygen, during which process their colouring matters are destroyed. Colourless substances, again, as gallic acid and tannin, dissolved in an alkali, rapidly absorb oxygen, and become blue or purple. Silicene turns red on addition of sulphuric acid.

There is another class of vegetable products which are colourless, and contain no nitrogen, but which, on exposure to the air in contact with ammonia, yield beautiful colouring matters. Litmus and indigo belong to this class. Phloridzine, by the addition of ammonia, absorbs ammonia and becomes of a beautiful blue colour.

It may be observed that many colouring matters undergo a change in the processes for their preparation. Thus fresh logwood is of a brownish yellow, and becomes red on exposure to the air. Madder is at first yellow, and by undergoing a species of fermentation acquires a red colour.

Some of the colouring matters tinge the tongue, and the secretions from the bowels and kidneys. We have—

Yellow colouring matter from—
Curcuma longa.
Crocus sativus.

Red colouring matter from—
Papaver rhoeas.
Pterocarpus santalinus.
Coccus cacti.

Blue colouring matter from—
Rocella tinctoria.

Of these principles the turmeric and litmus are used for tests only. The saffron and red poppy are given internally in the form of syrup, and it is worth while to recollect that the saffron will stain the tongue, and the red poppy the internal mucous membrane. The cochineal is employed as a colouring agent in the compound tincture of cinchona, and the red sandal wood in the compound tincture of lavender.

Many of our medicinal agents having colouring principles are used as pigments in the arts, thus gamboge, buckthorn berries, as well as several metallic compounds, sulphuret of mercury and carbonate of lead, for example; but they do not belong to my list of colouring matters employed in medicine. I therefore pass on to the last order the

XII. On Albumen.

The last subject on my list of organic substances employed in medicine is albumen. No drug can be said to have been introduced into the catalogue of the materia medica on account of its containing this principle; but it is very frequently employed, and is of undoubted and of unquestionable utility. Albumen is employed—1st. As an antidote to certain poisons; 2d. As a means of clarifying various fluids; 3dly. It is sometimes used as a vehicle for the exhibition of medicines; 4thly. It forms a good application

to abraded parts; and, 5thly. It is highly nutritious as an aliment.

The sources from which albumen may be procured, the different forms in which it appears, and its modifications, is out of my province to consider. As fluid white of egg it is the best antidote in cases of poisoning by bichloride of mercury and the salts of copper. By its power of coagulating at 160°, it is useful in clarifying syrups and other fluids when boiled with them. Coagulated by alcohol, or in combination with acetate of lead, it gives great relief in irritable sores or abrasions of the skin. It forms an excellent vehicle when flavoured for the sesquioxide of iron. Fibrine, one of its modifications, is a most important element of nutrition, and yields in the animal body albumen, caseine, and all the tissues derived from them.

The length to which this lecture has reached warns me to conclude, and in doing so to terminate this attempt at an improved classification of the organic portion of the materia medica. By arranging the substances contained in it according to the chemical properties of the supposed active agent, I feel convinced the memory of the student may be assisted, and practical information may more readily be conveyed by a teacher to his class. Trusting that others may concur with me in these views, and fully aware of the imperfect manner in which my task has been executed, I shall rejoice at corrections of its defects or suggestions for its improvement.

INTRODUCTORY LECTURE ON CLINICAL INSTRUCTION.

OCTOBER 4.

By JOHN F. SOUTH, Esq.,
Surgeon to St. Thomas's Hospital.

There are two methods of acquiring knowledge—the first is that by which another communicates to us, either by lectures or by books, the result of his own reading and experience, and the opinions he has formed upon them; the second, that by which we inform ourselves by our own observations on the matter with which we desire to become acquainted. These two methods, though widely different, are essentially connected, and though of greater or less value, according to the progress we make in the course of study upon which we have set out, are yet, at proper time and in proper place, indispensably necessary to its satisfactory completion.

In entering on the pursuit of any branch of knowledge, the needfulness of a competent guide, to direct us as to the readiest and safest path by which it may be followed to its attainment, and to guard us against running into error and misconception, is too evident to require much notice. All information, therefore, must, up to a certain period, be obtained from the teaching of another, either by lecture or by book, and the statements he makes must be taken on trust and received as facts, till the student have acquired such degree of information, and the powers of his mind have been so trained, as to enable him to weigh fairly the opinions inculcated by his teacher, and to determine for himself if they be entitled to the estimation which in the earlier period of his tutelage he had awarded to them.

Having obtained, by hearing or reading, the information which his teacher is capable of imparting, the student must begin to observe, for himself, the conditions, relations, and circumstances of the subject with which he had desired an acquaintance, and compare the impressions they have made on his mind with the statements which his teacher has made in regard to them. And, if what he has been taught be found to accord with the result of his own observation, he will be convinced of its truth and store it up to be made use of on some fitting opportunity. Should, however, the observations he makes, not at once verify the statements of his teacher, he will question whether his mode of observation have been correct, or his teacher's views erro-

neous, and will endeavour by patient investigation to ascertain the true facts of the case, and so be in a position to arrive at a correct judgment for his future guidance.

These observations apply to the acquirement of medical and surgical knowledge equally as to that of any other branch of science. The student attends lectures and reads for the purpose of obtaining some general knowledge of medicine and surgery, with the view of having his attention directed to the great points which are to lead him towards acquiring a knowledge of the nature, conditions, and character of disease, and the treatment necessary for its cure or alleviation. Having thus acquired information as to what he may expect to meet with, he proceeds to investigate, for himself, the truth of the statements made by his teacher, by comparing them with the appearances which disease presents in the living body, and by watching the effect of the remedies with which it is treated. By this personal inquiry alone can he become really acquainted with disease and its treatment. He may listen, or may read, or may do both, with the greatest assiduity and perseverance; he may quote glibly, and apply cleverly the opinion of this lecturer, or of that writer, when disease and its treatment are under discussion; and he may delight himself with the heaps of opinions of various teachers with which he has loaded his memory, and which he may have with great industry and ingenuity arranged in the best possible manner; in short, he may have become a complete *vade mecum*, a perfect dictionary or cyclopædia of medicine and surgery, and the most fluent disputant at a medical society. But all his industry has been wasted, all his acquisitions are useless, if he have neglected bedside observation, and, instead of employing himself in watching the progress of disease and attending to the varieties and complications it assumes, if he have contented himself with pinning his professional faith on some favourite and even able teacher, he will most bitterly lament his negligence when, on being called to a patient, he finds his lecture and book learning of little worth towards the discrimination of a disease or of an injury, with which, in most cases, he might have been fully conversant had he made even only common use of the opportunities which a hospital affords for the acquirement of practical medical and surgical knowledge, by the application or verification of the information he has derived from attendance on lectures or diligent reading.

Let it not, however, be supposed that I would wish to discourage attendance on lectures, or to undervalue the importance of professional reading—far from it. Both are of great value, the attendance on lectures especially so, because in most cases it is the only opportunity the student has of recording and obtaining the opinions and practical knowledge of the best physicians and surgeons; and, if he do not avail himself of noting them then, he will have no opportunity of recurring to them when in practice and desirous of having the guidance of the opinion of those on whose judgment he would gladly rest, could he obtain it. For this reason I would earnestly press on you the necessity and advantage of taking notes of the lectures on the practice of medicine and of surgery. I have had personal experience of the value of this practice, and am sure if you follow my advice you will not regret it. Neither would I recommend taking short notes, heads of the lecture, as they are called, with the intention of filling them up from memory at some opportunity which never comes; but take them as fully as you can: if you have time to write them out fair, soon after, so much the better; if you have not time, you will still possess what will be of inestimable value, though the book be not quite so cleanly as you might wish it.

I think taking notes of lectures, and studying them carefully, are the best modes of acquiring information from a teacher during the course of pupillage. The student has not, and in my opinion ought not, to have much time for reading, properly so called; the lecture-room and the

wards are the best books for him—they will afford him all the information which he can need, and it is better he should make the most of these whilst he has opportunity, and put off other reading till his hospital studies have terminated.

Still, however, the most important part of medical and surgical education is, after the attainment of a general notion of these subjects by attendance on lectures, the practice of the hospital; in the wards, and in them alone, can we make a personal acquaintance with disease; and according to the attention which the pupil pays to the cases presented for his observation, will he acquire a knowledge of disease, and have more usefully impressed on his mind the instruction he has received in the lecture-room, by observing its practical application, and the results therefrom ensuing. And if note-taking at lectures were advisable, it is ten times more so in the practice of the hospital. The ablest student will here find reliance on his memory of no use; he may occasionally recollect the leading circumstances of a few remarkable cases, which will be of little real value to him, as in ninety-nine cases out of a hundred they will not recur in his practice; but the more common, and to him infinitely more valuable cases will slip from his memory unless he book them at the time.

If, however, such notes were not, as they really are, of great worth for reference at some future time, still the practice of case-taking is of the greatest importance—requiring as it does more attentive observation of disease, and careful discrimination as to the value of the several circumstances connected with it, so as to avoid encumbering the case with a quantity of useless and, not unfrequently, absurd and erroneous statements, from which the real facts can only be collected with difficulty. It can, however, scarcely be expected that a young observer of disease should not at first labour under this inconvenience; it is only after repeated observation that he can become personally aware of the value of one symptom over another in this or that disease, and it is to the attainment of such knowledge that the practice of careful case-taking is indispensable. What the teacher lays down, serves indeed, as a guide to the student in his inquiries, but what the student hears or reads he cannot appropriate or make his own till he has personally observed and ascertained its truth. The relative value of the information derived from a teacher, and that acquired by personal observation, has been well put by an able French physician:—"To know a disease," justly observes Rostan, "we must have seen it—we must have watched it; we must have attentively followed its several stages during life, and its traces after death. Short of this we know nothing about it. But, say some, are, then, the precise descriptions of authors useless, and, when we have become familiar with the works of the great masters, do we know nothing? Is it, then, of no avail that Hippocrates and his worthy emulators in the field of observation have transmitted to us the result of their watchings and of their long experience? Far from us be the notion of holding this strange paradox. But, without allowing ourselves to be overawed by this weighty objection, let us give their due value to these two kinds of instruction, and see what the difference is between one man who has read, and another who can say, *I have seen*. The first is the man of the closet, who knows nothing of the earth but from valued descriptions of it; the second is the traveller, who has passed through all its lands: the one can only doubt—the other is certain. The reader is obliged to take on trust, the traveller criticises the description; this description cannot be given but by him who has seen: therefore, *he* must see best. . . . Observe, however, what is the utility of good descriptions: they teach us ourselves to observe better; they correct our errors; they fix our attention on objects which have escaped us. Consulted *after* we have observed, they impress more deeply on our memory the phenomena we have noticed; but they must

never take the place of observation. We must always interrogate nature: there is the book from whence great practitioners have made themselves; we must read as they did."—(P. 41—43.)

To assist the student further in his personal observation of disease, a peculiar mode of instruction is adopted, to which the term Clinical, or bedside teaching, is applied. In the ordinary lectures on medicine and surgery, the general symptoms and treatment of disease are laid down; and the statements then made are presumed to have been drawn from the collected observation and experience of the teacher. But in clinical instruction the student is led to the bedside of some particular case, the course of which is noted; the circumstances peculiar to which are pointed out; the reasons, why such and such treatment is necessary, given, and the results observed. In this way is seen the applicability of the principles which the teacher has laid down in his systematic instruction, or, as not unfrequently happens, in consequence of some peculiarity in the case, the reasons are pointed out, why some variation is made in reference to the usual mode of proceeding.

Such is the true object of all attendance on hospital practice, which may be more or less fully carried out according to circumstances. Of late years it has become the practice, the almost common practice, to give clinical lectures; and, if these be well conducted, they are probably the most valuable mode of imparting instruction; but not unfrequently the clinical teacher has mistaken his function, and instead of confining his observations specially to the case under consideration, and showing how, and to what extent, it illustrated general principles, he has given a systematic lecture upon the disease in general, whilst the particular case was but slightly alluded to. But, even when the teacher holds fast to the case, I consider that our ordinary mode of clinical instruction is defective, for the student is usually only a listener, and has no special interest in the case, as he should have, to make him more attentive. I therefore think that the mode of clinical instruction practised in many of the foreign schools of medicine is well worthy adoption, and it is my intention to give it a trial, if you will enter into partnership with me, to carry it out, for it cannot be effected without such engagement; as you are aware that, unfortunately, our medical examining bodies think clinical information is sufficiently ensured by the presentation of a certificate of attendance on hospital practice and clinical lectures, the actual value of which certificate is too well known to require further observation.

In the clinical school of Prague, every patient, when admitted, is assigned to a student, who becomes his ordinary, and publicly, and in presence of the professor, takes his case—noting, *first*, the patient's habit of body and his previous maladies; *secondly*, the exciting causes; *thirdly*, the commencement and course of the disease up to that period; *fourthly*, the symptoms of the disease at the time of admission; and *fifthly*, the remedies already employed and their results. From the consideration of these circumstances are ascertained the distinctive characters of the disease, and its probable result predicted; in other words, its diagnosis and prognosis determined. The treatment is then decided on. During the course of the disease, it is the duty of the ordinary, daily, before the professors visit, to examine the patient, and set down in writing the changes which may have taken place, and the general appearance of the disease. On the opening of the clinical school these observations are read out, their truth confirmed, their errors corrected, and the whole amended.

"In this way," observes Bischoff, "a two-fold object is attained—*first*, the student himself learns to make observations; *secondly*, a bar is put to making out the patient's case, after, perhaps, the lapse of some days, and often from an uncertain memory; by which occasion is given to such extraordinary and scarcely credible accounts of disease. In this manner the treatment is continued till its termination in a cure

or in death. In the last case the *post-mortem* examination takes place; previous to which, in reference to the disease, the morbid appearances most likely to present themselves are stated. During the examination these are most attentively noticed, and consigned to writing. The whole is now compared with the history of the disease, and the previous diagnosis; the account of the examination is again read; the true or mistaken judgment exposed, and the practical results deducible from it particularized."

This mode of proceeding, with some trivial variations, it is my intention to make trial of in the present session; but you must assist in carrying it out, or it will come to nothing. I am sure that it will be serviceable to you generally, but it will be more especially useful to those who purpose contending for one of the prizes offered to the students of this school by our president, Sir John Pirie, namely, that for the best series of cases, and which, in my estimation, is the most valuable of the numerous prizes proposed for your attainment.

In conclusion, I would urge upon you the necessity and importance of diligence and attention in the prosecution of your professional studies, and, more especially, close and careful observation of the hospital practice. Every one understands the application of the old proverb, "One man may lead a horse to the water, but one hundred cannot make him drink." Just so it is with us: we may have the ablest teachers, and we may have the largest fields of observation, but unless we listen attentively to the one, and carefully scan and acquaint ourselves with the other, our opportunities are wasted, and the time will come when we shall bitterly lament having failed to make better use of them. I might say much more on this subject, but Rostan, whom I have already quoted, has spoken so well on the same point, and so fully in accordance with my own notions, that I have pleasure in putting his observations before you, as I do not think I could improve upon them:—"To make progress in the study of medicine," remarks he, "we must employ in our labours all the faculties with which nature has endowed us. The most precious of all—that without which the genius of discovery cannot exist, without which we are condemned to an incurable mediocrity—is ATTENTION. In vain do we see a great number of patients, in vain do we walk in the midst of a mine the most rich with materials for observation; if, at the same time, we do not give all our attention to disease—if we do not carry an urgent curiosity to these materials for observation—these precious objects scarcely affect our senses, we receive only a fugitive impression, just as a mirror receives the image of an object without retaining the least trace of it. Thus, inattention necessarily leads to unskilfulness, and unskilfulness conduces to error—the most grievous of all the ills to which humanity is exposed. But to avoid error, to acquire some positive knowledge, ordinary attention does not suffice; it is necessary that the attention should be earnest and continuous; the least interruption to this application of the intelligence may become the source of evils the most serious; I say evils the most serious, because in medicine *there are not any slight faults*. Arbitrator of the destinies of families—sometimes even of empires—and always the depository of the most precious property of his equals—their life and health—the least mistake may compromise both one and the other: the practitioner can produce the greatest evils as well as the greatest good. In fact, if the attention be for a moment suspended, the chain of ideas or of facts escapes you; you understand but a part of a whole which can only be known collectively, and this part may be contradictory to the whole; thus, of a useful demonstration you retain but an erroneous proposition, the application of which must be fatal. Would you have a striking example, and unfortunately too common, of the danger resulting from this want of attention? A patient is intrusted to your care; he is the subject of several ailments; his complaints make you cognizant of one of them.

Satisfied with this knowledge, your attention is entirely absorbed by it, and you neglect to direct it to the other viscera; the person dies; you open the body in presence of other practitioners, and learn, but too late, that more continual attention might have saved from the tomb an unfortunate father, the sole support of a numerous family. A tardy repentance is the bitter fruit of this negligence, and the pain of your humbled self-sufficiency adds to the just chastisement which your want of attention deserves. Examples of this kind might be multiplied without difficulty; I trust I have said enough to convince you of the necessity for attention in the study and practice of medicine. Attentive, you will become excellent practitioners, or, as the first of Roman orators said, in speaking of Asclepiades, 'benefactors sent by the gods upon earth for the salvation of men; inattentive, you will become their scourge.'—(Pp. 59—61.)

A COURSE
OF
LECTURES ON SURGERY,
BY
SAMUEL COOPER, Esq., F.R.S.,

Professor of Surgery to University College, London;
Consulting Surgeon to London University Hospital, &c.

LECTURE XVI.

GENTLEMEN,—I was speaking in my last lecture of the character and causes of simple erysipelas; before I speak of its treatment, I ought to observe that the patient is not always out of danger when erysipelas is overcome: pus will sometimes form, and suppuration becoming extensive will prove fatal. With this observation, I proceed to notice the special treatment of simple erysipelas. In mild cases saline purgatives and medicines, diaphoretics, and low diet will be sufficient. An ounce of sulphate of magnesia, dissolved in five ounces and a half of mint-water, with the addition of half an ounce of antimonial wine, may be employed, in doses of two tablespoonfuls, given every four hours; or five grains of blue pill, or three of the submuriate of mercury, may be administered every night, or on alternate nights. But should it be a severe case, especially should the head be the seat of the disease, you will find it necessary to bleed your patient by venesection. This course is to be particularly recommended when the patient is young, the blood abundant, and the pulse strong and frequent. Bleeding, it is true, is not frequently practised in hospitals; and the course I am advising may thus seem to want the sanction of the practice which you witness in the wards; but it must be remembered that you do not here often see the patient in the first stage of the complaint; he is often brought under your notice in a very low state, in which, as I shall presently remark, a different treatment is required. In the commencement of disease, unless some very unfavourable symptoms present themselves, I should advise bleeding. On this point, however, there is a great difference of opinion in the profession; it is the custom of some hospitals to adopt from the first a treatment the main features of which are the use of stimulants and tonics; in others, recourse is had from the beginning to antiphlogistic means. The theory which connects erysipelas essentially with debility has been by many carried beyond the bounds of reason, and is now very generally on the decline. I was attending a gentleman some time ago, and in the beginning of the disease advised bleeding. A gentleman who was called in shook his head at the idea; but I was very much pleased on calling the next day to find him much better; and he soon recovered. At the same time, I should caution you to employ the lancet with great care—only in the cases which I have mentioned, and in the first stages of the disease; if you allow this period to go by, weakness will gain on the subject, and the proper time for venesection will

have passed away. I have said that ordinary cases will generally yield to diaphoretics, the blue pill and saline medicines. When, in the early stage of disease, the tongue is brown, the breath fetid, and the stomach in a state of uneasiness, an emetic is often very serviceable, and should then be followed up by brisk purgatives. When the disease has been checked by bleeding and other antiphlogistic measures, you will seek to support the constitution by tonics; bark, the sulphate of quinine, and sulphuric acid will be of great value; cordials, also, and wine, with light nutritious diet, will be beneficial. But especial regard should be had to cleanliness, and an abundant supply of pure air, as the condition on which the efficacy of other means very much depends. With respect to external means, those of you who have attended hospital practice may have seen mercurial ointment in cases of simple erysipelas applied to the skin. I have observed its action, but my experience has not impressed me with its advantage, yet, as there are those who think favourably of it, I mention it here. Sometimes you may check the advance of erysipelas with nitrate of silver, applied a little in advance of the affected part; you may form a black line, beyond which occasionally it will not spread. I cannot say much of nitrate of silver of my own experience, but if either it or a mercurial ointment does good it must be by exciting action in the part to which it is applied. Nitrate of silver, it should be said, has sometimes been applied to the part itself affected with erysipelas. I once attended a case where this disease extended itself over two thirds of the body before the patient could be brought into a state of convalescence; this is not an ordinary case; it was an instance of what is called *erysipelas erraticum*. I have also attended cases where it came on periodically, at certain seasons, with such regularity as to be looked for, and to allow such precautions to be taken as might either obstruct its approach or allay its severity.

The second form of erysipelas which we are to consider is that in which surgeons ought to feel great interest, as it often follows surgical operations, contused or fractured wounds, compound fractures, burns, irritable ulcers, and the pricks and cuts of dissection, and is a much more severe disease than that which we have been considering: it is called *phlegmonous erysipelas*. Generally speaking, it differs not only in the higher degree of its violence, but it has also a tendency to produce gangrenous mischief in the cellular tissue, which often perishes to a great extent. When this is the case, the cellular tissue always suffers more from mortification than the skin, the higher organization of the latter resisting the action of disease longer than the tissue. It was the doctrine of Dupuytren that phlegmonous erysipelas never began in the skin, but always in the cellular tissue; and there is no doubt that this is true of what is called diffuse inflammation of the cellular tissue, and also of those cases of inflammation which follow the bites of snakes and the pricks received in dissection, as well as in some other cases, in all which the skin is only affected secondarily. But in the ordinary form of phlegmonous erysipelas there occur some cases which lead me to a different opinion, such as those instances of erysipelas which happen in sailors from exposure of the legs to salt water, and from the friction of the trousers while in that state. In these cases inflammation must be excited first in the skin. Those who may feel interested in the inquiry may see the matter well treated in a paper by Mr. Copeland Hutchinson, in "The Transactions of the Medical and Surgical Society."

Now, in simple erysipelas there is not much swelling, and what there is is diffused; the cellular tissue is not much involved. But in the phlegmonous kind the swelling is very much harder, deeper, and darker in colour; the skin is more raised, and sometimes the limb is increased to twice its natural size. This swelling arises from the immense quantity of serous fluid diffused through all the part causing great distension; it is very firm and unyielding, and the

swelling extends very deeply; there is great thickness of skin and the subcutaneous tissue; the redness, also, is darker, and sometimes of a mottled appearance, which is caused by the different parts being affected unequally. When you put your finger on the part affected you cause a white mark to appear, but this white mark is not so distinctly visible as in simple erysipelas; afterwards to produce the white mark you are obliged to press harder. Also, when you put your finger on it, the part, in medical language, pits—that is to say, a hollow is produced; this pitting is most easily produced in the early stage of the disease; in the after stages the part gets firmer. The pain is great, and begins with heat and itching, which afterwards becomes an intense burning pain; afterwards vessels form, varying in size from that of a pin's head to the size of a pear; these are filled with a serous fluid, and sometimes contain blood. If the case proceeds favourably, the vesicles burst, incrustation takes place, and the scales fall off. If disease becomes more severe, the skin, especially about the lower extremities, turns of a purple colour, loses its sensibility, and becomes softened and covered with phlyctens. The skin sloughs rather, however, from a want of support from a proper supply of blood than from actual inflammation. The cellular tissue, in which purulent matter is diffused, sloughs much more than the skin itself. Where the case proceeds favourably the sloughs separate, and the sloughed cellular tissue is got rid of; but often, especially in neglected cases, the patient is lost. The tendency to suppuration and gangrenous mischief in the cellular tissue is dependent in some measure on the part of the body affected with erysipelas. The legs are very liable to this result; but you may often meet with cases where the cellular tissue has been converted into sloughs of great extent—sometimes several inches in length; then the skin turns of a livid colour and sloughs. But you do not see the skin on the sides of the head and face slough in this manner; and the reason assigned to account for this difference is, that in the legs the skin is supplied with blood from the ramifications of arteries which lie low beneath its surface, which supply is cut off when the cellular tissue is destroyed by sloughing; but in the scalp the arteries lie only just under the skin, and maintain a supply of blood during the progress of disease. Phlegmonous erysipelas never begins in the fascia, and an error has been committed here in supposing that it ever does; it is true that they are sometimes extensively involved, and that from certain causes they occasionally slough. The same is also true of the muscles and tendons. The violence of the disease is so great in some cases as to tend to inflammation, ulceration, and even gangrene of the synovial membrane, ulceration of cartilage, the formation of matter in the joints, and even necrosis.

The causes of phlegmonous erysipelas are many and various. Sometimes it comes on after fever or exposure to cold, but more frequently it follows mechanical and external injuries. In its treatment antiphlogistic means are employed with more vigour than is necessary in simple erysipelas. Bleeding both by venesection and leeches is generally beneficial, though not in every case; calomel followed by saline purgatives, and tartarized antimony, are necessary in the early stage of disease. I may remark, in passing, as a very curious circumstance, that leeches which, in persons of certain constitution, always bring on erysipelas, are among the best means under some circumstances of curing it. The bites of leeches are always followed by a discharge of serous fluid as well as of blood, and many practitioners have made use of them as the best means of stopping such discharge. It is, as I have already observed, in the early cases of phlegmonous erysipelas that you have recourse to bleeding, though it is not every case in which even then you may do so. The degree to which you may carry antiphlogistic treatment differs in different cases, but there comes a period when

you are obliged suddenly to discontinue the depletion and adopt a course of treatment the opposite to that which you have been pursuing; weakness comes on, and you must therefore be cautious and change the treatment by giving tonics and stimulants, bark and ammonia, and allowing brandy, porter, and sometimes even gin, if the patient, from his habits, is able to bear it. I should have said that in some schools they make a distinction between the treatment of erysipelas arising from internal and external injuries, in one case using cold external applications, and in the other warm. At one time I used cold applications, but I thought it drove the disease farther inwards rather than cured the external part. Still, in France, at this present time a distinction is kept up between the treatment of cases arising from internal and external causes. Velpeau uses sulphate of iron both in phlegmonous and simple erysipelas, but I do not find that it has any celebrity in this country; if it does good it must be on the principle of counter-irritation. If you find, at the end of five or six days, phlegmonous erysipelas, instead of yielding to your treatment, gains on the patient, and the swelling is more intense, you must endeavour to prevent further suppuration and gangrene in the cellular tissue by making an opening. A puncture is useful, as it will allow the fluid which causes this mortification to escape; but you will remember that very likely not only a fluid is to be let out, but the cellular tissue has also sloughed, and then a puncture will not be sufficient. You will see the necessity of an incision, which, by its superior size, will let out, not only the fluid, but also the sloughing cellular tissue; and, if you have made a puncture, you will have to make an incision afterwards. Some practitioners make very long incisions, even two or three feet in length, but I have always thought this much too long on two grounds—first, because it produces a very great loss of blood to the system, which is not always in a condition to bear it; and further, because you are liable to cut through the trunks of arteries. I remember in this hospital I once was making an incision, and had the misfortune to cut through a large vein, and the stream of blood was as thick as one of my fingers. It was well that I was able to stop the blood, or the results would have been very undesirable. I think, then, that long incisions are to be avoided, for the reason that, from the quantity of blood lost, the patient is in great danger of sinking. But, besides this, it has been known to be followed by paralysis in consequence of dividing the superficial nerves. It is a good plan in a case of this kind to consider what you would like to put up with yourself, and for my part I should certainly object having a long incision made on me at all approaching to the length before mentioned. The principle of incision is, however, correct, and we are very much indebted to Mr. Copeland and Hutchinson for investigating the results of this practice. He was surgeon to the Deal Hospital, and many cases of phlegmonous erysipelas were brought to him from the navy, excited in the sailors by the irritation of salt water and the friction of their trousers upon their legs in certain states of health.

When you have gone to the proper extent of antiphlogistic treatment, it will be necessary to employ stimulants and tonics; and if you consider the violence of this disease, separating skin from fasciæ, fasciæ from muscles, and muscles from one another; and that the constitution is in a state of great irritation, you see that everything must be done to support the system. Opium will be very serviceable where excitement is great.

Do not forget to remove often the poultices and dressings, and promote by all means cleanliness and free supply of fresh air. In the suppurative stage of the disorder you will find the constitutional disturbance very great—often fatal—always dangerous. The breath is fetid; the pulse, which before was strong and full, is now weaker and quicker; there is sometimes a discharge of black matter from the bowels, and

early derangement of the intellectual functions. Some cases will admit of amputation, where the constitution has not been reduced beyond a certain point, and by an operation the patient will be saved.

TO CORRESPONDENTS.

THE MEDICAL TIMES may be procured by an order on any Newsmen or Bookseller, or it will be sent direct by post from the Office of the Medical Times to Subscribers sending by a Post-office order, directed James Angerstein Carfrae, or an order on some party in town, One Guinea IN ADVANCE, which will free them for twelve months. Half-yearly Subscription, 18s.; Quarterly, 6s. 6d.

A HANDSOME PORTFOLIO for holding the "MEDICAL TIMES"—very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price 5s. An allowance is made to the trade.

COVERS FOR BINDING the Numbers of the "MEDICAL TIMES" are now ready, and may be had, by order of any Bookseller, or at the Office, price 1s. 6d.

Mr. E. Daniell, Newport-Pagnell.—We regret that our letter in reference to the General Medical Annuity Fund was mislaid. We shall not fail to publish it next week.

A Longsufferer, writing us rather a long letter on the subject of mesmerism, says, "Do you not think that the world's intelligence is in a strange predicament? Some are progressing to hell nose downwards, while others are poking their heads into hell uppermost. But where does man get his proof from that says there is no God? He it was that placed the power in the hands of this mesmeric gentleman in a very familiar manner to suit his own wise purposes. Men in this world are subject to strange delusions, but virtue only is permanent, lasting, and durable."

Mr. E. S. Falloon, Stafford-street, Liverpool.—We were expecting the promised communication, and could not account for the delay. We are obliged for the offer made in the note received last week.

Senex says, in reference to "Gibbert's Etymological Dictionary of the English Language," that "the medical world will judge of the extraordinary talent and research of the learned editor from the annexed specimen:—MENTULAGRA (mentula, penis—Latin; and aggra, pain—Greek), a morbid state of membri virilis vel clitoridis, in which the erector muscles are either contracted or convulsed, &c. To have been consistent in this new style of using Latin words in the proper cases with their Latin terminations, the editor ought to have said, 'the erectores muscles;' and, had his modesty and knowledge of the Latin tongue been a little greater, he, doubtless, would have spoken of the morbid state of the pudendorum, &c. It is not unlikely that he found the uncouth word mentulagra in some old Latin work, and with the assistance of a dictionary was enabled to translate the morbidus status correctly; but, not finding membri or clitoridis in his lexicon, let them stand in their native garb."

Mr. John Anderson, Norwich Union Insurance Office, Liverpool.—We regret the delay, but it has been unavoidable. We hope, however, shortly to gratify our correspondent's wishes.

Mr. Brady, Harrow, Middlesex, is thanked for his communication, which will receive an early insertion.

M.R.C.S.E., Kidderminster, informs us, that in passing from West Bromwich to Dudley, last week, he observed over a door, by the side of the mail turnpike road, the following inscription:—

CAN. SIR. DR.
F.R.
SOLOP
J. LEDDOE

and supposes that the abccc enigmatical inscription must mean "Cancer doctor, from Salop." So we suppose, and lament that there can be any one in the

nineteenth century ignorant or impudent enough to put up such an inscription, or any one stupid enough to patronize the owner.

Mr. Emerson, Turnham-green, writes, in reference to the letter of An Army Surgeon, "I can only state, that soon after sending the letter I referred to the book, and observed my oversight; but, as I did not see any letter in your number of the 25th of September, I supposed that you did not consider it sufficiently valuable for your columns, and the supposition prevented my informing you of the fact, which 'An Army Surgeon' has done."

M. D., City.—We think our correspondent would be liable to a fine.

Juvenia, Bristol.—The request will be attended to. Mr. Jameson.—We shall not fail to advocate the cause of the assistant-surgeons of the royal navy. We are glad of the improvements which are likely to take place.

Rusticus.—The parties are doubtless impostors, and a purchase of the business should not be effected without a good knowledge of what it is worth.

Mr. Jones, Llanfarn.—The British and Foreign is extinct. The suggestions appended to the inquiry win our thanks. The poor-law movement cannot be in a more flourishing condition. The abuse is not useless.

M. D. is right in the remark, that those who have done no real service themselves are most active in letting no others assume a more respectable position. But are such people worth the notice our correspondent takes of them?

A Poor-law Medical Guardian is thanked for his suggestions. They are valuable.

H. N. should send his promised paper for the perusal of the Convention.

Mr. R. N. West's communication has been received.

An Inquirer.—Mr. Fisher, of Grosvenor-street, possesses the police medical patronage. It is not worth seeking.

We have been favoured with an immense mass of information on the poor-laws, none of which shall be overlooked. The several writers are requested to receive our warmest acknowledgments.

Letters and communications have also been received from Mr. E. S. Falloon, Stafford-street, Liverpool; Senex; A Longsufferer; Mr. John Anderson, Norwich Union Insurance Office, Liverpool; Mr. Beady, Harrow, Middlesex; M.R.C.S.E., Kidderminster; Mr. Emerson, Turnham-green; Mr. Jameson; Juvenia, Bristol; Mr. Daniell, Newport-Pagnell; Mr. Allen, Gainsbro'; Mr. Davies, Bristol; Mr. Terry, Ballincarghy; Mr. Allison, East Retford; Mr. Newington, Gouldhurst; M. D.; A Poor-law Medical Guardian; H. N.; Mr. R. N. West; An Inquirer.

THE INDEX.

From the use of small type, in three columns, we have been able to compress the Index into considerably less space than we anticipated. It will hence be published with the present and following numbers, without the increased charge which its separate publication would have required.

THE MEDICAL TIMES.

SATURDAY, OCTOBER 16, 1847.

THE CONVENTION.

THE COMING CONVENTION will try the Union Surgeons; and with them, will try, in some sort, the character of the profession.

Is there work to be done? Unquestionably. There is *wrong*—large wrong. It affects the Union Surgeon: through him the profession: and through both the poor and the public. It is both a business and a duty for us to set it right.

The spectacle of two thousand Government officers, underpaid and discontented, presents something more than a moral wrong—a gross scandal and large public injury.

There is honour and fair emolument in every other Government situation. Take the army, it is so there—and in the navy, in the church—at the bar, in the colonies, and all Government offices. Is the union surgeon's a post of honour? Is it a source of honourable emolument?

We know the contrary. There are no laurels for that abased and abused official. Virtually he is a parish drudge on horseback, at everybody's call, at all hours, day or night, in foul weather or fair—exposed to the infection of disease, the contact of filth, and that still worse visitation—irresponsible dictation from a many-headed and often senseless masterhip. And for what pecuniarily? Virtually nothing: actually nothing!

The Poor-law Surgeon is then a Government official in an exceptional position. He is at once without status and without pay. He is scouted—disparaged—underpaid—by the Government of which he is an officer!

Are his claims, then, as a man of science so contemptible? Are his official duties, then, so unimportant? Does not the health and much of the well-being and contentedness of the poor population depend on his labours and solicitudes? Is he not an important agent in strengthening those perilous links on whose integrity depend the well-being and safety of society? Why, then, his disgraced and anomalous position?

Why? The answer is easy. The bed we lie in we have ourselves made. We have, for years past, legislated and managed and arranged for the very place we are now so discomforted in occupying! We are exceptions in the annals of Government officialism, because we have ~~instituted~~—and against ourselves—that disgraceful anomaly.

This journal has had no hand in the demoralization and disunion which have accomplished this deplorable result. We have never been the apostles or exemplars of a low incendiarianism in medical politics. It has been our aim to elevate, not vulgarize the aspirations of the profession; to create feelings of gentlemanly confidence rather than enkindle felonlike suspicion and distrust; and to beget through the whole profession that *esprit de corps* which—making the well-being of all the concern of each, and the injury of one the cause of all—erects into a distinguished and useful potency of the state what would otherwise be a useless and unmeaning community of scattered preferences and antagonisms.

The union surgeons have now to decide whether they are for a united and raised profession; or whether, in a struggle in which their own nearest interests are involved, they can make one effort for the great common concern that demands it from all? We have now for them a touchstone for their character and a test for their deserts. The measure of a man's acquiescence in injustice is ever the measure of his own want of rectitude. The love of justice in the mind and its practice in life go hand in hand; and the better organizations in the body for which we now labour may be readily discovered by finding out those who show most active interest in the public cause to which they are committed. We repeat, then, that the coming Convention will try the present race of union surgeons, and, through them, the profession.

But if there be union surgeons to whom the appeal of duty is a charm unfelt—charm it never so wisely—they should at least be open to the claims of their own deeply involved interests. The amelioration we contend for is a *vast one*: and we speak with the positiveness of mathematics when we affirm, that it wants but their active concurrence to be sure of realization. Give us union in *this* cause, and the result is in our own hands. We must have everything our own way; and this without any obtrusive or vulgar efforts at intimidation. Strong in reason and in justice, we can show that in mere justice and reason it is the best policy of Government to do us right. It is only by a blunder that our interests and theirs shall be conceived not identical. We have, in our *large* aggregation, too, a weight of moral influence most useful in giving force to an argument which, even without it, is irresistible. No Minister can persist in thinking the united request of 2000 union-surgeons unreasonable or unrighteous. The very moderation with which it is preferred will evidence at once right and power; and there are few Home Secretaries who would not be careful of avoiding a response which might provoke—we will not say justify—a contingency which we deprecate as unnecessary—the moral resistance of a combined profession. In truth, with the softest prayers we have in the background, unmentioned, the strongest arguments, like the beggar in "Gill Blas;" and the game of improvement, if well and properly taken up, is in our own hands. It will, after this Convention, be *our own* fault if we continue the only gentlemen in her Majesty's employ disparaged by—what is most improperly made—an unremunerated and unworthy appointment.

THE CONVENTION WILL BE HELD ON WEDNESDAY, THE 27TH OF THIS MONTH, AT THREE O'CLOCK, AT THE HANOVER-SQUARE ROOMS.

THE ASIATIC CHOLERA.

THE attention of Christendom is again directed with fearful anxiety to the subject of Asiatic Cholera. This dreadful pestilence, which originally developed itself in the sunny climes of India, for a long season confined its ravages to that unhappy part of the globe. Unacquainted as medical philosophers were with a malady so fatal in its consequences, the hope was indulged that the inhabitants of the West would escape its visitations; that hope, however, was doomed to disappointment, for the pestilence, which appears first to have commenced at Jessore, spread with frightful rapidity not only over Asia, sweeping away tens of thousands of human beings, but, setting at defiance all cordons and quarantines, it passed into Russia, and from thence diffused itself through various parts of Europe, and reached even our own shores.

A disease so frightful in its consequences, and so remarkable in its behaviour, could not fail to early arrest the attention of the medical profession. A variety of works, both in this and other countries, have been published upon it, and, while much real knowledge has been obtained, the subject is still enveloped in great obscurity. True it is that, with regard to the history of cholera as an epidemic, there is but little wanting to render it perfect; and yet, in spite of the accuracy with which its symptoms have been noticed, and its progress traced, the professional world is at the present moment as much at a loss how to arrest its career as at the first, when it became the subject of scientific investigation.

It would be an unprofitable task here to state theories, and then advance arguments to support or overturn them: that which will be more proper will be, to extract points most certain and important, from the mass of facts which we possess. It is certain that the cholera is propagated by a peculiar poison. This has diffused itself over the entire globe, with but few exceptions. From the plains of Bengal it passed towards the mountains of central Asia, the luxuriant and antique forests of Burmah, and the sultry countries of the peninsula of Hindostan. Along the defiles of the Hindoo Khosh, and the lower plateau of the Himalaya, across the plains of Persia, and the sandy and untracked deserts of Arabia, it pursued its singular and erratic course. Penetrating into Russia, it passed gradually over the face of Christendom. The extent of its ravages is marked by the fact, that in almost every quarter of the globe, except in Australia, and other remote islands of the South Seas, it is known and dreaded by every branch of the great human family. By tracing its progress, some have founded an argument in favour of its propagation by the intercourse of men with each other, because it is not confined to any particular soil, or circumscribed by the limits of the winds.

But a most striking and interesting fact in reference to this disease is its peculiar and irregular mode of spreading. In this respect it differs from every other known disease. It has been never known to attack individuals at a distance from land; it evinces an indisposition to traverse seas, and even rivers, although it selects the banks of the latter—it enters a place in the manner of plague, rapidly increases its virulence till it reaches its acme, and then declines. It has been stated by a celebrated writer on this subject that the average duration of a severe outbreak of cholera is under four weeks, and that it lasts with intensity about one-third of that time, during which nearly one-half of the attacks are fatal. Its cessation has been attributed by some to the acclimating or exhaustion of those predisposed to the attack. One fact seems to countenance this, viz., that troops have entered a camp which cholera has just left, and have then begun to suffer severely from it, while those who have been previously in camp have experienced no return.

It is well known that low, confined, and particularly marshy places, suffer most frequently and severely both in India and Europe. The encamping ground of the Bengal army, in 1817, affords us the characteristics of the soil most favourable for the diffusion of this malady. Mr. Jameison, in his account, says, "In the ground of the encampment in which the disease prevailed most, the soil was low and moist; the water was foul, stagnant, and of brackish quality, and everywhere not more than two or three feet from the surface of the earth, and the vicinity abounded in animal and vegetable putrefied matter; whereas, at Erieh, where the army regained its health, the situation was high and salubrious, and the water clear and pure from a running stream."

A most distinctive feature of cholera is its tendency to spread along the banks of rivers, independently of human intercourse. It is not the mere moisture which aids the development, as the poison often remains close to the bank and does not attack the crews of ships lying at a distance; or it passes along one bank without touching the other, although free intercourse goes on, and then, suddenly crossing the river, traverses in an opposite direction the bank

hitherto untouched. When it enters a town, it selects the lowest and dampest quarters for its attacks. This was the case in India, Persia, Russia, Hungary, Prussia, and England. Jungle or marshy country, however, by itself is not always the most favourable for its development. The returns, taken from tabular statements, show that the greatest number of attacks have occurred on cotton soil, which is described as open country, nearly one third of the whole on the banks of rivers, and one half within five miles of them.

It does not follow, however, that cholera will not ascend hills, although they enjoy a much greater immunity than the plains. For the first three years in India, the Himalays resisted its progress. It afterwards attacked the towns on the lower plateau, and it is a singular circumstance, which after observation has confirmed, that the per centage of attacks to the number of inhabitants was much less than in the lower regions, while the fatality was exceedingly great. Cases of cholera have been never known to occur at an altitude of more than 6000 feet above the level of the sea. Dry sandy soils are unfavourable to its development, but are not exempt; this was witnessed both in Arabia and India.

It has been supposed by some that the disease is independent of atmospheric vicissitudes, but this is certainly erroneous. Temperature, it is true, seems to have little influence on the virus. Neither the heat of the tropics nor the cold of a Russian winter retard its propagation. It also prevails in India in the cold and hot months. Sudden changes of temperature often attend its outbreak, but then other causes are generally concerned in the production of these, which may have an effect on the virus. The humidity of the atmosphere some have thought has been favourable to its diffusion. The outbreak of the disease in the provinces of Chittagong, Behar, Dhacca, and Sylhet, was preceded and attended by unusual floods in Bengal. The seasons in 1816 and 1817 were, indeed, so remarkable as to have attracted the notice of every one, and to have formed the topic of common conversation. During the progress through India, the outbreak of the disease in almost every place was attended by phenomena similar to those which marked its primary appearance. In Europe the same thing was noticed. Jannichen, of Dresden, decided that the virus had a peculiar affinity for moisture. Baumgärtner, on the other hand, could trace no hygrometrical alterations during its prevalence. In Russia, it broke out in one or two places, when the thermometer was 20° F., and when the air must have been nearly dry. In India it sometimes appears at the commencement of the monsoon; occasionally, however, a very heavy fall of rain checks it. Moisture, of itself, is not powerful in spreading the disease, as we find it retarded by seas and broad rivers. Yet moisture, after all, may be one of the conditions necessary to constitute the peculiar state of the air required for its rapid development.

It is a common but erroneous opinion, that cholera generally passed against the wind. This is true to a certain extent only; a strong adverse wind always delays its progress, though it does not prevent it. From Masulipatam it passed very closely in opposition to the wind; but from Madras, the north-east monsoon setting it, it acquired a great velocity, and rapidly reached the towns and districts to the south, although, on account of the heavy rain, intercourse was interrupted, and at times quite cut off. It was at one time supposed that its course was always westward, but with no good reason, for while it

was spreading from Bengal to Bombay, it was also passing easterly through Tartary and Burmah. Of late years it has constantly passed from Hindostan, through and across Burmah, to Siam and China. Cholera is also said to prevail in certain electrical conditions of the atmosphere, without any good grounds, as it is observed when the air is negatively and positively charged.

Certain states of the constitution, without doubt, predispose individuals to attacks of the cholera—those of debilitated frame, or impaired health, appear particularly obnoxious to its influence, though it cannot be denied that many are attacked in the plenitude of health and strength.

After it once travelled into Europe, it was the opinion of those who intelligently investigated the subject, that, although for a season we might be freed from the attacks of the disease, we should be again exposed to them. There is every probability, from what is now occurring, that ere long this will be the case. In August last it re-entered the Persian territory by Carraba, and raged with fearful violence for thirty leagues around Tiflis; and such a panic had seized the inhabitants of this city that for a season it was almost abandoned. At Erzeroum numerous cases also daily occurred, nearly one-third of which proved fatal. Throughout Georgia, at Redoubt Kale, and at Batoum, on the Black Sea, it has also prevailed, as well as at Taganrog, Kerch, Roston on the Don, and at Longane, in which Russian towns the mortality amounted to full two-thirds of the attacks. At Erzeroum cases have daily occurred, principally among the poorer classes; and it is thought that, upon the whole, the disease has not manifested the same severity as on the former visitation. At Trebizonde, though every precaution had been used to prevent the introduction of the cholera, it appeared there on the 9th of September; and of 300 cases reported, 103 proved fatal. A vessel named the Stambol left Trebizonde with 256 passengers, of which three fell ill almost immediately, and two of the crew died on the passage; the third was in a dangerous state when the vessel arrived at Constantinople. It appears, moreover, according to official communications, that the disease is moving more and more towards the centre of the Russian empire. On one side it has followed the passage of the Wolga, and arrived at Saratow. On the other, it has appeared in the province of the Don. The French Government has very properly ordered every means to be employed to prevent, if possible, its entrance into that country; or, should the disease arrive, to mitigate its severity. It does not appear, however, that the authorities in our own country have been roused by the prospect of the danger which now threatens us. It is high time that some efforts should be employed in order to shield the population as much as possible from the threatened calamity. Diseases with which we are intimate, from their frequent occurrence, have been especially fatal during the last few months, as the weekly returns of mortality show; and, should the same causes which are now in operation be allowed to remain, without any efforts on the part of the Government for their removal, there will be great danger, should the cholera visit us, that, instead of proving milder in its character than formerly, it will prove increasingly fatal.

Out of evil good oftentimes arises; and should the fear of a second visitation of the Asiatic scourge be the means of promoting a more

efficient drainage of large towns, the better ventilation of ill-constructed dwellings, the removal of all graveyards from the midst of densely-populated neighbourhoods—in a word, the promotion of a better hygiene—then, should the disease appear, though accompanied by numerous terrors, it may be the means eventually of saving many lives and much suffering.

HYGIENE.

It is a remarkable circumstance that a separate department for cultivating the important subject of PUBLIC HYGIENE has never been instituted in any of our metropolitan or provincial schools of medicine. This is surprising, whether we look to the teeming population of the British realm, or to the all-absorbing interests involved—when health, happiness, life itself are at stake—amidst its busy myriads, constantly (though, perhaps, unnecessarily) exposed to premature decay and death. Here it must be acknowledged our Gallic brethren far distance us in the race towards the advancement of this department of science—an acknowledgment, however, confined to them as a body, the public at large in that country (if Paris be a fair criterion) not exercising a very refined appreciation of the necessities of humanity. Save a few scattered and passing remarks, extra-professional details, or partial observations to be found in our medical records, we nowhere discover a centre, an authoritative source whence to diffuse the momentous elements of preventive medicine. To advance proofs of the utility of that science which specially presides over public health would be a work of supererogation; the profession, through casual rather than systematic movements, and, let us add, the public, have, by a salutary "pressure from without," compelled attention from the authorities to a subject implicating some of the most precious interests of mortality. But, with regard to our useful class, there is little doubt that the information possessed, has been acquired through its members being obliged to become conversant, however imperfectly, with hygienic details; being naturally referred to as the only legitimate medium for authentic instruction, rather than as a necessary part of the *curricula* of education enjoined by the collegiate institutions of Great Britain, with but one exception (the University of London).

In these days of transition, with the din of political warfare resounding in our ears, it is imperatively the duty of the medical faculty to bestir itself, to place its standard far in advance of the selfish and tardy movements of "the powers that be," in ameliorating inevitable evils, and warding off the many sources of disease but too rife among our overgrown population.

It is for us to urge the Government to adopt efficient measures, by respectful but resolute solicitation, and by the extensive influence the members of our profession can so happily bring to bear in domestic circles—an influence which is, there is much reason to apprehend, not seldom culpably neglected. May a day arise when it shall be the gratifying privilege of our profession to promulgate laws based on just, because truly scientific, data, which no politic government will slight or treat with temporizing regard! But reform must commence at our own doors; it is for us in an especial manner to send forth young men to practise the "art and science of medicine," well grounded in the elements of scientific hygiene, so that they may possess extensive, connected, and readily-accessible knowledge, whereby alone decisive influence will be conceded to the precepts of the faculty. It is true,

weight may be attached to *individual* opinions—a result attributable to personal influence and note, rather than to a recognition of the class generally.

The Health of Towns Association has done good service by its admirable and laborious exertions. The projected British "Annales d'Hygiène," if efficiently conducted, and if heartily supported by the profession and the press, will undoubtedly be a movement in the right direction. It is to be hoped that no contemptible or momentary self-interest in the medical press of this country will clash with so desirable a project, sufficiently extensive to demand separate and exclusive representation in our scientific records. But is this association in the main a medical society?—or, if not, which class of its members represent the body? These are points which should be clearly understood. The public and professional press may enunciate, medical associations may petition; but *monied* interests will ever preponderate till the evils of neglecting public hygiene be brought to individuals' hearths and homes by impressive advice from "the rank and file" of our members. Then alone will an operative movement accomplish our aims; and may we hope to perpetuate our art, and leave the world with the proud consciousness of having "served our day and generation." Every individual of the profession should be an apostle of health, never losing an opportunity to promulgate sound views on all matters relating to health, to combat prejudices worthy only of a barbarous age, and to denounce any imbecile drivelling, whether from peer or commoner. There will be, it is to be feared, "something rotten in the state" of medicine until our "duly-qualified" alumni are educated on a par with other scientific communities.

THE REGISTRATION COMMITTEE.

We purpose laying before our readers the whole of the evidence given before this select body. We omit the superfluities of repetitions and interrogations, and commence with the surgical evidence as the most important.

CONTEMPORARY EULOGY.

We quote, as a sample of the general opinion expressed of the *Medical Times* by *disinterested* contemporaries, the following from the *Hull Packet*:—

"THE MEDICAL TIMES.—We have long admired the independent manner in which this journal is conducted. Its perfect freedom from all control of the medical powers, its manly exposure of all abuses, and its strenuous efforts for the elevation of the members of the medical profession are worthy of high commendation. Especially deserving of praise is its recent *exposé* of the peculiar disadvantages under which the assistant-surgeons in her Majesty's navy labour. We trust the effect of the representations of this journal will procure for them suitable opportunities for acquiring that knowledge so essential to the due discharge of their important duties."

POOR-LAW MEDICAL CONVENTION.

I have delayed addressing you until this last moment, in hopes that I should have been able to attend the convention of union medical officers on the 12th. As I now find that I shall not be able to be present, I take the liberty of requesting that you will place my name on the list of those who are willing to be aiding and assisting in any measures having for their object the improvement of the condition of those officers, and their advancement to that position of importance amongst the poor-law officials which, from their professional

education, their social status, and the principal part they play in the economy of pauper relief, they are most undoubtedly entitled to occupy. Much may be done in this matter by temperate and steady direction and union in the pursuit of this object, on the one hand; but by hasty assertion, indignant reproach, or moody grumbling at or blaming the wrong parties, on the other, I feel persuaded little if anything will be achieved. And in order that we may know what it is we have to complain of, and at whose hands we must look for redress, I do hope the meeting will calmly consider the laws, and the relative position held by the administrators, to the employers and the underpaid employees. Because in most of the letters inserted in the *Medical Times* I have observed that these preliminaries do not seem to have been fully kept before the several writers.

One thing, I believe, will be granted, namely, that, as a body, the union medical officers in England are paid upon a different principle from any other official, or even contractor for the usual union supplies: that is, the quality and quantity of the services and supplies tendered by medical officers cannot be ascertained nor judged of by the parties who make the appointments, those who confirm them, nor those who remunerate the medical officers; and, therefore, those elements which form the basis of the payments for services of the salaried officers and contractors in union matters do not, nor cannot under present circumstances, have their full weight in the appointment of the medical officer; and I beg to record my opinion, that in this point lies the greater portion of the evil of which we complain.

The boards of guardians are entitled, nay, bound, as mere administrators of the public money, to take it for granted that the medical officers are the best, if not the only, judges of the nature and expense of the duties they undertake to perform, and to say, what in effect they do say, "as long as we can get 'qualified' medical men to undertake to perform the duties we require, at the salaries we pay, we are entitled to suppose that these duties and salaries are properly proportioned to each other;" and, commercially speaking, such a statement is in the ordinary course of business, and, in fact, reasonable in those who make it. It will be for the meeting of medical officers, therefore, to show the error and unreasonableness of such arguments, and rest in *statu quo ante bellum*. You may depend upon it, the public know the truth as to the amounts of union salaries; something, also, of the extent and nature of the duties; and, therefore, little more weight will on their part be allowed to one huge professional groan, than they at present allow to some hundreds of individual grunts of dissatisfaction. They will still say, "Gentlemen, you offer yourselves, and take the salaries in rotation as fast as the medical office is to be filled; nay, you rush forward with anxiety, hustle one another, canvass, solicit, &c., all concerned with making these appointments; yet, as soon as you obtain them, you join in the cry of your brethren in office, viz., 'Eheu! Pil. Garlick.'" This is a melancholy fact, and leads to the conclusion, that it is the fault of the gentlemen of the medical profession themselves that most of the evils of which they most righteously complain do, nevertheless, continue to exist. But, further, there is practically no remedy to be looked for at the hands of the medical profession. Young men are "coined" off, and must endeavour to come before the public signalized by some circumstance of recommendation; and the sacrifice made by taking a union appointment is not by any means the greatest required in order to place the young practitioner favourably before the public. The boards of guardians, as before stated, view the matter as a "business transaction," and consider it important only as it affects "the rates." The commissioners say the local boards must know best the character and status and fitness of those they recommend for the appointment; and our duty lies in the narrow compass of

restricting those appointments to certain classes, knowing and affecting to know nothing of individuals; and lastly, the medical men accept the salaries and grumble, but still continue to accept. Thus it is that the only party most interested, and who suffers most severely in the first instance, viz., the pauper, has no voice in the matter; and, unless it is a principal object of the meeting to show that such is the case—in other words, to convince the commissioners, the guardians, the public, and last, though not least, her Majesty's advisers, that one grand and most serious effect of the present state of the medical union officers is a vast amount of unheard-of pauper suffering, ending infallibly in a very great increase in the amount of "the rates"—unless they do so, I apprehend we may rest contented as we are. That the effect I hint at is a true one, nay, a necessary one to the pauper, I know; and that this effect upon him involves necessarily a serious and permanent levy upon "the rates," cannot but be admitted, if the first position is true; and then the postulates are not easily disproved; and if it be so, I cannot see how it can be denied, that the present mode of appointment, and the present inadequate remunerating of the union medical officer, is an act of gross mal-administration, of serious injustice to the pauper, and most wasteful of the ratepayers' money; and lastly, that it is the duty of a Christian and humane public, of her Majesty's Government, of the commissioners, and the boards of guardians, to see that the medical relief of the poor is a proper and sufficient one, carefully and abundantly administered, accessible without difficulty, and trusted in hands who have a personal interest in seeing that it ought to be so characterized; and this duty is inalienably attached to the parties above mentioned, involving them here and hereafter in a heavy responsibility, and, moreover, will never be discharged until they unite in sufficiently paying those who undertake this duty, and, moreover, giving to them that consideration amongst the workers-out of the new poor-law principles which their importance towards the success of these principles merits and requires. I have admitted that the medical body are to blame for many of the evils of which they complain; but I beg most distinctly to state, that it is only relatively, and not in the abstract, that they are chargeable with the continuance of those evils. They cannot help it. Would they combine and strike? Were it possible, they must certainly, and in a short time, succumb to the force of public opinion; if their own good sense did not sooner make them ashamed that, as a body of mentally-endowed and cultivated men, they could ever have stooped to the use of so brutish a means of assault or defence. No union for coercive purposes ever did or ever can flourish; therefore it is not to be seriously thought of as a means towards an end. For colliers, weavers, and Sheffield grinders it may seem just to gauge the amount of intelligence to be looked for in those and other classes who form unions and strikes, but not for men who are now asking from the public that consideration amongst intellectual beings which they assert belongs to them. No, Sir, rather let the present holders of medical offices in unions unite in the resolution, that the other result of the mismanagement in the medical relief, in some degree also chargeable to them, viz., an inadequate and meagre attendance on the pauper, whereby he suffers, shall no longer lie at their door. Let them conscientiously perform their duties to the poor, and publish to their brethren and the world the loss such performance of duty infers to them; and from the statistics to be obtained from the registers of sickness and mortality in their several unions, let them collect a body of evidence to establish the average amount of work done for the last seven years; and, then, let them move the Government of England to order that their salaries in the several unions shall be proportionate to said averages; and so, as far as the medical officer is concerned, he will be in a right position before the public; and in the

strength of that position he will be more entitled to demand justice than at present, and the rulers of his interests, I believe, will be more willing to accord it.

In her Majesty's late Administration the point of medical officers being partially paid by Government was mooted. Why should it not be so generally? The rate-payers are able, in most unions, to meet the demands made upon them; and if, in our sister island, it should be found otherwise, it might be well enough to assist them from the common fund of the country. But if, instead of paying the medical union officers, the Government would fix their salaries upon an average of their services, obtained as above stated, and so restrict the boards of guardians in their erroneously-called economy; and if they would appoint a staff of medical visiting surveyors to see that the pauper has his dues from the medical officer, there would soon arise a system fraught with good to all parties.

From the lists of the army and navy medical officers, not in actual service, the staff of surveyors could be easily obtained, and they could be paid from the rates of the several unions in proportion to their extent or importance: a mere fraction from each would suffice.

Lastly, the Colleges of Physicians and Surgeons, and the Worshipful Company of Apothecaries, would form a competent court to decide the proper amount to be paid upon such statements of average services, or, rather, I should say, these bodies would be competent to advise her Majesty's Government as to what would be an adequate remuneration for such services; and lastly, an order in Council would be a competent authority for establishing the new order of medical remuneration at once, so that the delay required to introduce such a measure in the forthcoming Poor-law Amendment Act might not be the excuse for continuing the serious evils which exist one month longer.

I have thus, Sir, hastily sketched my own views upon the subject which will be before the meeting, and will thank you to make those gentlemen present aware of these views.

I forward you £1 towards expenses; and if a permanently-organized body of medical union officers for the above-detailed purposes is arranged, I shall be glad to continue to subscribe towards paying reasonable expenses, at least until I give notice to the contrary.

I have the honour to be, Sir, your most obedient servant,

JOHN BURTON, M.D., &c.

Walsell, Aug. 10.

SUGGESTIONS TO, AND REMARKS ON. THE CONVOCATION OF POOR-LAW DOCTORS.

[To the Editor of the Medical Times.]

Sir,—Archimedes boasted that if he had a basis for a fulcrum he could construct a lever which would move the globe itself; and, reasoning from analogy, the contemplated convocation may be made a basis upon which a lever may be constructed, and, if judiciously put in motion, will move the "three kings of Somerset-house," and agitate England from the Tweed to the Isle of Thanet, and from thence to the Land's End.

As there are several important parts in a mechanical lever—so there are important parts in a moral lever—1stly, there is a basis; 2ndly, the fulcrum; 3rdly, the lever; and, 4thly, the acting power, by which all the machinery is put and sustained in motion. Let, then, the aggregate convocation represent the basis; their contributions towards the cause, the fulcrum; their acting members, chairman, secretary, &c., the lever; and, lastly, but most important of all, the unanimous co-operation and hearty aid of the whole. If we are to gain our sanguine expectations in this cheering enterprise, we must be united, heart and hand. It will not avail ought for us merely to meet in London, and deliver speeches, and pass resolutions, and then fancy victory is ours. No, the adamant resistance

against which our moral lever will have to be directed is too powerful to be easily jolted aside. We may rest assured that nothing but a long pull, a strong pull, and a pull all together will avail. We must not imagine that half a dozen pulls by so many individuals, whilst the majority remain idle spectators, will have the desired effect. No, we must all come boldly and resolutely forward, each lending all the aid in his power, collecting facts bearing upon his particular case, and courageously, though cautiously, submitting them to those in authority, and politely demanding redress; and so sure as the sun shines in the heavens, so sure is victory gained.

The nefarious conduct of accepting places vacated for bad pay has taught the commissioners a bad lesson.

Again, I beg to suggest that the absurdity of fixing the salaries according to the population of the parishes be emphatically insisted upon. I know some districts with double the population to the one I hold, which have not got more than a tithe of the paupers in my district; and yet the salary is regulated in both according to the population, regardless of the pauperism in either.

Unite! unite! Our profession and our homes demand our every effort in this struggle.

I am, Sir, your obliged servant,

Stokenchurch, Oct. 9.

HUGH HASTINGS.

P.S.—Copying Mr. Livett's active example, I have written to all the officers of the Thame Union, suggesting the propriety of holding a meeting, previously to the 27th inst., to devise plans for our co-operation with the "Convocation," and to appoint a deputation thereto. Let other unions also do the same.

H. H.

[To the Editor of the Medical Times.]

Sir,—The *Lancet* is certainly getting imbecille, if not idiotic. He is abusing you now every week for urging a very feasible plan for helping the poor doctors. He pities and bewails us in his pages, but what has he practically attempted

to do to assist us? Nothing! in or out of Parliament. I fear many of us are blinded by his fine words, and hope that he will do something sometimes. I have watched this man these fifteen years, and have seen his bubble castles all burst one after another, excepting one—the one—being made coroner. There's the rub, worth all the rest and a thousand besides. Well, if he can't help us, why don't he leave you alone to try? Because he don't care a straw about us. If you fail it can be no harm, and would, I think, be fine sport for him. But he fears you'll succeed, and that would be dreadful! However, I request you'll get my name affixed to the requisition you state to be in preparation.

A MEDICAL OFFICER.

POOR-LAW REMUNERATION.

[To the Editor of the Medical Times.]

Sir,—I enclose a copy of the returns made by the medical officers of the Basford Union; and, if you could contrive to insert these in your journal of Saturday, it might be a guide to other unions to display forth their inadequate salaries at the National Convention. I have forwarded these returns to the poor-law commissioners and the board of guardians. A simple statistical paper like this speaks volumes, and shows that in a union like ours, where the population amounts to 59,687, and an acreage of 88,020, the medical men are positively working at a loss to themselves. The guardians say, "Oh, but the extras amount up!" But I can a tale unfold of the petty ways resorted to to keep these down to the lowest possible mark. I wish all union surgeons would be up and stirring in this matter, but I fear many will stay at home and let a few fight the great fight for them.

Yours very truly,

ALFRED EBSWORTH.

Bulwell, near Nottingham.

RETURNS PRESENTED BY THE MEDICAL OFFICERS OF THE BASFORD POOR-LAW UNION, OCT. 2, 1847.

Districts.	Population.	Number of Parishes.	Acreage.	Number of patients attended in the year ending June 25, 1847, including permanent paupers, &c.	Cost of Drugs and Horse Expenses.	Present Salary.
Mr. Norman ..	4,429	4	9,160	368	£45	£30
Mr. Smith ..	11,701	6	17,960	703	£60	£70
Mr. Orton ..	4,000	2	3,780	434	£20	£20
Mr. Paulson ..	2,000	1	5,700	Numerous.	No return.	£10
Mr. Hemsley ..	1,400	3	6,000	52	No return.	£13
Mr. Davidson ..	3,240	5	6,470	225 to 250	£25 to £30	£30
Mr. Longstaff ..	5,223	2	2,290	467	£45	£40
Mr. Ebsworth ..	8,100	8	14,969	800	£55	£50
Mr. Graham ..	13,197	{ Several Hamlets. }	7,390	988	£60	£65
Mr. Burrows ..	5,500	8	8,920	200	£25	£20
Mr. Fowler ..	3,022	3	7,130	250	£25	£25
Union Workhouse (Mr. Ebsworth, M. O.)	1,183	Admissions.	..	500	£35	£45

ALFRED EBSWORTH, Secretary,

WAKLEY AS A FRIEND TO LITERATURE.

[To the Editor of the Medical Times.]

Sir,—No man indulges in greater personality and abuse than Mr. Wakley; he exceeds even the American "rowdy" in the choiceness of his language. The Yankees have discovered this, and made Mr. Wakley's late speech the subject of editorial remark in the *New York Courier and Inquirer* of Sept. 15. Mr. Wakley is a member of Parliament and a coroner, and, moreover, a medical man, and one, forsooth, who is continually lamenting the low status in which the profession is held by the public. Can this be amended, when a surgeon who holds such a high position disgraces himself by the use of language so pitiful and disgusting?

I enclose you the remarks of the American paper alluded to, and I beg you will insert them in your valuable journal, and thus show to our profession a very unworthy and false member of it.

I am, Sir, your obedient servant,

London, Oct. 11.

A F.R.C.S.

"Stump speeches in this country are not usually distinguished for any great elegance of language or profundity of thought. But from the reported speeches of English candidates for Parliament, during the recent elections, we are quite sure that they are far superior to those of out trans-atlantic neighbours. The speeches of their candidates are, with very few exceptions, sophistical in reasoning whenever they attempt that process; low in style, and appealing, in a degree to which even our most excited contests are strangers, to the worst prejudices and passions

of the ignorant multitude. The following paragraph is an extract from a speech made by Mr. Coroner Wakley, a former member of Parliament, and editor of the London *Lancet*, in opposition to Mr. Samuel Warren, well known as the gifted author of 'The Diary of a Physician,' 'Ten Thousand a Year,' and other works of great ability and interest, who was the candidate for Finsbury:—

"This Warren informs us he is on the York circuit. That is where he is gone to—looking out for the pence of some poor devil locked up in York Castle, or foraging for some fellow, fool enough to give him a brief. There's not such a blockhead in the county of York, I can tell him. He's a writer for the magazines. He has scribbled some trash that he calls 'The Diary of a late Physician.' Why, if he has got any brains—why doesn't he write for his own profession, instead of talking nonsense about physis. I'll warrant the fellow doesn't know a dose of rhubarb from a dose of Epsom salts. He has also written a thing—a novel—entitled 'Ten Thousand a Year.' It is easier to write about ten thousand a year than to make it; and I rather think Sam Warren knows that much."

We think we may safely say that the stump speeches of those politicians in this country, who hold anything like the social rank and official consideration of Mr. Wakley, would be sought in vain for appeals so pitiful in tone, and so contemptible in both spirit and language, as this. Whether it is because the mass of our people are more intelligent than those of England, or whatever may be the reason, we believe such an address as that would excite only disgust in any audience that could be brought together in New England.

"The Boston Transcript suggests that Mr. Wakley would go down to posterity in fitting companionship, by the side of Tittlebat Titmouse. He is probably taking the only means in his power of going down to posterity at all. Those who have a hunger for notoriety, without the ability to achieve it in any honest way, usually seek their end in some such mode as Mr. Wakley has adopted. Sir Thos. Lucy would never have been heard of in our day, but for his trial of Shakspeare for deer-stealing; Salmasius is remembered only as Milton's opponent; and C. J. Ingersoll's infamous slanders of Daniel Webster gave him a better chance of future fame than his books could ever win.—From the *New York Courier and Inquirer*, Sept. 15.

EVIDENCE TAKEN BEFORE THE SELECT COMMITTEE ON MEDICAL LEGISLATION.

William Lawrence, Esq., F.R.S., called in, and examined. (June 21, 1847.)

SELF-DESCRIPTION.—I am president of the College of Surgeons; have been a member of that college about forty years; have seen the bill introduced in the present session, purporting to be a bill for the amendment of the law regulating the practice of medicine; have formed an individual opinion unfavourable to the bill.

THE COLLEGE PETITION.—The petition presented to the House of Commons against that bill, on behalf of the college, signed by me as president, is the petition of the president and vice-presidents, for it was considered necessary that the petition should be sent in at a short notice, not sufficiently long to allow the council of the college to be summoned, and their collective opinion to be taken on the subject; but the petition has been subsequently approved by the council, as expressing their sentiments; indeed the council had previously met and resolved on opposing the bill, considering it injurious to the college and detrimental to the profession; and it was in virtue of that resolution and a further direction from the council to the president and vice-presidents to act in the matter as circumstances might seem to require, that the petition in question was sent in by the president and vice-presidents.

REGISTRATION GENERALLY.—I do not see any objection to a registration of medical practitioners that should set forth the qualifications under which they practise; a registration setting forth the qualifications under which they practise would necessarily also set forth the classes into which the medical profession generally is now divided; should consider that the only kind of registration which would give the public proper information. Such a registration as is proposed in this bill, in my opinion, would delude the public; it would lead them to form erroneous opinions.

OBJECTIONS.—The registration proposed in this bill would place together, under one common description of persons "qualified to practise medicine," all physicians, surgeons, apothecaries, and persons who were in practice before the passing of the Apothecaries' Act, who have given no evidence of education and undergone no examination at all. If I interpret the bill rightly, a person who had been examined by the Society of Apothecaries only, or a person who, having been in practice before the passing of the Apothecaries' Act, had undergone no examination and given no evidence of education, would be qualified to hold any description of professional situation as physician or surgeon, or any other situation belonging to the profession. To a person licensed only by the Apothecaries' Society, and never examined by the College of Surgeons, the bill seems to me to give a legislative qualification as surgeons to hospitals; I suppose the good sense of the managers of those institutions would rather correct the absurdity, but, as far as the bill goes, it would go to do that. The safety of the public would entirely depend upon the governors of their institutions, and not upon the law. If my interpretation be right, the sanction of the Legislature would be given to a measure under which a person passing the Apothecaries' Society, and obtaining a licence to practise as an apothecary, might be appointed surgeon to the largest hospital in London. I think the public safety or public policy would not be consulted by such legislation. The certificate (of this bill) would be wholly unnecessary to parties who are now in possession of the diploma of the College of Surgeons; the certificate in addition to that cannot be necessary, and it would not convey the information which the diploma under which those parties practise does convey. If my interpretation of the bill be correct, and its tendency be the establishment of a single faculty, such an effect, if produced, would lower the profession as far as legislative enactment could do it.

THE NEW CHARTER.—By the establishment of a single faculty in medicine, the character of the individual as a surgeon would be lost; there would be no inducement to undergo the longer and more elaborate education which it has been the object of the recent charter granted to the college to encourage. The new charter requires that the person shall have attained the age of twenty-five before he can be admitted as a fellow of the college, and the charter, in connection with the by-laws framed under it, requires a much longer period of study: for instance, six years in a medical school. That postponement of the period of practice in connection with the fellowship affords all the encouragement that such regulations can afford to a longer and more elaborate education; it gives a greater time for a good preliminary education, which the council of the college consider a matter of great consequence, and that leads to a much more elaborate and perfect professional education. On the whole, the new charter granted to the College of Surgeons meets with my approbation, and the opinion of the council collectively is, that it has answered the purposes for which it was bestowed on the college, and that it works very well. Experience confirms me in the opinion that, on the whole, the changes made were judicious. Under the old charter the council consisted of twenty-one; under the new of twenty-four. Under the old charter the remaining members elected one to supply a vacancy; the council was self-elected. Under the new charter the vacancies are filled up

by election by the body of fellows created under that charter, amounting now to about 600 in number. The members of the council under the old charter were elected for life; under the new charter for a limited period, three years—at least, the provision is, that three members shall go out each year, being eligible for re-election; but they must be proposed and seconded, and submitted to ballot, just in the same way as members newly elected. The old council made their by-laws subject to the sanction of the judges; the signatures of three judges to the by-laws were required; the object was merely to see that they were conformable to law. The by-laws under the new charter are submitted to the Secretary of State, who is to consider the expediency or non-expediency of the by-law. The expediency of the by-laws is now controlled by the supervision of the responsible officer of the Crown. The by-laws are also submitted to the chief justices with respect to their legality; I do not know whether that provision, however, exists in the supplementary charter. The examiners under the old charter were elected for life; or, I believe, the expression was, "during the pleasure of the council;" I am not quite certain without referring to the by-laws, but it was in the power of the council to remove an examiner for sufficient causes, if they thought fit. Under the present charter the examiners are appointed during the pleasure of the council. Under the old charter no persons were eligible to be examiners except members of the council; under the new charter any of the body of fellows are eligible. Under the old charter the members of the college have always been considered by the council to be entitled, in the exercise of their profession, to such protection as it was in the power of the council to grant legally; they enjoy by certain laws some immunities, that is, exemption from liability to serve on juries, or to fill parish offices. They have always been entitled to enter the museum and make use of the library of the college, and attend all the lectures delivered there. The new charter confers on the members of the college privileges or rights which they did not possess before, namely, that of becoming a fellow; and, in virtue of that position of fellow, of holding office either as a member of the council or as examiner, if elected, or any other office of the college; and they also enjoy the elective franchise so far as the election of the members of the council goes. And they choose from among themselves?—They do. The fellowship is only obtained now by those who have undergone a long course of education, comprising six years' study in a medical school, of which three years must be passed in the schools of London; and then there must be evidence of a good preliminary education, either the degree of master of arts in a university, or evidence of an education equivalent to that which would be required for that degree. There must also be some other evidences of professional acquirements. They must give in reports of cases taken by themselves. They must have attained the age of twenty-five, and they must undergo a long examination; they are examined on two successive days: the subjects of examination on the first day being anatomy and physiology; and on the second day, pathology and surgery. The fellowship is granted on the evidence of such an education, at such an age, and after having gone through such an examination. A person would not begin his professional study until eighteen or nineteen years of age, so that he would have time for a good preliminary education in the classics and mathematics, and evidence of that is required. Evidence of classical attainments is required, and of mathematical attainments; that is not the case at this present moment, but it will be after 1850. The examination is of a stringent description, applied to the higher branches of knowledge of the profession—entirely of that character. Part of the examination in anatomy is the performance of dissection, or the execution of surgical operations on a dead body in the presence of the examiners. A greater degree of knowledge is secured by that arrangement for

the fellowship than heretofore was necessary for admission into the governing body of the college. I see already that this new charter, carried faithfully into execution, will operate for the advantage of society by ensuring emulation in the profession, and higher attainments generally in those who stand out as candidates for the fellowship; and I have no doubt that as time passes on, as the fellowships will in future be confined to those who have undergone that kind of education, it will do all that an act of Parliament or a charter can do towards accomplishing the object of promoting a more extensive and elaborate education; and thus, of course, advancing medical science and increasing the utility of the medical profession. I entertain a strong objection to this bill from feeling convinced that it would be injurious to the College of Surgeons, and, therefore, hurtful to the public.

THE REGISTRATION BILL DESCRIBED.—It appears to me to be entirely calculated to do injury, and incapable of doing any good. I would beg to observe to the committee, that I speak with reference to the nature and operation of this bill as the organ of the council, I may say as instructed by them on that subject; and my own individual opinion coincides. The council met when this bill was first introduced, in order to consider it, and form an opinion on the subject, and they came to a unanimous vote that it would be necessary to oppose the bill; there was no hand held up against the resolution.

THE SECRETARY OF STATE AS CHIEF OF REGISTRATION.—It appears to me that the Secretary of State for the Home Department is not likely to have the knowledge that would be necessary to enable him to perform the duties that are imposed on him by this bill, unless when he received the seals he should also become impregnated with a knowledge of the medical profession. He is, I think, required (I have not the exact words of the clause in my mind) to regulate medical education and medical examinations, and to have returns from time to time of the nature of the examinations, and to depute persons to attend and to see how they are carried on; I do not consider that the Secretary of State can be competent to exercise those functions. I should think that he cannot have the information which would be necessary for the performance of those offices which require the best judgment of persons well acquainted with medical education, and with the arrangements and the general wants of the profession. I do not see how a Secretary of State can be competent to such duties; he must necessarily in the performance of those functions rely upon others. I suppose he would take the advice of anybody that he chose to consult, if he acted upon advice; there does not appear to be any intermediate agency by which the Secretary of State could perform those offices; there is no council or body of that kind on which he could rely. The decision of the Secretary of State, acting on irresponsible advice given by unknown parties, would not command the confidence of the public and of the profession in the decision.

A COUNCIL OF HEALTH.—The policy of establishing a Council of Health in this country is a subject that engaged the attention of the council of the College of Surgeons on a former occasion, with reference to bills previously introduced into the House of Commons. Individually, I have reflected upon it, and, as far as the regulation of professional education goes, and the regulation of the examinations which parties who are to enter into the profession have to undergo, I do not consider such a council necessary. I conceive that the constituted bodies in the profession as they now exist—the Colleges of Physicians and Surgeons, for example—can best regulate those matters. If, however, a further superintending authority were required, I think that a Council of Health, which might embrace medical education, examinations, registration, and perhaps other subjects, consisting of such persons as you have now suggested, would command the public confidence, and would not be disapproved of by the profession. The admission to equal privileges

of practice of all members of the profession throughout the United Kingdom, security being taken for equality of attainments, is a very extensive subject, and would require, I think, to be considered with reference to the general scheme of arrangement of the whole profession. If there was to be a general plan of medical reform, so called, or anything that should give a new arrangement to the profession, such a scheme might probably be a part of it. The bill we are now considering I do not regard as a plan which would give security for equality of attainments; I doubt very much on the subject myself; I do not think that you can ensure equality of attainments exactly. As I have already said, it does not appear to me that the Secretary of State can regulate a subject of that kind; he has not the knowledge necessary for that purpose. Assuming that Scotch physicians had, as far as circumstances will admit of, an equivalent education (I put that first), it is necessary to exercise a strict supervision to see that the education is equivalent. It would then be a question whether Scotch physicians should be admitted to practise in England in the same way as English physicians are. Another question would be whether Scotch physicians should be admitted to practise as apothecaries in England without undergoing the same special examination which the law compels English apothecaries to undergo. To descend into details, I rather think that at St. Andrew's they have no medical school and no hospital, and that they do not require residence at the university in order to confer a degree; and, if you admit St. Andrew's physicians to equality of practice in London, you may as well throw away all qualifications and all examinations, and leave it open altogether, trusting to chance as regards attainments it would be quite illusory. As to whether it is safe to leave man to the exercise of his own judgment as regards those whom he calls in to aid him in his last extremities, the general practice of all countries supposes that men are not capable of forming a sound judgment upon the matter, for certain examinations, and qualifications founded upon those, are, I believe, usual in all countries. Mankind are not judges of professional skill. The medical profession, in that respect, is different from the profession of the law; the talent and skill of the barrister are exhibited before the public, and the public, therefore, are competent to judge; but the skill of the medical practitioner they are not judges of. As to the argument that a certain standard is adopted by the Legislature for the poor—for instance, in reference to the general practitioners—and that you do not want any further for the rich, I do not know that you have any other standard for the rich; as the thing at present stands, the standard is the same for all—that is to say, the standard of qualification for the physician, the standard of qualification for the surgeon, and the standard of qualification for the apothecary are the same, whether attending the poor or attending the rich; there is no difference. The examination of a fellow of our college is very different from the examination of the Society of Apothecaries for a general practitioner; but that stricter examination is not so much in reference to actual practice as to the point of encouraging longer study and more perfect cultivation of medical science; and, of course, that acts ultimately in raising the qualification of the whole profession. The superior excellence tested by the higher examination, which is confined only to a few practitioners, by emulation unquestionably stimulates the exertions of the great body of the profession usefully to the public; I see that it does so at this moment in reference to the fellowship of the College of Surgeons. Among the rising members of the profession who are qualifying themselves to come into it, greater exertion is manifest in consequence of that higher examination which they intend to undergo, in order to enter the higher department of the profession. They are required to work harder. The general estimation of the whole body of the profession depends upon public confidence in, and upon the social position of, some

particular members of it who are more distinguished.

ONE FACULTY.—If the standard of the single faculty should be somewhat raised, but not much, on account of the small remuneration which can be given in the rural districts to the great body of the profession, the new standard would not compensate for the loss of dignity in the higher branches of the profession, even though a somewhat higher examination of the whole body of general practitioners should be the consequence of the establishment of a single faculty; the idea of a single faculty proceeds on those levelling principles of equality which are found to be injurious wherever they exist in practice. If you were to attempt the same thing in the law, or in the church, or in the army or navy, it would be prejudicial; and in those cases it would be so absurd that it would be scouted at once. It is more easy to pull down than to raise: you cannot produce equality by raising; you can only do it by pulling down. This general principle is applicable to surgery more particularly, because there is very little encouragement to men of superior talent to enter it; it offers none of the great prizes which the professions of the law and the church hold out; and, consequently, the superior heads go into those professions. Our petition ends with the expression of this opinion—"That your petitioners consider that in this and several other respects the proposed bill would injure, if not destroy, the rights and privileges conferred by royal charters and acts of Parliament on the Royal College of Surgeons of England and its members; they believe that, by blending the existing institutions in the profession, and reducing all its members to one level, it would discourage persons of education and respectable position from devoting themselves to the study and practice of medicine, and thus be deeply injurious to the public." I adopt that opinion individually; and it has been adopted, as I said before, by the council since that petition was presented.

BY-LAWS.—By the new charter all its by-laws must have the approbation of the Secretary of State. Those by-laws and ordinances embrace the education and examinations of the new order of fellows. The rules according to which examinations take place must have the approbation of one of her Majesty's Secretaries of State, and I approve of that regulation; it affords a security, in the opinion of the public. The Secretary of State may be competent to sanction regulations originated and framed by the college authorities. The regulations in the by-laws are of simple character, such as—"There shall be an examination of two days; one day on such a subject, and one day on such another." The Secretary of State can judge of such matters. But to determine all the particulars in the curriculum of education, to fix the subjects and the mode of examination, requires a knowledge of details, which the Secretary of State cannot be expected to possess. With regard to the measures which Sir J. Graham introduced in 1845, respecting the council of health, there were three or four editions of the bill, differing from one another. If there were to be a measure for the general regulation of the profession, it did not appear to the College of Surgeons that the establishment of a Council of Health would be objectionable; in fact, it would afford a security on some points.

PROFESSIONAL RECIPROCITY.—With regard to the state of things under which a person who is competent to practise on one side of the Tweed is not competent to practise on the other, parties who have possessed powers of qualification have been unwilling to surrender their rights; for instance, an authorization to practise in Edinburgh does not qualify for practice in Glasgow, and *vice versa*; that is bringing the matter within a very narrow compass. Then a more general question might be, whether the authorization in Scotland should be valid in England, and *vice versa*. Now, the question would be, I think, what is likely to be best for the public in that respect, whether it would be

more advantageous to the public that the authorities in Scotland should qualify for Scotland only, those of England for England, and those of Ireland for Ireland, or whether the education of one should confer an equality of privilege in all three countries. I think it likely that it might be the most advantageous to the public that the examining body should qualify for their own division of the United Kingdom, and that a party passing from one into the other should be bound to belong to the corporation or examining body of that division of the kingdom. I think that might be required at all events. The advantage I should consider likely to follow from that is, that it would keep up emulation and competition among the examining bodies in each division of the kingdom. I think that they would each be inclined to do all in their power to raise and maintain the character of the profession, and of the examinations and qualifications in their respective divisions of the kingdom. Under the other arrangement, I mean that of allowing persons to choose their schools without reference to the division of the kingdom in which they mean to practise, there is danger of lowering the standard of education and the character of examinations by inducing students to resort where education and examination can be got through on the easiest and cheapest terms. I do not think the establishment of monopolies likely to produce excellence. The proper question in this case would be, what is most likely to benefit the public? That is the point of view in which I regard the matter. I think if you have an examining body in each country there is an inducement in each case to raise the character to the highest point; there is a competition between them. Supposing it should so happen that a person educated in Scotland should wish to come and practise in England, I think it would be fair that he should be allowed to do so upon attaching himself to the corporation which relates to that division of the profession in England. I know that great dissatisfaction has existed, because persons who have received the diploma of the University of Edinburgh could not practise as apothecaries in England without an examination by the Apothecaries' Society. I think that dissatisfaction is unreasonable, because it is the business of a university to educate physicians. The University of Edinburgh never, in former times, were anxious to make apothecaries; it is not the business of a university to do so. They have the higher office of granting degrees in medicine, laws, and so forth. Persons intending to practise as apothecaries in England have graduated in Edinburgh, thus being prepared to act in either character, according to circumstances. They wished to be exempted from that examination by the Society of Apothecaries which the law has established in England. General practitioner is not a legal term; and the Apothecaries' Act enables the Apothecaries' Company to examine persons who propose to practise as apothecaries.

APOTHECARY APPRENTICESHIP.—It would be unreasonable that a man of medical eminence in Scotland should be interdicted from practising in England without going through an apprenticeship to an English apothecary. I do not know that the law requires that; at all events I am sure that several persons possessing the diploma of the University of Edinburgh have undergone an examination before the Apothecaries' Society, and I believe that there has been no difficulty in persons possessed of the diploma of the University of Edinburgh, if they think fit to practise as apothecaries, undergoing an examination by the Apothecaries' Society; but I do not pretend to know everything relating to the Society of Apothecaries. The Apothecaries' Act requires an apprenticeship of five years. I do not know that there is any exception; but the provision is nugatory, because it is a common practice for parties, though apprenticed, as required by the act, to pursue their studies in medical schools. The thing is constantly managed in the way I have mentioned. Our college has no privilege in the nature of a mono-

poly that I know of. Any person may practise as a surgeon who likes. There is no penalty upon a man for cutting off a leg, or doing any other surgical act. With respect to the apprenticeship clause, I would beg you to understand, that persons are apprenticed because the law requires it; but, though apprenticed, they are pursuing their studies in the London schools. The law does not require an apprenticeship in the house. They are apprenticed and the law is evaded, if that is an invasion of the law. I never heard of any difficulty being experienced by any individual having a diploma of the University of Edinburgh, and wishing to practise as an apothecary in England, in presenting himself, and undergoing an examination at Apothecaries' Hall; but other parties can, of course, tell you more about that than I can. In the first place, I think compulsory apprenticeship for five years is objectionable; I think that people should be left to their own choice, to be apprenticed or not, as they see fit, and for what term they consider fit. There are other things included in that act of which I do not entertain a favourable opinion. I think that the state of apprenticeship, when there are proper opportunities of information, is an advantageous mode of initiation into the profession. I think an apprenticeship, properly conducted and of proper length, is the best mode of initiating young men into the profession.

SCOTCH DEGREES.—I should think that it would be very improper to allow a person in possession of a degree from the University of St. Andrew's, which I assume to be a place without a medical school and without an hospital, to practise his profession anywhere; and, if there is to be any law restraining parties from practising, that is a thing which ought to be prevented. I do not think that a St. Andrew's degree, conferred as it is at present, is a proper authority for a party to practise here or, indeed, anywhere. Under the terms of the bill, I consider that a person receiving a degree from St. Andrew's might be competent, so far as the legal power is concerned, to be appointed first physician to St. Bartholomew's Hospital, Guy's, or St. George's. There would not be any evidence, to my mind, to prove such a person would be a fit candidate for the office of surgeon or of general practitioner in the smallest poor-law unions in England. I think that it would not tend to the welfare of the poor to allow persons with such qualification, or rather want of proper qualification, to practise upon the poor. I can see no public advantage to be derived from giving such persons any power of practising in England. Though I would myself desire that all men should be educated to the same height as myself. I think that you cannot have all members of the profession educated to the same point, unless you make that a low point, and one that would not include a very long and elaborate education. If you have all on one level, it must be by depressing those who are higher to the level of those who are lower in public opinion and confidence. I should not consider it just to form an opinion of the medical schools of Scotland generally, from the University of St. Andrew's.

(To be continued.)

GOSSIP OF THE WEEK.

NAVAL PROMOTIONS.—Surgeon: Dr. George J. Fox, to the Bellerophon. — Assistant-Surgeons: Evan Evans and William Cuthane, to the Bellerophon; Dr. Robert Fulton, to the Spider.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted members on Friday, October 8:—C. Thompson, W. M. F. Chatterley, W. Garstang, C. H. Hitchen, D. Mackinder, J. R. Walker, A. Burton, R. D. Statter, and S. W. Stewart.

APOTHECARIES' HALL.—Gentlemen admitted members October 7: John Owen, John Pierce Bowling, and Walter Brown.

MORTALITY IN LONDON.—From the last official return of the Registrar General it appears that

the number of deaths registered during the past week amounted to 589 males and 554 females, total 1143; the births registered in the same period amounted to 721 males and 783 females, total 1454. The weekly average derived from deaths of 1842-3-4-5-6, and corrected for increase of population, being 528 males and 518 females, total 1046. From the same report it appears that the number of deaths from scurvy during the past quarter has gradually decreased.

DIURETIC WINE RECOMMENDED FOR THE TREATMENT OF DROPSY, BY DR. THEISSER, OF LYONS.—The efficacy of the following prescription as a diuretic induces Dr. Teissier to advise its exhibition in cases of dropsy, when it is deemed prudent not to exhibit drastic purgatives, which generally occasion considerable irritation of the digestive organs:—R. Vini albi, Oj.; pulvis scillæ, 3j—3ij.; Laudan. gutt. co. capit cochlear unum amplum bis die 8 cyatho potus saccharizati. The dose may be increased to three or four tablespoonfuls in the day; and the diuretic effect is observed usually in the second or third day.

THE YELLOW FEVER IN NEW ORLEANS.—There has been a rapid decrease in the deaths within the last few days, and there has been a similar favourable result in the number of new cases. The favourable change in the weather may, to a certain extent, account for this, but the principal cause is the want of material. The desertion of the city has so reduced the population that we do not believe it exceeds 70,000 or 80,000. After deducting those who were acclimated in previous years, the Creole population, the young children, and the negroes (all not subject to the disease), it would, we think, be a large estimate to say that there were, at the commencement of the epidemic, 30,000 unacclimated and subject to its attack. We regret that there has been no record kept of the number of the attacked, but we find our own estimate of 15,000 cases is generally considered too low; a more common opinion is 20,000, and some physicians rate it even higher than the latter. It will readily be seen from this, how greatly reduced is the present number of the unacclimated, and among that number are all those who, though not regularly acclimated, yet constitutionally are not susceptible to the disease; and all those who have thus far escaped have a much greater probability of not becoming subject to its attack. Hence the present decrease of the disease, and not from any decrease in the cause, which continues to exist in full force. If the absentees will avoid returning we shall look for a still further decrease in the number of deaths; but if, in spite of the warnings to the contrary, they will come into the city, we shall see the ravages of the disease again extended, probably to the former ratio. Allowing for omissions and errors in classing yellow-fever cases under other diseases, the whole number of deaths, thus far is probably about 3000.—*New Orleans Commercial Bulletin*, Sept. 14.

OBITUARY.—Died on the 4th inst., at his country residence, Tottenham, John Morgan, Esq. The deceased gentleman was a member of council of the Royal College of Surgeons, having been elected into that body on the death of Frederick Tyrrell, Esq.; he was also surgeon to Guy's Hospital and the Eye Infirmary attached to the hospital. The lamented deceased had contributed the following works to the notice of the profession, viz:—1. "A Treatise on Diseases of the Eye." 2. "An Essay on the Operation of Poisonous Agents upon the Living Body;" this work was published in conjunction with his colleague, Dr. Addison. 3. "An Essay on Tetanus," and several papers in the "Guy's Hospital Reports," and "Transactions of the Linnæan Society," of which last institution he was a fellow. — On the 8th inst., at Lower Phillimore-place, Kensington, Alfred Hardwick, Esq., M.D., aged 59.—On the 5th inst., Thomas Powell, Esq., M.D., physician and governor to the Nottingham Lunatic Asylum, aged 50.—On the 10th inst., at Boulogne-sur-Mer, Dr. David Mignot, late of the island of Jamaica.

No. 421. SUMMARY. Oct. 23.

ORIGINAL LECTURES—

- Introductory Lecture read to the Medical Classes
of King's College, London, by G. BUDD, M.D. 13
- On the Physical Phenomena of Living Bodies, by
Professor MATTEUCCI, of Pisa 16

ORIGINAL CONTRIBUTIONS—

- The Physiognomy of Diseases or Semelotics in their
Assimilative Characters, by G. CORFE, Esq. 17

PROGRESS OF MEDICAL SCIENCE—

- Academy of Medicine; Meeting of Oct. 5 19
- Yellow Fever in New Orleans 19
- Lithotripsy and Lithotomy 19

- Hopital Saint Louis 19
- Porrigio Scutellata—Herpes Decalvans 19
- Researches on the Purgative Properties of Scam-
mony and Jalap 19
- Treatment of Pustula Maligna 19

MISCELLANEA 20

THE PATHOLOGICAL SOCIETY 21

TO CORRESPONDENTS 22

LEADERS—

- The Poor-law Convention—The Coming Wed-
nesday 22
- Guy Fawkes Day at the Medical Schools 22
- Madhouse Fractures and Tub Bedsteads 23
- An Apology for a Good Action 24

- General Medical Annuity Fund 24
- Poor-law Medical Remuneration 26
- Injustice to Poor-law Surgeons 26
- Poor-law Medical Relief 26
- The Prescott Union 27
- The Thame Union 27
- Wyeombe Union 27
- Harveian Medical Society of London 27
- Evidence taken before the Select Committee on Me-
dical Legislation 27
- Preliminary Education 27
- Registration 27
- Privileges of the College of Surgeons 28

INTRODUCTORY LECTURE

READ TO

THE MEDICAL CLASSES

IN

KING'S COLLEGE, LONDON, OCT. 1, 1847.

By GEORGE BUDD, M.D., F.R.S.,

Professor of Medicine in King's College, London; and
Fellow of Caius College, Cambridge.

It falls to my lot, as Dean of the Medical Department for the present year, to deliver the customary introductory lecture; and, in doing so, I shall address myself chiefly to those who now appear here for the first time, and who are about to commence their medical studies within these walls.

It is an important epoch in a man's life, when he first enters on the study of his profession. His previous education has had for its object the development and training of the various faculties with which he is gifted, and the storing of his mind with general knowledge. Now he is to begin to qualify himself for his particular calling; and on the manner in which he does this will mainly depend his future success. Much, indeed, will still be contingent on subsequent conduct, on health, and on the various accidents of life. The soil may be well prepared, and the seed well planted, but weeds may be suffered to spring up and choke the growing crops; or these may at any time, even when the fruits seem almost ready to be gathered, be blighted by a visitation beyond man's control: but so surely as a good tillage brings in due season an abundant harvest, so surely is an earnest application to the work in hand in the years of preparatory study rewarded by professional success in after life.

In many callings a man's social position is in a great measure independent of his own exertions; the individual is merged in the order; and worldly prosperity is ensured by the interest and support of friends. In the profession which you have chosen, a man is the maker of his own fortune: the position which he occupies in society, and the esteem in which he is held by his fellow-men, depend mainly on his character, and on the ability and skill which he is supposed to possess.

The business of medicine, in its various branches, is to minister to sickness and heal disease. Life has been well described as a perpetual conflict. The delicate machinery of the living body, endowed, though it be, with a power of self-adjustment which is among the most wonderful of its attributes, is liable to be deranged in a thousand ways: on the one hand, by agencies from that world without, in which we live and have our being; and, on the other, by the emotions and passions of the no less wonderful world within.

It behoves the physician, therefore, to study the physical constitution of man's body, and the relation which it bears to the material things around; and also the mind, of which this body is only the minister and servant.

The subject to which your attention will be first directed is anatomy; or, rather, anatomy and physiology.

Few studies are, in their nature, more interesting than this, which has for its object the curious and beautiful structures of which the frame of man is built up, and the wonderful phenomena of life.

It may be inferred, indeed, if we regard the intellectual pursuits of laymen, that other studies are more engaging. While language, and history, and mathematics, are often pursued for their own sakes, anatomy is seldom studied except by those who are preparing themselves for the profession of medicine. The reason of this is, that a knowledge of anatomy can only be acquired on the dead; and there is that in the decay of the dead body which is too repugnant to both mind and sense to be readily encountered, except at the urgent instance of positive duty.

This natural repugnance you will have to overcome: for it is only in the dissecting-room that you can really learn anatomy. You may, indeed, get a general knowledge of the structure of the body from lectures and books; but it will be only such a vague knowledge as you would gain of a foreign land from descriptions and plates. You may get a general idea of Jerusalem from the model of it now exhibiting in the Egyptian Hall, but the effect on your mind would be very different if you were to visit, and explore in person, the sacred city itself. No—it is only by opening up and unfolding the structures of the body with your own hands that you can impress the facts of anatomy strongly on your mind, and obtain that knowledge of the relative size and position of parts which is requisite to guide the knife of the surgeon in the hour of emergency; when the alternative of life or death may hang upon his skill. Deep will be your anguish, and bitter the reflections, with which you will look back on the days of neglected opportunity, if, in that hour, your knowledge should fail.

But, in your study of anatomy, you must extend your regard beyond the usual objects displayed in the dissecting-room. The knowledge of anatomy has, of late years, greatly extended. Formerly, little more of the structure of the body was known than could be discovered by the naked eye; but, by the use of the microscope, our powers of vision are immeasurably strengthened, and the eye penetrates to the very rudiments of organisation. What the telescope has long been to the astronomer, the microscope now is to the anatomist.

When Galileo first turned the telescope to the heavens, he saw countless worlds before hidden from the sight of man: what till then had seemed a milky haze in the firmament was resolved into clusters of stars; the planets, that before were mere luminous points, appeared as distinct orbs, some of them (Jupiter for example), with satellites circling round them, offering to his astonished and delightful gaze, as it were, a miniature, like our modern orreries, of the system of planets, of which the earth is one,

which a laborious calculation had shown to be ever revolving round the sun in the same direction as these satellites round their planets, and in similar orbits; but whose true relations, involved as we are in the system, can never be presented to our sight.

The microscope has revealed still greater wonders. At once it brought into view whole classes of animals never before seen by man; and, by its aid, the anatomist has at length made out the minute structure of almost all our organs and tissues. This latter knowledge has been acquired gradually and slowly, by the exercise of much sagacity and labour: for many of the structures in the human body are extremely intricate, the elements of which they are made up being at once minute and closely interwoven. I am proud to say that a considerable share of the recent accessions to our knowledge in this department has resulted from the labours of men who, but a few years ago, commenced, as you do to-day, their medical studies in this college.

A knowledge of minute structure is as essential to a full comprehension of disease as a knowledge of the broader features of anatomy is to the practice of surgery: for it is in the ultimate elements of structure that the most serious diseases originate. The large blood-vessels, for example, serve merely as channels to convey the nutrient blood. It is in their ultimate ramifications, invisible to the naked eye, in the very substance of the different tissues, that the process of nutrition takes place. It is from these minute vessels that the materials of the different secretions, and the materials to supply the waste of the body, are drawn; and it is to these vessels that the effete materials of the body, those materials that result from the waste of the tissues, are returned.

It is in the minute structures of the body that these incessant changes—these never-ceasing processes of waste and repair—take place; and it is through some fault in these processes that the most serious diseases are engendered.

Nothing is contributing so much at the present time to render our knowledge of morbid processes precise as the study of minute structure. Unless we know what the intimate structure of an organ is, what are the relations of its constituent parts, it is hopeless, in many cases, to attempt to discriminate, and to trace to their respective sources, the various changes that disease produces in it.

A few years ago the structure of the kidney was unknown; and, in consequence, the most common and most serious diseases of the organ were not understood. Changes of structure, quite different in kind, were confounded, or were considered as different stages of the same disease; and we had no accurate knowledge of the real nature of any of them, or of the way in which they originate.

Thanks to my distinguished colleague, Mr. Bowman, the intimate structure of the kidney has been laid open to us; and now, and as an immediate consequence of this discovery, all the confusion I have spoken of is clearing away.

Not only can we now discriminate the morbid changes after the death of our patient, when the hidden recesses of the body are open to our scrutiny, but there is every reason to believe that, before long, we shall be able to distinguish them, with the same certainty and clearness, while the sick man is living; and that we shall apply our measures for his relief, not with an uncertain hand, and in the tentative manner of former times, but with the assurance and confidence of positive knowledge.

I have, perhaps, said enough to show you the importance of studying anatomy in this wide sense. In the most minute and most hidden parts of the body, as well as in its great and striking lineaments, you will find all formed by the highest wisdom—each part perfectly adapted to the purpose which it has to fulfil.

With the study of anatomy is inseparably connected that of physiology. It is impossible to regard the form and structure of a part, without speculating on its action and uses; and it is the business of physiology to teach us the action and uses of the several parts of the living machine.

Few studies take so wide a range. To acquire a perfect knowledge of human physiology, we must know the properties of the matter by which we are surrounded, and of which our material fabric is built up, and the laws which regulate almost all the forces in nature.

In the microcosm of man's body, gravitation, and heat, and light, and electricity, and the other subtle agencies of nature, all play their part. For the materials of which living beings are made are not only not exempt from the general laws of matter, but these laws are often enlisted, in the higher animals especially, in the service of the most important functions of the body.

A man may be familiar with the anatomy of the eye, and may know the chemical composition of its several humours; but, unless he has also some knowledge of the laws which govern the refraction of light, it is impossible that he can comprehend all the purposes of its beautiful and delicate mechanism.

He may have studied the structure of the larynx, or have carefully dissected the ear, but, unless he has some knowledge of the laws which regulate the production and propagation of sound, he cannot fully comprehend the uses of their several parts.

But the physiologist must not only consider the material fabric of man's body, and its subserviency to the general laws of matter: he must consider, also, his spiritual nature—the will, of which the hands are but to do the bidding; the reason, and the instincts and affections, of which the senses are but the ministers, and for which the organs of speech, with all their elaborate mechanical contrivance, serve but as the means of expression.

It is commonly imagined, and probably with some truth, that the study of anatomy disposes to scepticism and religious unbelief; that men who are long engaged in considering the mere mechanism of the human body, and "who frequently contemplate the processes of decay through which all its organs must pass after death, and the entire subjection of every part of the animal frame to the laws of chemistry, acquire habits of imagination unfavourable to the hope of an independent existence of the thinking principle, or of a renewed existence of the whole man." The study of physiology, in a comprehensive sense, tends to raise us above such a narrow and chilling view of man's destiny.

In contemplating the living man, we regard not only his wonderful material fabric, but we see him endowed with faculties which the laws of matter cannot explain—a creature of intelligence; with a moral sense judging of right and wrong; and with a desire and a hope of a future and higher existence: and we feel, to borrow the words of an eloquent writer, that "this inner man, the veiled God in the statue, is not of stone, like the statue itself." And since we find that in the material framework every part is perfectly

adapted to its end, and to man's wants—the eye for sight, and the ear for hearing—and is perfectly suited both to the material things around, and to man's intellectual and moral nature; that, considered with reference to the world without and the world within, it is perfect and complete: we may naturally infer that the intellectual and moral powers and capacities which make up the inner man, which are, indeed, perfectly suited, like the bodily organs, to the material things around, but which are confessedly unsatisfied with their relations to them—that these faculties and powers have other and higher relations in a different sphere: that there is a completeness, and a wise purpose, in every faculty of the mind, as there is in every part of the bodily frame; and that the desire, therefore, of a future and higher existence has not been implanted in us in vain, and that the promise of it given to the heart will not be broken.

We are thus led to consider the body with all its attributes as, after all, but the mere tabernacle of the spirit, whose operations we may in some degree trace, but about whose end and destiny we know nothing more than has been imparted to us by direct revelation.

The science of physiology has, of late years, made great advances. Dependent, as it is, on other departments of science, it has followed their onward movement.

Many of the functions of living bodies have been elucidated by the recent discoveries in structural anatomy. The relations of the constituent parts of the different organs, thus revealed to us, have served to explain their action and uses.

Much respecting the action and uses of the several parts of man's body has also been made out by the study of comparative anatomy; by the study, that is, of the structure of other living beings, compared with that of man.

For, in looking through the scale of animated nature, we see some of the cardinal functions of life, which in man are involved one with another, and performed by complicated apparatus, becoming, as we descend the scale, more distinct and separate, and, so to speak, analyzed for our instruction; the instruments by which they are performed stripped of their refinements, one by one, until they appear in the greatest possible simplicity, with no other constituents than are absolutely essential to the work.

Thus, by surveying the animal kingdom from man, the highest and most complex member of it, to the lowest and most simple, the comparative anatomist has been able to extricate from among the various forms which their structures and organs assume, the fundamental elements of the various secreting glands and of the different organs of sense.

By extending his view to the vegetable kingdom, he sees the processes of absorption, assimilation, secretion, and reproduction by sexes, all actively going forward, and doing their wonderful work, without feeling or spontaneous motion—without the help, that is, of nervous system, or contractile fibre. And, when he sees in this kingdom these processes attaining their highest power and perfection; rearing up the beautiful structures of plants in endless variety—from the lofty pine to the lowly snow plant; distilling their elaborate juices; unfolding their flowers, and ripening their fruits—he must needs infer, that although, in the animal economy, these same processes have become modified and complicated by the introduction of nervous influence, and quickened by the help of contractile fibre, yet, that neither the nervous influence nor the contractile fibre is fundamental in the work.

But if anatomy, in this extended sense, be essential to a clear understanding of the functions of the living body, chemistry, another subject to which your attention will be at once directed, is still more so.

To convince you of this, it is perhaps enough for me to mention, that the great function of respiration—which is, as it were, the mainspring which keeps the machine at work, and which is

so needful for the maintenance of all our higher faculties, that the breath is figuratively spoken of as the life—that this great function is, in its essence, nothing more than a chemical change: the union, in fact, of so much oxygen with the materials of the body: a simple process of oxidation, or combustion.

Chemical change is, indeed, a necessary condition for the manifestation of life. Modern research has led to the inference, that all the forces which are placed at an animal's disposal are effected by an expenditure of the materials of its body. The maintenance of the temperature of the body; the movements of the muscles; the operations, probably, of the mind—are all attended by an expenditure of the materials of which the body is composed. A constant interchange is thus taking place: the materials that have served their purpose pass out of the body as dead matter, and thence a continual need of food, that is, of fresh material, to supply the waste.

Between these two, and opposite processes—of waste and repair—studied in all their details, and intermediate steps, and contingent results, both healthy and morbid, wide is the scope for chemical investigation! Not respiration only, but digestion and secretion, and the thousand intermediate products into which the food passes after its reception into the body until it is cast out as dead matter, are so many objects for the chemist to elucidate. *The only clue to the intimate nature of these manifold changes of matter is to be found in chemical analysis.*

The changes themselves are among the most interesting phenomena of nature. How truly wonderful are the changes of form which the raw material undergoes when it is converted by assimilation into living tissue! How wonderful the new properties which are then communicated to it!

Take, for example, an egg, when newly laid. The white is a homogeneous fluid without form. The yolk has, it is true, a regular form, but if the slightest violence be done to the film in which it is enveloped, it flows into a shapeless mass. But place this egg, uninjured, under the breast of a hen, or, more simply still, in an oven artificially heated. Watch it from day to day, as closely as you will, and, to all outward appearance, nothing transpires. Weigh it, and you will find that nothing is added to its mass. On the contrary, its weight has slightly diminished. But within the thin shell which shuts it from the world without, the forces of life are quietly doing their mysterious work—aggregating the denser atoms into bone and cartilage; weaving the softer matters into skin, and muscle, and nerve, and other tissues; and at the end of three short weeks, what was at first an unconscious fluid mass, breaks its prison wall, and comes forth a living bird, with the form and structure peculiar to its kind, and, more than all, endowed with sight and other senses, and with instinct and intelligence to find its food, and make itself a home, in the new world into which it is born.

Destroy the bird's life at the moment of its birth, and submit its various tissues to chemical analysis, and you will find only those material elements which originally composed the egg.

There is no other department of physical science which, of late years, has had such a lively and stirring interest as chemistry: there is no other from which important and startling discoveries have broken upon us in such quick succession: and there is no branch of chemical investigation which has attracted more attention, or been cultivated with more success, than that which relates to the composition and functions of organized beings. Hardly a year has passed away without being marked by some signal addition to our knowledge; and, looking at what chemistry has already achieved in this department, it is impossible to doubt that it will go on giving us deeper and clearer insight into many of the phenomena of life, and that in so doing, not less than from its more obvious service in providing us with new remedies, or presenting us with those we already have in more convenient

and efficient forms, that it will go on continually adding to our power of preventing and curing disease.

Another subject that will occupy your attention before your first year of study has expired, is botany. The connection of botany with medicine is obvious enough. It is from the vegetable kingdom that a large proportion of our most valuable remedies are derived, and, as you will by-and-by see, a study of the structure, and composition, and vital properties of plants, has thrown much light on the most important functions of animal life, and on the great scheme of animated nature.

The subjects of which I have yet spoken constitute the preliminary part of your professional education. Well grounded in these—in anatomy, and physiology, and chemistry, and botany—you will enter on the study for which all this knowledge is merely to prepare you: the study of diseases, and of the means by which they may be cured or relieved.

In this latter division of your studies there is only a part of your work that can be carried on within these walls. From lectures and from books, you can learn only the *principles* of medicine—the general results to which past experience has led. No description can portray all that is characteristic in the physiognomy of disease, and no extent of reading can give you the power of appreciating in practice, those minute differences on which the judgment of the practitioner must often be founded. For this, you require not only reading, but actual and personal observation. You must see what cannot be described, and you must educate your eye, and your ear, and your hand, to see, and hear, and feel, what the untutored senses could not discover; or, at least, could not rightly and promptly distinguish. You will have ample opportunities of doing this in the wards of the hospital, and I cannot too strongly exhort you to avail yourselves fully of them: not to go there once or twice a week, and make the wards a mere place of gossip and lounging; for the secret infirmities of our fellow-men are not to be opened up to the gaze of impertinence, or of idle curiosity; but to go there day by day, for the purpose of diligent study, watching the cases from first to last, and taking notes of them, or of many of the most instructive of them, with your own hands; and this you may do without any offence to the patients, if you do it considerately, and with good feeling, and, as I trust you will, in an earnest and truth-seeking spirit.

I have now given you a hasty sketch of the subjects that will henceforth mainly engage your attention. It would be a waste of words to say more of their importance, or to allude further to the various motives that should impel you to enter on the study of them with the earnestness of men commencing the serious business of life.

If you do enter on them in this spirit, and by persevering industry overcome the difficulties that will meet you at first, there is but little fear that your interest in them will flag as you proceed: for it is a law of our nature that the more we dwell on any subject really worthy of our thoughts, the more deeply do we become interested in it. If you look around you in the world, you will see numbers of gifted men devoting their lives to different subjects—one to history, another to language, a third to mathematics, a fourth to geology—none of them impelled by motives of worldly gain, but carried on by the interest which they feel in the subject. And if you inquire further, you will generally find that some accidental circumstance—the particular school or college to which he was sent, or the pursuits of his early associates—determined for each one what should be the chief occupation of his future life: that, at first, he had no particular bias for the subject, but that, as he went on, its interest grew upon him, until it ended by absorbing the principal part of his attention and time. I am quite sure that this increasing interest is felt by all who enter with earnestness on the study of medicine. As they proceed new objects of attraction are continually unfolded, new sources of interest continually pre-

sent themselves; and it often happens that what was commenced as a toilsome work of duty, becomes at length a constant source of delight.

I trust, then, that some of you, by engaging earnestly in your present pursuits, will become imbued with this spirit; and that you will qualify yourselves, not only to enter on your profession well prepared to bear its heavy responsibilities, but also, like some of those who have gone before you, to take your rank in the world, as men of science, eager and able to carry forward the great work of advancement in the particular line you have chosen. For to borrow, and apply to medicine, the fervid words of one who is a bright ornament of this age and country: "There are secrets of Nature we would fain see revealed, while we yet live in the flesh—resources hidden in her fertile bosom for the well-being of man we would fain see opened up, for the use of the generation to which we belong."

But to acquire this happy frame of mind, which will invest your pursuits with a growing interest, or, indeed, to gain the social advantages which our profession offers, you must labour, labour long and earnestly, to overcome the difficulties which will everywhere meet you at first. The time has long gone by when success in any liberal profession, in this country, can be earned without toil. The man who would gain distinction in the church, or at the bar, must devote his whole energies to his profession for years together. It is the same with medicine. And let not any of us murmur at this condition. Our mission here is, by labour, to produce order out of disorder. The man who labours with his hands, who cultivates the fields, or makes roads, or builds houses, and by so doing helps to convert what was desolate and waste into a habitable and fruitful country: the man who labours with his head, and advances our knowledge, making clear and subservient to man's use, what was before obscure and unapplied: all who labour in the right direction, benefit their kind. Without the toil of man, the country would be uninhabitable: the undrained marshes would breed pestilences, and the soil would not yield a sufficient increase for man's use. Even the fruits of the earth only attain their full perfection under culture. The apple, the potato, the pine, the flowers with which our gardens are decked, are very different from their wild prototypes.

Let there be no murmur or repining, then, that you will meet with difficulties, and will have to encounter toil, in the particular path you have chosen. But, as I just now remarked, the trial is chiefly at the beginning. As you advance, your interest in the subject will increase, and the labour will be productive of pleasure. It has been truly said, by one of our most eloquent writers, that "all work of man is as the swimmer's: a waste ocean threatens to devour him; if he front it not bravely, it will keep its word. By incessant wise defiance of it, lusty rebuke and buffet of it, behold how it loyally supports him, bears him as its conqueror along. It is so with all things that man undertakes in this world."

But, in taking up your residence among us, you not only enter on new studies, but you contract fresh relations, which involve new duties.

The college, of which the act of matriculation makes you a member, though founded only a few years ago, is already a large establishment. More than a thousand students are receiving their education within its walls. About one-half of these, younger than yourselves, are engaged on the preliminary part of a liberal education. The others, about your own standing, are engaged, some in the department of general literature and science; some in the department of engineering; some in the study of medicine; some in that of divinity.

To all these, your fellow-students in the college, you are in a certain measure responsible for your conduct. For, in every society, the conduct of each individual member affects in some degree the character of the whole body. Of course, the smaller the community, the more important every individual member becomes with reference to it, and the more his good or ill

conduct affects the rest. But, even in the largest communities, this reflected influence is felt. The character of a nation is affected by the frequency of crime among its people: and a single man, eminent for learning or virtue, may be its glory, and boast, and strength, for ages to come. In the society, then, into which you are now admitted, all your fellow-students have a direct personal interest in your character and conduct.

In every community this mutual dependence of its members renders it necessary, for the security and well-being of the whole, that some one should be intrusted with power to punish the offences of individual members against the community. In every civilized nation, whatever be its form of government, there must be a regular administration of justice, and an organized system of police. The society could not be held together without it. So it is in smaller communities. The business of a college like this cannot be carried on; the society cannot acquire any good reputation, or even continue to exist, without the preservation of order and discipline. The discipline is established on behalf of the whole body, and for their benefit. In educated communities, however, written laws and delegated authority are less needed to secure these ends. Through the conviction that the conduct of each affects the character of all, as members of the same body, an enlightened public opinion is formed, which, especially when it is founded on sound religion, is, itself, the most efficient means of restraint. In the colleges of our old universities, it is by this public opinion among the students themselves—which condemns, and resents as an injury to the whole community, any dishonourable or ungentleman-like conduct in one of its members—it is by this public opinion, much more than by the acts of authority, that a high tone of feeling is maintained. And it is the consciousness of being constantly exposed to the judgment of this public opinion, and the necessity of regulating the conduct by its standard, that so deeply modifies the character and deportment of the men who are there educated, giving them (I speak, of course, of its general effect) the feelings and the habits of gentlemen.

To a large proportion of those who are educated in our old universities, this modification of character and deportment is of more importance, and has far more influence on their subsequent position in society and success in life, than the mere knowledge which they there acquire. This effect on character and deportment is, as I have already observed, mainly the result of an enlightened public opinion among the members of the society, and is independent of the particular subjects of study. In our two old universities the subjects of study are very different. In one, history and literature are especially cultivated; and, in the other, physical science. The students come away from their respective universities with their minds very differently stored; but the effect of the collegiate life, with its wholesome discipline, on their character and conduct, has been just the same. So it will be, we trust, with the men educated in the various departments of this college. One will leave the college with a knowledge of the dead languages and of the past history of Greece and Rome; another, with a knowledge of the exact sciences; another, with a knowledge of medicine, and of the sciences subsidiary to it; another, with a knowledge of divinity: but all will have had their characters more or less modified in the way I have explained; and, feeling this, they will quit the college to pursue their different paths in life, still in some degree connected by a feeling of fraternity, and with a respect for each other, as men of well-disciplined and cultivated minds.

It is, I think, impossible to over-estimate the influence which the old universities, by their well-ordered collegiate life, have had in forming the character of the English gentry. And deeply impressed with the importance of this influence, it gives me great satisfaction to remark

that the council of this college are increasing the accommodation for the residence of medical students; that the collegiate life and discipline, as applied to medical students, which was first established here, has met with general favour; and that other medical schools in the metropolis are following, or are preparing to follow, as far as their means will allow them, the example which this college has set. Nothing will tend so much as the extension and development of this system to raise the character of the medical practitioner. There has been for some years past a cry throughout the country for medical reform; and there can be no doubt that some of the medical institutions of the country require remodelling. But it is not by legislative enactments for the suppression of quackery—and it is not by giving to one standard of education the social rank and privileges of a higher, and by thus repressing a generous emulation and discouraging high attainments among us—that the character or condition of the profession can be raised: but it is by improving, generally, the character of medical education; by making the course of preparatory study comprehensive and long; and, more than all, by extending more widely among our students the advantages of a collegiate life.

I have, perhaps, said enough to induce you, not only to enter with earnestness on the study of your profession, but also, from the first, to render a willing obedience to the regulations and discipline to which you will here be subject. Whatever any of you may think of the restraint which this imposes on you now, the time will come when you will perceive and enjoy the advantages of it. This institution is founded and organized for your benefit, and to benefit society through you. Its object is to qualify you, not only for the particular duties of your calling, but also, as gentlemen and Christians, to take a place in society becoming the members of a liberal profession.

It remains, then, gentlemen, for you to do your part—to see that in the important stage of life on which you are now entering you are not wanting to yourselves.

ON THE PHYSICAL PHENOMENA OF LIVING BODIES.

By Professor MATTEUCCI, of Pisa.

PART XVI.

VOCAL APPARATUS—VOICE.
(Continued from vol. xvi., p. 625.)

We have, in the first place, to occupy ourselves with a brief examination of the vocal organ of man and the animals. Every one knows that the vocal organ is situated in a certain portion of the trachea, or windpipe. The actual position of the vocal organ is pointed out with greater precision still by the circumstance that openings made into the trachea below the larynx are immediately attended with extinction of voice, whereas no such result follows upon incisions made above the larynx; and that in the case of openings below the larynx the voice is restored the moment the aperture is closed with the finger, &c. In birds the vocal organ is situated somewhat lower than in the mammalia, viz., at the bifurcation of the trachea. Accordingly, though the head of a bird be cut off, it is still possible to produce sounds from the trunk by compression of the thorax.

We will confine ourselves here to give a description of the vocal organ of man, this being the most complicated and the most perfect.

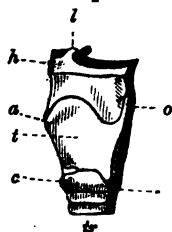


Fig. 1.

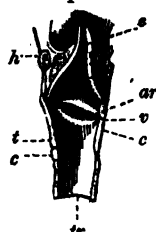


Fig. 2.

Fig. 1. Larynx (lateral view):—h, hyoid bone; l, body of the hyoid bone to which the base of the tongue is attached; t, thyroid cartilage; a, protuberance formed in front by the thyroid cartilage: the thyroid cartilage is united by a membrane to the hyoid bone; c, cricoid cartilage; tr, trachea; o, side of the larynx adjoining the oesophagus.

Fig. 2. Vertical section of the larynx:—h, hyoid bone; t, thyroid cartilage; c, cricoid cartilage; ar, arytenoid cartilage; v, ventricle of the glottis, formed by the space left open between the chordæ vocales and the upper ligaments of the glottis; e, epiglottis; tr, trachea.

Fig. 3. Full or front view of the larynx:—The contour of the inner side or wall is indicated by the lines a, a, b, b; li, lower ligaments of the glottis or chordæ vocales; ls, upper ligaments. The other parts are indicated by the same letters as in the two first figures.

The trachea is a species of tube formed of cartilaginous rings, separated from one another by other rings of membranous and flexible texture. The lower extremity of this tube is divided into two branches, which ramify subsequently in the parenchyma of the lungs in the manner of the branches of a tree. The upper part of this tube, which opens in the cavity of the mouth, is terminated by the larynx, which latter is the actual organ of the voice; the larynx may be looked upon as a continuation of the trachea, with this difference, however, that that portion of the latter which constitutes it is larger than the rest, and is attached to the hyoid bone. The larynx is composed of four cartilages, viz., the *cricoid*, *thyroid*, and the two *arytenoid* cartilages. They are respectively of very different form, are joined to one another, and jointly affixed to the upper ring of the trachea. Attached to these cartilages are several muscles which, by their contraction, make the larynx, or some of its component cartilages, move. The mucous membrane which decks the interior of the larynx forms, towards its centre, two great lateral folds, directed transversely to the organ, and which look like a button-hole: these folds are termed *chordæ vocales*, or *lower ligaments of the glottis*. Above the chordæ vocales are found two other folds analogous to the former, and which are termed *upper ligaments of the glottis*. The cavities between the upper and lower ligaments are called *ventricles of the larynx*. The species of chink or cleft between the two chordæ vocales is termed *glottis*. Lastly, above this chink we observe a species of tongue or lingel of fibro-cartilaginous texture, which is, on the one hand, susceptible of depression upon the glottis, as happens during deglutition, and may, on the other hand, be raised obliquely, as is the case during expiration—this organ is called the *epiglottis*. The length of the glottis is from twenty-five to thirty millimetres: the distance between the two edges or lips of the glottis is exceedingly small in the fore part, and from seven to eight millimetres in the posterior part; these lips are, moreover, susceptible of mutual approach to the point of actual contact. The depth of the ventricles is from twenty-five to thirty millimetres, and their greatest possible elevation fifteen millimetres. The upper sides or edges of the ventricles lie so close to one another as to form in some sort a species of second glottis, placed at from about fifteen to eighteen millimetres above the actual glottis. The air expelled from the lungs, without any extraordinary effort, traverses the larynx readily and without producing the slightest sound. A simple experiment, known since the days of Galen, suffices to demonstrate that the

contraction of the muscles of the larynx is indispensable to articulate sounds. This experiment consists in wounding the laryngeal nerves, or operating the total section of them on both sides of the trachea: this operation paralyzes the larynx and deprives the animal operated upon entirely of the faculty of producing sounds. Another experiment, which will serve to point out with greater precision still the part of the vocal organ most essential to the production of the voice, consists in this: remove the upper ligaments of the glottis, you will find that the voice persists, though somewhat enfeebled; but remove or wound the lower ligaments (*chordæ vocales*), and the voice will be completely destroyed. Müller asserts that it is easy to produce sounds with the larynx of a human corpse simply by blowing air through the trachea, provided the lower ligaments of the glottis be in a state of tension, contracting thus the glottis. According to this learned physiologist, the experiment will still succeed, even though all the parts situated above the glottis (the epiglottis, upper ligaments, and ventricles) be removed. The production of sound will persist, provided the vocal chords remain, and the chink between them be narrow. Magendie states that, if the glottis be laid bare in living animals, the vocal chords may be seen vibrating when the animal emits cries. A certain experiment of Longuet will demonstrate most clearly the part which the vocal chords perform in the production of the voice. This experiment may be made as follows:—The larynx of a rabbit is laid bare; upon pinching the animal in any part of the body it will emit sharp and dolorous cries, and at the same time the crico-thyroidean muscles will be seen to contract; but, if the section of the nerves passing to these muscles be now effected, the latter will of course lose the faculty of contracting, and no further cries will proceed from the animal; upon pinching it severely a few deep and hoarse sounds only will be heard. Hence it is evident that the organ of the voice is constituted by the glottis; that the trachea is like the tube of the bellows of an organ; and that the upper part of the larynx and all the parts situated above the epiglottis, including the cavities of the mouth and nose, constitute the upper pipe of this instrument, and that they simply serve to modify the sound.

The vocal chords are formed of that elastic tissue so remarkable for its yellow colour and the arrangement of its fibres, and also from the circumstance of its forming a great many of the ligaments and the median membrane of the arteries. This tissue is decidedly the most elastic of all the tissues of the human body. The movements of the cartilaginous portions of the larynx cause to vary the degree of tension of the vocal chords, and the transverse and oblique diameter of the glottis. Generally speaking, the glottis contracts during the emission of sounds; The vocal chords (whether considered as chords or as stretched membranes), attached on one side alone, have the faculty to emit sounds when agitated by a column of air; and these sounds must of necessity vary with the state of tension and the length of the chords, and the force of the current of air. A current of air, traversing with a certain rapidity an orifice of variable diameter, may also produce different sounds, independently of the elasticity of the lips of the orifice: of this we have an instance in wind instruments. The pipe or tunnel above the glottis (composed of the ventricles, the pharynx, and the cavity of the mouth) may change the intensity and even the tune of the sound originating in the glottis. In fine, we may look upon the larynx as a cylindrical cavity, having two orifices in the centre of its bases. Assuming a current of air to traverse this cavity with different degrees of velocity, and assuming the diameter of the orifices to be variable, and the lips of these orifices endowed with variable tension to be elastic, it will be readily conceived how this apparatus can produce a very great number of different sounds.

These considerations explain how it is that the vocal apparatus of man and of animals has

been compared by some to a wind instrument; by others to a string instrument; by others, again, to a reed pipe instrument; and finally, by Savart to a bird-call or quail-pipe. These various theories on the nature of the vocal apparatus are by no means so opposed to one another as their authors considered them.

Every part of the larynx may be removed without destroying the vocal faculty, provided the vocal chords be left intact; these latter are, then, the indispensable element of the apparatus; and if we take into consideration that they are susceptible of a more or less considerable degree of tension, varying thereby the size of the aperture between their edges, we are necessarily led to look upon this essential part of the vocal organ as a membranous reed pipe of peculiar construction. The rest of the larynx and the whole of the upper cavity of the mouth form the pipe or tube placed over the reed pipe, the lower part of the trachea constituting the tube leading to the bellows.

The correctness of this view has been demonstrated by Weber's and, more particularly, by Müller's observations and experiments; the examination of which we must defer till next week.

ORIGINAL CONTRIBUTIONS.

THE PHYSIOGNOMY OF DISEASES OR SEMEIOTICS IN THEIR ASSIMILATIVE CHARACTERS.

By GEORGE CORFE (Author of "A Popular Treatise on the Kidney," &c.), of the Middlesex Hospital.
(Illustrated by Portraits of Cases.)

(Continued from p. 650, vol. xvi.)

But to return. Just as we were growing weary with this line of practice, and yet not being able to lay the disease at the door of any other organ than at the heart or brain, the man exhibited to his physician, at the usual visit, a joint of a "tenia lata," and, on being interrogated, he said that he remembered passing similar pieces several months ago; that he "took physic" for it, and thought he had got rid of them all. Soon after this, however, he observed, the before-mentioned train of nervous symptoms set in. Acting, therefore, upon the extraordinary effect of the emetic on the country girl, this man was ordered one, and in the course of the following day he passed two or three dozen detached pieces and joints of a tenia lata. He then took the oils of turpentine and castor combined, but they failed to bring away many more. At length the pomegranate was resorted to by Dr. Crawford, when several joints passed, and I believe the head amongst them. The man rapidly recovered from every one of his nervous feelings, and left the institution perfectly convalescent.

Having thus briefly noticed another of the sources of irritation to the cerebro-spinal system, I must just glance at a third cause. But it should be borne in mind that one and all of these causes produce symptoms that are so analogous to those arising from disease within the cranium, that even a discriminating and judicious practitioner will sometimes be perplexed as to the line of practice he ought to pursue. Yet is there one point most worthy of attention here. It rarely can do harm to your patient if you freely purge him with calomel, colocynth, &c. &c., shave the head, and keep open a blister on the vertex. But, if you set out by taking, unnecessarily, twenty or thirty ounces of blood from him, it is impossible to say how serious the consequences may be. Wherever there is doubt as to the propriety of depletion, it is wise to let the patient have the benefit of that doubt, and to postpone the severest means until we see that brisk and repeated purgation, and the unloading of a gorged liver and gall-bladder, have produced no real improvement.

I believe it has been stated, upon the very best evidence, that there is no greater poison which is slowly consumed by the indigent poor in this metropolis and other large towns than that of

three-and-sixpenny tea, so called. I have been informed by a merchant, who is versed in these matters, that the cheap teas of London are not worthy the name of teas at all; (a) indeed, we need not wonder at such an assertion after we have read the able exposition of the frauds practised by the Chinese which Mr. Warrington laid before the public in the year 1844. It will be found in the first and second numbers of the fourth volume of "The Pharmaceutical Journal." This gentleman there states that the Chinese turn a green into a black tea, and *vice versa*; that "all the green teas that are imported into this country are faced, or covered superficially, with a powder consisting of either ferrocyanide of iron, or of sulphate of lime, previously stained with this prussian blue; and that such teas are never consumed in the country, but are invariably exported, of course, mainly to these islands."

Mr. Davis, in his work on the Chinese, was eyewitness to these frauds: old black tea leaves were made to assume the fine bloom of green teas through the means of prussian blue. (b)

The following observation occurs in "McCulloch's Dictionary":—"Blue is a favourite colour with the Chinese, and in 1810-11 the imports of prussian blue into Canton, from England, amounted to 253,200 pounds. But for some years past the Chinese have not imported a single pound weight. The cause of the cessation of the traffic deserves to be mentioned. A common Chinese sailor, who came to England in an East Indiaman, having frequented a manufactory where the drug was prepared, learned the art of making it, and on his return to China he established a similar manufactory there, with such success that the whole empire is now supplied with native prussian blue." (c)

It is only two or three weeks since one of the many instances of the evil effects of bad tea was witnessed in a case of hemiplegia in these wards. By the evil effects of tea, it is not meant that this delightful beverage is the immediate cause of producing any disease analogous to paralysis, but this we may assert, that the indiscriminate use of the adulterated, cheap, and noxious article, sold to the poor at 3s. 6d. per pound, called tea, is the fruitful source of dyspepsia, flatulence, palpitation, loss of appetite, constipation, piles, and a distressing train of biliary derangement; and thus is it the proximate cause of many painful and insidious disorders of the nervous system.

A large class of patients (females especially) attend here, some as out-patients; others, too ill for out-door relief, seek admission into the hospital, labouring under the following train of symptoms:—They are suddenly seized with violent and excruciating pain over the head, perhaps over one eye. The feeling, as they describe it, is as though some one had given them a severe blow on the head. They do not lose consciousness, but they reel and are afraid they shall fall down. This attack of pain is followed by ringing or buzzing in the ears, slight nausea, copious eructations of sour wind, flushing in the face and neck, succeeded by clammy perspirations, a pain or numbness shooting down the arm and leg, palpitation, and high-coloured urine, with costive bowels. It is in this class of diseases that the most astonishing relief has been obtained from the use of hydrochlorate of ammonia internally, in the proportion of ten grains three times a day, in any pleasant bitter infusion. One poor woman, aged thirty-six, from the suburbs of London, had been unable to gain a livelihood for two years, in consequence of the severity and frequency of these attacks, so that she was not only incapacitated for work, but even dreaded that she should be shortly fit for a lunatic asylum. However, by God's rich blessing upon the means employed, and by total abstinence from tea—though she had never

heard it hinted that drinking her tea morning and evening was the offending cause of this prolonged attack—she declared that since she had left it off she had not enjoyed such good health for many years. Under the use of the hydrochlorate, she entirely lost the attacks of pain, and returned to her home and work quite well.

But it is more particularly in allusion to the hemiplegic symptoms which I have witnessed, from a free indulgence in bad tea, that I am induced to notice the subject here.

The most recent case that I observed occurred two or three weeks ago. A female, aged forty, married, with a family, was attacked, for several weeks prior to her admission, with numbness down both arms and legs—severe occasionally, in one leg, whilst there was temporary ease in the other. She dragged her left leg after her. There were twitchings and some loss of sensation in the face on the right side. Her intellects were perfect, but she was nervous and low-spirited to a most painful degree, scarcely able to describe her symptoms without crying. I am well aware that all these derangements may be produced by indulgence in ardent spirits, and that some may argue that, when they get into an hospital, they are deprived of this stimulus, and thus lose their disorder. But this argument will not bear upon the far greater number of those cases which occur amongst the out-patients, as these persons have still the means of obtaining their drinks; and yet, upon their abandoning tea, they lose these distressing symptoms. However, this patient was strictly prohibited from drinking tea; and when she found herself rapidly gaining strength, appetite, spirits, and vigorous health, she declared that it should be a long time before ever she would touch tea again, as she could not have supposed she should feel so well as she had done since giving up that beverage.

INTOXICATION.

A patient is brought into the hospital, perhaps on a policeman's stretcher, or he is carried in by friends, who state that he was picked up in the streets, senseless. His pupils are dilated, immovable; his breathing is deep, and low, and heavy, the expiration being short and abrupt, whilst the inspiration is a prolonged deep sigh, with more or less stertor; pulse is full and strong. The suspicion arises that the man has sanguineous effusion into one or both ventricles of the brain. But it must be again acknowledged that, of all the perplexing, deceitful, and varying symptoms which diseases occasionally put on, those of cerebral lesions or mere cerebral disturbance are, of all others, the most difficult to decide upon. We have admitted cases into the hospital in the dead of the night, brought here by policemen, who have found the patient lying senseless, or he has been seen to fall senseless on the pavement: we have bled, blistered, leached, and purged; shaved the head, and given turpentine enemata, but all to no purpose; insensibility has remained; when, to our surprise, in twelve hours afterwards we have gone to visit our patient, we have found him perfectly sensible and tolerably well, not more surprised at the loss of a head of hair than we have been at the sudden revival of our supposed case of apoplexy. Whilst, on the other hand, I have admitted a case as one of "dead drunk," perfectly inanimate, and have, for the sake of precaution, sent him into the ward to bed, and yet have found it to prove an instance of apoplexy. I have, however, learned a valuable lesson by even these difficulties: for in every instance of late years, when a case of complete insensibility is admitted, I have requested the house-surgeon to empty, and then wash out, the stomach by means of the pump; and, if it has been from drunkenness, the "sot" has shown his character up before we have finished this operation; and if it has been one of apoplexy, it has done no harm, and it has proved that it was more than intoxication, as no alcoholic fetor has been detected in the contents of the stomach.

A ludicrous instance, amongst many, occurred of this kind a few years ago. A female was brought into the hospital at midnight by the

(a) Consult "Essay on Cultivation, &c., of Tea in Java," translated from the Dutch by Thos. Horsfield, M.D., F.R.S.

(b) "Davis's Chinese," vol. ii., p. 468.

(c) "Proceedings of the Chemical Society."

police; she was found senseless in the street. She breathed heavily, and we could get no rational answer to all our interrogations, pinchings, or attempts to rouse her. On looking at the pupils, we found one somewhat dilated, and the other, I think the left, contracted to a pin-hole in size. We readily, therefore, judged it to be "sanguineous effusion into the thalamus optici of the opposite side," and, therefore, requested the house-surgeon would bleed her from the arm; this, however, failed, as no blood could be obtained from a set of small deep-seated veins; the jugular, I believe, was also ineffectually opened, and at last the right temporal artery, when eight-ounces of blood were taken away. The head was shaved; she was made to swallow, with some difficulty, a dose of calomel and black draught, and a turpentine enema was afterwards administered. We all retired to bed after talking over the features of this striking case of apoplexy. On the arrival of the physician for the week (Dr. Watson), I related to that gentleman the circumstance of having admitted a severe case of apoplexy, and, as I had just previously made my daily visits round the wards, and had found her still insensible, I was perfectly unprepared for the scene that followed. That gentleman went up to the bed of the patient, and, without saying anything to her, merely lifted up the closed eyelids, and remarked to the pupils around him that the iris was very contracted, whilst another gentleman, a physician, exclaimed, "C'est un homme!" and the patient, in the most composed and easy manner possible, calmly said, "I haven't had the sight of that eye, Sir, these twenty years," and, as if awaking out of a deep sleep, began to feel herself, and, finding out her situation, became quite communicative, to the great amusement of the gentlemen present, but to my utter astonishment. She informed us that she was "a professional singer," that is, she sang ballads in the streets; and, "having been treated to liquor, she took more than she was able to bear," &c. It should be observed that there was an old adherent iris on one side, which had helped to fix it in our minds as a case of apoplexy.

I am frequently called by the house-surgeon to cases of apparent concussion; a blow has been given over some part of the head and face, the patient has reeled and fallen; no evidence can probably be obtained of previous intoxication, only that the parties had been drinking and quarrelling. The man or woman, as the case may be, looks apoplectic, and is admitted under the strongest suspicion that recent effusion has taken place in the brain. The wound is bleeding freely; it is sponged, probed, brought together (perhaps by sutures, if jagged), and strapped; yet he sits unconscious. No stomach-pump is used, and he is sent to the accident ward. The following morning we hear, to our surprise, that the patient is up, dressed, and insists upon going out to his work; and attends, as an out-patient, for some days afterwards, until the wound is healed.

Yet, again, the very reverse of these facts is constantly occurring in the surgical department of this hospital. A man, a few days ago only, fell from the seventh or eighth prong of a ladder, and struck his eyebrow on the pavement. When he presented himself there was a small wound, with ecchymosis over the eye, but his manner did not raise the slightest suspicion of intoxication, of concussion, or of cerebral distress. Indeed, so trivial were the symptoms, that the house-surgeon most reasonably doubted on the necessity of detaining him in the hospital. However, as a fellow-workman came forward and stated that the man had been stunned for a few minutes after the fall, it was deemed advisable to send him into the ward. In twenty-four hours I was summoned by the house-surgeon to see this man, who had been suddenly deprived of the power of speech, and in twenty-four hours more he was dead. The blow had produced "fracture of the cribriform plate of the ethmoidal bone, and the adjoining parts of the frontal bones; the fracture extended backwards through

the anterior part of the sphenoid to its body. On reflecting the skin covering the root of the nose, the ossa nasi were found broken across at the upper part; and on pushing the nose upwards, the movement was communicated through the septum to the fractured cribriform plate." There was, also, acute arachnitis, the result of these injuries.

The above account of the *post-mortem* appearances of this case is taken from a valuable and practically-useful paper published by our late intelligent house-surgeon, Mr. Rogers. This gentleman has had many opportunities of verifying the above observations on the difficulties that attend the accurate diagnosis of cerebral lesion, from mere cerebral excitement and disturbance. There is a group of four cases related in the article alluded to, of fracture of the nasal bones in the short space of three months, three of which were fatal; and in one of these three Mr. Rogers observes, that the apparent injury done to the nose was so slight as to escape detection during life; whilst in the other case, the only one which survived the injury, the accident was followed by no symptoms indicative of internal injury; and, although the bony supports of the nose were so extensively fractured, yet was there but little displacement.

In all cases of intoxication the mental faculties become roused before the operation of thoroughly washing out the stomach by the pump is concluded; whilst, on the other hand, it may be said, the reverse is ordinarily the case in cerebral lesions, or in mere concussions of the brain. Before we allow the tube to be withdrawn from the stomach, in cases of inebriety, we usually inject three ounces of the dilute acetate of ammonia draught, which has an extraordinary effect—sometimes in "sobering" the head, and calming the stomach too.

Dram-drinkers and females of an anæmic constitution are particularly liable to sudden attacks of *syncopes* from hemorrhage into the stomach; in the former class of persons this effusion is the result of a congested state of the venous trunks of the stomach and duodenum; but in the latter class it is not always so, but rather the result of some real disease, as ulceration of the coats of the stomach in its arch. Active purgation by calomel, colocynth, and black draught is the safest mode of treatment in the first class of patients; whilst turpentine, steel, and a due supply of nourishing animal broths are most judicious in the anæmic class of females.

With regard to *FACIAL PARALYSIS*, little need be said, as the disease speaks for itself. But this only I am anxious to notice, that of all the recent discoveries in the practice of medicine, the application of the *lin. croc.* Tiffi is a most efficacious remedy, applied with a camel's-hair brush along the course of the seventh nerve, as it emerges from the skull. The pustular eruption and irritation which it produces are rapid, evanescent, and readily controlled. The effect has been surprising in some instances, but, at the same time, active purgation has been kept up by calomel and drastic purgatives. This treatment was first suggested to my mind by witnessing the astonishing influence of this counter-irritation, so admirably followed out in other diseases by our talented assistant-physician, Dr. R. G. Latham.

I have briefly alluded elsewhere to the practice which we invariably adopt at this hospital in the administration of the stomach-pump to all cases of insensibility, when this symptom depends upon causes of an equivocal nature. The evidence, in such instances, which we derive from those who bring the patient, is oftentimes of a most perplexing and negative character, so that it is difficult to determine whether the senseless condition of the person depends upon sanguineous apoplexy, narcotic poisoning, urea in the circulation, hysteria, or intoxication. I am aware that it is much easier to recommend the employment of the stomach-pump than to administer it to persons who are sometimes in the highest state of excitement bordering upon maniacal fury. I am anxious, therefore, to describe the mode in which we employ this remedial agent

in such cases, for until I arrived at this practical method, we were often obliged to abandon the use of the pump, in consequence of the difficulties which the struggles and powerful action of the patient's body produced; and I may here remark that, on one occasion, the gag was forced from the mouth, and the man bit the tube in twain a few inches from the cylinder, leaving the remainder, nearly two feet in length, in his œsophagus and stomach, when, by the greatest manual force, I wrenched open his jaws and plunged my fingers down his throat, and was fortunate enough to seize the divided end at the points of my finger and thumb just as it had slipped within the bag of the pharynx. Since that period I adopt the following method:—The patient is seated in a strong wooden chair, another chair is placed behind him, and an attendant is ordered to sit in it, and, taking the arms of the patient, he pinions them by holding the wrists firmly against the back of the chair. This method serves to fasten the trunk securely in the chair; the legs are then swung in a round towel, which is passed round the ankles by a noose, and, a second chair being placed, so that the back of it shall be towards the legs of the patient, another attendant is placed in it; he carries the towel over the back of the chair, and sits upon it, and thus the legs are at right angles with the trunk, and consequently they are almost powerless. If, however, the man offers to flex the knees, the ankles are instantly raised higher, and the power of the flexors of the thigh is thereby overcome in an instant. By this position, it will be observed, the patient is deprived of all muscular power, and the only fixed point on which his body rests is the ischial tubera. I am satisfied that the stomach-tube may not only be introduced with comparative ease, but that the operation of the pump is perfectly harmless, when judiciously administered, upon a refractory patient than immovably fixed.

When I adverted to the physiological characters of cerebral lesions, I observed that insensibility, closed eyes, and unequal pupils were usually amongst the prominent features in this department of pathology; but we have just been describing a series of cases in which the symptoms so closely resemble each other, that unless a few practical hints are now made, in order to illustrate the actual differences which exist between cerebral disease in its varied symptoms, and cerebral asphyxia in its usual appearances, I am afraid that the student may not be enabled to discriminate the pathological features peculiar to the two maladies.

Cerebral asphyxia, whether it arises from narcotism by the presence of opium, urea, or alcohol in the system, invariably presents the following characteristic features, viz.—stupid, closed eyes, equal pupils, but no paralysis. In narcotic poisoning by laudanum, the stupor is not always so complete, but that the individual may be somewhat roused by means of flagellation, pinching, &c., but especially by the agency of the electric-galvanic battery; the eyes are closed, it is true, but the irides are minutely contracted, the cornea is dull and no longer glistening, the whole organs are void of expression, and the countenance presents a dingy, livid appearance: the respirations are slow, shallow, and spasmodically performed, whilst the heart is also laboured, and the pulse slow and unequal.

On the other hand, the narcotism produced by urea in the circulation is of the most obstinate character; no agents are capable of rousing the patient, even momentarily, out of it; though the eyes are closed, yet the pupils and cornea are natural in appearance, however the iris, towards the close of the disease, may become contracted. The countenance does not present the features of a person under the influence of opium, but it is scarcely altered, except in its partaking of an anæmic cast. The respirations are equal, free, and regular, but somewhat stertorous; the pulse is above the natural standard, and there may be some œdema of the body.

But when we examine the physiognomy of a man, insensible from alcohol, we notice the complete stupor, it is true, but the closed eyes

are no sooner raised than we detect red and the ferreted conjunctiva, the fiery cornea, the dilated irides, and we feel the rapid full pulse, and we may smell the strong fumes of alcohol in his breath.

These circumstances are of the highest practical utility, and ought to be carefully borne in view; though, in private, the practitioner is more or less acquainted with some circumstantial evidence by which he can judge of the nature of such equivocal symptoms, as he has, in all probability, been in attendance upon the family for years; but the hospital practitioner rarely possesses such means of arriving at a correct diagnosis of these cases. The patients are brought here in a state of insensibility; the friends are unknown and absent; the attendants, who accompany them, are unable to afford us any assistance in forming a diagnosis, and, too frequently, they think they have done enough if they have succeeded in depositing the narcotized patient in our care, and they accordingly decamp soon afterwards. Thus we have to watch, to discriminate, to weigh well, and to ponder over the varied phases of symptoms which such cases present; but the effect of this arduous line of practice is to tutor our minds to seize the most prominent yet peculiar symptoms of each of these cerebral diseases, or cerebral alienations.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF MEDICINE.

Meeting of Oct. 5; M. BROWN in the Chair.

YELLOW FEVER IN NEW ORLEANS.—M. GIRAUD reminded the academy that some months since a letter, written by the French Consul at New Orleans, stated that the yellow fever was gradually becoming less and less frequent, and that sanguine hopes might be entertained of the total disappearance of the scourge. From recent communications it seemed that this conclusion had been somewhat too hasty. Since the month of August yellow fever had shown itself in New Orleans with more violence than ever, and was attended with a frightful mortality. The invasion of the disorder was generally referred to the migration of crowds of North Americans, brought to Louisiana by the Mexican war.

LITHOTRITY AND LITHOTOMY.—(ADJOURNED DEBATE.)

M. Civiale, resuming the debate, endeavoured, in a written communication, to prove that a relapse of calculous affections, or, to speak more correctly, the reproduction of the stone, was more frequently observed after cystotomy than after crushing. It was true that the diathesis exercised its influence upon all classes of patients indiscriminately, whether operated by the one or by the other method; but a calculous diathesis was only one of the causes of a relapse. It would not be fair merely to examine the question in this point of view, and not to recollect that cystotomy exposed the surgeon far more than lithotripsy to abandon in the bladder entire calculi or fragments of concretions. The perfection to which lithotriptic instruments had been brought, the possibility of obtaining by frequent exploration an almost complete insensibility of the urethra and bladder, were guarantees which ensured a favourable result, and which explained the proposition, at first startling, that relapse was more frequent after cutting than after lithotripsy.

M. Blandin could not admit of the correctness of the arguments used by M. Civiale. The introduction of the finger after the removal of the stone in cystotomy was a mode of exploration much more satisfactory than that which was performed with any steel instrument whatever.

HOPITAL SAINT LOUIS.

FORRIGO SCUTULATA—HERPES DECALVANS.

CLINICAL LECTURE BY M. CAZENAVE.

Forrigo Scutulata.—This disorder is a contagious eruption, characterized by the appearance

upon the scalp of pustules developed on desquamating patches. The malady begins by red, circular, furfuraceous spots, on the surface of which very small pustules break out, conglomerated less abundantly at the centre than at the circumference. The pustules of porrigo protrude less than those of favus, but are also umbilicated at their centre. They dry rapidly, and are replaced by thin crusts, which fall away, leaving the uneven and desquamating patches on which the pustules were engrafted, and on which they reappear occasionally after a considerable interval. The desiccated crusts resemble, when they crumble away, soiled plaster or mortar. This disease shows itself spontaneously in children and lymphatic subjects, but it is usually propagated by direct contagion. It can be distinguished from favus by the agglomeration of the pustules, and by the lesser depth of the cups formed by the umbilicated pimples. Impetigo figurata will be readily separated by the attentive observer from porrigo scutulata by its superficial pustules and the bright red inflammatory areola which surrounds them; this form of impetigo, besides, is never contagious. The prognosis of the eruption which now occupies our attention must be guarded—not that the disease is in itself of a serious nature, but because it often resists with great obstinacy the various methods of treatment recommended against it: the eruption seldom produces permanent baldness. We do not in porrigo scutulata, more than in favus, induce you to expect much success from internal treatment. The crusts should, in the first place, be removed by the application of poultices; after which the local condition of the diseased cutis should be modified by alkaline, sulphurous, or acidulated lotions, or with ointments containing calomel, iodide of sulphur, or the sulphuret of lime.

Herpes decalvans is a contagious malady in which one or several bald patches are observed on the scalp, and on each patch a very slight flowery desquamation. This disorder appears to be extremely common in England, where it has almost invariably been confounded with porrigo scutulata. Pustules are never noticed in this form of eruption, but very small vesicles, the presence of which it is not always an easy matter to demonstrate. The hair does not fall away from the diseased parts, but breaks off at a few millimètres from the surface of the cutis, in which the roots remain, however, solidly fixed. What causes can be ascribed to the section of the hair? We are inclined to refer this singular circumstance to the mechanical action of the small squamæ of herpes. When only one patch exists, it is always very evidently of a circular form; but several may unite and form a large bald space, on the borders of which can be traced the circular edges of each of the small patches which have been thrown into one. This eruption of the scalp generally coincides with the presence of herpes circinatus on the neck, forehead, or back. The disease is almost constantly observed in children between the ages of eight and sixteen, and occasions no other symptom but a slight itching. Its duration is extremely long, and may extend over a period of several years. The treatment which we recommend consists in alkaline lotions, assisted with the daily application of an ointment containing two grammes of tannin to thirty of lard. (3ss. to 3j.)

PHAGEDENIC CHANCER; ITS TREATMENT, BY DR. RICORD.—The phagedenic form of a chancre is never the first which the primary ulcer assumes; it is always a deviation from its usual course, produced either by some unfavourable local condition, or by general predisposition. Thus, we have frequently seen chancres, at first of a very simple aspect, acquire the most virulent phagedenic tendency, in consequence of intemperance, particularly in the aged; it may, also, be the result of misery, privations, damp habitations, scurvy, &c. The tenacity of these ulcers is a well-known fact, and, in many instances, death has been the result of these obstinate ulcerations. We have had the opportunity of performing *post-mortem* examinations in four cases

of this description, and in all the same alteration was present, viz., extensive ulceration of the large intestines—a fact which acquires some interest, when it is recollected that this anatomical change is also observed in the large intestines of subjects who have died from extensive burns. The treatment of this most formidable ulcer, founded entirely upon empiricism, had hitherto yielded no satisfactory results. Every local application, from the most inert powder to the most active caustics—every form of internal medicine—had been tried by M. Ricord and others, but it had been possible to draw no conclusions whatever from their inconstant effects. M. Ricord has, however, been of late more fortunate. The exhibition of the tartrate of potash and iron, in doses varying from ten grammes (3jss.) to twenty (3v.) daily, is followed with decided advantages. This quantity of the drug is dissolved in 3iv. of water, and should also be used for the dressings of the sores. The internal use of bitters, antiscorbutic medicines, wine, and a generous diet forward the progress of the cure.

REMARKS ON THE PURGATIVE PROPERTIES OF SCAMMONY AND JALAP, BY DR. WILLEMIN AND DR. RAYER.—Scammony and jalap, after having for many years enjoyed a well-deserved reputation as purgative cathartics, had since a long time fallen, in France, almost into disuse. Their action was reported to be uncertain and irritating, and the jalap tuber was by common consent looked upon as more energetic than the powder of scammony. M. Rayer endeavoured on these various points to ascertain the truth, and having exhibited both substances, in 210 cases, came to the following conclusions:—The scammony of Aleppo, at the dose of one gramme (eighteen grains), usually occasions three or four motions; if exhibited at the dose of one gramme and a half, its action is scarcely equal, and sometimes is weaker than that resulting from the smaller dose of the medicine. The addition of acid or alkaline fluids to the drug does not increase or diminish its power in any evident manner. The resin of scammony (*extractum scammonii*) produces in doses of fifty centigrammes (nine grains) a purgative action equal to that occasioned by the exhibition of one gramme of scammony; this action is less marked when the quantity of resin is increased to one gramme, and diminishes still more if the dose be carried to one gramme and a half. The resin of scammony causes epigastric heat and irritation of the lower intestine more frequently than jalap; and the resin should always be preferred to the scammony itself, because the various kinds of scammony of commerce are always more or less impure. The resin or extract of jalap, in doses of 0.50 centigrammes, acts upon the bowels in as satisfactory a manner as the same amount of the *extractum scammonii*. —*Archives de Médecine*.

TREATMENT OF PUSTULA MALIGNA.—Dr. Marati, of Naples, asserts that in this disease, which in France and, we believe, in every other country is so often the cause of deformity, or even death, he has constantly obtained success from the application, twice a day, of mercurial ointment to the diseased parts. In one case only were the inunctions followed by salivation. Before adopting a course of treatment so mild for a disease of so violent a nature, and which progresses with such frightful rapidity, as pustula maligna, we should certainly have some further authority besides a single assertion; and a history of some of the cases, together with the grounds of the diagnosis, would not be superfluous.

EMBRYOLOGY.—At the last meeting of the Academy of Medicine an interesting anatomical preparation was presented by M. Blot, interne at La Charité. M. Blot demonstrated on an ovum of four months, contained in the uterus, that in the vicinity of the internal orifice of the Fallopian tubes the *membrana decidua* is perforated by several minute apertures; and further, M. Blot asserted that, in December, 1846, he had an opportunity of ascertaining the presence of a well-circumscribed orifice to the same membrane above the os uteri. This orifice was closed

by mucous matter. From these circumstances, M. Blot concluded that the description of the decidua, as it is to be found in contemporary publications, was incorrect, as well as the generally adopted theory of its mode of formation.

VERICAL CALCULUS IN INFANCY. BY M. GUERSANT.—Since the year 1840, M. Guersant has operated at the Children's Hospital upon forty-two subjects: all, with the exception of four, were boys. Before deciding upon the method to be employed for the removal of calculus, M. Guersant recommends the exploration of the bladder with lithotriptic instruments, for the purpose of ascertaining in a precise manner the size of the concretion. In little girls the introduction of crushing instruments is always easy, but the bladder can only with difficulty be kept in a state of distention. In nine cases M. Guersant has adopted lithotripsy—six were cured and three died; but two of these only from the results of the operation. M. Guersant, in opposition with M. Ségalas, considers that the presence in the bladder of a large number of concretions is a counter-indication to lithotripsy. In the case of a boy, aged eleven, who had been eleven times submitted to this operation by M. Ségalas, M. Guersant performed cystotomy, and was obliged to introduce the forceps thirty-two times before he could succeed in removing the whole amount of calculi which had accumulated in the bladder: their total weight was ninety-one grammes (3½j). In thirty-five cases M. Guersant employed this method, and twenty-nine children were cured; and of the other six cases which terminated fatally, death could only in two instances be referred to the operation, and was in the remaining four brought on by croup, scarlatina, pneumonia, &c.—complications independent of the operation itself, and which are more frequent in hospital than in private practice.

D. M'CARTHY, D.M.P.

Difficulties of Diagnosis in Aneurisms about the Root of the Neck.—Dr. Norris, surgeon to the Pennsylvania Hospital, in his article in "The American Journal of the Medical Sciences," notices three cases in his table, where the root of the carotid, or the innominate, was supposed to be the seat of the tumour, when it was afterwards found to have arisen from the aorta itself. Velpeau, in his "Médecine Opératoire," mentions two other cases in which the carotid was tied where similar mistakes in diagnosis occurred. One of these was observed in the Civil Hospital of Amsterdam, in a man affected with an aneurismal tumour projecting above the sternum. M. Tellanus, believing the left carotid to be the seat of the disease, tied that vessel a little beyond the tumour. The patient recovered from the operation, but died suddenly five months afterwards, when the tumour was seen to arise from the cross of the aorta, and to be completely filled with a white clot. The parts are shown in the pathological collection of the hospital. In the other case the aneurism, which appeared to be on the point of bursting, showed itself, as the preceding one, just above the sternum. Looking upon it as an aneurism of the carotid, M. Rigen placed a ligature above the tumour. After the operation it diminished considerably in size, and the sufferings of the patient became less. In four months after the patient died with symptoms of asthma. The autopsy showed the aneurism to have its origin in the arch of the aorta, between the left carotid and the innominate, and was filled up, as in the case of Tellanus, by coagula.

Tubercular Tumour of the Vertebra opening into the Oesophagus.—A female patient, in the Hospital of Bassano, was troubled with an obscure affection, accompanied by extreme marasmus, which came on after her last confinement. There was difficulty of swallowing, difficulty of breathing, severe vomiting, and general debility. She died exhausted by hectic fever. Both pleuræ were found adherent, and behind them, over the vertebral column, a tumour, the size of a walnut, was discovered springing from the fifth dorsal vertebra. Another tumour, still larger, included the bodies of the fourth, fifth, and sixth

vertebrae, the osseous structure of which was converted into a soft caseous matter. The canal of the oesophagus was narrowed, and firmly adherent to the most prominent part of the last-mentioned tumour, a portion of the contents of which had escaped through an irregular ulceration.

Albuminuria in the Puerperal State.—Dr. Simpson related to the Edinburgh Obstetrical Society some cases illustrative of Bright's disease, as denoted by the appearance of albumen in the urine, under the action of heat and nitric acid, and remarked that albuminuria, when present during the last periods of pregnancy and labour, denotes a great tendency to puerperal convulsions. That sometimes it gives rise to other and more anomalous disarrangements of the nervous system, without proceeding to convulsions—such as local paralysis and neuralgia in the extremities, functional lesion of sight and hearing, hemiplegia and paraplegia more or less fully developed. Oedema of the face and hands is one of the most frequent results. This oedema, or any of the lesions of the nervous system without it, should always make a suspicion of the presence of albuminuria; and, if the urine verifies these suspicions, antiphlogistic remedies should be employed to guard against puerperal convulsions. Albuminuria and its effects are far more common in first labours, and the results generally disappear after delivery. When this disease appears in subsequent confinements, it generally results from fixed granular disease of the kidney, and does not appear after delivery. It is probable, in puerperal convulsions produced by albuminuria, the immediate pathological cause of the nervous lesions is some unascertained state of the blood. In several specimens of this fluid no traces of urea could be detected. The renal secretion is not in general greatly diminished; and Dr. Simpson has found active diuretics apparently of great use along with or after venesection, antimony, &c., especially when the case threatened to be prolonged. Sometimes hemiplegia supervened during pregnancy, without albuminuria; but this form did not seem to interfere materially either with the pregnancy or labours, the disease running its usual course. Sometimes the patient imperfectly recovers; at others no improvement has been perceptible.

Abnormal Sounds in the Heart and Arteries.—Dr. Pickford, of Heidelberg, mentions a number of cases in which a blowing sound was heard in different arteries, particularly in the aorta abdominalis. The persons in whom these sounds were heard were affected with gastrocismus, typhus, tuberculosis, cholera, sporadica, nephritis, and one was apparently healthy. All were more or less anemic; and it has been thought that this blowing sound depends not upon an altered state of the blood, but on a spasmodic contraction of the arteries, to which this disordered condition of the blood gives rise, and to which hyperemia more than anemia seems to dispose. It is also supposed that this spasmodic contraction may take place in the heart, and thus cause those abnormal sounds so often heard in anemic and chlorotic patients.

Croton Oil in Tubercularization of the Lungs.—M. Rayet employs this drug as a topical application, with advantage as a palliative. The patient is to pour gradually twenty-four drops (which is the quantity used for each friction) on the anterior part of the chest, and to rub it in with the palm of the hand. The employment of the croton oil, in this quantity and in this manner, is attended, he says, with no danger; and it affords a very sensible relief to the dyspnoea, the restlessness at night, and the fever, which so often distress patients. During friction with the hand the papule never rise on the palm, owing, probably, to the thickness of the epidermis.

Ligature of both Carotids.—About the year 1823, Dr. Macgill, of Maryland, tied both carotids in the case of a female affected with fungous tumours of both orbits. Vision was destroyed, and the eyes presented the appearance

of a confused mass protruding beyond the sockets. Several months after the operation she is said to have been doing well, and the tumour subsiding. In a case of aneurism by anastomosis of the scalp, Dr. Mursey tied the left primitive carotid, and on the twelfth day after, secured that of the right side. These operations failed to cure the disease, though they had the effect of reducing the tumour apparently to about one-third of its original volume. It was subsequently removed by excision, about three weeks after the second operation. In this operation, which occupied more than an hour, notwithstanding that not more than an inch and a half of the scalp was divided at a time, and that, immediately upon the division, firm compression was made upon each lip of the incision, while the vessels were secured by ligature, yet blood to the amount of nearly two quarts was lost, and the application of more than forty ligatures was required. The patient did well, and ten years after it continued to enjoy good health, though occasionally he had symptoms of cerebral plethora. Langenbeck, in a case of profuse hemorrhage coming on eight days after the application of a ligature to the superior thyroid for the cure of bronchocoele, ligatured both carotids. The patient died on the following day. In a child four years and a half old, Muller tied one primitive carotid for the cure of an erectile tumour, and in four months after secured the other. The operation was successful. Kuhl, of Leipzig, in the case of a man, aged fifty-three, affected with an aneurismal tumour on the occiput, tied the left carotid, and on the seventy-second day after, in consequence of profuse hemorrhage from the scalp, took up that of the right side. The patient was cured, though he had after hemorrhages from the tumour, which suppurated. During the first of these operations the patient was seized with convulsions and faintings, and was removed to his bed in a state of insensibility; slight convulsions also occurred during the performance of the second operation. Dr. Mott ligatured both arteries, with an interval of fifteen minutes, for disease of the parotid. Coma supervened, and the patient survived only a few hours. Dr. Ellis, of Michigan, tied both of these vessels, with an interval of four days and a half, in a case of a secondary hemorrhage following a gunshot wound, and cured his patient. Dr. J. S. Warren, in a case of erectile tumour affecting the mouth, face, and neck, tied the primitive carotid, and in a month after ligatured that of the right side. After this second operation, the tumour of the lip diminished one half, and the fulness of the face and neck, and size of the tongue, became less. Finding that the disease did not wholly disappear, it was determined three weeks after the last operation to remove the diseased portion of the lower lip, not less than two inches in length at its free edge, by a triangular incision; but previously to this, in order to avoid hemorrhage, a cataract needle was plunged into the vascular tissue on the left side, and carried in different directions so as to break up and destroy its organization. Three days afterwards, a similar operation was repeated on the right side, and at the time the excision was made, strong compression was exercised on each side of the lip by means of two steel forceps prepared for that purpose, so as completely to intercept the course of blood into it. In a fortnight or three weeks the patient returned home well.

On the Frequency of the Pulse and Respiration of the Aged.—Physiologists, generally, have considered it as an established fact that the frequency of the heart's action diminishes in advanced age; and no one had called the correctness of this view in question until Leuret and Mitivé, in 1832, whilst engaged at the hospital of Salpêtrière, Paris, in observations relative to the pulse of the insane, were astonished to find that the pulse of 34 sane women in good health, whose medium age was 71 years, presented the average of 79 beats in a minute. This fact induced them to make further observations, and to institute an inquiry as to the relative frequency of the pulse in the young adult and that of the aged.

On the same day, at the same hour, and under analogous circumstances, the pulses of the young men at the veterinary school at Alfort, and those of the old men in good health at the infirmary at Bicêtre were examined. The number of the veterinary students was 110, that of the aged men 27; the average age of the students was 21 years, that of the aged men was 71 years. The result of this examination proved that the medium pulse of the young men was 66 per minute, whilst that of the aged was 73. Temperature, 82° F. Dr. Pennok, of the Philadelphia Hospital, Blockly, has also instituted a series of observations on the pulse and respiration of the aged inmates in the adjoining infirmary. The number of persons whose pulse is reported is 170 and 203 women, being an aggregate of 373, the ages of the men being between 60 and 90 years, those of the women from 50 to 116 years. The following tables exhibit the results obtained. Table I. is derived from the observation of the pulses of 170 men, the aggregate of whose ages is 10,895, and that of the pulsations 12,211. The respirations were counted in 146 instances, the total number of inspirations being 3045. The medium age was found to be 64.09 years; the medium pulse 71.83 per minute; the medium respiration 20.51; ratio of respiration to pulsation as 1:3.51. Table B is derived from the observation of the pulse of 203 females, the aggregate of whose ages is 14,326, and that of their pulses 15,838. The respiration was counted in 143 individuals, and its aggregate is 3154. The medium age was 70.57 years; the medium pulse 78.02 per minute; the medium respiration 22.06; ratio of respiration to pulse as 1:3.53. From the preceding facts, it would seem to follow that the medium pulse of the aged man may be stated to be 71.83, that of the aged females 78.02 per minute, whilst the respiration of the former is 20.51, that of the latter 22.06 per minute. The ratio of the respiration to the pulse in aged men is as 1:3.51; that of the women as 1:3.53. It appears that in above one-half of the aged men, 52 per cent., the pulse ranges from 76 to 84; that in more than one-third, 43 per cent., it is over 63; whilst in about 2 per cent. it averages, say 55; and in rather more than 3 per cent. it is over 96. It was evident, also, that the pulse of aged females varies from 70 to 104 in nearly four-fifths of the individuals, 79.93 per cent. of those examined; that in more than two-thirds, 69.45 per cent., the range of the pulse was between 75 and 86; that in 7.39 per cent. the pulse was between 95 and 96; that in 2.41 per cent. it was at 104; whilst it was below 70 in but a small number, viz., 37 out of 203, being rather less than one-fifth of the whole, or 18.34 per cent.; the pulse was below 60 only in five instances, or in 2.41 per cent. of the whole number. From the preceding facts and researches, it is evident that the frequency of the pulse of the aged is much greater than that usually assigned to it; whilst that of the respiration is equal to that generally admitted in reference to the adult in middle age.

Microscopical Characters of Aphthæ.—Under a microscope, with the power of increasing the objects by 200 to 300 diameters, Dr. Berg, of Stockholm, says that an aphthous crust consists of epithelial cells, with a more or less interwoven web of fibres, and a variable number of spherical or oval cells, without any sign of exudative corpuscles, but only a small quantity of molecular albuminous deposit. These cells are, with the exception of the nucleus, everywhere transparent, and have a sharply-defined edge; they vary in size according as they are oval, spherical, or more prolonged (0.0004—0.0015m. and more). Sometimes they present no nucleus, or an almost imperceptible trace thereof; but the larger ones contain almost always nucleated cellules, sometimes two, or even more. These nuclei lie usually in the centre, but very frequently also at the end of the cells. We can often trace the successive development of these cells from a spherical one of the smallest size to an oval cell, and thence to a filament; and there is no doubt that the smaller cells are sporules, out of whose

development the larger oval cells are formed, and finally the filaments in the same manner as has been observed in other fungoid growths of this nature. The sporules above noticed bear a strong analogy to those of yeast, not only as regards their external form, but likewise in their power of resisting chemical reagents.

Cholera.—Mr. Herapath, the chemist, of Bristol, says that the infecting aura of cholera, although not sulphuretted hydrogen, or that acid in combination with ammonia, may be destroyed by exposure to a temperature of about 300° F., and by an atmosphere containing chlorine; it is capable also of being absorbed by transmission through nitrate of silver, which it tinges red; it cannot be propagated by inoculation, but easily by entering the air-cells of the lungs.

THE PATHOLOGICAL SOCIETY.

(Meeting Oct. 18; about from 40 to 50 present.)

Dr. Ward presented the stomach of a child, partially dissolved by the gastric juice, for the inspection of the members present. The patient from whom it was taken was nine months old. When first seen it was suffering from violent diarrhoea—to such an extent, indeed, that the fæces seemed to pass in almost a continued stream. There was considerable emaciation. Some medicines were administered, which seemed to produce beneficial results. No nourishment, however, was taken, except the mother's milk. Eventually the child wasted away, and died—the diarrhoea ceasing before death. The *post-mortem* examination showed the intestines contained a considerable quantity of blood, especially near the cæcum. On raising the stomach, the finger easily passed through its coats, and throughout its great curvature it was apparently digested, the cellular tissue and peritoneum alone remaining. There appeared no other cause of death but exhaustion from insufficient diet.

Dr. Peacock submitted a heart malformed, for examination. It was that of a young man, a patient of the Royal Free Hospital. He had been for two years in a declining state of health. Had been troubled with a cough, and expectorated considerably at different times. Six weeks before his admission into the hospital he had spat up blood. He was greatly emaciated when admitted. He had then a frequent cough, with muco-purulent expectoration; pulse frequent and feeble; right side of the chest flat; left fuller and more rounded; pulsation of the heart dull over a large portion of the chest. A loud murmur was heard most intensely over the left nipple, which was also audible at the top of the sternum. No remedies seemed to benefit him, and he died.

On opening the chest, the right lung was found studded with tubercles. In the left the tubercles were consolidated. There was considerable effusion into the pericardium, and the heart was much enlarged. The pulmonary artery was greatly contracted at its commencement. Foramen ovale open; liver, spleen, and kidneys of a large size. There were no symptoms of cyanosis before death; and the murmur which was heard was more characteristic of disease of the mitral valves than of the pulmonary artery.

A specimen of disease of the forearm, in which amputation was performed, was presented. The patient was a man seventy-six years of age, who about six months ago had his hand forcibly twisted round by a cart wheel. About two months after a small tumour appeared on the forearm, and he became a patient at Bartholomew's Hospital, which he left of his own accord. He then placed himself under the parish surgeon in his native place, who punctured the tumour. It continued to increase, however, till admitted into the Royal Free Hospital. The forearm was then greatly swollen, and on its centre was a large sloughy wound, which when cleansed exposed to view the two bones and interosseous ligament. Subsequently a spongy growth began to develop itself, and hemorrhage occasionally supervened. To save the old man's life amputation

was proposed, to which at first he would not consent. Eventually, however, the limb was removed above the elbow. Upon examination of the diseased part nothing but blood and pus globules could be discovered.

Mr. Beckett presented specimens of testicles affected with strumous disease. One case which occurred in the practice of Mr. Cooper, and by whose permission the diseased testicle was brought before the society, was that of a man, thirty-six years of age, who had suffered from gonorrhoea, but was perfectly cured. Some months afterwards the testicle began to swell; fomentations and leeches were applied, but suppuration occurred, after which he recovered. This took place nine or ten years ago. The testicle always continued of a larger size than the other. Last April the testicle began again to enlarge, and at length suppurated; and on Tuesday last Mr. Cooper removed it, more on account of the inconvenience it produced than anything else. The tubuli, on examination, appear indistinct, and there is much matter of an inflammatory character.

Mr. Ward gave a brief history of a case of stricture of the œsophagus. The contraction of the œsophagus was so considerable that the little finger could be scarcely admitted, and below the stricture the canal bulged out into a sack of considerable size, with irregular walls denuded of mucous membrane. There were two or three openings, so that the rings of the trachea were exposed, and granular cells were observed under the microscope. Before death little had been attempted. Bougies had been occasionally passed, but as they occasioned great pain they were eventually discontinued. The patient was troubled with dyspnoea, loss of rest, and everything which he attempted to swallow was thrown back again.

The President related a case of disease of the heart and mitral valves, and presented the diseased parts for examination. The man from whom they were taken had suffered from enlarged heart for a considerable time, and frequent attacks of rheumatism, which injured his constitution. Ten days ago he came under the care of the president with symptoms of obstructed circulation—pulse beating irregularly, as in morbus cordis; dulness of the chest on percussion extending over the anterior portion of the chest, particularly across from one nipple to the other; pulsation in the jugular veins perceptible to the eye; there was a harsh murmur in the epigastrium. Instead of the impulse of the heart being distinctly felt on the left side, it was difficult to say where the apex of the heart was—a proof that the organ had altered its shape, having become globular, so that its impulse was perceived over the whole chest, even to the epigastrium. There were also other symptoms of heart disease. Diagnosis—pulmonary apoplexy, which, at the *post-mortem* examination, was found to be the case in the left lung; the right was dark and congested; the heart was enormously enlarged, and its form altogether altered; mitral valves diseased; there was a deposit of osseous matter in the aorta. The apex of the heart was changed, the great prominence of the left ventricle pushing so much forwards that the whole front of the organ appeared to be occupied by it. In consequence of this the murmur was heard in the peculiar situation noticed during life.

A specimen of cancerous tumour of the lung was presented by permission of Dr. Hamilton Roe, who had attended the patient, a hard-working boy, thirteen years of age. He first complained about Christmas last, suffering then from a cough, with expectoration, unattended with pain. Three weeks ago an attack of hemoptysis came on, and there were pains in both sides. The patient, however, slept well, but had slight sweats during the night. When first brought under the care of Dr. Roe, the left thigh and arm were larger than usual. At the autopsy, on removing the sternum, the pericardium was found distended, and on puncturing it sixteen ounces of serum escaped; the right auricle hard, and the walls of the muscle extremely thin. On cutting

into the apex of the right lung a large cancerous tumour was discovered. Liver and kidneys natural; left jugular much dilated.

In the room we observed the excellent portraits, belonging to Mr. Corfe, illustrative of his papers "On the Classification of the Physiognomy of Diseases," now appearing in the pages of the *Medical Times*, and which excited the admiration of the members of the society then present. Copies of these portraits will be published, which will give an additional interest to the papers, now in the course of publication, "On Semiotics."

TO CORRESPONDENTS.

THE *MEDICAL TIMES* may be procured by an order on any Newsmen or Bookseller, or it will be sent direct by post from the Office of the *Medical Times* to Subscribers sending by a Post-office order, directed James Angus & Co. Corfe, or an order on some party in town. One Guinea IN ADVANCE, which will free them for twelve months. Half-yearly Subscription, 13s.; Quarterly, 6s. 6d.

A HANDSOME PORTFOLIO for holding the "*MEDICAL TIMES*"—very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price 6s. An allowance is made to the trade.

COPIES FOR BINDING the Numbers of the "*MEDICAL TIMES*" are now ready, and may be had, by order of any Bookseller, or at the Office, price 1s. 6d.

F. G. F., Frome, Somersetshire.—The account of the meeting was not duly authenticated, or it would have been noticed in our columns. Our friends should forward their names in confidence, when they wish particularly to have their communications inserted. It is necessary in the large amount of correspondence which we have weekly to inspect that great circumspection be used in the acceptance or rejection of communications.

Alpha.—The letter deals too much in generalities. If a particular dereliction of duty in any of the officers of the institution be mentioned and authenticated it shall be published.

Mr. Lockstone.—The College library is accessible to gentlemen who are not members on certain conditions, easily fulfilled.

Dr. F. Beecham.—The communication has not been received, for which we are unable to account. If our correspondent will write again, it shall receive an early notice.

M. D., Edinburgh.—The London College of Physicians forbids any of its fellows or licentiates to practise pharmacy on pain of expulsion.

Argus.—The quack is contemptible, and his medicines deleterious. We know of no means of putting him down except public exposure; the law, under present circumstances, cannot touch him.

A Young Surgeon.—We cannot recommend any particular place where there is a probability, after a time, of acquiring a moderate share of medical practice. An advertisement may, perhaps, be the means of directing our correspondent to some professional gentleman who would relinquish practice in his favour on certain conditions.

A Country Practitioner.—The Apothecaries' Company is the party to whom application should be made. A prosecution no doubt could be sustained, and it is likely the Society would take up the matter by giving them in duty.

Chirurgus.—We are aware of the crusade of the College. The conduct of the council in not regarding its high standard of professional education as important, leads to a strong suspicion that the inspection of museums is intended chiefly to promote individual interests.

Chemicus.—Those who sell poisons must be licensed in France; in our own country any ignoramus may sell arsenic or prussic acid without danger of prosecution.

A Student, City.—Celsus and Gregory must be grossly misapprehended in the examinations at the

Hall. There is no fear of passing when the candidate is furnished with a fair knowledge of the profession which he intends to practise.

We are indebted to Mr. Garrick, of Halifax, a gentleman who has done much for poor-law medical officers, for a very interesting summary of his poor-law practice. He is likely, we presume, to lend his assistance to the Convention, in the proceedings of which we hope to give his summary, with any additional remarks.

Mr. Pearson informs us, that every medical officer of the Prescot Union attended the meeting announced in another column.

Numerous communications with which we have been favoured, forming probably proceedings of the Convention, will be noticed on other occasions. We have to reiterate our acknowledgments to the obliging authors.

Mr. Anderson.—The disappointment is at present unavoidable.

A Subscriber.—The examination for the fellowship is held three times in the year, at such periods as the council may determine.

Amicus has sent us a communication in reference to "a disgraceful transaction which took place in the men's accident ward, Guy's Hospital." The letter cannot be inserted without being authenticated. We cannot find the name of the party referred to in "The Directory."

Dr. Woollam, Ashton-under-Lyne.—The request shall be complied with next week.

A Subscriber and General Practitioner is thanked for his remarks, which shall receive all due consideration.

Medicus.—It is not usual to deduct the items referred to.

A Subscriber, writing in reference to Lunatic Asylums, must stand over for the present.

Dr. J. C. Hall, East Retford.—We shall be happy to publish a communication from our correspondent on the subject referred to.

Mr. Edward Daniell, Newport-Pagnell.—The paragraph shall be inserted.

Mr. Allison, East Retford.—We feel obliged for the information.

We beg to offer our thanks to Dr. Gillkrest, Inspector-General of Hospitals, for the interesting paper received from him, which shall appear next week.

A correspondent, who writes to us on the subject of Lectures on Organic Chemistry, is informed that a course has just been published in the "*Pharmaceutical Times*."

Iatros, Glasgow.—The paper forwarded on Chlorine in Phthisis is under consideration.

Dr. W. H. Brown.—We must allow the subject to drop. Requiescat in pace.

A Looker-on.—The communication on the Poor-law Medical Relief Movement has been received.

H.E.I.C.S., Edinburgh.—The paper on Asiatic Cholera has been received, and we will endeavour to find a place for it in our columns next week.

H.—We do not notice nameless inquiries.

We have received Mr. Warder's communication. We have at present no space for its insertion, although we concur in the justice of some of the writer's observations.

Medicus.—We published a course of lectures by Lallemand on a subject akin. The work itself of a French surgeon (on Spermatorrhoea) has been recently favoured with an English dress by Mr. M'Dougall.

A Student's question has been already answered.

Q.—We have no space to notice what were the results of the many actions of libel by Bransby Cooper, Tyrrell, Macleod, Guthrie, Collier, and others, against the "former editor of one of our contemporaries."

A Surgeon should attend the Convention by all means. His reception by the M.P. named was certainly none of the most courteous, considering the subject.

A Duped Author.—The complaint is certainly a legitimate one, but we prefer not to be the mediums of its publicity.

Letters and communications have also been received from Mr. Anderson; Amicus; Dr. Woollam, Ashton-under-Lyne; A Subscriber and General

Practitioner; A Subscriber; Mr. Edward Daniell, Newport-Pagnell; Mr. Allison, East Retford; A Student, City; Chemicus; Chirurgus; A Country Practitioner; A Young Surgeon; Argus; M.D., Edinburgh; Dr. F. Beecham; Mr. Lockstone; Alpha; F. G. F., Frome, Somersetshire; Dr. S. Palmer, Birmingham; Mr. G. Corfe, Middlesex Hospital; Mr. C. H. Hallett, Edinburgh University; Dr. Gillkrest, Inspector-General of Hospitals, Lane's Hotel, Regent's-park; Iatros, Glasgow; Dr. W. H. Brown, Putney; A Looker-on; H.E.I.C.S.; Mr. Alfred Eberworth, Bulwell, Notts; Mr. Worke, Newtownhamvady; Mr. Elliott, Epsom; Mr. Pincott, Chipping-Ongar; Mr. Harvep, South Petherton; Mr. Turner, Tamworth; Mr. Lambden, Coningsby; Mr. Orton, Cheltenham; Mr. Blundell, Landport.

THE MEDICAL TIMES

SATURDAY, OCTOBER 23, 1847.

THE POOR-LAW CONVENTION.

THE COMING WEDNESDAY.

It would be impossible to describe the solicitude and interest with which the approaching meeting is regarded. The public journals are already beginning to mirror the general feeling. The *Daily News* furnishes its quota of poor-law contributions; and to the *Times*, with several letters, we owe an excellent leader.

As to the progress of the Convention, we have no anticipations save the happiest. There will, we cannot doubt, be the best mutual concord and good feeling. There is but a sole object: and that a public one: all beside it will be too harsh and discordant and obnoxious to be even named. Personalities, as regards either poor-law guardians, commissioners, or even professional disturbers, are needless, and to our minds beneath the notice of the Convention's dignity. The public business to come before it is higher and far more important, and is quite enough to occupy all attention.

There should be no talk or semblance of trade combination. Injured men in large numbers, embarked in a common cause, need no useless bravado about possible contingencies. Power possessed dispenses with the boast of power. What the probabilities are, we say not, further than that they are obvious, and will be invited by no prudent statesman.

That the proceedings will be practical, vigorous, and full of decided action, we cannot doubt. There has been abundant time for preparation; and evidence irrefragable already exists to win conviction from any Home Secretary of average capacity. System, order, decision, and talent, and we shall take up a position strong, resistless, and insurmountable.

GUY FAWKES DAY AT THE MEDICAL SCHOOLS.

"Ridentem dicere verum,
Quid vetat?" HORACE.

THE important day has just past, which, in the annals of our profession, holds such a distinguished place. We considered it our duty, a week or two since, to make some especial observations in reference to the feelings which the 1st of October excites in the bosoms of old and young—the successful and unfortunate of the sphere of medicine. We have no doubt but our readers were well convinced of the truthfulness of our remarks, and, in thought, realized once more the

pleasing sensations which that happy period produced when the first entrance upon the student's life was made.

We have been disposed to view this period, however, so pregnant with joy to youths just emancipated from the trammels of their parchment-slavery, and which, in after years, produces in the mind such sweet and sad reminiscences, as bearing a very close analogy to a day big with delight to every schoolboy, and which is distinguished by the name of "Guy Fawkes' day." There is not a seminary throughout this part of the kingdom where the pyrotechnic art is not then called into requisition to please and astonish the gaping youths. The "professors" are wont on those occasions to put forth their best talents to produce a brilliant display; and he receives the most plaudits whose fireworks produce the greatest blaze and most noise. Of course, the exhibitions end altogether in smoke: both parties, however, concerned being abundantly satisfied—the artist with the money pocketed, the youthful spectators with the sights they have beheld; and each at the same time wishing for a speedy return of the happy day.

The 1st of October is "Guy Fawkes' day" in the medical schools of this metropolis, for which the professors make the best preparations in their power to let off, for the benefit of the *alumni* and themselves, those literary pyrotechnics which are generally known by the name of "introductory lectures." These works of art are as varied in their appearance and merits as those material fires which we have now selected as parabolic emblems of intellectual things. In some departments of the metropolis the youthful spectators had to content themselves with the bounce and smoke of noisy crackers; in others, they were favoured with the more brilliant exhibition of serpents and Roman candles; in others, a species of Greek fire was let off, which was intended not to damage the persons of the spectators, but simply to fix upon their pockets, so that the cash therein contained should drop into the hands of the skilful pyrotechnists; in others there was a grand display of rockets, which, having ascended far into the regions of space, assumed the shape of flowerpots, containing a choice assortment of the flowers of rhetoric. We have understood that two, or three of this kind of fireworks, immediately on the application of the match, exploded, and did no small damage to the manufacturers, their feelings being severely wounded, and their pockets greatly damaged. Indeed it is no uncommon thing to see compounded by mediocrity of talent, on these occasions, such mixtures of thought and expression, that, instead of attaining to the sublime, the wretched compounds explode into the ridiculous.

We have been thus far general in our remarks; it will, perhaps, afford increasing gratification to our readers if we become a little more particular. And here we must be understood as not confining our description to the displays which were made on the 1st day of October, but also to the subsequent ones, on which introductory lectures were delivered. The children of this world are said to be wise in their generation, and so are the gentlemen who occupy the important posts of professors in the London schools. Hence they have manifested especial care in so arranging the exhibitions to which we refer that the students may lose as few opportunities as possible of witnessing the works of art.

The first deserving of notice, on account of its name, is the school connected with the hospital

founded by the eccentric and wealthy Thomas Guy. In former times the genius of Sir Astley Cooper was sufficient to render the teaching establishment so celebrated as to attract no small number of pupils, not only to the surgical but other lectures also. Since his decease the glory is departed, and Guy's day at Guy's presented no very brilliant display of the fires of genius. A-jack-in-the-box, however, discharged by Mr. Bramby Cooper, went off rather satisfactorily to some of the gentlemen connected with Longman's establishment, who, nevertheless, were thought to look, amid the coruscations of light, rather blue.

The Royal Hospital of St. Thomas, on the opposite side of the way, had the most brilliant exhibition. Mr. Green proved himself a skilful pyrotechnist in the rocket department, and the youngers manifested their approbation of his talents in the usual way with hands and feet.

At Bartholomew's, President Lawrence was, of course, considered the principal artist, in consequence of his connection with the Lincoln's-inn establishment. The illustrious gentleman, as the profession well knows, has shown himself an adept in the fabrication of combustibles, as he on one remarkable occasion actually "blew up" the College of Surgeons. There was no fear, however, of a blow-up at Bartholomew's, for the result would have been particularly disastrous to his own pocket; the worthy gentleman, therefore, to show his contempt for the spectators, while he would do something to please them, merely let off a few pin-wheels, the cases of which were afterwards found to be composed of some old manuscripts in his own writing, evidently intended for some journal, on which could be distinctly seen the words "bat," "owl," "noodle," "ape."

At King's College much skill was displayed by the professors, and great satisfaction by the young gentlemen who were brought together on the occasion, and we understand that a goodly number entered to the various classes.

It must, we think, be acknowledged, by those who have directed their attention to the subject, that the custom which has so long prevailed of giving introductory lectures would be "more honoured in the breach than the observance;" they add nothing to the reputation of a lecturer, and nothing to the information of the student. As literary productions, many of them are below mediocrity, being such medleys of ideas and diction that, if they were to be valued, as Joseph's coat was, for its many colours, they would be, without doubt, beyond the power of the most learned individual to estimate their worth. With some, moreover, it was once the fashion to paint the future in the most glowing colours, professional success being exhibited as inseparably united to true merit. This experience has proved, in numerous instances, to be false, for individuals possessed of no ordinary talents have lived in obscurity and died in poverty. Such statements as these to which we refer are, therefore, offences against truth which cannot fail to add weight to the sufferings of individuals who, in spite of talent, meet with little of the world's patronage in after life. In the schools flowers of rhetoric may be very pretty, but they smooth no asperities in the rugged path over which the travellers will afterwards have to pass in their journey through the world.

Less injurious by far are those introductory discourses which give an account in one hour of the healing art from the beginning of the creation to the present time, without being enriched by

one idea deduced from original inspiration. The natural effect of such a lecture must be to produce an inconceivable somnolency, which not even the most potent draughts of the best hyson or powerful shocks from a galvanic battery would be able to overcome—the name of the "illustrious Hunter" being alone sufficient to awaken the drowsy auditory to life and activity, as it assures them that the lecturer, having arrived within the circle of the present century, has come to the termination of his own discourse.

If the practice is to be continued of opening the medical year by introductory lectures, we hope that they will be increasingly adapted to the condition of the age. It is to the honour of some professors that they have already ceased to walk in the beaten path, and have thus set an example worthy of imitation. Honourable-minded men will, on these occasions, be as much concerned to benefit the student as to obtain his money; and he ought to succeed in obtaining the most pupils who is best adapted to instruct them.

MADHOUSE FRACTURES AND TUB BEDSTEADS.

It is usually understood, not only by philosophers, but individuals possessing the most ordinary minds, that no effect can exist without a cause. This axiom does not seem to hold good in some of the asylums established for the care of lunatics, two cases having occurred within the last few months—one at Grove-house, Bow, and the other at the Lincoln Lunatic Asylum—in which the ribs of maniacs have been fractured without any assignable cause, if we are to judge from the verdicts which coroners' juries have returned.

A singular inquest was held at Lincoln, last Monday week, on the body of a man named John Cottingham, whose death there was some reason to suppose had been caused by violence. This man was admitted last August as a patient into the Lincoln Asylum, and according to the evidence of Thomas Beech, an attendant in the establishment, he was not a refractory patient, but was mad chiefly on the subject of money and great personages. A few days after his admittance into the hospital, he complained to different persons of violent treatment from one of the keepers, named John Smith, under whose care he had been placed. This Smith, the patient asserted, had broken some of his ribs, and whenever he was taken hold of he suffered great pain, and could scarcely bear his side to be touched. The patient also complained to Mr. Walsh, the house-surgeon, who, having examined him, reported that there were no ribs broken. From this period the health of the man sensibly declined; he had an attack of dysentery, from which he got better, but became daily emaciated and exhausted, and ultimately died. A post-mortem examination was instituted, which Mr. Walsh conducted, when he reports that he found *four ribs broken*, *adhesions of the pleura*, *aneurism of the aorta*, and a brittle state of the bones. From the appearance of the ribs, the surgeon concluded that "they must have been broken a short time before death, there being no union of their surfaces, and no lymph thrown out." He, however, gave it as his opinion that, the deceased being rather advanced in life, the bones would not unite so soon as in the case of a young person. The cause of death reported on the surgeon's book was "death from maniacal exhaustion," at the same time Mr. Walsh stated that he had not the slightest

idea "how, or when, or where the deceased had his ribs broken."

Mr. Edward Broadbent made a second *post-mortem* examination on the morning of the inquest. He found the body emaciated; no bruises externally. On investigating the chest, he discovered three ribs broken on the left side, and two on the right. There was sufficient inflammation developed to prove the fractures had occurred a short time before death. Mr. Broadbent was also of opinion that the fractured ribs had not caused death, but that this was produced by decay of the system.

There are circumstances about this case which are not a little mysterious, and which will leave a very unfavourable impression on the public mind towards madhouses, and the manner in which they are conducted. It is remarkable that this insane man should complain, a few days after his admittance into the hospital, that the keeper, Smith, had ill-used him, and broken his ribs; and that, according to the evidence of Wm. Forster, the chief attendant of the establishment, he made one continued statement, which he repeated even in his lucid moments. Shakspeare speaks of men being sometimes favoured with "a lightning before death." This poor maniac seems to have been thus favoured, having a foreknowledge given him that previously to his departure out of this life, his ribs would be fractured, which, from the confused state of his mind, he considered as already accomplished; that Smith, his keeper, had cruelly done it; and with this impression he felt all the pangs which five broken bones must necessarily produce when he was moved about from one place to another. Still further, it is singular that this John Smith, who had been only in the establishment since July last, should state that the deceased had fought with him on one occasion, and that he recollected the patient's falling once after he had struck him, and that shortly after he said that his ribs were broken. Moreover, it is rather an unfortunate circumstance for Mr. Smith that another patient, of the name of Johnson, who is since dead, also complained that he had been ill-treated by him about the same time that poor Cottingham was possessed with the idea that his bones had been broken. However, as the surgeon, when called in, could discover no injuries, a "tub bedstead," in which the deceased lay, was found guilty; as was, also, one at Grove-house, Bow, of causing those fractures which had been unjustly attributed to the brutality of the keeper.

Admitting that the facts which were elicited at the inquest contained the truth, the *whole* truth, and *nothing* but the truth, we cannot help arriving at the conclusion, that there is much mismanagement in the Lincoln Asylum, although there the old practice of restraint by strait waistcoats and heavy irons has been very properly abolished. We should like to know how it came to pass that this poor man who, according to the witnesses, was in a dying state two or three days prior to his death, was left in such a manner as to be the means of inflicting severe injuries on himself, and which were not discovered by the surgeon till the autopsy. We should wish still further to be informed by what means a "tub bedstead" could break three ribs on the *left* side, and two on the *right*, near the spine. It is usual in the case of an injury from a fall, producing fracture, to find it only near the part which comes in contact with the external substance producing the injury; but here are fractures on *both* sides of

the chest of yielding bones, so that the one concussion could scarcely have been the means of producing two distinct injuries at a distance from each other; especially as the dying man must have been so little affected with his fall as to be able to get over the elevated sides of the bedstead and lie down. Mr. Walsh, the house-surgeon, speaks only of *four* broken ribs, and says nothing of their different situations. Mr. Broadbent affords us more information when he tells us of *five*, three on one side of the chest and two on the other. The verdict of the jury is what is called an open one—that is, the matter is left just as it was found; it is as follows:—"That the deceased, from the evidence, stated some weeks back that his ribs had been broken by an attendant; that the house-surgeon, upon this being reported to him, examined the deceased and found that he had no ribs broken; that upon a *post-mortem* examination it was found that the deceased had five ribs broken, but there was no evidence to prove when, how, or by what means the fractures took place; but by the evidence of two medical men, the cause of death was not from the fracture of the ribs, but from disease and maniacal exhaustion."

The affair is not calculated to raise professional evidence or lunatic asylums in public estimation; and it goes far to prove that in the best-regulated institutions there are defects which the Government ought to see speedily remedied.

AN APOLOGY FOR A GOOD ACTION.

THE assertion is a poor compliment to human nature—but history sustains its truth—there is no deed of virtue immortalized in our day that was not put on its defence as a crime in its own. It is part of the consistency of evil that ill-organized heads should be as busy in the accusation of right as in the accomplishment of wrong; and from the moment such persons are by a low code of feeling or morality placed in the ascendant, the worst defence is a good conscience, and the greatest crime a worthy action.

We suffer under this law of history like others. At this moment there are actually persons in paroxysms of anger and indignation at our good behaviour to the poor-law doctors. Once a week regularly does that unfortunate merit win us a whole litany of obstreperous vituperation. Our criminality seems to have past endurance the moment we lent the right hand of support to the oppressed union surgeons. We could not have fared worse had we killed some unfortunate *savant*, burnt a house or two, or, tasking probability to the utmost, played the part of hangman in ordinary.

Unconscious criminals—malefactors whose consciences know no reproach—we involuntarily turn round and ask, with all the innocence we are *not* accused of, What, then, have we done? in what have we so sinned? Just this. For months and years we saw union surgeons under a bondage almost Egyptian; and, after many expressions of our opinion, the time being propitious, at length resolved on more active intervention. We obtained a free vent for their suppressed murmurs; a binding chain for their disordered sympathies; we put man in communion with man, bound scattered forces into one aggregation, and, while showing how all might work best together for a common benefit, presented a gentleman—when week after week none others offered—who at length consented to be the toilsome messenger of their

mutual behests in initiating, as their instrument, the movement that all called for, but none undertook.

An honest, open work, done in an honest, open fashion, is, of course, not enough for the exalted purity of your canonist of "The Newgate Calendar." Such profound authorities are learned in "motives;" and, as they can afford to let none be better than their own, ours occupy, of course, with them no very creditable level. Miserable men! who do not know that right is an attraction and a joy, and that to do a duty is itself an all-sufficient reward. It is almost the only reward medical journalism offers in all phases; and certainly herein is all that can, or will, or shall arise from our humble labours. Mean, contemptible, and silly—as well-known precedents show—are all attempts of newspapers to hang like ragged urchins behind other people's vehicles, or to make great movements play secondary parts to small matters of private merchandise: essentially different enterprises should rest for their support on their own independent and separate foundations: and perish for ever the *Medical Times* rather than that for one moment, losing its independence, it should live as the exhausting parasite or oppressive dictator of organizations professedly public!

GENERAL MEDICAL ANNUITY FUND.

TO THE MEDICAL PROFESSION THROUGHOUT THE UNITED KINGDOM.

GENTLEMEN,—I deem it expedient, after our two years' labour in the glorious cause of humanity, and while the statistics of our proceedings are fresh and fairly developed before you, to again address you, to again enlist your sympathy and assistance, and once more to obtrude the pressing emergency of a cause which speaks alike to your heads and to your hearts.

It would be a work of supererogation, with not a little of tautology, were I to run over the many reasons for the establishment of this institution; you will find them scattered throughout every paper which I have written upon the subject, and which I have published not only in separate and distinct forms, but in the pages of nearly all the leading medical periodicals. Every day brings fresh cause for energy and perseverance; some new fact full of painful interest is constantly presenting itself; so that to be indolent and lukewarm would neutralise all I have done, and be fatal to the accomplishment of that object, to the final settlement of which I devote the remnant of my existence, and the exercise of every talent and ability I may possess.

Although I am in possession, through the kind information of my correspondents, of many cases of destitution amongst the families of departed worthies in our profession, I have not presumed to excite your feelings by personal reference—I have not indelicately thrust upon your notice that which was committed to my keeping in private communications—or I could "a tale unfold whose lightest words would harrow up your souls;" yet is there one case now so prominently before the public that I cannot be thought impertinent or out of place if I constitute it a text for a somewhat lengthened commentary. I allude to the lamented death of Mr. Walker, of Manchester. I need scarcely dwell upon the merits of that gentleman; his value is appreciated by his professional associates, who, despising all rivalry, all weak and paltry jealousy, and every spirit inimical to the growth of brotherly love (alas! too rife in our profession, the curse of our otherwise beneficent calling!) have with one accord held his virtues for our admiration, and his high professional acquirements as a spur to our own industry, and as an additional cause for our lamentations; but they have coupled this commemoration of his virtue and his talent with

the awful intelligence of a fallen family, a widow and fatherless children, rendered wholly destitute by this afflicting visitation.

It is said that talent and industry joined to good conduct are certain to obtain for their possessors wealth and distinction, that these qualifications must command extensive employment and, consequently, large emolument; but in our profession it must presuppose length of days, ample and extended scope, sure patronage, and ready payment.

I am not prepared to say what might be the extent of the practice of this lamented gentleman, and how far that practice was of a remunerative kind; we know from his published labours that he deserved support, and we are ready to testify that ophthalmic surgery lost in him a valuable and erudite professor. But for all this, the fiat which bade this great and good man pass into the invisible and eternal world opened the doors of his earthly home to the squalid forms of Poverty and Destitution!

And now what are you doing to avert the calamities which these fiends necessarily entail? Appealing to the humane and charitable to assist by their contributions the widow and the orphans; and you do well, in the absence of any better mode of support. But oh! had the co-operating fund which I have so strenuously urged upon the profession been in that full exercise which it ought to have been, after the first suggestion of Dr. Perdval, now nearly fifty years ago, what a magnificent provision would have been afforded to the bereaved widow and poor destitute orphans! Think, if the 20,000 or 30,000 medical practitioners of the united kingdom had for fifty years been pouring their annual guineas into the treasury of a self-supporting institution such as I am now feebly advocating, what a vast amount of human misery would have been averted; what sin and evil, generally consequent upon fallen fortunes, would have been prevented; and how much of mental agony and distress would have received the unction of sympathy and care! Oh! my heart bleeds when I look upon these shadows of the past, and think by what a small effort they might have been dispersed.

Gentlemen, it is never too late to mend. I have said it, and it was once controverted; but I say it again, and I defy all the sophistry of the earth to controvert its truth:—"We have been criminally negligent in this matter;" we have overlooked our own homes, and spent our philanthropy upon the stranger. We have shut our hearts to the cries of our brethren, but have opened them to those who are not of our household. It is a blot; it is a stain; but let us resemble the noble of Brittany, who, forced to the exercise of a mean employment to sustain his tottering house, found, after the elapse of years, one spot of rust upon his sword; he dropped a tear upon it, and as he sheathed it said, "I will find some other way to rub it out." There is a blot upon our escutcheon; find a way to rub it out! The institution now established, and which perhaps may owe its present position to my humble endeavours, comes at this time upon your notice without any extrinsic protection. When first promulgated, and up to the last meeting of the Provincial Association, it appeared before you as a portion of that important society. Circumstances which it is unnecessary again to repeat severed that connection, and it has now assumed a purely independent character, willing to stand or fall on its own merits; like truth, in its pure and native simplicity, it has been stripped of adventitious ornament, and claims your protection on its own intrinsic value.

Is it necessary to ask you, as professional men, whether, considering your acquirements, your position in society is as it ought to be; whether the amount of remuneration for your services equals the duties you have to perform; or whether those onerous and painful duties are estimated by the public in an equal ratio with the duties of other men, who neither experience your anxiety nor are subjected to your privations? Have you not in a peculiar manner been the objects of systematic oppression, and your public

services either claimed as a right or paid for in a manner which would disgrace a gentleman's butler? Look through the advertising columns of any public print, and there will be found ample replies to these queries!

Is there scope for the acquisition of wealth in the practice of our profession equal to the opportunities afforded to the merchant or the tradesman? Does our calling enable us to speculate with capital, if we possess it, like other occupations? You know that you are permanently fixed to the circle of your practice like mill horses, and cannot quit your post, even to advantage yourselves in matters unconnected with your profession, without endangering a business which may, perhaps, have cost you half a life to acquire. Again, are you paid for your services willingly, as the tradesman or the mechanic? Your debts are generally the last upon the list for payment, and are usually liquidated grudgingly; but few are grateful for the vast and important services you have rendered; the majority accept them as matters of course, and think me more about it. From all this, I conclude that, although your profession has the marks of gentility about it, and men touch their beavers to you in token of respect, yet the probate for your last will and testament is not an overwhelming item in your executors' expenses.

That men have acquired wealth in the exercise of our profession is very true, but, compared with the aggregate, they are a very small minority; nor have we the chance, as in other professions, of rising by extraordinary merit. Unlike the law, and unlike the church, there are no state mantles to cover us; no snug sinecure homes with vines and figtrees under which we may shelter our forms when the sun of our existence is temperately setting. Then who are the judges of merit in professional men? Not crowns nor coronets, lordings or legislators, for the annals of charlatanism are rife with the patronage of the great.

The extreme high or the extreme low are the best supporters of quackery. The middle classes are the intelligent practitioners' best supporters, although they occasionally become inoculated with some popular absurdity, and are led aside from their usual sober thinking and wise precautions. The age is not sufficiently advanced in intellect to discover an analyzing *menstrua* for true talent, or a test for the detection of a spurious material; hence it is that the scientific and practical man, who starts into life without capital or patronage, finds the hopes and expectations of his early career nipped in their first buddings; a fiery and scorching spirit breathes its withering influence over him; the blooming petals of his opening genius, which promised a beautiful expansion, remain and perish on their calyx, while the sere leaf of poverty and neglect disfigure the promise of a flower.

"Full many a flower is born to blush unseen,
And waste its sweetness in the desert air."

I do not think I have exaggerated in the least the anomalous condition of the great majority of medical men; and although the duties we have to perform are often of a public character, and dangerous to life as the strife and fury of the battle-field, yet we have no kindly assistance from Government in the way of pension, except in a military capacity, should disease or calamity overtake us. The rough and uneducated soldier receives the protection of the state if he suffer in the service; while the accomplished practitioner, whose combat through life is with more insidious enemies than opposing armies—enemies who enter the camp beneath the wings of the destroying angel, noiseless and invisible, raging "at noonday," and spreading more devastating influences, more deep and agonizing terror, than even fire or sword—is called upon single handed to wage war with them. There can be no cessation to his toil, for his mind, his body, nay, his very soul is exercised in the fearful struggle. What, then, is the end of the contest? It may be that he quits the ordeal unscathed, and it may be that the poison of pestilence has infused its venom into his overwrought and excited system: he falls beneath the glance of the winged mes-

senger of death, and crumbles his earthly dust unheeded and unknown, except to those who were dependent on his exertions.

Alas! how many in the annals of professional history have thus fallen "blessed martyrs."

Gentlemen, I do not present these facts before you because you want enlightenment; no, you cannot fail to be as sensible of them as I am; but while you are ready to admit the truth, you have not been equally ready to respond to a remedy.

I have charged you with apathy in matters concerning your own interest, and the interest of those who are near and dear to you; peradventure I have been hasty in this conclusion, and you only needed a tangible project, well digested, and properly brought before you, to rally round it.

My last appeal was well responded to; nearly forty gentlemen voluntarily offered their services as honorary local secretaries, and they are now furnished with the necessary documents for the assumption of their duties. May He who is the God of the widow and the fatherless assist them in their laudable undertaking! You I would remind of an old and trite maxim, "God helps them who help themselves." I entreat you, then, to forget all I have said on laws or governments; tardy as they ever have been, and I fear ever will be, in doing you justice, forget your claims for consideration upon a country barbarous in its judgment of your value and importance, and, with combined energy and zeal, show to the public that, while you are humane and considerate in the exercise of your duties to them, you are not backward in fulfilling a Christian's duty, "providing for the household of faith;" in other words, that you are ready to assist in securing to your brethren a refuge in need, and to their widows and orphans the only solace you can bestow.

I have told you often, and I reiterate the statement, that my object is not so much to propound my own views, as to secure the combined intelligence of the many in the establishment of a project which shall be as free from fault as any human project can be.

Whether what I have propounded is calculated to meet acknowledged wants, does not at this moment require my own individual allegation, for the proposition has received the enlightened judgment of wiser men than I am. I have been flattered by their combined opinion, that the principles I have advocated are worthy of your consideration; but do not on this account relax one moment in the most searching inquiry, nor be backward in furnishing me with your objections and advice, for I would fain establish an institution as free from defect as possible, and containing within itself the principle of a never-ending vitality, and capable in its effects of removing every painful position to which either ourselves, our wives, or our children may be subjected.

I have the honour to remain, Gentlemen,

Your faithful servant,

EDWARD DANIELL,

Newport Pagnell, Aug. 5.

POOR-LAW CONVENTION.

Mr. Daniell has addressed the following letter to the Council of the National Institute:—

Newport Pagnell, Sept. 14.

GENTLEMEN,—I regret that my professional engagements prevent me the pleasure of attending the meeting of the Council of the National Institute on Wednesday next; but I trust to be privileged on another occasion to add my mite to the labours of those gentlemen, whose indefatigable exertions on behalf of the general practitioner entitle them to our warmest admiration and regard; and I regret it, also, that I am unable, on the first meeting of the new council, to personally express my sense of the honour conferred upon me by being elected one of your associates.

Your vice-president and my worthy and excellent friend Mr. Martin informs me that one subject of your deliberation will be the question of remuneration to the medical officers of the

poor-law unions, with a view to a suitable representation to the Government, of the low standard of payment allowed for their services; a subject, in my opinion, of such vast importance, that I may, perhaps, be pardoned in urging you to give it your best consideration. If it were possible to furnish you with an epitome of all that has been said and written upon this subject, there would be but little time for the discussion of other matters, so severely have the profession suffered by the iniquitous and degrading parsimony of the poor-law authorities. Being myself a medical officer, I may be permitted to point out some of the evils which necessarily result from the present system.

Idea of rank and attainment in the profession will not engage in the service, hence the poor are deprived of able and efficient advisers. It is an absurd and wicked notion, although propounded by men in authority, that young surgeons fresh from the hospitals are equally qualified for attendance upon the sick with those whose age and experience have secured the confidence of the public. The science of medicine may be acquired in the study, but its practical application and the true knowledge of disease by the bedside of the patient, and only by patient observation and the reiterated lessons of experience.

If men, whose only aim is personal aggrandisement, receive these appointments, the poor suffer for want of proper remedies; attendance may be exacted, but the medical officer pleases himself what kind of medicine he sends his patients; and, as he is without a high standard of moral principle, he will follow the depraved usages of a selfish community, and give that which costs the least.

On the other hand, if men of true principle are appointed—men who are anxious to do right in the sight of God as well as men, from a conviction that they are accountable beings, and answerable for their deeds before a higher tribunal than a board of guardians—if such men become medical officers of a union, the poor are cared for, but it is at the sacrifice of their own means, and to the gross injury of their families. But in the first case the miserable and parsimonious contractors suffer in pocket, what the poor suffer in constitution—their disorders are cruelly protracted, and thus the pressure upon the poor-rates to furnish sustenance far exceeds what a liberal payment to an upright medical officer would inflict.

In the second case a worthy and excellent individual is compelled to struggle with pecuniary difficulties, be exposed to dangerous and malignant diseases, to breathe putrid and poisonous atmospheres, spend his time and talents in the haunts of destitution and misery, and at the end of the year finds himself considerably minus even in the value of the medicine he has administered. Such, I declare solemnly, has been my lot, and I have proved the truth of the statement several times before the board of guardians in my locality.

Now, to remedy the evil, medical remuneration should not be left to local "boards"—they are wholly incompetent to the question. All should be systematically settled by the Government; and there are now sufficient grounds for such legislation, because Government pays half the salaries of the medical officers. If there be any difficulty in arriving at a just conclusion as to what ought to be an adequate payment for medical services, let them consult the tables of sickness and mortality, and form their calculations fairly from those returns.

Neison, in his "Vital Statistics," has this remarkable passage:—"Suppose a medical practitioner to have within the circle of his patients one thousand persons, whose ages vary from twenty-one to seventy years, and equally spread over that term of life, according to the results here given, he ought to expect 274 of them to be on his sick list during the course of a year; that they would experience 2430 weeks' sickness in the aggregate, and that there would be about sixteen deaths out of that number in the same

time; and, presuming that he were to visit each patient every alternate day, it would produce 8505 visits in the course of the year, or about twenty-three visits daily. Societies and many other public bodies adopt a practice of paying an annual sum for medical attendance and advice; and it will thus be seen that means are available by which to calculate the probable amount of labour and time that may be required for the discharge of such engagements."

It is very likely that these calculations will vary in different districts—in rural and manufacturing counties; but one thing is certain, that a tolerably accurate calculation might be made on statistical principles, and something like fairness might be adopted towards the medical officers—superior, at all events, to the mean, grinding, guess-work system at the present practised.

Should there be a public meeting in London of the union doctors, I shall certainly consider it my duty to attend.

I have the honour to be, Gentlemen,
Your faithful and obliged servant,
EDWARD DANIELL.

To the Council of the National Institute.

POOR-LAW MEDICAL REMUNERATION.

(From the *Provincial Medical and Surgical Journal*.)

There is a point beyond which the farther endurance of burdens and injuries oft repeated becomes intolerable, and where resistance, once fully roused, can scarcely fail to bring relief. To this point we think the contumely and neglect with which the just claims and remonstrances of the medical officers of unions have been systematically received, are rapidly tending to, and at last working out, their own remedy. The fractional weight has been added to the load which renders it no longer bearable—the last drop of water which causes the cup to overflow. However boards of guardians may strive to force from their medical officers the utmost complement of service, for the lowest amount of salary—and however the weakness, or apathy, or both, of poor-law commissioners may for a time suppress the demands for relief, a period must come (we trust it is now come) when the grievances of the union officers, so long unattended to, will be at length redressed.

We have before us a statistical document, furnished by Mr. F. S. Garlick, medical officer for the Halifax district. It is a summary of the visits and medicines supplied to the poor-law patients of the district during the quarter just ended. The area of the district is 990 acres; the population 19,981. The number of fresh orders received from the relieving officer during the quarter was 186, averaging 14.3 new cases per week; the number of visits paid was 686, averaging 50 per week, or deducting the last two weeks of the period when Mr. Garlick was ill from fever, and able only partially to attend to his duties, and drawing the average from the first eleven weeks, 58 per week. The medicines and appliances supplied during the period, mixtures, pills, powders, &c., each of which requires time and attention to prepare, leaving expense out of the question, were 4070, or 313 weekly. Now, the amount of salary awarded for this expenditure of time and funds, and for the medical skill which directs them, is twenty pounds; or one pound ten shillings and ninepence per week (4s. 4d. per day), for taking charge of upwards of 14 fresh cases, preparing and giving 313 medicines, &c., and paying 58 visits, in "courts, lanes, alleys, cellars, garrets, and crowded lodging-houses—places which baffle all description, but which may truly be pronounced sinks of misery, filth, and destitution;" and we may add, from fatal experience, sources of malignant infection, in seasons of epidemic disease, which expose the medical officer to almost certain attack, and too often to the sacrifice of life itself.

Such is a simple statement of the facts of the

case, certainly not an exaggerated one, and we only want a few more such reports as those drawn up by Mr. Garlick, from other towns and districts in different parts of the country, to render manifest by incontrovertible evidence the extent of the evil.

The pressure of this evil has long been endured; it is now, we trust, working out a remedy, and among the first effective steps to its removal must be the bringing together of the medical officers of unions. A requisition, headed by the committee appointed at the anniversary of the Provincial Medical and Surgical Association, at Derby, in August last, for holding a general meeting in London, will be found in another part of this number; and we trust that all those who take interest in this question, and are able to attend, will make a point of doing so. This meeting, to be really effective, should be numerous, and deputations should be sent from different districts throughout the country. We earnestly beg the attention of the members of the Association, and others of our readers, to this point; but the union medical officers must not stop here. District meetings at each county or central town should also be held, that those who have not the opportunity of attending the meeting in the metropolis may strengthen with their aid the efforts of their brethren. Let them come prepared also with such documents as those furnished by Mr. Garlick—the records of their poor-law practice for the last quarter; and, backed by such evidence, their remonstrances cannot fail of impressing the Government and the Legislature; and, we will find hope, the entire country.

INJUSTICE TO POOR-LAW SURGEONS.

[To the Editor of the *Medical Times*.]
SIR,—The interest you have invariably manifested in advocating the claims of medical men attached to unions, induces me to draw your attention to the Art. 177 of the General Consolidated Order, of the 24th of July last, especially in reference to the comparatively few classes of accidents and operations that come within the terms thereof; and, as the poor-law commission is about to be remodelled, I think the present not an unfitting time to expose the injustice we experience under its present form. Now, in common justice to the profession, I would ask, is not the exclusion of such cases as fracture of the skull (a), pelvis, jaw-bone, &c., with concussion and compression of the brain, demanding daily, nay, almost hourly, watching, perfectly unreasonable and absurd?

Again, I consider it very inconsistent that, if any of the accidents or operations specified in Art. 177 take place in the workhouse, no remuneration is allowed. It is not long since I removed a cancer from the breast of a female in the Northleach workhouse; and still more recently a case of fracture of the scapula, or blade-bone, occurred in my district, which caused me infinitely more trouble than a simple fractured arm; and yet, after both these cases being referred to the commissioners, no extra fee for either was obtained.

No difference is made in the rate of payment as regards distance, whether a fracture or dislocation happen within a hundred yards of your surgery door, or five or six miles off.

If, with these facts before you, it is in your power, as editor of a widely-circulated and influential journal, to assist in remedying the existing evils, you will be conferring a great and, I trust, lasting boon to the profession.

I am, Sir, your obedient servant,
JOHN RALPH BEDWELL.

Northleach, Oct. 18.

POOR-LAW MEDICAL RELIEF.

[To the Editor of the *Medical Times*.]
SIR,—As an ex-medical officer under the poor-

(a) The operation of trephining for fractured skull was included in the medical order issued in 1842.

lawsystem, and being now personally disinterested in the matter, by having relinquished general practice for that of the physician, I offer the following remarks for the consideration of those who take an interest in the success of the Convention fixed for the 27th inst. The facts which will then be elicited, I doubt not, will establish the four following points:—

1. That the present system acts with great injustice to the poor.

2. That it is one of those false economies which defeat their own objects, and that in its ultimate results throws many an additional burden on the rates.

3. That it is an unmitigated injury to the medical man, compelling him either to rob himself and his family, or to defraud his poor patients; degrading him in his own esteem and in that of the public.

4. That boards of guardians and other local authorities are totally unfit to have any voice in the election, or any controlling power over the actions and conduct, of medical officers.

The establishment of these positions and the facts concerning them will be of no service unless they are well made known, and made to be felt; and for this object I write this letter, to recommend that they be drawn up in a pithy, forcible style, as short as efficiency will permit, and a copy forwarded to each member of the Government, to every peer, and to every member of the House of Commons, to the editors of every journal of repute, to each poor-law commissioner and assistant-commissioner, and to the chairman of every board of guardians. Let every union surgeon also have a few copies for distribution amongst persons of influence and standing in his neighbourhood. Let strong memorials upon the subject be also presented to the Premier, Home Secretary, and Lord Morpeth; and let a deputation be appointed to wait upon them and urge as strenuously as possible a sweeping reform of the whole system of pauper-medical relief. I will not attempt to lay down what these reforms should be; the united wisdom of the Convention will be better able to deal with that part of the subject; and my own views are such as I do not think calculated at present to meet with favour in a practical point of view, but, as it can do no injury to make them known, I will briefly state that I should like to see the sanitary question combined with it, and instead of a mere Health of Towns Bill, a National Health Bill. There is no small village in the kingdom in which some supervision is not desirable: for this purpose the medical attendants of the poor should be paid by the Government, and sufficiently to support them respectably; be free from private practice, and combine with their other duties those of public officers of health; and as, by doing all in their power for the sanitary condition of their districts, they would lessen their labours as medical attendants of the poor, duty and interest would be combined, and would not be interfered with by the influences private practice is apt to exert in favour of particular individuals. They should make weekly returns, as now, to the boards of guardians, for the purposes of relief; and periodical returns of all matters concerning their avocations to a class of superintendents, of whom one to each county, or even fewer, would suffice, whose office should be to arrange and analyze these reports for a central board in London; to carry out the desires of such central board; to see that the officers under them discharged their duties properly; to take cognizance of complaints, and, when necessary, to institute public inquiries into them; and to perform such other offices as could be reasonably required of them as superintendents of public health and pauper medical relief; and thus, with the central board in London, would be organized a complete system of medical police for all practical purposes.

Your constant reader,

Southampton, Oct. 18. EDWIN WING, M.D.

Dr. William Henry Elliot has been unanimously elected Physician to the Exeter Dispensary.

THE PRESCOT UNION.

At a meeting of the following gentlemen—Mr. Alty, Prescott; Mr. Blundell, St. Helen's; Mr. Pearson, Woolton; Mr. Greenup, Farnworth; Mr. Elston, Rainford—the poor-law medical officers of the Prescott Union, held this 13th day of October, 1847, to take into consideration the necessity of joining the General Convention of Poor-law Medical Officers, to be held in London on the 27th inst., to adopt measures to bring forward the grievances of the whole body before the Secretary of State for the Home Department, in order to obtain redress:

Mr. Pearson was called to the chair, and having read several leading articles of the *Medical Times*, and stated at some length the objects of the meeting, the following resolutions were passed:—

Moved by Mr. Alty, of Prescott; seconded by Mr. Elston, of Rainford:

1. "That this meeting considers the present salaries paid to the medical officers of this union unequal and inadequate, and unanimously think that steps ought to be taken to remedy the evil."

Moved by Mr. Blundell, of St. Helen's; seconded by Mr. Elston, of Rainford:

2. "That increased remuneration having been refused to the district officers, notwithstanding the greatly increased duties which some of them had to perform during the prevalence of fever and distress, especially in St. Helen's and Woolton; and inasmuch as the board of guardians granted a bonus (but a very inadequate one) to the medical officer residing in their own town, but refused to grant anything extra to the district officers; they therefore feel themselves treated with *inequality and injustice*, and beg to have their grievances made known through the General Convention to the commissioners and Secretary of State for the Home Department."

Moved by Mr. Greenup, of Farnworth; seconded by Mr. Blundell, of St. Helen's:

3. "That this meeting agrees to forward a memorial to the General Convention to be held in London on the 27th inst., and that we unanimously request Mr. Pearson to attend the Convention as our delegate, to present the same."

Proposed by Mr. Pearson—"That the best thanks of this meeting be given to the Editor of the *Medical Times* for his strenuous exertions and able advocacy of the interests of the profession."—Unanimous.

Mr. Pearson having acquiesced to the wishes the meeting, Mr. Blundell proposed a vote of thanks, in which the gentlemen most cordially agreed.

THE THAME UNION.

At a meeting of the medical officers of the Thame Union, held on the 14th inst., at the Spread Eagle; Thomas Hugh Hastings, Esq., in the chair; the following resolutions were unanimously adopted:—

Proposed by Mr. Kempton, of Stadhampton; seconded by Mr. Lee, of Thame:

"That this meeting pledges itself to support the 'Convention of Poor-law Doctors' about to assemble in London, for the purpose of securing more adequate and just remuneration to the union medical officers throughout this country."

Proposed by Mr. Knight, of Brill; seconded by Mr. Hastings, of Stokenchurch:

Resolved—"That this meeting, considering the great increase of the general population, and the still greater increase in pauperism, and the increased facility with which any person in at all needy circumstances can obtain a medical order, and the consequent great addition which has lately been made, and which, in every probability, will continue to be made, to the labours of union medical officers, under a specific salary per annum, believes that the only equitable mode of contracting for medical attendance is a per-case system of an adequate amount, when the annual remuneration would fluctuate in proportion to the increase or decrease of the time and labour absorbed."

Resolved—"That Mr. Lee, of Thame, be appointed delegate to attend the Convention of Poor-law Doctors, to be held in London on the 27th inst."

WYCOMBE UNION.

(To the Editor of the *Medical Times*.)

At a meeting of the medical officers of the Wycombe Union, held on the 10th instant at the Red Lion, Wycombe; John Turner, Esq., in the chair; present, Dr. Holt, Mr. Colbourne, Mr. Turner, Mr. Rose, Mr. Warren, Mr. Hastings, Mr. Popham, Mr. Drew; the following resolutions were unanimously adopted:—

Proposed by Mr. Hastings, of Stokenchurch; seconded by Mr. Rose, of Wycombe:

1. "That this meeting, representing the opinions of the medical officers of the Wycombe Union, deprecates the present inadequate salaries of medical officers sanctioned by the poor-law commissioners; and that this meeting, having approved of the 'Convention of Poor-law Surgeons,' to be held on the 27th instant at the Hanover-square Rooms, London."

Proposed by Mr. Rose, of Wycombe; seconded by Mr. Warren, of Risborough:

2. "That the recent reduction of fifteen per cent. of the general salary, on the part of the board of guardians, with a view to neutralise the provisions of the medical order of the poor-law commissioners in 1842, for remuneration in cases of fracture and surgical operations, is unjust and oppressive."

Resolved—"That this meeting delegates John Turner, Esq., to attend at the Convention above referred to, to represent the opinions and wishes of the medical officers of this union."

HARVEIAN MEDICAL SOCIETY OF LONDON.

At the last meeting of this society, held on Saturday, the 16th of October, the following gentlemen were elected the officers of the society for the current session 1847-48, being the seventeenth session of the society:—

Presidents—C. J. Hare, M.D.; J. R. Erichsen, Esq.

Treasurer—William Stroud, M.D.

Hon. Sec.—William Camps, M.D.

Council—W. D. Chowne, M.D.; J. G. Foster, Esq.; J. C. Langmore, Esq.

The ordinary meetings of the Harveian Medical Society are held on the first and third Saturdays in each month, from October to May inclusive, at eight o'clock P.M.

17, Edwards-street, Portman-square.

EVIDENCE TAKEN BEFORE THE SELECT COMMITTEE ON MEDICAL LEGISLATION.

MISCELLANEA.—In my opinion, apprenticeship should precede the professional education. If we take the case of a young man about to enter upon medical education, he goes into the house of a practitioner employed in a general line of practice, he sees the ordinary cases of disease, and becomes familiar with drugs and their properties, and their mode of preparing them; and in that way he gets a practical knowledge which he could not get in any university or great school. I think it desirable for him to get that practical knowledge before he enters the hospitals; he will not get it afterwards. Making such a regulation compulsory upon the general practitioners of this country tends to curtail their early general education, and, especially if for five years, it would encroach upon the time that ought to be devoted by the young man to general education.

PRELIMINARY EDUCATION.—I think that an improvement in the general preliminary education of all the country practitioners is desirable; in fact, the education and the amount of knowledge of the profession generally have been considerably increased since I became acquainted with it. The young men who come up from the

country to attend the medical schools in London, come up in every different state of preparation. Speaking generally, one would wish to have a greater amount of preliminary education. The Apothecaries' Society, by the law, may give their certificate to a young man at the age of twenty-one, and that does not allow time for a good preliminary education, and for a sufficient amount of professional education. In point of fact I may say (which, of course, you will hear more completely from other witnesses), that about twenty-three is the average age; the law allows them to enter at twenty-one; but, if you take the age of the persons at the time they receive their licence from the Apothecaries' Society, they are at least twenty-three years of age on the average. The Apothecaries' Company requires such a degree of attendance at lectures, and such an amount of professional knowledge, that a young man cannot derive the full benefit from his medical studies unless he has had a good previous education.

REGISTRATION.—I have no objection to a proper mode of registration of the medical practitioners; but there is a proper mode of registration of medical practitioners at the present time. Annual lists are published by the College of Surgeons, by the College of Physicians, and by the Society of Apothecaries, of persons who have been examined by them, and have received their letters testimonial. With regard to enabling persons in the country, such as members of boards of guardians, to judge of the qualifications of persons educated in Scotland or in Ireland, it only gives negative evidence that they have not been educated in England; they know nothing further; those lists contain the names of all the persons who have been examined by the three bodies here. A registration should present the result of the laws relating to the medical profession; if you are to make a medical reform or a change of any description in the medical profession, you must first determine the classes of the profession, and their respective qualifications, and then your list must present the result of those arrangements; but it appears to me that it is putting the cart before the horse to make the registration first, and to make the medical reform afterwards. I think it desirable, if poor-law guardians labour under a difficulty, that some means should be adopted of enlightening them upon the point. I think that they would be enlightened by the registration of practitioners, as it at present exists. The difficulty presented is, that boards of guardians are not aware of the qualifications conferred in Scotland or Ireland, for example. So far as England goes, a registration can be easily made, which should include under one list all parties qualified to practise in England; the three examining bodies in London, the College of Physicians, the College of Surgeons, and the Society of Apothecaries, could with very little additional trouble convert their several lists into a general annual list, in which the particular qualification of each person should be set forth. I think that there would be no difficulty in obtaining from the Scotch and Irish colleges lists of persons who are qualified under their examinations, which might be either incorporated with the London list, or published with it as a separate catalogue. Such a publication would afford to all parties every necessary information respecting the education and qualifications of individual practitioners. The regulation of the medical profession is better left in the hands of the several governing bodies under the present state of things, unless we embark in a reorganization of the profession; and I found that opinion partly upon this circumstance, that the individuals belonging to those bodies are persons who, by their professional position and their experience, know most of the medical profession, and who, in fact, during a long course of years, have been constantly occupied with the subject of medical education; and the state of medical education, as compared with what it was some years ago, is very considerably improved. If we take the great schools of London, it would be hardly possible to introduce any material im-

provement in the arrangements for medical education; and if you were to create a board, or some general authority, I cannot tell what the effect might be of interfering with or disturbing those arrangements. If the Legislature of this country should leave it to those bodies to regulate their respective modes of education, I suppose that the Legislature will not presume that any body authorized by itself, and having power conferred by itself, would neglect the duty thus intrusted to it: the arrangements for medical education in London seem to me to be nearly perfect, and I speak in reference to those. If the plan which I have suggested were pursued, namely, that the three bodies in London should unite, and form a registration; then the College of Physicians, for example, and the College of Surgeons, might take the trouble (and I do not think it would be any great trouble) to procure from the colleges in Scotland and in Ireland a list of their graduates and licentiates. The lists might be published together, but it does not follow that all should be put on one list; for instance, those licensed to practise by the University of St. Andrew's might appear separately, and then persons who might so wish would be able to select a graduate of St. Andrew's. I think it would be unpleasant to have examinations by which the second examining body would have an opportunity of objecting to or disregarding the qualification conferred by the first; therefore, it would be necessary, under any arrangement, to take very great care that the course of education was of equal value in point of extent as regards the points embraced in it; so far as the subject would admit of it, the kind of examination should be equivalent. I would not wish to impose restrictions on persons of the highest character of talent finding their way to the metropolis, if they were so disposed. There are particular circumstances that may occasionally make it convenient for a person to receive his education partly or wholly in foreign countries, and parties are admitted for examination by the College of Surgeons and the College of Physicians on certificates or diplomas which they have received from those schools. As to a sufficient check, if we left the local authorities in each kingdom to examine or not to examine in those cases as they might think fit, of course every authority that is entitled to examine, lays down regulations respecting candidates' qualifications and age, and so on. I think it possible to combine the advantage of a constant interchange of men, educated in different countries, with perfect security for the equal education in each branch of the United Kingdom; the College of Surgeons will admit a person to examination if he presents a diploma or letters testimonial from a foreign university, requiring residence, and where the education is equivalent to that required of those educated in England.

PRIVILEGES OF THE COLLEGE OF SURGEONS.—The college possesses a museum far surpassing all similar collections. The members possess the freest access and power of examination; they thus have the opportunity of acquiring the most accurate information on human anatomy and physiology, on the structure and functions of organized beings generally, on the changes caused by disease, and on various connected objects. They can attend the lectures delivered annually, in illustration of the museum, by persons of eminent talent and knowledge. The college has likewise collected an immense library, which is open every day to its members. They are exempted from serving on juries and parish offices. By the act relating to galls, the diploma of the college is required as a qualification for the office of surgeon. Further, the diploma of the college is required in the case of surgeons to the poor-law unions, by order of the poor-law commissioners, and also of surgeons in the army and navy, under the regulations of those departments. The evil I apprehend from giving all the members of the college power in the management and control of the College of Surgeons is, that they amount to several thousands, and the

college could not very conveniently hold the. It is likely they would not all attend, and the government would practically fall into the hands of the members residing in and near London. I think it probable that they would elect nearly the same persons that now constitute the governing body. I do not know whether they would or would not. If they were to elect the same persons as would be elected by the fellows, the result would be the same, and the thing would be safe; but I think a difficult result might ensue. I think it desirable to continue the separate examinations in England, Scotland, and Ireland. Supposing an eminent London physician or surgeon went, by some accident, to reside in Edinburgh, I do not think it desirable that he should undergo a second examination there; but I think that a person who had a qualification from the Scotch College of Physicians should become a member of the College of Physicians in London. I cannot state exactly what is the case at present. With respect to the College of Surgeons of Edinburgh, I am not prepared to say that that would be quite the fair thing; because the College of Surgeons of Edinburgh is different from the College of Surgeons of London: the College of Surgeons of Edinburgh is composed of general practitioners, and the College of Surgeons of London is composed of surgeons only. I would not apply to the Edinburgh surgeon coming here the same rule you would apply to a London surgeon going to Edinburgh. The cases are not quite analogous. The College of Surgeons of Edinburgh consists of persons corresponding with those who constitute the examining body of the Society of Apothecaries in London. The Edinburgh school of medicine stands high, unquestionably. The medical school of Glasgow I do not know much about. There is a curious body there, called the faculty of physicians and surgeons, with a limited local jurisdiction. I know nothing about that body. I do not mean to say that, generally speaking, the standard of medical education is higher in England than in Scotland. I do not mean to compare them, or to give any opinion on the subject. It is a point for the profession and the public to judge of. I think there is one pure surgeon in Scotland; there may be two or three, for what I know; but of one I am pretty confident. Pure surgeons in London are rather to be reckoned by scores than by hundreds. The standard of medical education has been increasing for the last forty years. The improvement has proceeded from the exertions of the medical officers and teachers of the hospitals, aided and supported by the governing bodies of those institutions. Supposing there were any legislative interference as regards the law which requires the examination of any college in any of the three countries, I do not know whether medical education would go on increasing. One cannot foretell what the effect of a total change would be; at least I do not feel myself able to do so. I know that there has been a regular improvement; but that has been under the influence of the bodies to which examination has been intrusted. To meet the regulations of those bodies, longer study has been required, and the examinations have been more stringent. The public judge of the qualifications of medical men as well as they can.

(To be continued.)

OBITUARY.—On the 16th inst., after a short and severe illness, Robert Gibson, Esq., of Grove-street, Hackney, late battalion-surgeon of the Grenadier Guards, aged 63.—Sept. 21, T. Tucker Price, Esq., M.R.C.S., of Hereford.—Oct. 1, at Drumard, near Enniskillen, aged 38, Waller Dane, Esq., M.D.—Oct. 2, at Brookborough, of typhus fever, James Houghton, Esq., M.D., medical attendant of the Fever Hospital and Dispensary.—Oct. 3, at Belfast, of malignant fever, Alfred Anderson, Esq., aged 27, resident surgeon of the General Hospital.—Oct. 7, at Belfast, aged 67, David Moore, Esq., medical officer of quarantine.

No. 422.	SUMMARY.	Oct. 80.	PROGRESS OF MEDICAL SCIENCE—	CONVENTION OF POOR-LAW UNION OFFICERS 30
			Academy of Sciences; Meeting of Oct. 11	Evidence taken before the Select Committee on Me-
			Chronic Farcy.....	dical Legislation.....
ORIGINAL LECTURES—			Academy of Medicine; Meeting of Oct. 12.....	Examination for Members and the Examination
Course of Clinical Surgery, by JOHN F. SOUTH,			Lithotrity and Cystotomy	for Fellows
Esq.....	29		Treatment of Urinary Fistula.....	Good Registration
Clinical Observations on some of the more fre-			Introduction of Foreign Bodies into the Bladder..	Professional Grades
quent Diseases of Children, by W. H. WILL-	30		Treatment of Neuralgia by Superficial Cantera-	Relative Rank.....
SHIRE, M.D.....			tion.....	The New Charter
ORIGINAL CONTRIBUTIONS—			MISCELLANEA	Letter addressed to Wm. Lawrence, Esq.....
Notice of Cholera as it appeared at Colombo in	32		TO CORRESPONDENTS	Degraded State of the Profession
1847, by A. BROWNE, Esq.....			LEADERS—	Severe Surgical Operation
Foreign Body in the Throat—Cessation of Respira-			The Convention.....	The Emigrant Fever in Canada.....
tion and the Circulation, &c.; communicated by	34		Mr. Lawrence and St. Andrew's University	GOSSIP OF THE WEEK
EVAN THOMAS, Esq.....			Emigrant Ships and Typhus Fever	MORTALITY TABLE
Contributions to the Medical Topography of the	34			
Mediterranean, by W. T. KAY, Esq.....				

COURSE OF CLINICAL SURGERY,

By JOHN F. SOUTH, Esq.,

Surgeon to St. Thomas's Hospital.

LECTURE II.

HÆMATOCELE CONSEQUENT ON TAPPING
HYDROCELE.

Richard Gamble, aged fifty-one, shoemaker, admitted into Luke's Ward, July 13, 1847. Spare, but healthy and temperate. Has had a hydrocele on the left side for the last nine years, which has been tapped eight or nine times without any untoward consequence, but has never been injected. Six weeks ago he fell down and hurt his right hip, but is not aware of having bruised the hydrocele, which was at that time distended. Ten days since, the swelling was tapped in the usual way; but on this occasion a large quantity of blood, as well as serum, was discharged. In about four days after the vaginal tunic had refilled and attained nearly its present size—that of a child's head of six months.

The skin of the scrotum is dusky red; the tumour heavy, and fluctuates, but is not transparent; it is very painful and tender, more especially on pressure in front and behind. He has also much pain in the belly and loins.

R. Pulv. rhei c. hydr. ℥j. stat. V.S. scroto ad 3viij. Lot. evap.

16. The tenderness of the swelling is diminished, and he is altogether more free from pain.

19. The tumour having undergone no material alteration as to size or appearance, it was determined to tap it and discharge the fluid contents, and afterwards to proceed as might appear necessary, the probability being that there was some clotted blood in the vaginal tunic, which might require further treatment.

The trochar and canula were introduced with a little difficulty; and the former having been withdrawn, a small quantity of high-coloured and very offensive fluid was discharged, without the bulk of the swelling having been much lessened. The canula was then taken out, a director passed into the cavity and upwards, and upon it a curved bistoury introduced, with which an opening of two or three inches from below upwards was made. Through this a further quantity of the same dark-coloured fluid, together with some broken clots, was discharged. The testicle was hidden by layers of coagulated blood, in some parts easily broken down and removed, but at other parts firm and not separable, and at once gluing the close portion of the vaginal tunic to its reflected portion, so as partially to destroy the cavity. The reflected tunic was much thickened, very tough, and of an almost cartilaginous feel. The cellular tissue of the scrotum over it, brawny. There was slight bleeding from a small arterial branch, divided in the incision, which, however, soon ceased. The cavity was then stuffed with lint, a poultice applied over the parts, and the scrotum supported by a pillow.

The result of this treatment was, as generally

happens, very satisfactory, and requires little further notice. In the course of a few days the remaining unorganized clotted blood was discharged; suppuration followed, and the wound healed by granulation, producing a permanent (probably) cure of the hydrocele. The cellular tissue of the scrotum was freed of its brawny thickening, and the part became nearly of its ordinary bulk only. The man's general health improved considerably, and when discharged on Aug. 31 he was plump and well.

The case just read, though not a very remarkable one, still presents some points of practical interest, and is worth consideration. You must have noticed that the simple fact is stated of the man having had hydrocele for a number of years, and that it had been tapped several times. This was proof sufficient of the actual nature of the disease; and, therefore, it was unnecessary to have wasted time in detailing the diagnostic characters of the complaint.

It appears from the narration that time after time the palliative treatment of hydrocele had been employed, namely, that of simply tapping the distended vaginal tunic, and discharging its contents; and, as is generally the result of such practice, the hydrocele was reproduced again and again. The medical man, under whose care the patient placed himself, had probably some reason satisfactory to himself for preferring the palliative treatment to the radical cure; though, so far as could be ascertained, there was no sufficient cause for not attempting the latter. Neither the patient's constitutional appearance nor his age, at the time of his admission into the hospital, presented any obstacle to his treatment in such way as should permanently relieve him from his complaint. For there is generally little or no danger in the radical cure, provided the patient be in tolerable health, and not greatly advanced in age; and under neither of the opposite conditions to these was the subject of our present consideration.

It is stated that the hydrocele was repeatedly tapped; and probably, as nothing particular is mentioned, nothing extraordinary happened; the fluid was drawn off, the wound healed readily, and in the course of a short time the hydrocele, as usual, filled again. At the last operation, however, something unusual did occur: blood was discharged with the fluid from the sac, and in some quantity probably, or the patient would not have noticed it, as the frequent operations he had previously undergone must have shown him the usual result—two or three drops of blood on the penetration of the skin, and nothing more; and the swelling of the disease got rid of for a time, and only very slowly being reproduced. But on the last tapping there was more blood than usual; the vaginal tunic quickly filled; and, in the course of four days, had not only resumed its former size, but had even become as large as a child's head of six months old. This naturally led to his presumption of the operation not having been performed as previously; and when to this were added the pain in his loins; the redness and tenderness of

the scrotum, which were on continual increase, it was not surprising that he should be induced to seek further assistance.

The known fact of the patient having been the subject of hydrocele, its repeated tapplings, with the usual result of the immediate reduction of the swelling, and its slow reproduction; the unwonted bleeding after the last operation, and the quick reappearance of the swelling, which, in the course of four days, had exceeded its former size, and had become as large as the head of a six months' old child; these circumstances, together with the redness and tenderness of the scrotum, its less than ordinary elasticity and want of transparency, as in common hydrocele, led to the conclusion that the trochar had at the last operation wounded some vessel, and this probably in the testicle, or on the spermatic cord, whence blood had been poured into the vaginal tunic, from which it had passed by the canula, so long as that instrument was left in; and afterwards, when its escape was not so ready, it had continued collecting in the vaginal tunic till its quantity was sufficient to plug up or compress the bleeding vessel.

In this way the original hydrocele became converted into a hæmatocele, or collection of blood in the vaginal tunic of the testicle, which, though generally produced by a blow rupturing some vessel in the testicle or spermatic cord, or their coverings, can still more easily be produced by the infliction of a punctured wound, as in this instance, with a trochar.

The injury produced in this case by the trochar gives the opportunity of slightly noticing the proper mode of using this instrument, which is too frequently very carelessly employed in tapping a hydrocele—so much so, indeed, that it is surprising accidents similar to the present do not more frequently happen. This is, however, the first case of the kind which I have seen, although, with many other teachers, I have often warned the students of its possible occurrence.

In introducing the trochar and canula into a hydrocele, care should always be taken that so soon as it can be felt by the cessation of resistance, that the trochar has penetrated the vaginal tunic, and fairly entered its point beyond the shoulder, and consequently has carried the end of the canula into the cavity of the tunic, the trochar should be gently drawn out of the canula, which is at the same time carefully pushed on till its hilt rest against the skin of the scrotum. Thus doing, it is scarcely possible to injure the testicle, unless it be unusually enlarged; and, therefore, there is little liability of hæmatocele being produced; but it is necessary that the canula should be completely introduced to ensure the satisfactory discharge of the fluid from the hydrocele, and at the same time to render the injection of the stimulant necessary for the radical cure of the disease sure, as well as to prevent the liability of its being thrown into the cellular tissue and producing enormous mischief.

In common cases of hæmatocele, the serum separated by the coagulation of the blood is soon absorbed, and the swelling of the vaginal tunic

soon becomes solid and unyielding. But after a time, and under favouring circumstances, the absorbents set to work, the effused blood is taken up, and the parts are restored to their natural condition. This process may also be encouraged and hastened by medical treatment. Under untoward circumstances, however, a different result ensues: the effused blood, instead of lying quiet and being absorbed, acts as an extraneous substance, and excites irritation and ulcerative inflammation in the vaginal tunic, till an aperture be formed in it, which is a slow process, on account of the fibrous character of the tunic. Through this aperture the ill-conditioned blood, which is generally broken up and intermixed with ill-formed pus, is discharged. The whole proceeding, however, is very tedious, and the patient suffers severely from pain and irritative fever.

Now, in the present case it is probable that, before sufficient time had elapsed for the absorption of the serum separated by the coagulation of the blood, the vaginal tunic, already accustomed to secrete an excessive quantity of fluid, and thereby causing hydrocele, had poured out sufficient fluid to prevent the swelling becoming solid, as in ordinary hæmatocele. In this way the indistinct fluctuation observed in the case led to the presumption of the true state of things—namely, that it was a complication of hydrocele and hæmatocele.

Under these circumstances there would not have been any impropriety in at once puncturing the swelling, ascertaining the character of the fluid, and thereby attaining a more correct notion of the disease, by the colour of the fluid and by the bulk of the swelling remaining after its withdrawal. But as the time had been so short from the performance of the last operation, and the symptoms calling for more active treatment were not very urgent, I preferred endeavouring to diminish the inflammation and restoring the parts to their usual state of quiet, so that there should be only the hydrocele to treat, and, therefore, leeches and evaporating lotion were employed, and the bowels cleared out with a purgative powder.

The lotion was continued for six days, but no material change in the condition of the part as to its bulk or appearance having taken place, I determined on not waiting any longer, and accordingly introduced a trochar and canula at the part where fluctuation was most distinct. A small quantity of dark-coloured fluid was discharged, which, together with the bulk of the swelling being little reduced, led me to be pretty certain that there must be coagulated blood remaining, and partially filling the vaginal tunic. Now, it is very true that this coagulated blood might have remained quiet, and become in time absorbed in part, and in part organized. It was, however, on the contrary, more than probable that this would not be the case, but that the blood would neither be absorbed nor organized, and would become an irritant, and not rest till it had produced suppurative and ulcerative inflammation sufficient to make an aperture through the vaginal tunic and scrotal tegument for its discharge, which, as I have already mentioned, is a tedious, painful, and very troublesome process.

Under this impression, I considered it would be better at once to lay open the vaginal tunic freely, which would give the opportunity of ascertaining the condition of the clotted blood, and of removing it with the finger if it were merely contained in, without having become adherent to, the tunic; whether it were simply coagulated, or whether the coagulum had been broken up and mixed with pus, as commonly happens when the effused blood has determined to make its way out. Under either of these conditions the proper treatment would have been adopted, the intruder ejected, and the tunic would have fallen together and united, either by adhesion or granulation, according to circumstances. There would have been opportunity, also, of examining the condition of the testicle itself, and of ascertaining whether it were enlarged by disease, and

whether it had assisted in the formation of the swelling. The only inconvenience accruing to the patient would be curing his hydrocele by the more severe treatment of incision instead of the milder one of injection.

A director was therefore introduced through the trochar wound into the vaginal tunic, and upon it the tunic and scrotal skin were divided to the extent of three inches. The cavity being thus exposed, coagulated blood was found adhering to the body of the testicle, and in some parts connecting the reflected to the close portion of the vaginal tunic; and this having probably begun to be organized, and being pretty firm, was left. But other parts of the clot were broken up and loose, though not intermingled with pus; as much of this as could be easily removed with the finger was taken away, and the rest left to be cleared off by the suppuration which was sure to follow, and which was sought to be encouraged by the insertion of a piece of lint; and the lint served the further purpose of keeping the lips of the wound apart, so that the cavity would be compelled to fill up from the bottom before the aperture could close and, preventing the escape of the discharge, reproduce the same mischief.

The vaginal tunic, it will be remembered, is stated to have been thickened. This may have arisen from it having suffered the adhesive inflammation after the repeatedappings, or it may have been consequent on the severe inflammatory attack following the last operation. But in itself it is matter of no great consequence.

The remainder of the case presented no remarkable circumstances, and followed only the usual course of a hæmatocele which had existed for some time, and had been disposed to effect its own cure by irritating the vaginal tunic and causing it to ulcerate as already mentioned. The broken up and imperfectly adhering clot gradually separated, and granulations springing up and suppurating healed the wound by degrees, and the cure of both hæmatocele and hydrocele was effected together, and the scrotum and testicle resumed nearly their ordinary size, but with some remaining thickening of the cellular tissue.

CLINICAL OBSERVATIONS ON SOME OF THE MORE FREQUENT DISEASES OF CHILDREN.

By W. HUGHES WILLSHIRE, M.D. (Edin.), M.B.S.,
Physician to the Royal Infirmary for Children, &c.

(Continued from vol. 16, p. 565.)

GENTLEMEN,—In resuming the clinical remarks I ventured to offer you last session, on that important class of disorders, the maladies of children, I shall lay before you some observations connected with *diarrhœa*. This is an affection of constant occurrence in children, and of which you must have seen many examples during the last three months. Before passing to the subject in question, however, there are one or two general points to which I shall refer. Every malady may be said in one sense to be compounded of two great classes of phenomena, exemplifying themselves more or less intensely in relation to each other according to the particular disease. These phenomena are those of cause and effect, or, in other words, the *disease* and its *symptoms*. The body is labouring under a particular malady; there is disturbance, disarrangement of the structure or organic machinery of the frame. Such a body is sooner or later forced into the betrayal of such disarrangement by exhibiting certain swervings or aberrations from that series of functional phenomena we assume to be implied in the terms of *good health*. These swervings, &c., are the *symptoms* of a disease, and the organism in which they occur is said to be in *ill health*.

Now, a person suffering ill health or exhibiting morbid symptoms applies to us to be relieved from them. They trouble him, and he wishes them removed. We attend carefully to the nature of all the signs and symptoms he exhibits—the one series of phenomena—and endeavour, from our theoretical and experiential knowledge of pathology, to find out what kind of structural

derangements must exist—the other series—and which have given rise to them. If we can do so we establish the diagnosis of the particular disease. Having attained this as satisfactorily as we can, we apply ourselves to remedy or remove this disease: we treat the structural derangements, the causes of the symptoms, instead of attempting to alleviate the latter alone. We battle with the “why and because.”

In very many cases we are able at once, from the symptoms, to indicate their cause or diagnose the disease. We are able, also, having done that, to treat it successfully, and by that treatment to cause the symptoms to disappear. In other cases we can only accomplish the latter partially: the disease we can tell, but we cannot remove it; we can still, however, palliate the symptoms, if not effect a cure. There remain yet other instances in which, although there may exist a well-known series of symptoms, we are completely at a loss to associate them with their true structural disarrangement—their cause. Here we can alone treat the symptoms: sometimes, it is true, with considerable success, sometimes not; but still in many cases we can often treat these symptoms in some relation to a presumed or probable cause. Lastly, there will come before you examples in which a very prominent and serious symptom shall arise, and which symptom must be treated, and not its cause. In some of these latter cases the structural derangement is of such a character that it will itself yield from the treatment of its symptom.

These bring me now to the remark that the grand attempt of modern medicine has been beyond all other things to indicate the nature instead of the pathologic essence of disease, or to diagnose the causes of symptoms. Whilst our forefathers regarded an aggregate of certain symptoms as a disease, and bestowed upon it its name, we often refuse it this name, and bestow upon it another indicative of its cause. In using the term of the latter we still imply, however, that that aggregate of symptoms shall occur. Thus, in certain books you will find spoken of such diseases as infantile marasmus, remittent fever, water in the brain, white swelling, diarrhœa, &c. If you were to search in some modern works which I could name for a description of such maladies you would be unsuccessful in your search. You would but find them spoken of incidentally, or as a single symptom or series of symptoms, indicative, perhaps, but essentially different from what must be regarded as the disease. You would find instead, *tuberculous disease of the mesenteric glands*, of which “marasmus” is a symptomatic phenomenon; you would read of *gastro-enteritis*, of which “remittent fever” is the same. In lieu of “water on the brain” you would find *tuberculous meningitis*; and *scrofulous ulceration of articular cartilage* would dislodge “white swelling.” In other instances, although the old name of the disorder, as indicated by symptoms, is still retained, the cause of them is indicated in another way, as by the affirming of “typhoid fever” to be *intestinal inflammation* or *dokkenenteritis*, or “phlegmasia dolens” to be *inflammation of the iliac and femoral veins*. In such examples you see mere symptoms are disregarded, and structural derangements are pointed out, and which, we may presume, we are to consider as the disease, and which alone we are called upon to treat. In fact, the epigraph placed at the head of Legendre and Bailly’s “Memoir on the Pneumonia of Children,” “C’est par l’alteration des organes que l’on doit caractériser et spécifier les maladies,” states in few words the point to which modern medicine so strongly aims. That much that has been effected in this sense is of very great import, and has enabled us to consider and treat the misfortunes of humanity in a far more advantageous form and satisfactory manner than could be done before, is evident and true. But such has not *always* been the case, for it has now and then happened that what modern science has led us to consider and treat as the disease, or the cause of the symptoms, has been in reality not the disease at all, but has been a complication, or mere contingent phenomenon in the course of

the malady, which latter is in truth something else. In many other cases, too, it must be confessed that it would have been far better in our present state of knowledge to have rested satisfied for the time with attending to the treatment of symptoms, since their cause or the real nature of the disease was but very dimly, if at all, seen.

This brings me, gentlemen, to the question I wished to arrive at, viz.: how am I to consider *diarrhoea*? Shall I view it and speak of it as a *disease*, or regard it but as the *symptom* of some well-defined organic or structural derangement, call this the disease, and speak to you about it? Or shall I treat of it in detail, as a *symptom*, and relate the symptoms of a symptom, which will be apparently so strange? Were you to refer to some of the works I before spoke of, instead of reading about diarrhoea as a disease, you would read of such affections as erythematous enteritis, entero-colitis, gastro-enteritis, follicular enteritis, &c. &c., and of which you might find the diarrhoea spoken of as one of their symptoms: you would have it impressed upon you that it is always produced by some form of inflammation and its results of some or other portion of the gastro-intestinal apparatus. Some will limit this inflammation to the intestines, others will take in the stomach too; but whatever may be the lesional disturbance regarded by the writer as the cause of the diarrhoea, in fact the disease, it is endeavoured to be made out as constant, and the whole matter as plain as possible in the relation of cause and effect. If you read much about the subject, however, you would at length discover that there is more confusion with regard to the intestinal affections of children than in respect to anything else, not even excepting eruptions on the face and scalp. This has been chiefly brought about by the attempts of the ultra-morbid anatomists to associate diarrhoea with a constant lesion, or as always connected with some particular form of inflammation of that part of our frame to which I have alluded. Lately, even amongst the French writers, this error has been seen, and we are indebted to MM. Bouchut and Legendre for placing the matter in a better light. Even Rilliet and Barthez are obliged to confess that, after all their efforts to connect the symptoms with distinct anatomical lesions, they leave the chaos of intestinal maladies very obscure.

From the fact, gentlemen, that your advice will be constantly sought for to cure in children a too frequent and more or less altered condition of the alvine dejections, from this unhealthy action of the intestinal apparatus being often so important a feature that all attention must be paid to it, whatever complication may exist; and from the fact that diarrhoea may accompany or be produced by the most various conditions and alterations of the digestive mucous surface and its appendages, I shall raise this frequently-considered *symptom* up to the rank of a *disease*, and endow it itself with symptoms. The more important of these I shall consider, and then indicate to you those structural alterations which have been found in particular cases after death in the more severe forms of the malady. Of course, in every instance of diarrhoea, previous to the increased frequency or alteration of the dejections, some change or other in the mechanism, if I may so call it, by which healthy action is carried on, must have taken place, in order that the former may occur. But such change in one great class of cases is not as yet known to us by any well-marked modification of texture; the structural derangement is imperceptible, and we can consider the diarrhoea but as *functional* in character. In another class, it is true, we may be pretty sure of finding, after death, anatomical modifications of the intestinal tissues, &c., and with which we may associate the diarrhoea in the relation of cause and effect. Upon this point, however, I shall have more to say presently.

If you carefully observe some morning, in the infirmary, all those cases which are brought to you to be treated for diarrhoea, and although the alvine disturbance in all may demand your

most careful attention, yet you will soon discover that there will be one great class of cases in which you will be disposed to view it as a *primary* malady—the disorder you will have specially to treat; and another in which you will have to regard it as a complication or sequence of something more fundamental, of another complaint. You might notice some morning in August, after a comparative lull as it were from a *prevalence* of the disorder, that half the children presented would be described as being “so bad in the bowels,” many having no other complaint to speak of, and running about as if nothing particular was the matter; others would be somewhat reduced, having slight febrile symptoms, and keep the nurses’ arms; whilst a few, and especially children still unweaned, would be very thin, weak, and pale, have higher febrile disturbance, or be even brought to the last extremity. Still, in all these cases, the prominent affection will be the *diarrhoea*—variable as it may be in all its relationships, and even combined, as you will afterwards see, with its own complications.

There will be another class of older children in whom the febrile disturbance is very high, the tongue loaded, the lips more or less cracked or retracted, the heat of skin and thirst very great, and much muscular debility existing. On inquiry of the mother, you will find that these symptoms have preceded the diarrhoea; or in other cases there has been much previous “malaise;” or that there has been previous constipation or vomiting. Others, again, will present to you the evidences of mesenteric disease, or of general tuberculosis; others will have an exanthem, or have had one already; and some children may afford the symptoms of typhoid fever. In the former division you will believe the disease to be *diarrhoea*; in the latter, something else, but of which the diarrhoea is an associated phenomenon: you will have two great forms, then, of the disorder, viz., *simple* and *associated*.

It is very true that, when you come to inquire into the *simple* forms of the affection, you will find that in many, difficult dentition, slight febrile cold, infantile dyspepsia, &c., are associated with the intestinal disturbance, or of which the latter is an effect. Still there is a broad line of distinction between such associations and the others I have alluded to, and, although we may sometimes find it difficult to express it in terms, yet in our practice we shall find we can generally avail ourselves of it. *Clinically* we know the thing, although it may be artificial, and not natural. At present I shall confine my attention to *simple unassociated diarrhoea*. I am aware that there will be great deficiencies in the observations I shall lay before you, but many of them you must lay to the difficulty and obscurity of the subject, and not to the want of endeavours upon my part. I may, in fact, say to you, as M. Tronseau said to his class when lecturing on the same disorder, “I feel myself in the dark with regard to many of the details, and do not, therefore, pretend to give you a completely satisfactory description, but merely to impart the little I do know of the matter.”

You will see by the table before you the method I shall adopt in arranging the different forms of diarrhoea I shall speak to you of. Of those forms only under the head A, shall I at present treat. Those under B are left for another opportunity:—

A.	Simple idiopathic or unassociated diarrhoea	Sympathetic or spasmodic diarrhoea.
		Catarrhal } Serosus type. } Mucous type.
B.	Complicated diarrhoea.	Inflammatory diarrhoea of infants and young children.
		Of fever.
		Of tuberculosis.
		Of the exanthems.
		Of the mucoc-enteritis of older children.
		Of various other affections.

You know that in the adult it often happens

that, on compelling the stomach to receive an article of food it is not accustomed to, or which is otherwise detrimental, the peristaltic action of the intestines becomes increased or exaggerated; the dejections more frequent, rather loose, or more easily voided than is natural to the person. These are sometimes so slight that they scarcely attract notice; at other times they are more so, and disturb the patient. They are then often preceded by some degree of heartburn or flatulency, relieved when the bowels become relaxed, and the person soon gets well. Now, in these cases the stools are nearly normal and mostly of the usual colour; there is no increased secretion of serous or mucous matter to speak of, and but a slight deficiency or greater flow of fluid from the biliary or pancreatic ducts. It may happen that some amount of mucus is seen in which move numberless ascarides, or a few pieces of tænia are present, but these existed previously to the diarrhoea. Or, again, a person may get a slight cold, the bowels become rather lax, but the stools not much altered in character. In such instances as these what have we? Irritation, direct, reflex or sympathetic, applied to the muscular coat of the intestines, stimulating it to contraction and the more frequent discharging of that which it contracts upon. But, as I have said, the follicles and crypts of the intestine have not thrown out more serum or mucus; the gall ducts have not been greatly affected; the abdomen is not tender, there is no true griping; we have simply increased muscular action, with perhaps some slight biliary disturbance, and that is all. You will find that all I have told you of may happen to children in their second infancy, and to infants in the nurses’ arms; in the child at the breast, if the mother has been frightened and the quality of the milk deranged, or if she has attempted to feed it either before she ought to do so, or too frequently, or with improper food. The bowels are stimulated to increased muscular action, or the stomach is irritated, and the irritation is conveyed lower down. The mother becomes calm again, or the food is discontinued or altered, and all is well. Or, again, a slight amount of cold or chill has been applied to the surface, or the feet have, in older children, become wet; instead of the locomotory or prehensile muscles becoming affected, or slight rheumatic pain produced, we have the fibres of the muscular coat of the bowels irritated, and slight diarrhoea ensues. Or, again, dentition is somewhat difficult, the irritation is extended or propagated to another portion of the digestive apparatus, and the like occurs. Or the stimulus resulting from irritation of numberless ascarides produces the same. In all these cases we may have frequent dejections; and, we believe, without there existing any inflammatory action of any portion of the bowels, or any marked super-secretion from their appendages. Should the child be killed by an accident, and the intestinal coats examined, what anatomical alteration should we find? Nothing; we have here examples of what I call *sympathetic* or *spasmodic diarrhoea*. That such examples should be abundantly frequent in the child you will not be surprised at, when you call to mind how delicate and sensitive is their intestinal apparatus; how liable to be irritated is the infant at the breast by anything harsher than the mild demulcent-like liquid intended for them by nature—the maternal milk.

Should any of the above exciting conditions be longer continued, or others I have presently to refer to, be applied, the *diarrhoea* will assume a different character. Or it may, at its very outbreak, be of another type altogether. Whatever this may be, the nature and aspect of the stools become often most materially altered, and assume a very different appearance to the homogeneous, semi-fluid, lightish yellow, and comparatively inoffensive dejections of the child at the breast; or to the deeper-coloured, more solid, and somewhat offensive or faecal-like stools of older children.

It behoves you, then, to pay great attention to the appearance of the stools, as they will be often

of great avail for your diagnosis and treatment; but still the line can be drawn: there is no necessity for your adopting a "fussy medicine," such, at least, as is proposed when we are told that "le microscope seul peut-être pourrait éclaircir efficacement ces questions."

I cannot go quite to the extent of Rilliet, in believing that diarrhoea is to the lesions of the intestines that which expectoration is to the pulmonary lesions of the adult; for, although it be true that the mere inspection of the one will often afford a precise notion of the nature of the malady in the chest, it does not so frequently happen that the inspection of the other will afford a true key to the state of the intestinal tissues. It is true that, in the ejections from the latter, we may find mucous, serous, and purulent fluids, blood, gases, false membranes, and other things besides; and we may believe that, for the production of many of these, there must previously exist special structural alterations; but when you come to consider how materially the residue of the vast digestive and elaborative system is modified by many other things than the mere condition of the intestinal mucous lining, and, in so far as our practice goes, how constantly we may be deceived from the mingling of the urine with stools in the napkin of infants, and from their being altered by the action of drugs and chemicals, you will not be surprised at sometimes drawing a wrong conclusion as to what anatomical alteration may exist from the appearance of the stools alone. Even those who have most strongly urged the connection of certain forms of diarrhoea with particular lesions, unwittingly confess how they may be deceived. M. Bouchut, in his work, "Sur les Maladies des Nouveaux Nés," remarks—"Under the denomination of gastro-intestinal inflammation and typhoid fever, MM. Rilliet and Barthez state the results of their observations on affections of the digestive passages. The facts they adduce are very ably analyzed, and they hold that diarrhoea is subordinate to alterations of the structure of the intestines. Nevertheless, we find a very curious case given in their work, sufficient, I believe, to overthrow so exclusive an opinion, and to direct our attention to catarrhal diarrhoea. A child died after exhibiting all the symptoms of acute enterocolitis. The digestive tube was in a state of perfect integrity from one end to the other."

ORIGINAL CONTRIBUTIONS.

NOTICE OF CHOLERA AS IT APPEARED AT COLOMBO IN 1847.

(Section 8, Annual Report, 1848.)

By A. BROWNE, Esq., Surgeon, of 37th Regiment.

Cholera had prevailed in the 16th Regiment at Kandy for some time before it appeared in the garrison of Colombo; though there is daily communication between these towns by travellers, mails, and merchandise, and, had the disease been transmissible by such means, there was no obstacle to its advance on the capital. However, in the absence of all proof or probability of its introduction from without, I shall state briefly what is known with regard to its appearance in the 37th Regiment. The first case of cholera that had been observed in Colombo for several weeks occurred on the 18th of March, in a corporal of the corps, who had been on pass that day to the Pettah (or native town), where cholera was then unknown, and has not shown itself since. He had been drinking rather freely, and was brought to hospital about midnight, with the livid features, sunken eyes; cold clammy skin, shrivelled on the fingers; great restlessness; harsh, weak voice; small, feeble pulse; vomiting; serous purging; and cramps in the extremities, which characterize the collapse stage. He had been placed in bed in the middle of a large ward, containing thirty patients, and remained there until discharged, without communicating the disease to any of his neighbours.

A milder case was received into the same ward on the 21st, and on the 26th discharged to duty. The next patient came from No. 33 barrack, on the east side of the fort, at six a.m. on the 7th of April, and was put into a small ward by himself, in order not to disturb others by his cries when suffering from cramps. In the afternoon an artilleryman from No. 1 barrack, on the west side of the fort, was brought to hospital and treated in the wards appropriated to the sick of his own corps, where he died in the evening. About nine p.m., a patient admitted on the 6th with dysentery in the large ward, from which the last of the cases treated in March had been discharged twelve days before, was seized with serous purging, and passed rapidly into the collapse stage. He was forthwith removed, bed and all, into the small ward beside the patient admitted in the morning, and died in eight hours. At midnight another patient with dysentery, also admitted on the 6th, on the opposite side of the same large ward, and forty feet distant from the foregoing case, was likewise seized with serous purging; and notwithstanding every one had been warned of the danger of such attacks, which are often very insidious from being attended with little pain; no alarm was raised until six a.m. on the 8th, when on rising from the close stool he fell senseless on the floor, and died in a few hours without being moved into the other ward. It is scarcely necessary to add that both patients were confined to bed, on account of their dysenteric symptoms, and had not been near the cases of cholera admitted earlier in the day. The next cases in succession came from the barracks, Nos. 33, 11, 7, 6, and 12, all separate buildings, more or less distant one from another, and occupied by different companies; and it was not until the 14th, that another attack took place in the hospital, when the patient admitted on the 7th, who had been moved to the large ward on being put on half diet, relapsed and died in a few hours. On the 16th, a soldier of the 95th Regiment, who had been left in the hospital with dysentery when that corps embarked for Hong-Kong, in March, was also attacked in this ward, which was now evacuated for a time. The hospital sergeant, who had suffered severely from epidemic cholera in Ireland, was the next victim to this disease within the hospital, having been taken ill suddenly on the 18th of April. He had been in barracks the evening before, and told his comrades that if attacked he would never recover—a presentiment which was sadly realized the following day. On the 21st two patients on the same side of the west ward, with three beds occupied by men with other diseases in the space between them, were attacked, and both died. On the 1st of May, a patient in another ward was taken ill and died; and on the 5th two others, in separate wards, were attacked, one of whom recovered. From the commencement of the epidemic, the cases of cholera admitted from barracks had been placed in wards by themselves, in so far as was practicable, because the constant moving to and fro of the attendants deprived the other patients of sleep. I shall not attempt to trace the progress of cholera from barrack to barrack, as its sudden changes and doublings almost defy description; but Nos. 1 and 2 barracks, on the sea face, occupied by the artillery and the band of the 37th Regiment, where the space for the inmates was far greater than in any other quarters, furnished only two cases of the epidemic in all, among 100 men; whereas, in the barracks on the banks of the canal, or close to the wet ditch on the land side, the proportion of attacks was 9·43 per cent., without including the cases in the hospital, which stands in a low situation, and the ground underneath it is much intersected by drains. Of three medical officers attached to the hospital, the two junior, whose duties were very laborious, suffered from indisposition, but neither had cholera; and the senior remained healthy throughout, as did two others who were temporarily employed. Of three permanent white orderlies, two of rather irregular habits had nausea and vomiting, but no other

symptom of cholera, and both continued to discharge their duties without one day's interruption, notwithstanding their slight indisposition. During the whole period, relays of men from barracks were in constant attendance on their comrades in hospital, and their number must have exceeded 120; but I can only find that one of them died of cholera, and about twenty more were treated for bowel complaints, which were so prevalent at this time, that of 565 men examined as to their state of health, 395 had been affected by them in a greater or lesser degree, and 170 had continued perfectly well. The epidemic did not afflict the women and children to the same extent with the men, for only two in eighty-one of the former, and two in 111 of the latter, had unequivocal symptoms of cholera, though the women were very attentive to their husbands when suffering from the disease, nor was diarrhoea wanting in either class as a predisposing cause. Thirty-six men of the 16th Regiment, from Kandy, where cholera had just ceased in that corps, marched into Colombo on the 21st of April, and proceeded on the 23rd on their route to Galle, and, though no restriction whatever was placed on their intercourse with the men of the 87th Regiment during their stay, yet they neither brought cholera from Kandy to Colombo, nor carried it hence to Galle, though they passed two nights in this garrison during the height of the epidemic. It must be stated, however, that No. 1 barrack, and the adjoining one, where they were quartered, sent only two cases of the disease to hospital, the first on the 7th, the last on the 14th of April, seven days before their arrival. The comparative isolation of the soldier in this colony may make it appear the less remarkable that none of the civil white population, within or without the fort, suffered from cholera, nor did the bishop and three clergymen, who repeatedly visited the worst cases, suffer more than the others who never entered the hospital. The black population was likewise almost perfectly exempt, the only case among them having occurred in a patient who had been long in the hospital of the Ceylon Rifles, on Slave Island, and could not have been near any person affected. Moreover not one of the coolies employed at the 37th hospital in cooking, cleaning the wards, removing nuisances, and in washing soiled bedding and linen, suffered the slightest indisposition. This immunity of the black population from a disease which frequently destroys them in great numbers, in like manner with the exemption of the white civilians above noticed, appears to be a natural consequence of difference of local origin, but would be little short of marvellous in a malady propagated by contagion. The proportion of attacks and deaths among the duty soldiers, who were exposed to the night air on guard, was nearly four times as great as among the recruits and others who did no night duty, though their relative numbers in the regiment were only as five to three; night exposure, therefore, must have had a marked influence in augmenting the frequency of attacks, and few will be of opinion that contagion is more active in the open air and in large unfurnished guardhouses than in comparatively crowded barrack-rooms, the common residence of both classes. Relapses in hospital at intervals of seven or more days, the patients having presented all the symptoms in an aggravated form in both attacks, were so frequent as to affect one-eighth of the cases treated, and caused nearly one-sixth of the total mortality, a first attack appearing to increase the liability to a second, as well as its danger—an occurrence of great rarity in diseases known to be contagious. The rapid course of cholera would likewise be an extraordinary feature in a contagious disease, the average duration of the fatal cases having been less than twenty-four hours; and death may take place in from three to five hours from the first moment of indisposition, such cases presenting, nevertheless, every symptom in its fullest development, being in this respect totally different from smallpox or typhus,

and only comparable with mephitic poisoning or the most concentrated forms of fever from malaria. Nor does cholera differ less from the diseases named in its rapid erratic progress through a country or community, and in its sudden decline and disappearance. "Ainsi donc, si le choléra est contagieux, il l'est d'une toute autre manière que les maladies pour lesquelles la contagion est généralement admise."—(Andral.) It would be idle to speculate on the influence of heat and cold, moisture and dryness, motion and rest of the atmosphere, in relation to cholera, or on variations in its electric and magnetic states, as the facts are still to be collected which shall prove in how far it is subordinate to such changes. However, let the cause of cholera be what it may, it exerts a marked influence during epidemic periods, either on the health of the population in general, or of particular classes resident in certain localities, and travels where it lists, alike independent of the ordinary routes of commerce and the wayfarings of man. The symptoms of cholera are too well known to require repetition, but the statements frequently made of the invasion of the collapse stage without previous purging are directly contrary to my observation in this disease, and it appears to me that the degree of collapse and danger to life are nearly proportional to the quantity and rapidity of the alvine evacuations. I have indeed seen great temporary prostration in the violent cases of colic which were numerous during the epidemic period; but, unless purging followed, this state never ended in death, and, even if such an event should occur, the characteristic symptoms of cholera would be as much wanting as in sudden death from asphyxia, or any other cause whatever; and I would class all casualties of this description under the head of pernicious fevers, to which alone they bear a striking resemblance. This essential watery diarrhoea may come on slowly, or it need not be of long duration, as the quantity passed at a single evacuation is often enormous, and collapse speedily follows these sudden discharges; but, once that stage is fairly established, the stools generally become scanty and serous, and it is only as the patient rallies a little from the state of prostration that they again tend to increase. In severe and protracted cases these small liquid evacuations gradually assume a reddish tinge from the presence of blood, and they may retain this colour and be mixed with whitish particles for a day or two before any trace of bile or faeces can be detected in them. In a few cases vomiting was not an early or troublesome symptom, while in many others it persisted for days after the purging had almost ceased. With the exception of a single fatal case, cramps in the extremities, particularly in the legs and feet, were present at an earlier or later period of the collapse stage. The urinary secretion was suppressed, or very greatly diminished, in every case of cholera, and when it returned the aid of the catheter was frequently required in consequence of the agglutination of the opposite sides of the urethra by a viscid mucus. The sudden emaciation and sharpening of the features; the sunken eyes; the coldness and lividity of the surface; the harsh weak voice; the filiform feeble pulse; the restlessness, with vertigo and faintness in the erect posture, in addition to the foregoing symptoms, are sufficiently characteristic of cholera in all severe cases: but shrivelling of the skin on the fingers, so generally present in this disease, I have also seen in remittent fever, under the somewhat similar conditions of sweating and diarrhoea. Delirium is very rare, unless in protracted cases; but vision and hearing often become dull, though the patient may continue sensible of painful impressions on the surface to a late period of existence. Consecutive fever and cerebral congestion were less frequent and dangerous here than in Europe. Six bodies were examined after death, namely, three after acute attacks, and three after an illness of two or three days' duration. In two of the former the whole intestine had a reddish colour from extreme capilliform injection, and the peritoneal surfaces had a plastic adhesive feel as if coated

with thick mucilage. In one of these cases the upper portion of the small intestine contained transparent gelatinous masses resembling coagulable lymph, as seen on serous surfaces; in the other there was only a little greyish mucus. In the third case the intestines were pale, and contained a large quantity of a grey turbid fluid mixed with white particles. In all three there was great general softening of the villous coat; the separate glands were much enlarged, and the intestine contained no bile, though the gall-bladder was full. In the three protracted cases many of the glands of Peyer were thickened and unusually vascular, and a few presented small circular points of superficial ulceration, with well-defined reddish margins; the enlargement of the separate glands was also very remarkable, and the villous coat was extremely soft; but these subjects were passing into a state of decomposition—a change which was scarcely perceptible in the other series. In all the cases the muscular substance of the heart was pale, soft, and easily broken down under pressure; the blood was dark-coloured, and presented little trace of fibrinous coagulum, especially in the acute cases. But it is needless to extend these details, as no description of morbid appearances can be considered of the smallest value now-a-days without the aid of the microscope in the hands of a practised observer and skilful pathologist.

The symptoms of cholera in this epidemic seemed to prove that the essential character of the disease consists in the discharge of the serum of the blood (or liquor sanguinis?) from the bowels; but whether this sudden transudation depends on changes in the blood itself, or in the mucous membrane, or on a rapid development of cells on the internal surface of the intestine, I cannot pretend to determine, though the separation of the epithelial covering of the villous coat seems to favour one or other of the latter suppositions. The diminished proportion of serum to coagulum in the blood of cholera patients, which has been stated by Andral to be one-half less than in healthy blood, is also corroborative of this view of its nature; and the occurrence of serous stools without a trace of faeces in acute cases proves that these must have been washed out of the intestines by the previous diarrhoea—an inference which is farther confirmed by the absence in such cases of feculent matter in the bowels after death.

This opinion, that the collapse stage of cholera is an effect of the loss sustained by the circulating fluid in consequence of the discharges from the bowels, has long been maintained, and suggested to me, during the epidemic of 1834, at Gibraltar, the idea of employing decoctions of the strong vegetable astringents in large quantities by way of injection to check the diarrhoea. The trials I then made encouraged me to pursue the same plan at Colombo in 1847, and further experience has only tended to convince me of its utility. It must be clearly understood, however, that this remedy is mainly applicable while the purging continues: for when collapse has set in, and the evacuations are scanty, or altogether suspended, it may prevent their return, but cannot restore to the blood that fluid portion which has been lost; and the injection of tepid water or saline solutions into the veins with this view has never, within my own knowledge, had more than temporary success. The decoction of oak-bark was the astringent used in 1834; but in Ceylon it was necessary to substitute a decoction of catechu, made with an ounce a half or two ounces of the extract to a quart of water, which was thrown up in quantities varying from two to five or six quarts at a time; this decoction, however, causes more uneasiness to the patient, and can seldom be retained so well as the former. The action on the economy of many powerful vegetable astringents used in this manner appears to be perfectly innocuous, and their efficacy in arresting serous purging, whether in the earlier stage of cholera or profuse diarrhoea, is far greater than when taken into the stomach. Alum is the only mineral astringent I have

hitherto used in sufficient quantity to have any decided effect, but it was generally as an addition to the decoction, and not of much value as such. These large astringent injections need in no way interfere with the other ordinary remedies, and they may be repeated to the third or fourth time without the slightest inconvenience, provided no undue force be employed; and the ileo-cæcal valve will present no obstacle whatever to their upward progress once the cæcum is distended, as may be proved on the subject. Of the numerous medicines tried in cholera, opium and its preparations are among the most useful; but they must be given with caution when the irritability of the stomach is trifling or has almost ceased, because narcotism is easily induced by them under these circumstances, though I have never known it to occur after enemata containing opium in quantities which might appear to be unusually large. In the collapse stage, the frequent and moderate use of stimulants internally, with enemata containing ether, turpentine, ammonia, &c., may be tried; and externally, sinapisms, turpentine, and frictions with stimulating liniments, together with the application of warmth to the trunk and extremities, may be beneficial. The inhalation of the vapour of ether was employed, probably for the first time in cholera, to relieve pains in the bowels, cramps in the limbs, and the troublesome singultus which frequently occurs in protracted cases, and often with considerable temporary relief; but it has no influence on the progress of the disease, excepting in the rare cases where it produces a species of intoxication, and in these, particularly if used early, it raised the pulse, diffused a degree of warmth over the body, and appeared to be decidedly beneficial. The apparatus, however, was so imperfect that the quantity could not be properly regulated, and consequently, in some patients it excited cough, followed by vomiting, and they could not be induced afterwards to continue the inhalation. In mentioning the trismitrate of bismuth, with belladonna, strychnine, oxgall, alkaline sulphurets, and cold to the abdomen, among the remedies resorted to, for special purposes, it is rather to show the inefficacy of other means, than to recommend them to particular notice. In the collapse stage, the patient should be allowed to drink freely of cold water, whey, beef-tea, or any diluent he may prefer; and restriction as to quantity at this period, through fear of exciting vomiting, appears like withholding a means pointed out by nature as essential to recovery, under the apprehension of exhaustion from efforts which rather tend to give a certain impulse to the capillary circulation than to destroy life; and it is only after the circulation and warmth are in some degree restored that any restraint of this kind should be imposed. The moment epidemic cholera appears in any locality, the use of purgatives of every kind should be entirely abandoned, as the mildest remedies of this class will produce unwonted effects, and may convert slight relaxation of the bowels, so prevalent at such times, into an alarming diarrhoea, if they should not induce actual cholera.

If it were possible to evacuate a garrison or town so soon as epidemic cholera declares itself, no other preventive measure would be necessary; but, as that is clearly impracticable, I would recommend all who must remain, whether suffering from relaxation of the bowels or not, to use a strong astringent vegetable decoction, such as that of catechu, as the best prophylactic within their reach. This measure was actually adopted in the 37th Regiment during the epidemic, and the suggestion now made is on the result of that limited experience.

From the 18th of March to the 5th of July, 316 cases of bowel complaint, exclusive of cholera, were treated in the 37th hospital, and of this number one case of acute dysentery proved fatal. Of seventy-six cases of cholera, admitted within the same period, twenty-six died; but in ten of that number the disease did not seriously endanger life; and, making this deduction, the deaths will remain twenty-

six in sixty-six cases of the aggravated form of this disease, or 39·7 per cent. It is well known that the mortality from cholera varies greatly in different epidemics, as also at particular stages of their prevalence, and these differences have been probably much enhanced by the classification of the cases; but in estimating the proportion in that under consideration, some allowance should be made for the disadvantage of having eight of the cases already patients in hospital with severe diseases, when attacked by cholera, viz.: two with pneumonia, one with bronchitis, four with dysentery, and one with anasarca, of whom the last alone recovered at the same time from cholera and dropsy. The admissions from barracks, taken separately, give nineteen deaths in fifty-eight cases of the severe form of cholera, and even among these nineteen fatal cases, four died of relapses in hospital, between the seventh and tenth days of convalescence, from a previous attack; the ratio, therefore, appears sufficiently favourable to warrant others in making trial of an additional remedy, which in my experience has proved itself efficacious in arresting diarrhoea, under unpromising circumstances, and at the same time perfectly harmless. However, let the treatment pursued in cholera be what it may—let the care of the medical attendants be everything that could be desired, and even let patients recover from states apparently hopeless, some of them retaining a bluish tint of features for months afterwards—still the mortality, in the severe form of this disease, will be sufficiently great to prevent any person of moderate experience from boasting of the success of remedies.

P.S.—The word contagion has been used to signify the communication of a disease from one person to another, whether by contact with the body, secretions, excretions, or effluvia resulting from the morbid processes going on in the sufferer—material contact, in some shape, being necessary for its production.

I have seen epidemic cholera in Ireland, Gibraltar, and Ceylon.—A. B.

Colombo, July 15.

FOREIGN BODY IN THE THROAT—CESSATION OF RESPIRATION AND THE CIRCULATION—REMOVAL OF THE FOREIGN SUBSTANCE—ARTIFICIAL INFLATION—RECOVERY.

Communicated by EVAN THOMAS, Esq., House-Surgeon to the Cumberland Infirmary, Carlisle.

Last week a robust, healthy-looking little girl, aged four years and a half, was brought into the infirmary in a dying state; her mother said the child was well until it took its dinner, consisting of potatoes, and, whilst eating it, a piece of potato had stuck in the throat, as she supposed.

I saw the child about a quarter of an hour afterwards in the following condition: making the greatest efforts to breathe; face pale; lips livid; eyes motionless, lids half closed, conjunctiva highly injected; foaming at the mouth, which was spasmodically closed, and remained so, notwithstanding the most vigorous attempts to open it, until the child apparently died.

I instantly proposed, and strongly urged, the mother (an Irish woman) to let me open the trachea. As a matter of course, she obstinately refused, and alarmed, as I imagine, at such a proposition, began to wend her way homewards. Finding it useless to argue with her as to the propriety of such a procedure, and, after promising that I would not cut the child, she allowed me to open its mouth; this was performed without difficulty—pressed with my left forefinger upon the back of the tongue, and passed my right forefinger into the pharynx, dislodged the piece of potato, and removed it.

I closed the nostrils with my left forefinger and thumb (the child being still in its mother's lap), took a deep inspiration, applied my mouth directly to the child's, previously wiped, and gradually distended the lungs, then grasping the chest with my right hand; but, finding that I could not accomplish both effectually, Mr.

Wheatley, the house pupil, supplied the lungs with air, at the same time closing the nostrils, whilst I imitated the actions of the respiratory muscles by alternately squeezing and relaxing the parietes of the chest; this was repeated seven or eight times, when, to the surprise of all present, the child was observed to take a share in the process. The supply of air was now stopped, but I continued until respiration was fairly established. The child left the infirmary in an hour and a half perfectly well, and has appeared since in the same condition.

REMARKS.—As far as I am able to tax my memory, I do not remember ever having read an account of an instance altogether like the preceding. The child, as I said before, was dead within a few moments, so far as the cessation of the pulse and the breathing may be considered as evidence. As may be supposed, also, some time must have elapsed in proposing and urging the apparent call for immediate operative interference as the only alternative. It struck me at the time that, if the obstacle to the passage of air into the lungs could be removed, although life was apparently extinct, yet artificial inflation might at least be tried, with as good chance of success as in recent cases of submersion or asphyxia of stillborn infants.

From the brief detail of the general symptoms, their order and character, there could be no doubt about the existence of a foreign substance in the throat or trachea, but its exact situation was a matter of conjecture, as may be seen from the history; there was no time for a careful physical examination of either, however desirable.

The half-boiled piece of potato was, in shape, somewhat analogous to a garden bean; three-quarters of an inch long, a little better than half an inch wide, and somewhat less than half an inch thick; slightly wedged-shape at one end, where, I imagine, it partly fitted the rima glottidis, and there stuck; the greater portion of it, however, I felt plainly behind the epiglottis.

CONTRIBUTIONS TO THE MEDICAL TOPOGRAPHY OF THE MEDITERRANEAN.

By WILLIAM THOMPSON KAY, Esq., Assistant-Surgeon of the Plymouth Division of Royal Marines.

"THE GRAND OBJECT OF ALL TRAVELLING IS TO SEE THE SHORES OF THE MEDITERRANEAN: ON THESE SHORES WERE THE FOUR GREAT EMPIRES OF THE WORLD—THE ASSYRIAN, THE PERSIAN, THE GRECIAN, AND THE ROMAN. ALL OUR RELIGION, ALMOST ALL OUR LAWS, ALMOST ALL THAT SETS US ABOVE SAVAGES, HAS COME TO US FROM THE SHORES OF THE MEDITERRANEAN."—Samuel Johnson.

SYRIA.—Its Situation, Name, Extent; Divisions, Ancient and Modern; Physical Characters; Productive Industry; Manufactures; Civil and Social State; Climate; Diseases; State of Medicine and Surgery; Works on the Topography, Natural History, &c., of Syria.

(Continued from p. 471, vol. xvi.)

MANUFACTURES, TRADES, &c.—"The Syrians are not wanting in dexterity, or experience in the finishing of most articles; they have a pretty accurate sense of the beauty and arrangement of form and colours; the patterns they work, though not very varied, are generally graceful; their dyeing is excellent; their artisans are dexterous and intelligent. They use, for the most part, a rude machinery, but, were some of the modern improvements introduced, such as the Jacquard loom, there would be a revival of manufacturing prosperity." (a)

The various trades, &c., are deserving of attention, and possess considerable interest from the fact that they have continued unchanged, with but few exceptions, for many hundred years. They are given below in as concise a manner as possible, and for the sake of convenience are arranged alphabetically.

Agriculturists.—The plough consists simply of a beam rising from the share, at one extremity of

which is an upright rail, where the husbandman guides it; to the forepart a couple of oxen are yoked. The raised portion of the beam prevents the share from penetrating deeply, and it is thus well suited to the soil, which requires very little preparation for the grain. The driver carries an iron-shod staff to goad the oxen (a), and clean the share.

The Syrians employ several contrivances to irrigate the land. The common method is the *shadoof*, which consists of a bucket attached to a long pole, supported by a cross stick resting on a forked upright, and balanced by a heavy weight, a stone, at the other end. The bucket is pulled down into the water by the labourer, and raised by the greater weight of the balance. (b) Another contrivance is a wooden wheel, fixed in an artificial chasm, and supplied with earthen vessels attached to cords which work upon it. This wheel is perpendicular, and is connected with a large horizontal one, worked by a donkey or an ox blindfolded. The water is brought up in the earthen vessels, and poured out as the wheel revolves into a cistern which is connected with interesting gutters in the soil.

Baking.—The oven is usually built of clay, and generally of a conical shape, being about three feet high, with an opening at the top of more than a foot in diameter, and near the bottom there is another hole for the introduction of fuel and withdrawal of cakes. The oven is heated with wood, allowed to burn down to clear embers, which lie at the bottom, and long continue to afford much heat. The dough is prepared in a large wooden bowl, and portions are successively moulded into the form of thick round cakes on a board or stone near the oven; this, when distended out to about the size of a breakfast saucer, is tossed about quickly with a rotary motion, till it becomes no thicker than a pancake, and forms a circle of a foot in diameter; when it is brought to the requisite thinness one side is wetted with water, as well as the hand and arm by which it is introduced into the oven. The wet side, by an operation which requires much tact, is struck against the side of the oven, where it remains about five minutes. (c). The bread thus made is flexible and moist, resembling stale pancakes. Occasionally, in these towns where Europeans have resided for some years, this pancake-bread is superseded by loaves, weighing about one pound six ounces (the cost of which is 2½d.), which are baked in ovens resembling our own.

Bankers.—The common currency of this country is of three kinds—1. Turkish treasury bonds (*sehlim*), of 25, 50, and 100 piastres value, bearing 12½ per cent. interest. 2. Turkish coins of copper, plated silver, and gold, which will be described in their proper place. 3. Bills of exchange on Europe. The bankers, by loaning themselves with the Government, run up the European changes as high as possible, and consequently reap large profits.

Barbers.—The barbers of Syria luxuriate in Mambino basins for lather; leathern razorstrops of supple kind, and black withal from constant use; tweezers of cruel shape for the extraction of superfluous hair from the cheeks; and a gaudy-coloured razor-cloth. If he delight in following his trade to the utmost limit, his walls display curious dentine trophies—lancets, box-wood sticks for circumcision, and tooth-instruments of the rudest description mingled with lumps of raw silk for raising a lather, almond-soap, and inland looking-glasses, whilst a dirty-looking tub, covered by a damp cloth, may be seen in the corner of the room containing the Anatolian leeches, so highly prized by the master of the house. In a future paper I shall enter particularly into the various duties performed by

(a) Acts ix. 5.

(b) Deuteronomy xi. 10.

(c) "And Abraham hastened into the tent unto Sarah, and said, Make ready quickly three measures of fine meal, knead it, and make cakes upon the hearth."—Genesis xviii. 6.

the *barber-surgeon*, and the means, &c., employed.

Basket-makers, &c.—The materials employed are chiefly split palm-leaves, cocoa-nut fibre, rushes, and Egyptian flag, and consist principally of

Chair-brushes, made from the cocoa-nut fibre, pegged tightly into holes perforated in a piece of beech. They are used chiefly by the British seamen to scrub their hammocks, and by the Syrians for their canvases.

Mat-brushes of a fan-shape, made from the split palm-leaves, and united to a handle. Used for sweeping the rooms, &c. Occasionally they are ornamented with glass, mother-of-pearl, tortoise-shell, tin-foil, &c., neatly painted and highly varnished.

Clothes-brushes of a round form, made by binding together the palm fibre, or Adrianople reed, dipping the extremity in resin, and covering it with a strip of spangled cloth.

Rush-baskets manufactured from the Egyptian flag, rushes, or split palm, are used by merchants to pack their merchandise, as coffee, dates, figs, &c.; or labourers, for transporting earth, grain, fruit, &c., or for carrying tools and produce of factories.

In addition to these we have panniers for the heavier merchandise, chicken-coops, bird-cages, and fences of wicker-work, similar to those used in England.

Buhl work is a species of marquetry, which consists in inlaying small ornamental pieces of brass in polished wood-furniture; and there is another species of inlaying that may be appropriately classed with buhl-work, which consists in filling up the devices, previously carved or burnt, with an amalgam of mercury and tin in the crystallised state, similar to that employed in the "silvering" of looking-glasses. The latter plan is used principally for trinkets. Mother-of-pearl is also employed in this art.

Candle Makers and Chandlers.—The former manufacture, and the latter sell, candles and tapers of all sizes and colours, from those tapers used at festivals to the enormous candles for high masses, or the tombs of saints and high personages. They are made from the common beeswax, which is melted in a copper caldron, and the cotton wicks ranged on a stick dipped in until the required thickness is attained. If any particular colour is desired, the pigment is incorporated with a due proportion of wax, and the candle dipped for the last time in the mixture, and set aside to cool. Light blue, green, and pink are preferred.

Carpenters, Carvers, Turners, &c.—The art of carpentry is very limited in Syria, being confined chiefly to the construction of flat roofs, house-fittings of the rudest description, boxes for clothes, &c. For the roofs they employ fir, but for other purposes oak, plane, chestnut, mulberry, and even walnut. The wood is obtained from the bassars, being transported thither from the forests on the backs of mules or camels. The carpenter follows the Eastern custom of sitting on the ground whilst at work, and, instead of a bench, a strong stake is driven down before him, leaving about six inches above the surface; upon this he rests his work, which he steadies with his feet. Few tools are required: viz., chisels, gimblets of a ruder description than those used in England, planes which differ somewhat from ours in shape, and saws possessing a like peculiarity, the latter resembling our stonemason's saws.

Carvers.—The art of carving is little practised, except among the monks, who confine their exercise of it chiefly to rude figures of our Saviour and the Virgin.

(To be continued.)

NAVAL PROMOTIONS AND APPOINTMENTS.—Assistant-Surgeon: G. King, to the rank of Surgeon.—Surgeon: Augustus Slight, to the Fly.—Assistant-Surgeons: Thomas Bell, to the *Perseus*; W. J. Hamilton, James A. Agerest, and William Evans, to the *Hibernia*; William Bainbridge, to the *Tartarus*.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF SCIENCES.

Meeting of Oct. 11; M. BRONGNIART in the Chair.

CHRONIC FARY.

A case of this malady was forwarded to the academy by Dr. Sédillot; the following is an abstract:—

A man, aged twenty-six, of good health and strong constitution, was, during the spring of the year 1845, in the habit of riding a horse affected with glanders, and was afterwards obliged to groom several horses similarly diseased. For the first time he then suffered in his health, and was confined for a fortnight by lassitude, uneasiness, and fever. Seven months later, having been absent on leave, he was seized with a severe attack of ague. On his return to his regiment in April, 1846, an abscess was discovered in the right thigh, containing a watery pus tinged with blood; both legs, the right arm, and the head, became successively the seat of fluctuating tumours, from which escaped, after incision, dark blood and a viscid ropy serum; the constitution was gradually sinking under the progress of the disorder, but still the appetite was preserved, digestion was unimpaired, and respiration did not seem to be in the least degree embarrassed. The nerves were not the seat of any irritation, the pulse was small and quick, the skin cool, sleep tranquil, and intellect clear.

On Jan. 30, 1847, the patient was placed in the wards of Dr. Sédillot, at the military hospital of Strasburg, and underwent a course of treatment which seemed at first to arrest the course of the malady; but, towards the end of April, cough and diarrhoea made their appearance, the bones of the head became carious, gangrenous erysipelas broke out on the 22nd of July, and on the 26th the patient expired. On dissection, lobular abscesses were noticed in the lungs, spleen, and liver; the throat was ulcerated, also the epiglottis, larynx, and trachea. Two perforations existed through the bones of the cranium, the ulcerations of the limbs had acquired considerable size, and the saphena was partly destroyed, and was filled with pus where it was not obliterated.

In order to demonstrate the nature of the disease, the pus from the sores was inoculated to three horses, who became all three glandered in a short time. M. Sédillot added, that in several instances wounds washed with the sponges employed by the patient whose history we have related acquired an unhealthy aspect, which cleared all doubt in his (M. Sédillot's) mind as to the nature and contagious character of the disorder.

ACADEMY OF MEDICINE.

Meeting of Oct. 12; M. BÉGIN in the Chair.

LITHOTRITY AND USTOMY.

(Adjourned Debate.)

M. Velpeau remarked that the present debate, although unproductive of any new solution of the questions before the academy, still would not be unprofitable, in so much that it would serve to render more popular ideas which had hitherto been concentrated amongst a small number of persons. M. Velpeau did not doubt the good faith of M. Civiale, but he believed that gentleman to be in error on many points; the facts which he laid before the public should be interpreted in a very different manner from that in which they were accounted for by M. Civiale; that gentleman had reproached M. Velpeau with not bringing forward the results of his own practice in the first place. M. Velpeau had examined M. Civiale's cases only, because that gentleman having asserted in the political papers that he cured ninety-eight cases out of a hundred, it was fair to investigate the truth of the assertion. With regard to his own practice, M. Velpeau might flatter himself that he would be able to show M. Civiale as happy results as his own. M. Velpeau had now operated by crushing twenty-four times; no patient had died from the

operation—at least, if he was permitted to employ M. Civiale's mode of statistical computation. One patient died from cystitis, after exploration of the bladder: the calculus had not been crushed, therefore the case was not one of death from lithotritry. In a second case, death occurred after three operations for crushing. A third patient had in his bladder a perfect quarry—over a hundred concretions: after a few attempts at lithotritry, death took place. In a fourth case a large calculus existed, and M. Velpeau recognised its presence; he was about to proceed to the operation, when the concretion suddenly baffled investigation. Inflammation of the bladder followed these repeated explorations, and the patient died; on dissection, two bladders were found communicating with each other, and in one of these the concretion was lodged out of reach of the instruments. Thus, were he to use M. Civiale's method in the appreciation of his cases, he might say that he lost not a single patient from lithotritry. But, counting the deaths, he found the mortality in his practice to have been one in six—a result more favourable than that of one in five, shown by M. Malgaigne to be that of M. Civiale's operations. In conclusion, he would say that M. Civiale was wrong in considering him as an adversary of lithotritry; he was only hostile to exaggerations. Lithotritry was a valuable invention, which reflected sufficient credit upon M. Civiale to free him from any necessity for exaggerating its results.

M. Roux regretted that several important points had been overlooked in the debate; for instance, lithotritry in children. In infancy M. Roux believed that cutting would always be preferred. This opinion he founded upon the simplicity of calculous disease at an early age—upon the absence of apprehension in the patient, and upon the necessity of several operations for the removal of a concretion by lithotritry. In the appreciation of the two methods, one important circumstance had been barely mentioned; it was the possibility of performing cystotomy without pain, thanks to the ethereal inhalation. This innovation would, in many instances, induce surgeons to employ cutting instead of lithotritry.

Meeting adjourned at five o'clock.

TREATMENT OF URINARY FISTULÆ.

Some years since the treatment of this disease consisted in the introduction of catheters, which were left permanently in the bladder for the purpose of preventing the contact of the urine with the fistulous passages—a circumstance by which their cicatrization was much delayed, if not altogether prevented. It was soon discovered that the permanent sojourn of a foreign body in the urinary duct was in itself a cause of irritation which interfered materially with the cure. The practice in this respect has undergone in France a complete change: the catheter is introduced several times a day, and removed immediately after evacuation of the contents of the bladder. A case of most successful treatment by this method is related in the "Bulletin de Thérapeutique." The patient, aged twenty, was admitted into the wards of M. Vidal de Cassis, and presented no less than thirteen fistulæ consequent upon gonorrhœa and peri-urethral abscess. After seven months' residence in the hospital the patient was completely cured. When a stricture complicates the disease, as it is most frequently the case, it is often extremely difficult to pass the catheter into the bladder; and in such instances we imagine that few practitioners would be tempted to withdraw immediately the instrument after removing the urine, thus incurring the risk of not being successful in a second attempt at catheterism. During the first days of the treatment of a case of this description, we believe that M. Vidal himself would leave a bougie permanently in the duct until such time as a free passage should have been formed by dilatation, for the more easy introduction of instruments.

For the cure of ancient fistulous passages of the urethra, another and most ingenious method has been of late years proposed by M. Ricord and M. Ségalas, improved upon by M. Jobert:

it is founded upon the readiness with which recent wounds of the perineum and urethra are healed—a fact abundantly proved by the statistics of lithotomy. A grooved staff being, therefore, introduced into the bladder, an incision is made into the urethra, nearer to the bladder than the fistulous orifice; and through this wound a catheter is introduced and fixed in such a manner as absolutely to prevent the urine from escaping through the abnormal orifice, which is closed by an anastomotic operation. When the cicatrization of the engrafted skin is complete—a result generally obtained in a very few days—the catheter is withdrawn from the newly-opened wound, and a long bougie having been placed in the urethra and bladder, the parts are allowed to heal. By this operation we have witnessed the cure of three cases in which the fistula had existed for many years.

INTRODUCTION OF FOREIGN BODIES INTO THE BLADDER.—CASE.—A man, aged thirty-two, was admitted into the Hôpital Beaujon on the 21st of August last. On the 16th of the same month he had introduced into the bladder an ivory toothpick, the presence of which was immediately ascertained with a metallic catheter. An unsuccessful attempt was made to remove it with a three-pronged forceps. During the following days, the instrument invented by M. Cornay for the removal by aspiration of small calculi, or of foreign bodies of small dimensions, was resorted to on three occasions, but without advantage. (For a description of this instrument, see *Medical Times*, vol. xiii., p. 189.) M. Robert, in whose wards the case had been placed, was desirous of performing cystotomy, but allowed himself to be prevailed upon by the patient's request that litho-triptic measures should be employed. Accordingly, M. Heurteloup endeavoured to break the earpick with a lithoclast, and divided it into three fragments, one of which was expelled spontaneously with the urine. But inflammation of the bladder, together with peritonitis and intermittent febrile symptoms, set in, and, in spite of the antiphlogistic treatment adopted, the patient died on the 12th of September. On dissection the peritoneum was found in a violent state of inflammation, and the bladder perforated close to the orifice of the urethra by the sharp extremity of one of the fragments produced by the lithoclast. The fragment protruded two inches into the bladder, in the cavity of which it stood upright, and four lines of the earpick projected into the peritoneum. The internal surface of the vesica was inflamed and covered with false membranes.

TREATMENT OF NEURALGIA BY SUPERFICIAL CAUTERIZATION.—The treatment of neuralgia and of its painful symptoms has, as well that of many other diseases, derived some benefit from ethereal inhalations. It is not only the temporary arrest of pain during insensibility that we refer, but to the method recommended by M. Valleix, and which has already in several instances been productive of the most advantageous results. Thirteen cases of neuralgia, occupying various seats, are recorded in the *Union Médicale*, by M. A. Notta; ten were speedily cured, two were relieved only partially, and in one no benefit was derived from the treatment, which consisted of very superficial cauterization with the actual cautery during ethereal insensibility. In several instances one application was sufficient; in others it had to be repeated a second time.

D. McCARTHY, D.M.P.

Normal Anatomical Appearances of the Intestinal Mucous Membrane in the Infant at the Breast.—Friedleben and Flesch, of Frankfort, give the following:—The colour of the mucous layer, as well as of the subjacent mucous membrane itself, is either greyish, white, or yellow, from the colouring principle of the bile, or more or less of a darkish livid colour, from exhibition of blood. It is to be remarked, however, that in this last case the mucous membrane is free from any arborization or punctation. The mucous membrane adheres very closely to the subjacent tissue, so that, after being cut through, it can be

detached only to a small extent. The mucous membrane of the colon, however, is less firmly adherent, owing probably to the greater amount of subjacent cellular tissue; its consistence is always great enough to prevent it being rubbed off by the finger or with the back of a knife; where the adhesion appears lessened without simultaneous diminution of its consistence, large pieces of the mucous membrane may be separated from the subjacent cellular tissue. The solitary glands, neither of the small intestine nor of the colon, are visible to the naked eye. As to those of the colon, however, we discover occasionally delicate roundish spots, presenting a contrast to the rest of the membrane by their opaque colour, but without any elevation. The villous layer, and the glands of Lieberkuhn, are also visible. The Peyerian patches, on the contrary, may be discovered at the earliest period of life, when the intestine is held up to the light, owing to their greater opacity as compared with the rest of the membrane. Whenever these patches are recognised at first sight, a pathological state may be suspected. The largest of the patches are situated near the ilio-colic valve, where they may be discovered with a slight examination; the smallest are in the jejunum; those of the ileum are always distinguished by their marked limits. The number of the patches varies as much as from sixteen to thirty-six. The cases in which they are found to be only from four to six, are regarded as referable to atrophy of the mucous membrane.

Bromide and Iodide of Potassium in the Secondary and Tertiary Forms of Syphilis.—Dr. John Egan has experimented largely, at the Westmoreland Lock Hospital, on the comparative efficacy of these two substances, and has arrived at the following conclusions:—First, the iodide exerts, in the majority of instances, an instantaneous, decided, and always a beneficial action, contrasted with the bromide, whose effects are slow, unsatisfactory, and frequently unsuccessful. Secondly, the iodide seems to act favourably; not only upon the disease for which it is prescribed, but also upon the constitution in general, by increasing the appetite, improving the powers of digestion, thereby enabling the patient to gain flesh while under its influence; whilst the bromide not unfrequently produces nausea, impairs the appetite, and deranges the digestive organs. And lastly, every form of secondary and tertiary syphilis (with the exception of iritis) is amenable to the action of the iodide, whilst that of the bromide is extremely circumscribed. A very general impression prevails, that, in order to obtain favourable results from the exhibition of the iodide, it is requisite to administer it in large doses; but far more desirable consequences are likely to ensue from moderate than excessive doses: it has seldom occurred that every wished-for indication was not fulfilled by five-grain doses, and in no instance did it appear necessary to increase it further than ten grains three times a day. The vehicle most commonly selected for its exhibition is usually the compound decoction of sarsaparilla; but the beneficial effects of the iodide are no way assisted by this vehicle. The bromide, however, has been found decidedly advantageous in some rapid affections, and in venereal rheumatism.

Cod-liver Oil and Phthisis.—Dr. Madden says that his experience of this medicine is extremely favourable, and that the most marked improvement has followed upon its steady employment. The cough becomes less troublesome, and the expectoration less copious; the appetite better, and the emaciation arrested; and even a decided and manifest increase of flesh takes place in many cases. That, while it will not cure consumption, it is most efficacious in bringing about a more healthy general condition of body, in which nutrition is carried on more satisfactorily, and the morbid disposition is, for the time at least, greatly checked.

Vaccination and Smallpox.—M. Von Burchem has come to the conclusion that, among the vaccinated, the older the individual, the greater the liability to an attack of smallpox. Among the

unvaccinated it is the reverse: for the younger the person, the more he is liable to an attack of smallpox.

Analysis of the Lymph of a Horse.—Dr. Day observes that Geiger has recently analyzed lymph taken from the fetlock of the hind foot of a horse, which was emitted in large quantities and in apparently a normal condition. It was of a pale yellow colour, of a sickly odour, slightly saline taste, neutral, and had a specific gravity of 1.017. After standing for some time, a gelatinous trembling coagulum was produced; the serum beneath it being perfectly clear, of a faint yellow colour, and, when examined under the microscope, containing only a very few corpuscles. Analysis gives the following results:—

Water	983.7
Solid constituents	16.3
Fibrin	0.4
Albumen	6.2
Extractive matter	2.7
Fixed salts	7.0
Fat and ammonia salts	traces

The corpuscles contained in the fluid were none of them so large as blood-corpuscles; they had a granular appearance, a well-defined outline, and many exhibited a decided nucleus. Some were perfectly round, and others elliptical. There were no traces of fat or red blood-corpuscles.

Nasal Calculus.—Dr. Cooke, of Long Island, attended a lady, twenty-five years of age, who had suffered for eighteen months from severe headache; the pain was most intense over the frontal sinuses, accompanied by an offensive discharge of a muco-purulent character from the left nostril and throat. The pain in the head increased so much as to impair her memory, her sight, and digestive functions. On examination, the nasal passage, on the left side, appeared to be completely blocked up. The obstruction was supposed at first to be a polypus, but on passing a probe the substance was found to be hard like a portion of secreted bone, about two inches from the orifice. The septum was forced over to the opposite side, causing the right nasal passage to be somewhat contracted. The left lachrymal duct was obstructed, and pressure made at the inner canthus was followed by a discharge of purulent matter from the puncta. Stillidium lachrymarum existed, and the conjunctiva injected. The probe being withdrawn, a pair of polypus forceps was then introduced, and with some difficulty the hard substance was grasped and extracted through the nostrils. Considerable hemorrhage followed, but it was soon checked by the application of cold. The foreign body was of irregular form, rough, about an inch long by half an inch in diameter, hard, brittle, and evidently of a calcareous nature. The patient was not aware of ever having introduced anything into the nose. Inflammation of the mucous membrane of the nose and throat followed the operation, but was soon subdued by antiphlogistic treatment.

Parotid Gland.—Dr. Shipman, professor of surgery in Indiana Medical College, attended a woman, seventy years of age, with a tumour at the angle of the jaw, of four years' standing. It was about the size of an orange, very hard, with lancinating pains through it. This was pronounced to be scirrhus of the parotid gland, and an operation resolved on for its removal. Previously to this the carotid was tied. At the commencement of the operation there was considerable hemorrhage, which soon ceased. The wound afterwards healed kindly, and the ligature came away twenty-eight days after the operation. The patient continued well for a year, when she began to decline; at the end of two years the tumour returned, and she finally sunk under it. She, however, recovered perfectly from the operation of tying the vessel.

GUY'S HOSPITAL.—Mr. Callaway has resigned the office of Senior Assistant-Surgeon to Guy's Hospital, and has declined offering himself as a candidate for the office of Surgeon to the institution, vacant by the death of Mr. Morgan.

TO CORRESPONDENTS.

THE MEDICAL TIMES may be procured by an order on any Newsmen or Bookseller, or it will be sent direct by post from the Office of the Medical Times to Subscribers sending by a Post-office order, directed James Angerstein Carfrae, or an order on some party in town, One Guinea IN ADVANCE, which will free them for twelve months. Half-yearly Subscription, 13s.; Quarterly, 6s. 6d.

A HANDSOME PORTFOLIO for holding the "MEDICAL TIMES"—very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price 5s. An allowance is made to the trade.

COVERS FOR BINDING the Numbers of the "MEDICAL TIMES" are now ready, and may be had, by order of any Bookseller, or at the Office, price 1s. 6d.

The communication from the Board of Guardians of the Prescott Union will be inserted next week.

Kkf.—We shall be happy to comply with our correspondent's wishes.

A Subscriber, Liverpool.—We will look into the matter referred to, and shall certainly use our best efforts to see justice done to the students.

Mr. Geo. Gibson, Ulverstone.—The communication has been received.

Mr. Hugh Hastings, Stokenchurch.—The paper on *Lumbricus Teres* has come to hand.

B. A. has certainly not observed that we had an article on the subject last week. We shall be glad to hear from him again.

Delta.—The information proffered will be thankfully received. It will be necessary, however, in order to publication, that it be authenticated. We are oftentimes compelled, from the inattention of correspondents to this latter circumstance, to consign their writings to oblivion.

A Young Surgeon.—We know of no other work that the author referred to has published. It has passed through two editions, and is considered by the profession as a talented production. We are unable to answer the second question, and it has certainly nothing to do with "medicine or its collateral sciences."

Ignoramus.—The symptoms, though obscure, denote rather intestinal irritation, than primary mischief in the brain.

Chemicus.—The first question ought more properly to have been addressed to the Editor of the Pharmaceutical Times. To the second we answer, that hippuric acid is sometimes found in healthy human urine, and in some cases of disease a large amount is secreted.

Mr. Slocombe's request cannot be complied with, from the numerous claims on our space.

A Student.—A bookseller's catalogue had better be consulted, and our correspondent will then be better able to judge for himself. A preference in the case he names would be invidious.

A Sufferer.—We never act as inquisitors on any gentleman's private practice. When a thing becomes public we do not then hesitate to give our opinion.

Dr. Penton.—The work is published by Mr. Renshaw, Strand.

An Old Subscriber.—The letter had better be sent to the War-office, where, we have no doubt, it will receive all the attention it merits.

A Liverpool Surgeon.—The case of *delirium tremens*, sent for "early insertion," does not contain points of sufficient interest to warrant its insertion at all.

Miles.—We are unable to pass an opinion upon the skill displayed by the American surgeons after the battle of Monterey. In the field there are far more difficulties to be encountered than in hospital, and fewer means at hand to overcome them.

Spectator Medicorum.—The parties, we suspect, have no legal qualifications. It is no uncommon thing for individuals to state themselves doctors of medicine without any right to the title. We do not think that the Apothecaries' Act can touch them, but an action for damages may be instituted in a case after injury is sustained from improper treatment.

Dr. Burton.—The report of the Walsall Union meeting shall appear next week.

An Edinburgh M.D.—The London college will admit licentiates of the Apothecaries' Company to examination under certain conditions; these, however, almost amount to a prohibition. Licentiates of the college who are not Oxford or Cambridge men may become fellows, from which privilege they were excluded till within the last few years.

Mr. S. Dixon.—The college library is now open.

A Bartholomew Student.—The communication is declined with thanks. We are sorry to hear that the ex-president has been indisposed from a bilious attack within the last few days.

Medicus.—The case of congenital malformation of the heart has been received, and is under consideration.

A. M., Trinity College, Dublin. shall receive a private communication from us in the course of a few days.

A Young Subscriber, Manchester.—Question 1. By indictment under the Apothecaries' Act. Two cases have been lately tried, which has removed all doubts upon the subject. 2. No. 3. Any one may prosecute.

Mr. T. W. Garlike, Rickmansworth, is thanked for his communication, which shall appear in an early number.

Dr. John Reid, St. Andrew's University, will see that his request has been attended to.

Philo.—The magistrates have no power to order remuneration to the medical witnesses. We fear our correspondent has no prospect of obtaining redress.

Fusbos on medical poor-law remuneration is inadmissible.

A Member of the National Institute.—We think it probable that the Government will grant a charter of incorporation to the Institute. Whether the present name will be retained we are unable to say.

We know of no power or right by which a coroner can prevent the usual post-mortem examinations sanctioned by the Anatomy Act, and performed in public hospitals.

Letters and communications have also been received from an Edinburgh M.D.; Mr. S. Dixon; a Bartholomew Student; Medicus; A.M., Trinity College, Dublin; a Young Subscriber, Manchester; Mr. T. M. Garlike, Rickmansworth; Dr. John Reid, University of St. Andrew's; Philo; Fusbos; a Member of the National Institute; Spectator Medicorum; Miles; a Liverpool Surgeon; an Old Subscriber; Dr. Penton; a Sufferer; a Student; Mr. Slocombe; Chemicus; Ignoramus; a Young Surgeon; Delta; B. A.; Kkf; a Subscriber, Liverpool; Mr. G. Gibson, Ulverstone; Mr. Hugh Hastings, Stokenchurch; Mr. Oakshott, Cork; Mr. Hardwicke, Hempsall; Mr. Sanderson, Musselburgh; Mr. Cross, Norwich; Dr. Fripp, Bristol; Mr. Booth, Ashton-under-Lyne; Mr. White, Carmarthen.

THE MEDICAL TIMES.

SATURDAY, OCTOBER 30, 1847.

THE CONVENTION.

THE union surgeons may be proud of their magnificent demonstration of Wednesday; nothing could be better. The meeting was larger than the most sanguine could have anticipated. From two to three hundred gentlemen—the greater number from the country, some from remote districts—was an attendance at once honourable to the union surgeons, and honouring to those acting for them.

But there were other elements that gave a great and unwonted importance to the meeting. The gentlemen in attendance represented more than themselves. As one gentleman rose after another, the fact was evolved that each was the

delegate of another meeting. There were, in fact, more than a thousand union surgeons, spread throughout the country, present in person, or in representation, at the Convention.

The correspondence in the hands of the Honorary Secretary was another item indicative of the general interest. Voluminous to an extent that took the meeting by surprise, and made perusal thereof quite impossible, yet every letter was enriched with statistical data which, when digested and arranged, must overwhelm opposition, and had, besides, the additional worth of pledging to the Convention the writer's hearty personal concurrence and generous pecuniary aid. In short, all that the union surgeons could do for the Convention they did; and it now remains for the members of the committee to justify—as we are sure they will—the noble confidence reposed in them.

The ground of action is rapidly clearing; every hour brings our business into greater definiteness and tangibility. There can be no longer discussion, or speculation, or hope, about the per-case system, which is abandoned by every body in the profession. It has become an established truth, that a per-case system means the withdrawal of three-fourths of our medical relief. It is the destruction of a great portion of the present poor-law relief, and eventually a further reduction of the medical officers' salaries. Wherever the plan has been tried it has failed. The guardians make up for its mock-adequate payment by largely cutting down the number of cases. An order is only given at the direst extremity, and the result is, that while the sick poor suffer barbarous wrong, the surgeon is in receipt of no better income. Does the surgeon, therefore, do less work? We know the contrary. The pauper, denied an order by the relieving officer, appeals to the medical man, as a kindness and a gift for that which he can no longer ask for as a right and an engagement. What can the well-meaning surgeon do? To save a wretch from death he lends the help which establishes a precedent against his own just remuneration; and thus, in fact, in his own single person, gives gratis a moiety of the district medical relief.

Guardians, indeed, deal so capriciously and recklessly with their responsibilities as the protectors of the sick poor, that there can be no defence for the medical man if left to their sense of what is morally fair, or just. If they can sacrifice, as they habitually do, the chances of health and life of their pauper dependants, to carry out a miserable economy which can be only a matter to them individually of farthings, how can we expect a generous or enlightened course of conduct to the medical officer where no such heavy responsibilities are immediately in question? As an instance of the conscientious manner in which these gentry administer medical relief, we know that, since the general agitation of this question during the last six weeks, the cases of more than one medical officer have been made to fall more than fifty per cent. Why was this? Is pauperism less extensive? fever less prevalent? disease less general? No; the guardians were afraid that we were making out too strong a case against them, and, therefore, whatever the result, the sick poor, were deprived of their customary access to medical relief.

If for so slight a cause responsibilities are forgotten, and the poor injured, what must we expect under a system in which every act of justice to a sick pauper would require from them a fair remuneration to the medical officer? If disposed to deal justly with a surgeon, they have

the opportunity now by raising the salaries; but they decline, as a general rule, to lessen by one iota the fearful amount of remunerative injustice they are now inflicting on him throughout the whole country. We have thus wrong in all phases, and a modified justice would not be costly; how vain, then, is it to hope right under a *per case* system, which would necessitate a full justice if adequately carried out!

We repeat, then, the conviction that not another moment need be lost in the attempt to establish a *per case* system of remuneration. A system of extras, however, extended or improved, can be no substitute for bad salaries. They are productive of never-ending ill-feeling between boards of guardians and their medical officers. No bill for these extra charges can ever pass without contestation; the conflict is so humiliating to a class of gentlemanly feeling, that it almost always ends in submission to injustice or a resignation. The plain, too, sets ill in reference to the patients; it is a premium on operations, and often stands in the way of the best modes of treatment. Mr. Boulger's statement to the Convention is an illustration. By removing a patient to the workhouse, to give her, under misoperation, the best chance of a successful issue, he saved the patient, but lost the extra five pounds. Beyond an adequate salary, the only extra should be midwifery.

Thus, then, the object of poor-law surgeons, is plain, simple, and open. We want an adequate salary, having reference on the one side to the population, on the other to the area of a district.

It would be futile to hope so large a change as this from the guardians. They have had the power for years of proportioning payment to duties, and their tendency has been consistently in the wrong direction. Even the power of the poor-law commissioners has failed in numerous instances to effect even small improvements; and we know, as a general rule, medical repayments are one-half less than what they ought to be according to the authority of the very commissioners themselves—a fact humiliating to the supposed power of the three kings, and monumental of that disgraceful niggardiness which boards of guardians are prone to as a natural instinct. At whatever cost in character to themselves, in purse to their surgeons, or in health or life to their paupers, they will save the rates.

While, therefore, we would not interfere with the local right of election, and, to some extent, that of supervision, we hold that the worst of authorities for controlling the expenses of medical relief are the boards of guardians. The Government, in paying one-half of the salaries, have, in a lame fashion, acknowledged this truth, while only vindicating half its usefulness. Let them now carry out fully the above principles; let them free themselves from the absurdity of having men with a half engagement in their service, yielding for large services pecuniary returns disgraceful between man and man, and dishonouring to a Government. There cannot be a more favourable opportunity than the present moment; the poor-law commission is about to assume a thoroughly new phase: the sanitary question invokes the aid of a staff of medical men throughout the country; the Government plan of half payment is just coming into operation; amid all these vicissitudes a vigorous Minister ought to welcome, as a boon, an opportunity of putting the administration of medical relief, through the whole country, on a sound footing, and thus do justice

to the pauper, the rate-payer, the medical profession, and the general and more enlarged interests of the nation.

MR. LAWRENCE AND ST. ANDREW'S UNIVERSITY.

"O hominis impudentem audaciam!"
Non sit sine periculo felix magnitudo et memorabilis."

THE evidence of Mr. Lawrence, president of the College of Surgeons of England, before the Select Committee of the House of Commons on the Medical Registration Bill, is interesting to all the members of the profession, inasmuch as it makes known to them his opinions in reference to their qualifications and standing. It is to be lamented that this eminent gentleman should be found amongst the number of those who oppose the injurious Registration Bill of his quondam friend, as it will powerfully assist him in his efforts to make it the law of the land. There are circumstances of a renegade Radical, who has sacrificed liberal principles for his own personal aggrandizement—who has publicly insulted the general practitioners of his college, and who has been hostile to every measure which has been attempted for their advantage—opposing the bill, will induce many to look favourably upon it, who otherwise would have scornfully rejected it. It must be understood, however, that Mr. Lawrence's opposition to this bill does not spring from a desire to avert a single evil from the members of the profession in general practice; but to prevent the Scotch and Irish corporations from being brought too much in competition with English colleges. The question with him and his companions is, How will the measure affect the college funds? and, as they apprehended a falling revenue, they were determined to do all in their power to escape the impending evil. If the council could but have received a guarantee for their pockets, they would have hailed the bill as one of the best measures ever brought before Parliament to effect professional regeneration, as they know that, with a show of liberality, it would be the means of keeping in their present degradation the masses of the profession for years to come.

The manner in which President Lawrence executed his commission may be satisfactory to the gentlemen who sent him there, but it reflects no credit either upon himself or them. In his examination he appears more like a costermonger than the first man in a learned corporation, for he is loud in the praise of his own commodities, and equally vociferous in condemning those of his neighbours. With the exception of the college in Pall-mall, the other medical corporations of Great Britain were put down as little better than useless to the profession, while the University of St. Andrew's was condemned as one of the most worthless that ever existed in a civilized country. It is not our intention here to enter upon a defence of these institutions *per se*, but to show that Mr. Lawrence, living himself in a "glass-house," should not be so foolish as to throw stones at others.

In his attack upon St. Andrew's he says, "I should think that it would be very improper to allow a person in possession of a degree from this university, which I assume to be a place without a medical school and without a hospital, to practise his profession anywhere; and, if there is to be any law restraining parties from practising, that is a thing which ought to be prevented. I do not think that a St. Andrew's degree, conferred as it is present, is a proper authority for a party to practise here, or, indeed, anywhere.

There would not be any evidence, to my mind, to prove such a person would be a fit candidate for the office of surgeon or of general practitioner in the smallest poor-law union in England. I think that it would not tend to the welfare of the poor to allow persons with such qualifications, or rather want of proper qualifications, to practise upon the poor. I can see no public advantage to be derived from giving such persons any power of practising in England." Polyphemus, when paying his addresses to the lovely Galatea, reckoned it no small personal advantage to be possessed of only one eye; the surgical Cyclops of Lincoln's Inn-fields does not indeed assure us that he is a monocular, yet he evidently sees but one side of the question, for which he happens to be prepossessed. The nymph, before whose charms he has prostrated himself has none of those imperfections which disfigure the beauties of her sisters. So bewildered, indeed, is the venerable swain with the charms of his mistress, that her very imperfections are themes for admiration. The unfortunate virgin of the North, because she is without these precious ornaments—"a medical school and a hospital"—is considered a worthless strumpet, wooing the members of the profession to her embraces, only that she may dip her fingers into their breeches pockets. These, however, whom love has not blinded, not having received any favours from Mr. Lawrence's damsel, consider her virtues as being of a very questionable character. Her hospitals and schools have been made sources of aggrandizement to those whom she delights to honour, for it is a strange circumstance that those who are received into her special favour are those who hold offices in one or other of the London hospitals. We have Lawrence and Stanley at Bartholomew's, Green at St. Thomas's, Kay at Guy's, Kept at St. George's, Andrews at the London, Cooper and Liston at University. These are the gentlemen on whose behalf Mr. Lawrence spoke, when he reviled the Scotch university for being so silly as to elect M.D.'s without compelling the candidates first to learn the "healing art" from some of the members of the *senatus academicus*.

From the statement of the ex-president of the English College of Surgeons we should be led to suppose that a very stringent examination is always undergone there by the candidates for the diploma. The circumstance, however, is still fresh in the minds of the profession, of the Taunton pastry-cook having, within the short space of thirteen months, so furnished his intellect with surgical knowledge as to abundantly satisfy the worthy Solons who tested his abilities; he was, therefore, duly installed a member of the college, and to this day exercises his abilities in a homoeopathic establishment in the town of Taunton. Mr. Lawrence, moreover, speaks in very disparaging terms of the general practitioners of this kingdom. Himself and friends have on a former occasion announced that they are only fit for "the ordinary exigencies of surgery," and a general impression prevails that there has been a greater desire amongst the members of the corporation to obtain fees than to advance science. We have before us a letter signed "a Looker-on," in which our correspondent says, "In one district I know of a saddler, an ignorant agriculturist, and a great number of druggists' assistants who have obtained the college diploma." This is one of the evils of which the profession so frequently and so loudly complains: that there are annually admitted within its pale members

whose education is so defective that it would be impossible for them to obtain a diploma if the surgical authorities were faithful to the trust committed to their charge. It is this very circumstance that has overstocked the profession, and induced that competition which has rendered its members less respectable in the eyes of the public than those who are engaged in the practice of the law or the study of divinity. It is this which has given such an intensity to the desire for reform as to make the profession ready to accept any measure first proposed which promises only a small amount of good, thereby endangering a permanent and beneficial settlement of the important subject. If the English College of Surgeons had proved herself a nursing mother to the profession; if she had on all occasions shown herself a staunch supporter of a high standard of education for her diploma, there would have been some appearance of propriety in Mr. Lawrence giving the venerable body of St. Andrew's a stout pull by the nose. Now, however, he has done it with a very bad grace, for his *chère amie* has only moved as the Blackfriars Corporation has guided her forwards.

The attack which has been made on the university has called her forth in defence of her character, and in addition to a letter from Dr. Reid, addressed to Mr. Lawrence, we have had transmitted to us a paper in reference to the qualifications and success of those who have been candidates for the degree. Here we are informed, that "for several years after the *Senatus* instituted the present regulations for granting degrees in medicine, one out of every five candidates was remitted to his studies. Of late, those who have presented themselves have been of a superior order, but still the average number of those remitted to their studies within the last eleven years has been nearly one out of every seven. At the last examination five out of twenty-eight, or nearly one in five, were remitted to their studies; and one of them who held the diploma of the Royal College of Surgeons of London, and who had been several years in practice, was remitted to his studies for a second time. At the last three examinations, seventy-one candidates were examined, and of these, twelve, or rather more than one out of every six, were rejected. Of these seventy-one, there were thirteen who presented no diploma from any of the Licensing Medical Boards of the three kingdoms; but who possessed all the preliminary qualifications prescribed by the university, and six of these, or nearly one-half, were rejected. The other six rejected candidates were all members of the College of Surgeons, London, and some also held the diploma of the London Apothecaries' Company. Of the whole seventy-one candidates, forty were members of the London College of Surgeons; thirteen members of the College of Surgeons, Edinburgh; four were licentiates of the Apothecaries' Company; and one a licentiate of the Faculty of Surgeons and Physicians of Glasgow. In the year 1840, thirty candidates appeared, and of these twenty-four passed, and six were rejected. Of the six rejected, four were members of the London College of Surgeons, one of the Edinburgh College, and one possessed no diploma."

From the number of rejected members of the London College of Surgeons, it would appear that the university examination is quite as searching as that of the college; or, if we are to take the gross amount of those plucked at St. Andrew's, and comparison be made with the unfortunate of Lincoln's Inn-fields, we should be

led to pronounce a verdict in favour of the former. It is not for us, however, to decide the relative merits of the two institutions, as the number of the rejections, after all, is but a fallible criterion of an efficient examination. We consider it more our province to advise Mr. Lawrence to exhibit a greater concern for the honour and welfare of the members of his college than he has hitherto done, and less anxiety to find fault with other licensing bodies. If he would advocate the emancipation of college members, the establishment of a liberal education for all surgical candidates, and a fair examination for the diploma, posterity would honour him, while his bilious eruptions against Scotch universities will only rebound to his present and future disgrace.

With regard to the curriculum of the university, we must acknowledge that it appears to us capable of much improvement, being below par when compared with that of the College of Surgeons. It is in consequence of this that the diploma of the university has been considered by some as speaking little for the professional acquirements of the possessor. It will not be out of place here to suggest, also, that candidates for degrees in arts should be compelled to undergo a more searching examination than has hitherto been the case. We have been led to understand that some attention is being given to the subject by the *Senatus*, and we trust that the future B.A.s and M.A.s will of a truth be learned in *literis humanioribus*. There is a mania at the present time for academic titles; those who have the power of conferring these should be careful that their diplomas are not fudge and their possessors not impostors. A stiffing time is coming, and Heaven forbid that ancient seats of learning should then be found unfaithful stewards; their safety requires that they should now see how matters stand with them, for it would be a subject of deep regret for institutions, venerable on account of their antiquity, to be cast aside as worthless, and their places occupied by others younger but more circumspect.

EMIGRANT SHIPS AND TYPHUS FEVER.

It is a source of no small satisfaction to us to know that the observations which we considered it our duty to make, in reference to emigrant ships and their passengers, have been productive of changes which must eventually prove of infinite benefit to those who journey across the Atlantic in search of a settled habitation on some part of the great western continent. The Government has been roused from its lethargy, and merchants have showed that cupidity has not entirely obliterated their humane feelings. Already a marked change has taken place in the internal arrangements of many of the passenger vessels; and, as a natural consequence, a decided improvement has taken place in the health of the emigrants.

We learn from a New York paper that the ship Emma Watts arrived at New York on the 6th of last month, in forty-one days, from Liverpool. She brought 165 emigrants, without having a single case of sickness on board, which can only be attributed to the fact, that the passengers and vessel were kept clean. On leaving Liverpool, the captain constructed a large bath on deck, in which he compelled both men, women, and children to clean themselves every day. Their quarters between decks were likewise scrubbed and washed every morning before fires were lighted, and then chloride of lime was thrown into the crevices, vinegar steamed, alum

put into their drinking water, ventilation, and other precautions used to prevent sickness. The result of these efforts, so vigorously enforced, was, that not a single case of sickness occurred. The health officer at quarantine pronounced them the finest-looking passengers he had seen, and the ship was allowed to come immediately up to the city. The conduct of the captain on this occasion is deserving of praise, as he has unquestionably saved a number of lives, and prevented much misery, besides setting a good example for others to follow.

We have here a striking proof of what ventilation and cleanliness will do in promoting the health of persons at sea, and such an instance should stimulate persons in authority to rigidly enforce every measure which is not only uncalculated to check the progress of fever, but eventually to annihilate it. The terrible mortality which for months has prevailed amongst emigrants is to be attributed, in a great measure, to the cramped and filthy conditions in which they embarked. It may be that prior to this, constitutions had been weakened by privations, and the seeds of disease planted within them; but for these to effectually develop themselves, certain agents are necessary. These are the holds and steerage of the passenger ships rapidly furnished, giving a virulence to disease, by which it not only destroyed numbers, but acquired a power of propagating itself in localities where its victims, for a season sojourned.

Attempts have been made to attribute to the Irish famine solely the mortality and fever to which we now refer; if, however, our statements on former occasions have been correct—and no one has attempted to deny them—then will it be seen, that foul holds, filthy steerages, and improper food must be taken into the account also. It is a satisfaction to know that good often arises out of evil; so, if the recent plague amongst emigrants should make Government inspectors more vigilant, marine laws more stringent, and merchants more humane, fever on board ship, like sea scurvy, will become as rare in its occurrence, and as mild in its character, as neither to excite the fears nor baffle the skill of the medical profession.

NOTICE.

It is desirable to publish the assurance that the very many documents that have been sent to the Convention will severally receive the most full and deliberate attention. The committee appointed by the Convention will meet on a very early day to take them into consideration; and it is not impossible that, while systematized for Government representation, an analysis of their varied contents will early appear in the columns of THE MEDICAL TIMES.

CONVENTION OF POOR-LAW UNION OFFICERS.

The above meeting, which was attended by about two hundred poor-law medical officers, was held, according to announcement, at the rooms of the National Institute, in Hanover-square, on Wednesday last, at half-past three.

Dr. Burton, of Walsall, was called to the chair. In introducing the business of the assembly Dr. Burton observed that the object of their meeting was of no less importance to the public than to the profession. It was most desirable that the medical attendants to poor-law unions should be placed in a position where they might not be straitened as at present, in consequence of being remunerated in such a way as caused their interests and the honest, humane, and faithful dis-

charge of their duties to elash. He hoped that the rate-payers of England would be ere long induced to perceive the justice of the claims of the poor-law medical officers, with a view to the removal of the state of things of which they had now to complain. In order to carry out the purpose for which they had assembled, he recommended to them temperance in all their observations, and the adoption of such a course as would not call forth any individual enemy throughout the kingdom. (Hear, hear.)

The Secretary, Mr. T. P. Healey, read the requisition calling the meeting, and at considerable length described the course which had already been adopted for the purpose of ameliorating the present system of poor-law medical relief, which was injurious to the public interests, as in fact it placed the interest of the pauper and of the medical officer in antagonism. The medical officers were extremely desirous to be placed in such a position as to be enabled to supply the sick pauper with those necessary medicines which were considered indispensable in the case of wealthy patients. [Those views were embodied in resolutions adopted by the medical officers of the various unions throughout the country, and were very lucidly described by the secretary.] The number of meetings which had been held by medical officers of poor-law unions throughout England and Wales was such as to show an almost universal feeling amongst those gentlemen that the present system of remuneration was altogether imperfect and inadequate. At Walsall the resolutions recommended payment of medical officers by a salary, calculated from the registers of sickness and mortality in the several unions since 1837, and liable to be reviewed at stated periods; and that, if it should be thought desirable to continue, as at present, a supplementary table of fees for cases requiring an unusual exercise of surgical skill and energy, or an unusually long or expensive attendance, those fees should be fixed by the councils of the College of Surgeons and Society of Apothecaries, or a committee formed of members of those bodies. Meetings had been held at Matlock, Halifax, Wells, Nottingham, Walsall, Prescot, Thame, Ashton-under-Lyne, Nantwich, Northleach, Oswestry, Andover, &c. It was found impossible to go through all these communications in public; it was stated that there was scarcely a union surgeon in the country who had not communicated with the gentlemen connected with this movement.

The Secretary also read letters of apology for absence, and expressing concurrence in the object of the convention, written by Dr. Heygate, president of the Provincial Medical and Surgical Association; Mr. Callaway, Dr. Watson, Dr. Todd Thomson, Mr. Guthrie, and Mr. W. W. Cooper.

The Chairman informed the meeting that the correspondence received by the secretary, and the account of public meetings held, were so voluminous that the reading of them would occupy too much of their time. He (the chairman) should, therefore, if the meeting were satisfied, introduce the gentleman who had undertaken to move the first resolution. (Hear.)

Mr. Daniell, of Newport Pagnell, then came forward, and moved the following resolution:—"That the medical men charged with attendance on the poor are required to be thoroughly and practically acquainted with every branch of their profession; that they are liable to be called at the shortest notice, and without assistance, to treat the severest form of disease, and the most formidable injuries which every species of accident may produce, as well as to attend the most difficult and appalling cases which obstetric practice can present. That in the discharge of these duties they have not only to contend with the anxieties inseparable from such a weighty responsibility, but are brought into situations the most trying and repulsive, not only from the multiplied annoyances which attend them, but from concentrated contagion and other causes of disease to which many of this valuable class of men have been victims; that the sacrifice of time, labour, and

rest which they are required to make is great and unlimited; and that the pecuniary expenses necessarily incurred in visiting their patients and supplying the means of relief are often unavoidably heavy. That, in addition to these trials, inherent to their office, there are others of a moral character very liable to be concomitant with them, and of a kind most painfully to affect minds of a highly honourable and sensitive class, to which it is sufficient merely to allude. That the mode in which these services are required to be performed, and the scanty remuneration awarded to the medical men engaged in them, constitute a grievance which cannot be too strongly stated, and for which redress should earnestly be sought. That in many instances the number of persons amongst whom the casualties of disease and accident may occur, and the area to be traversed in visiting the patients, are so great as to render early, constant, and satisfactory attendance physically impossible. That the pecuniary remuneration, being granted on no fixed principle or scale, varies greatly in different localities; but that in almost all it is so disproportionately small, and in very many of them falls so far short of the expense incurred, as to render a large portion of the medical relief bestowed on the sick poor a tax on individual members of the medical profession, instead of resting, like clothing, food, and other forms of relief, upon the ratepaying parishioners in general." One of the peculiar privileges of Englishmen (continued Mr. Daniell), and one of the blessings which belong to a free and enlightened Government, is the facility which it affords its people of representing their wrongs and of granting them redress. To assume a character of indifference, to be careless to the legitimate claims of any section of the community when those claims are fully and fairly established, or to turn a deaf ear to undeniable truths, would argue a measure of moral turpitude and guilty negligence which I should be sorry to attach to any state. (Hear, hear.) Indeed I cannot believe in these enlightened times that any Government will wilfully do wrong. The difficulties which beset legislation are obvious enough, and there may be cases where, to accomplish general good, great partial evil may prevail. The income-tax is an example of this kind of evil. I attach no improper motives to the parties who introduced that measure, but I, in common with my professional brethren, writhe under its exactions. The object, however, of this convention of union medical officers, is to solicit the aid of Parliament, not to abrogate a law, but spare us an infliction for which no law exists. Our aim is to solicit Government to step between us and an arbitrary and grinding system, where the will of men, and not the laws of our country, is the paramount authority. We are met to claim from the Legislature their kindly assistance, so to organize the principles of medical relief to the sick poor, that the latter may reap the benefit of good advice, and that the advisers themselves may be remunerated to an extent becoming their characters as gentlemen, and worthy their consideration as skilful and intelligent men. (Cheers.) I am no enemy to a proper system of economy. I laud every institution that has an eye to the careful expenditure of its funds: but there is a wide difference between a gripping parsimony and a proper economy—the former invariably inflicts evil upon itself, while it fails not to render wretched the victims of its baseness. (Cheers.) We all know that, under the new Poor-law Bill, a board of guardians has been appointed in every union to transact the business appertaining to that union. We also know that that board is composed of a heterogeneous compound of character, of men as versatile in their powers and capacities as it is possible for versatility to go, and that perfect union of opinion amongst them would be a circumstance scarcely to be anticipated, both anomalous and extraordinary! You will remember, too, that it is not the weight of intelligence which carries the day in these assemblies. No, it is the majority of votes. I wish not to

reflect upon these gentlemen—doubtless they are worthy and excellent personages according to their vocation, but I will say that intellect is not so ripe amongst them as to shine on all occasions with extraordinary brilliancy. If, then, there be a lack of this peculiar commodity—if the majority of that board be composed of men of very ordinary capacities, of limited intelligence, of narrow views and narrow conceptions of the dignity of mind—how shall they grapple in their dealing with men who offer mind as the article of barter? Do men in general put a high value upon that which they do not understand? Are they not disposed rather to underrate—nay, to consider as nothing that which is not tangible like a bale of goods, a sample of corn, or a fat beast? (Cheers.) When, therefore, the medical officer is to be engaged, these gentlemen have an immediate eye to a rigid system of parsimony, and without a due reference to the quality of the material—for of the quality they know nothing—their object is to get what they need at the cheapest rate. (Hear, hear.) Are medical men in the conventional usages of society different from others? Will they willingly abandon their own interests, and, with a Quixotic spirit, encounter dangers and difficulties for the mere love of it? (Hear, hear.) Will they visit the houses of the poor, dispense the peculiar blessings of their order, hang over the sickbed of contagion, and breathe the poison of pestilence—will they watch the suffering victim, and smooth his dying pillow—will they be ready at a moment's warning to leave their cheerful hearths, or in the bitterness of an inclement season quit their beds, to ride over plain and upland, by fearful precipices or gloomy ravines, entering the equalid habitations of destitution and misery amidst foulness and filth—to allay the anguish of disease, or to check the progress of some awful and destroying malady? To the honour of my profession, be it said, they will. But is it consistent with the principles of humanity—is it in accordance with the duty which man owes to man, that such services should be unrewarded, or that they should be paid for at a rate which puts profit out of the question? I must reiterate what I have said elsewhere, that there are venal men in our profession—who will doubt?—for there are venal men in every profession. Such men contract with a board of guardians for attendance on the poor, but they contract with a mental reservation that they will not be losers. Who then is the victim? Why, the poor sufferer who is deprived of what might benefit him, because valuable remedies are withheld. In a secondary sense, the board of guardians too, for the protracted illness of the poor patient, protracts also his weekly payments, and swells out the relieving officers' accounts far beyond what would have been an equivalent for the better duties of a medical officer. Oh! that men would see the cogency of truths like these, for they are damning evidences of a bad system. (Cheers.) But it might be argued—give us evidence that you are ill paid, prove that boards of guardians are parsimonious, or that the commissioners are wanting in attention to your claims. I make no doubt that many gentlemen here present are prepared with facts to illustrate my assertion, viz., that in the majority of the unions of this kingdom the salaries of the medical officers will not pay for the value of medicine, if dispensed and charged by an ordinary druggist. But I will illustrate my position by taking the Newport union as an example. I have here a list of parishes, the amount of population, and the yearly salaries paid to medical officers:—

NEWPORT PAGNELL UNION, 1847.

Medical Salaries.	Parishes.	Population.
£2 0 0.	Astwood	242
4 0 0.	Bletchley	410
2 10 0.	Bradwell	874
0 10 0.	Bradfield	83
6 10 0.	How Brickhill	566
9 0 0.	Great Brickhill	721
4 10 0.	Little Brickhill	563
2 0 0.	Broughton	168
3 0 0.	Castle Thorpe	366

4	0	0	Chicheley	..	..	245
2	0	0	Clifton Keynes	..	..	213
9	0	0	North Crawley	..	..	865
5	10	0	Emberton	..	..	658
1	10	0	Gayhurst	..	..	116
16	0	0	Hanslope	..	..	1553
1	10	0	Hardmead	..	..	83
3	0	0	Haversham	..	..	283
1	10	0	Lethbury	..	..	127
5	0	0	Lavendon	..	..	669
4	0	0	Great Linford	..	..	449
1	0	0	Little Linford	..	..	64
3	10	0	Loughton	..	..	361
4	10	0	Milton Keynes	..	..	329
3	0	0	Moulsoe	..	..	296
18	0	0	Newport Pagnell	..	..	3568
1	10	0	Newton Blossomville	..	..	264
6	0	0	Newton Longville	..	..	559
17	0	0	Olney	..	..	2319
4	10	0	Ravenstone	..	..	416
4	0	0	Shenley Church End	..	..	220
6	10	0	Sherington	..	..	856
3	10	0	Simpson	..	..	551
0	10	0	Stantonbury	..	..	42
8	10	0	Stoke Goldington	..	..	855
7	10	0	Fenny Stratford	..	..	763
2	10	0	Tyringham and Filgrave	..	..	206
2	0	0	Walton	..	..	103
2	0	0	Warrington	..	..	97
3	0	0	Water Eaton	..	..	275
20	0	0	Wavendon	..	..	846
3	10	0	Weston Underwood	..	..	438
0	10	0	Willen	..	..	97
1	10	0	Great Woolstone	..	..	94
1	0	0	Little Woolstone	..	..	115
3	10	0	Woughton	..	..	383

£218 0 0 Total 22,850

You must bear in mind, gentlemen, that many of these parishes are heavily burdened with poor; that in many instances they are five and six miles from the residence of the medical officer; that there are many toll-gates; and that, in consequence of the high price of provisions last year, distress and destitution prevailed in no ordinary degree, and as a consequence disease prevailed also. You may be disposed to ask how gentlemen valuing their attainments, putting the slightest estimate of worth upon their powers, and anxious to support the dignity of their calling, could possibly accept of appointments which, in the first place, could not be remunerative, and in the second, was degrading to their dignity and character. The truth is, that from year to year we have been led to expect a change—we have been induced to think that so crying an evil must meet with its remedy, from the hands of those whose especial business it was to correct abuses. In the very early stages of our career—almost at the beginning of the new law in our neighbourhood—we, the medical officers of the union, presented a remonstrance to the board, setting forth our claims for more ample remuneration. But this remonstrance failed in producing any very beneficial effect. We next memorialized the poor-law commissioners, and they were courteous and attentive, for they furnished us with a very polite and very laconic reply, stating they had sent our memorial to the board. Doubtless it experienced the fate there which certain bills do in another house—ordered to be read that day six months. (Laughter.) Yes, there can be no doubt that that poor memorial served to comfort and warm the gentlemen so graphically described by Dickens as wearing white waistcoats, or some veritable Bumble, while it blazed and crackled on the board-room fire. (Cheers.) Still we did not despair.

"Not by failures vex'd,
And even certain to succeed the next."
we resolved upon a new expedient. We determined to meet—we determined to exhibit our magnanimity, and, despite of the sacrifice of no small proportion of our quarter's salary, we positively ordered a dinner at the principal inn in the town—

"A dinner of the best;
To f to a turn the different joints were dress'd."
I do not think any of us grew pot-valiant on that

occasion, but we came to a conclusion that we would go in a body to the board of guardians, and try the effect of *vis a voce* representation. By a strange obliquity of judgment I was made the mouthpiece of the party, and to the best of my abilities I endeavoured to show the wrong which each of us had sustained. As far as I was individually concerned, I proved beyond the possibility of contradiction that I had during the last twelve months dispensed medicine to the poor, and charging for it at a rate which a druggist would charge—allowing nothing for journeys, for time, for skill—I was absolutely minus £24. (Hear, hear.) Did this representation produce any effect? Truly it did; for the commissioner who was present overwhelmed us with high eulogistic compliments upon our gentlemanly behaviour, for our temperate exposition of facts, which he declared, in all his experience of similar complaints, had no parallel. He intimated, moreover, that he should invite some of us to dinner when he next came to Newport Pagnell, that we might quietly talk over the business, with a view to a satisfactory arrangement. Alas, for our organs of gustativeness! The salmon has never leaped into the net, or the mutton fattened in the pastures, which was to grace our table on that auspicious day. (Laughter and cheers.) The dinner and the consultation found a grave in forgetfulness, and we are still as we were. So true it is that the best motives and principles are, frustrated in their effects by the baleful influence of procrastination. As a keen satirist of the last century says, when royalty passed through a certain city—

"He died the hospital a ken,
'Twas all he died; 'but then,' quoth he,
'I'll something give, my lord, I'll see,
When I come here again.'"

(Cheers.) But enough of complaints. How are those evils to be remedied? One thing is obvious: we must remedy them ourselves. We have now assumed our proper position. We come not like factious men to violate laws, or break the bonds by which society is united. We have combined for a legitimate purpose; and it is our intention to carry our grievances where they ought to be redressed—to the fountain of law itself. And what is it we ask? Simply that which it conceded to the lowest subject in the realm—a fair remuneration for our labours, an adequate compensation for arduous and painful duties imposed upon us. And surely we have a high justification, for is not "the labourer worthy of his hire?" (Hear hear.) Let us, then, represent to the Government that medical remuneration for attendance on the sick poor legitimately belongs to them. That they are in a position to take upon themselves that responsibility, because they take upon themselves to pay half the expenses. (Hear, hear.) Let us urge upon them the necessity of a fixed and settled principle, either to tax the parishes according to the amount of population, or to employ some distinguished actuary to form a correct scale of charges according to the returns of sickness and mortality, bearing in mind extra charges for mileage according to the distance which the medical officer has to travel. This, in my opinion, is a most essential consideration, and it will produce one good effect, for it will necessarily limit the districts within suitable and proper dimensions, and put an end to that preposterous practice of engaging medical officers, whose residences are so remote that their services are scarcely available. (Cheers.) Contrast the conduct practised towards us, as medical men, with that adopted towards the clergy. No one has a higher reverence for the clergy than I have, but I cannot think that the duties of a clergyman are superior, or even equal, to ours. I ascertained the other day that in my own vicinity the medical officer had only £80 per annum, while the clergyman had £200. Surely, I thought, there can be no comparison between the services of the one and the other. (Hear, hear.) The clergyman preaches a sermon on a Sunday, and perhaps occasionally visits the sick, but the medical man is frequently called up in the middle of the night to perform the most dangerous professional duties. Are we

not as well educated as the clergy, and is not our position in life really as valuable as theirs? (Hear, hear.) I grant that the soul of man is superior to his body, but a great deal may be said about his body too. (Hear, hear.) I do not object to the clergyman getting £200, but why should not the medical officer get £200 also? And here let one fact be mentioned without stating where it occurred:—A poor woman had typhus fever. The medical man considered that she was not in a condition to receive the clergyman's visits, and could not advise him to go. But she got better, and then she had a desire to see him. His answer was, "No, no; it is fever. I shall not go; I might take it home." (Hear, hear.) No one present would grudge a clergyman his fair salary (hear, hear), but it ought to be remembered, in comparing the two cases, that a medical man had not any such privilege as this. (Hear.)

Mr. Pearson, of Woolton, Lancashire, chairman of a meeting at Prescott, in seconding the motion, stated that he had to represent the case of a union which contained a population of 14,700, and the medical officer had £80 a year. In St. Helen's the population was 25,000, salary £50; Rainford, 2000, salary £10. In the district of Much Woolton, where he (Mr. Pearson) was the medical officer, the population was about 7000; 1600 of them lived three miles from his house, and 600 of them five miles; and he had the liberal sum of £10 a year. (Shame.) Last year he caught the fever which so much prevailed about Liverpool, and was obliged to pay an assistant at the rate of £50 a year for doing that for which his salary was £10 a year. (Hear.) He felt compelled to provide for the performance of the duties he had undertaken. The injustice and partiality of the guardians showed itself in their giving a bonus of £50 to the medical officer of the Prescott union (their own town), and they also wished to increase his salary, but the commissioners would not sanction so partial a measure. But, when he applied a few weeks ago for an advance of salary, they said then, "No, you may give up your office." (Shame.)

The resolution was carried unanimously.

Mr. Tasker, of Melbourne, moved the second resolution—

"That the medical relief at present provided for the poor must be faulty and inadequate as respects both the patients and the public, is the necessary consequence of the errors which have been pointed out as inherent in the system itself. That though an immense amount of unrequited professional assistance is afforded, the limits of physical capability and of pecuniary resources preclude medical officers from the possibility of giving prompt professional assistance in many instances. That it results from these defects in the system that patients who might by early and efficient treatment be quickly cured or relieved, and placed in a situation to support themselves and their families, may become a charge on their parishes for aggravated sickness and burial, or for protracted relief to themselves and their families. That the extra expense is not confined to that which might be made apparent from the parish books, but tends to swell the sums expended in hospitals, dispensaries, orphan asylums, and other institutions, besides an invaluable amount of individual charity." The poor-law medical officers were willing to do their duty to the utmost of their ability; but it was not in the nature of man to work zealously when underpaid. The poor must, therefore, suffer so long as the medical officers were not adequately remunerated. (Hear.) The poor-law commissioners were aware of this. He had no fault to find with their instructions; what he complained of was, that they did not endeavour to see them carried out. In reference to the offer of low salaries, the commissioners remarked—"Its general adoption would provide the unions with a set of officers deficient in nearly all the qualities which they ought to possess. They would be tempted by straitened circumstances to accept the lowest amount of pay on

which they could hope to subsist in decency." Again, the commissioners said:—"The remuneration of medical officers should be such as to ensure proper attention to the patients, and the best medicines; and the guardians would doubtless perceive that, unless the medical officers were properly remunerated, no vigilance on their part could secure adequate attention to the poor under their care." (Cheers.) In the minute of the commissioners, bearing date June, 1839, they said—"The commissioners are disposed to give much weight to the concurrent testimony of the witnesses examined before the House of Commons on the subject of medical relief, and they say that the remuneration should be such as might afford the practitioner a payment of 6s. 6d. per case, subject to be augmented if the district were extensive, but that it would not be necessary to extend the remuneration beyond 10s. He (Mr. Tasker) had been attending patients at the rate of 1s. 3d. each. Having been made acquainted with the instructional letter of the commissioner to the boards of guardians, he requested an increase of salary, and obtained £10 more. His salary was raised from £30 to £40. This would allow him about 2s. for each case. He made repeated applications to the commissioner for an additional increase, but without any result. He had frequently seen cases, where, not exactly from neglect, but from the operation of the poor-laws, the patient had been very much injured, and his health impaired, by not having proper attention and proper things to support him. (Hear.) He (Mr. Tasker) had himself reminded the guardians, "If I chose, I could withhold medicines: I could protract fever several weeks, and, by not securing the patient's early return to health, I might lay the ground for long-standing disease; the law gives you no control over my judgment." All that was asked was, that they should act on principle, as they expected medical men to do. (Hear.) He (Mr. Tasker) had done his duty by the guardians; he challenged them to make a charge against him; and, therefore, he was fearless alike of them and the commissioners. Having dwelt for some time on the evil consequences resulting to the poor from the want of sufficient medical attendance, owing to the parsimonious conduct of the boards of guardians. (Cheers.) Mr. Tasker resumed his seat amidst great cheering.

Mr. Cantrell, chairman of the meeting at Matlock, described the manner in which the union duties were apportioned in his neighbourhood, at the introduction of the present system. The district, as then constituted, was twenty-one miles long and ten broad; and the medical practitioners of that neighbourhood had, considering the extent of the district, took it for granted that they would be allowed to take it and divide it amongst the rest with reference to the locality of their residences. At the meeting of guardians for election, they were informed "that one must undertake the whole, and that no underletting would be sanctioned. Not knowing what to do, the medical gentlemen doubled their tenders and sent them in, telling the guardians that under such an arrangement, it would be impossible that the poor could be properly attended to, but that they would do the best they could. In that district the surgeon lived ten miles from the extremity of his district, the result of which was, the expense of sending for him was greater than the cost of the medicines, and so far it answered very well for the gentleman who undertook it. That district was very properly divided now. (Hear.) The sales were certainly increased by an inefficient attendance on the poor; and nine-tenths of the medical officers were losing money by the poor, but were doing their duty by them. The system was bad, but in truth there hardly seemed any system, for in one union the payment per case varied from 1s. to 6s., and on the population it varied from £4 to £22 per 1000.

Mr. White, senior officer of the Holborn Union, said that in his district the number of sick cases in 1840 was 738; the population is 44,800; in 1846 the number of cases was 1804, or nearly double that of 1840. In 1846 the parish

of St. Sepulchre's Without was added to the union. The charge of the sick of the union was committed to three surgeons, who, besides their other duties, have to attend midwifery cases. He believed that this was the only union in the kingdom where the guardians would not pay for midwifery cases. (No, no.) When he was examined before the commissioners, and those gentlemen found that midwifery cases were not paid for, an arrangement was made by which £20, the sum which it was calculated the midwifery cases were worth, should be allowed for them; but they at the same time took care to deduct the same sum from the regular salary of the medical officer. (Laughter, and cries of "Shame.") The higher class of cases, also, were sent to the hospitals, which, perhaps, was a proper arrangement, but one which still further diminished the value of the appointment. Against the unfair proceedings of the guardians in dealing with their salaries the medical officers protested. Meetings of the guardians were held on this subject on three occasions, and the justice of the case was seen so clearly that a postponement of the subject was the only means of evading the concession. He thought, with the gentleman from Wells, that we must never expect anything from the guardians. In the quarter ending Michaelmas last he had 845 cases, nearly the same number that he had in a whole year when first appointed; and in the three first quarters of this year the number of cases was 2027. The remuneration which he received gave 84d. per case. Last week he had 80 out-door and 97 in-door cases, making 177 cases. Supposing there had been 160 cases, just to make it even, it would be 8d. per case per day. (Hear.) The clergyman in that workhouse had £80 a year; he attended twice on Sunday, and occasionally in the week; he was not overpaid (hear); but look at the clerks of the boards of guardians. (Hear.) In the Holborn Union the clerk had something like £250 a year, and could go out of town in the summer; the clerks might not be overpaid, but they were getting more than double the medical officer's pay, for about a third of his work. It was said, "Oh, if you get to attend these unions the rich will employ you." No such thing (hear, hear); it was impossible. His (Mr. White's) income, as a private practitioner, had decreased £300 a year since he had this appointment. (Hear.) Could he be restored to the practice he had then, he would throw this to the winds. (Hear.) Then it was said, "Oh, if you will not do the work, others will." That was not the answer of an honest man. (Hear, hear.) But the force of public opinion was being brought to this subject. The press was stirring. The Times had acted nobly. (Much cheering.) It was not the wish of the public that a medical man should be worse paid than the veterinary surgeon who took charge of a gentleman's horse; and it was only necessary to open the eyes of the Government and of the commissioners, and they would do what was just. (Hear, hear.)

Mr. Ebsworth, of Bulwell, deputed to attend by the officers of the Basford Union, could confirm the remark just made; he had a horse lame the other day, and he had to pay 24s. for three weeks' attendance; whereas he and his medical brethren received from 1s. to 1s. 3d. per annum per case. How could the poor be properly attended to at that price? The guardians stated that the extras made up for the salaries; but those extras were kept down, and much danger was caused to puerperal women, because those orders were delayed by assistant-overseers. (Hear, hear.) In his union there was only one medical officer who had not to keep a horse for the service of the poor; and that could not be done under £25 or £30 a year. The cost of drugs was reckoned at £5 for every 100. Here was one case: area, 9000 acres; population, 4429; patients in the year, 416; actual expenditure, £45; salary, £30. (Hear, hear.) It was impossible that, at the low price fixed, the beautiful discovery of Jenner could be properly carried out. (Hear.) Amputation of a limb in the

workhouse was not paid anything extra for. (Hear.)

Dr. Webster, of Dulwich, said that, besides a good cause, they had right principles to proceed upon; he considered that they were indebted to Mr. Wakley. (Much hissing and some counter-cheering followed the mention of Mr. Wakley's name, which was terminated by the intervention of the chairman, who trusted that no expressions of personal ill feeling would be indulged in; the cause was too important to be bound up with the expression of personal unpopularity.) Dr. Webster continued: The returns Mr. W. moved for, he thought, must furnish the basis of the committee's operations. There were three important indications to be fulfilled: first, get rid of the control of the guardians; then, seek to establish a proper system of medical superintendence, such as existed in the army and navy. Why should more care be taken of the soldier and sailor than of the peasantry at home? Let there be a paid inspector, who might also be called in for consultation in difficult cases. Let there also be periodical returns of the state of health among the poor. Then let them seek a proper remuneration. The gentlemen whom he saw were not half paid—no, not a quarter paid. He was glad that the press had taken the matter up; he was particularly glad that the Times had done so, for there never was a great question set about by the Times but was carried, if they were in the right, as they generally were.

Mr. Lord, of Hampstead, moved—"That this convention pledges itself to seek, in the most persevering but temperate manner, the redress of the grievances which have been set forth; that for this purpose a subscription be raised, and a standing committee be appointed to collect and digest information on the subject, to memorialize the Secretary of State for the Home Department and the Poor-law Commissioners, and to communicate with the College of Physicians, the College of Surgeons, the Society of Apothecaries, the Provincial Medical and Surgical Association, and the National Institute of Medicine and Surgery, in order to obtain the active co-operation of these bodies. That the committee be empowered to reassemble the convention, and to take such other steps for the promotion of the object confided to it as it may deem expedient, and that the following gentlemen be the committee:—

James Heygate, M.D., F.R.S., President of the Provincial Medical and Surgical Association.
John Barton, M.D., Walsall.
Thos. Hodgkin, M.D.
G. J. Guthrie, Esq.
Nath. Clifton, Esq.
Wm. Cantrell, Esq., Wirksworth.
Ed. Daniell, Newport Pagnell.
Alf. Ebsworth, Bulwell.
H. W. Livett, Wells.
J. A. Pearson, Woolton.
R. T. Tasker, Melbourne.
J. Hillwell, Uxbridge.
H. Ansell.
W. J. Dale.
J. Liddle.
E. White.
C. F. Lord.
G. Ross.

Mr. Lord urged that it became the Government to consult the interest of all classes. That was the best constitution under which an injury done to the meekest member of society is felt to be so through the whole body. The wrongs of medical officers of unions were great, and they ought not to feel any false shame in expressing their sense of them. They had entered the profession to get an honest livelihood. What meant that expression which was familiar to them from childhood, "Learn to labour and to do your duty in that sphere in which it may please God to call you"? He had found guardians extremely unmanageable and most unreasonable. (Hear, hear.) Some gentlemen present seemed to wish for payment by the case; but if the expense incurred by doing out separate orders for individual paupers was to be 6s. 6d. each, those orders

would be withheld. A gentleman who received £30 from a union applied to be paid per case; it was agreed to; there was an unusual quantity of illness the next year, but instead of £30 he only got £6 or £7. (Hear.) A heavy load lay at the door of the ratepayers, who elected guardians who did not discharge their duties. (Hear.) People asked, "Why have you continued this, then, so long?" Partly, he (Mr. Lord) owned, that he might get his bread in the state to which it had pleased God to call him; and partly because he had felt determined to go on steadily, and work out better things. He was told, "If you don't like it, give it up; we can ring the bell at Bartholomew's Hospital, and get plenty of men;" and there were medical men already in the vicinity whose condition was considered better in the world than his (Mr. Lord's) who would be ready to take it if he gave it up. (Hear.)

Mr. Boulger, of Bletchingley, in seconding the motion, said, he undertook the charge of the poor in a union, a few years ago, at £70 per annum, and found he had to expend £200 in the year; but he had the pleasure of receiving a vote of thanks from the guardians for losing £130 by them. (A laugh.) In the medical order the commissioners directed certain extra fees for surgical operations and midwifery, over and above the salary; but in most of the unions a reduction of salary was thereupon carried, and accorded to by the commissioners. (Hear, hear.) He (Mr. Boulger) was attending a district exceeding 15,000 acres, and including a workhouse, and he was expected to attend an institution containing one hundred and twenty persons at a salary of £10 a year; the two salaries ought to be kept distinct. There were no extra fees allowed for surgical cases in the workhouse. He was called near midnight to see a poor woman with strangulated hernia, within one hundred yards of the workhouse, and had her moved there to try the warm bath and other remedies; an operation, however, had to be performed, but he knew that by giving her that chance he lost his fee of £5, for that operation performed out of the workhouse. (Hear, hear.)

Some conversation now arose with respect to the practice in particular unions. It was stated that at West Ham extra fees were allowed for operations, even in the workhouse; and that at Leeds and Birmingham the guardians had treated the medical officers very liberally. It was also insisted that the salaries did not rest wholly with the guardians, for that by the Poor-law Amendment Act the commissioners were empowered to regulate the amount.

Mr. Livett, of Wells, moved

"That the best thanks of this meeting be given to John Burton, M.D., for the important services which he has afforded to this Convention, in consenting to take the chair on the present occasion; to the Council of the National Institute of Medicine, Surgery, and Midwifery, for their kindness and co-operation, and more especially for lending the use of their rooms; and also to the editors of the *Times*, the *Medical Times*, the *Lancet*, and "The Provincial Medical and Surgical Journal," and to other gentlemen connected with the public press, for their able exertions to obtain a reform of the present system."

Mr. T. Martin, of Reigate, seconded the resolution.

Mr. Johnstone, who introduced himself as the author of some observations on etiquette, in "The Medical Directory," said he had refrained from taking part in the proceedings, to avoid acting the part of a marplot. He felt satisfied that the plans of the committee would never secure the object of the body. The resolutions were too long; he could furnish some shorter and more effective; they should be sent to all the boards of guardians.

In consequence of interruptions, Mr. Johnstone's remarks were not concluded, and the resolution, being put, was carried by acclamation.

A great number of subscriptions to the fund of the Convention were announced at the close

of the meeting, among which was the sum of £10 from R. R. Pennington, Esq.

THE DINNER.

About 100 gentlemen assembled after the meeting, to dinner, at the Crown Hotel; Mr. Martin in the chair. Several healths were proposed. Mr. Clifton proposed that of the chairman, which was handsomely responded to. Mr. Martin, in a eulogistic speech, proposed the health of Mr. Healey, the Honorary Secretary, which that gentlemen briefly acknowledged. The health of Mr. Cantrell and other gentlemen were subsequently named, and elicited from Mr. Cantrell, Mr. Ebsworth, Mr. Jackson, and the rest, very able addresses. Many useful facts and suggestions with reference to the meeting of Parliament were enunciated in the course of the several addresses.

EVIDENCE TAKEN BEFORE THE SELECT COMMITTEE ON MEDICAL LEGISLATION.

(Mr. Lawrence's Examination continued from page 28.)

EXAMINATION FOR MEMBERS, AND THE EXAMINATION FOR FELLOWS.—The examination for members is after this manner:—The Court of Examiners are ten in number, and they divide themselves into four tables; the president does not examine, because he regulates and superintends the affair; there are two members at each of three of the tables, and three members at the fourth; then each of the candidates is examined at each table; one person asks the questions, and the other, who is sitting by, minutes the subjects of the examination. Each table reports its opinion as to the results of the examination; and on collecting those opinions they express three degrees of merit, "good," "moderate," and "bad." The president collects the opinions when those examinations are concluded, and they determine on admitting the candidate or on giving him a further written examination, or on remitting him for his studies. All this is done in one night. The examination of the fellows occupies two days; it is by written examinations from ten in the morning till five in the evening of each day; written questions are given to each of the candidates, who is placed in an apartment where he has pens, ink, and paper; he has no books or other aids, and he has got to answer those questions; and then the answers to those questions are considered by the examiners. That is the mode of examination for fellows. I consider the examinations of members sufficiently stringent. We examine them in the way most calculated to enable us to judge of their qualifications.

The question of irregular practice or quackery is a very large question. Medical reform includes alterations which might be considered a remodelling of the profession; this bill, for example, if it registered all parties, and gave a common certificate to persons to practise in medicine, would be a remodelling; that is, it would throw the whole into one mass. I do not think the profession wants remodelling; I should object to any such course. An examination of the human subject is required for the fellowship of the college; with respect to the examination of members, there are bones and a skeleton at hand, which we make use of in the examinations, but not a dead body. It is conducted in the presence of the examiners; no other parties. The general rule is to examine twelve at one meeting of the Court of Examiners, and the arrangement I have mentioned is such that every examiner has an opportunity of judging of the answers given by each candidate. The examiners meet at six o'clock, and they are occupied till between ten and eleven; eleven commonly. The number of fellows is, under the new charter, unlimited. Any member of the college can offer himself for examination as a fellow on certain conditions, which are laid down. The practical limitation is the attainment by a person of a

certain age, and the necessary qualification, if he seek to attain it: that is the only limitation that I know of. So far as I am acquainted with the matter, those about to come forward for examination, and who have concluded their education, are much more desirous than formerly to qualify themselves for the fellowship. I consider that the honour of the fellowship of the College of Surgeons is rising in public estimation. I think it desirable that the law should continue, with reference to the power of recovering fees, in our profession. The fees of apothecaries and the fees of surgeons are recoverable by law. The bill includes a great many particulars; the petition that was presented by the College of Surgeons embraces, I think, the principal points. I will not state that there are not others which might suggest themselves to me if I were to read it over, but that petition expresses generally our opinion on the whole of the bill. The council were unanimous in opposition to it. I believe nearly all were present. Minutes are kept of all the proceedings of the council. There is a minute of the proceedings on that occasion. The minutes do not express the numbers that vote in case of any difference of opinion. There was no hand held up against the resolution. The council consists of twenty-four, and I believe there is no vacancy in it at present, and I should think that there were not more than two absent. I should have no objection to a system of registration that should express the nature of the qualification which an individual possesses. The giving to all parties, physicians, surgeons, and apothecaries, and parties who practised before the passing of the Apothecaries Act, a common certificate of their being persons "qualified to practise medicine," would deceive the public. I have examined the schedule with reference to the certificate. Here is a common certificate to all of their being qualified to practise medicine. The particular diploma or licence is stated in the commencement of the document, which ends with a common certificate to all, of qualification to practise medicine: that is the purport of the certificate which they are to receive. The certificate of qualification is one; namely, that the party is qualified to practise medicine. If the certificate had expressed that the party had been examined by the College of Surgeons of London, and that, therefore, he was a party qualified to practise surgery, I think there would have been no objection to it; or if he were qualified to practise medicine, or to practise according to the particular body who has licensed him. I consider that the document which the surgeon is to possess, should express what the nature of his qualification is. The College of Surgeons institute an examination in anatomy and surgery; and the certificate that they give is a certificate of a qualification to practise surgery. The College of Physicians do not examine on surgery, but on medicine, and they give a certificate of qualification to practise medicine. There has been no such thing hitherto as a general qualification for the profession. This certificate states that persons are "qualified to practise medicine," and there is an interpretation clause that medicine includes "physic, surgery, and surgical." In this way I think the certificate is calculated to deceive. The fact of a man having obtained the diploma of the College of Physicians is no proof that he is qualified to practise surgery; but the interpretation clause of the bill expressly provides that medicine includes surgery. The source of the inconsistency and deception is, that the document sets out with stating a special examination, and then deduces a general certificate of qualification. The particular diploma or licence can only prove a particular qualification. If all the medical bodies instituted the same examination, of course they would confer a common qualification; and then there would be no inconsistency in the certificate. I think that, when parties have received their qualifications from a body which is entitled by law to give those qualifications, you must leave it to the judgment of patients to select those to whom they choose to intrust their health. To draw the line