

follows. May not the ovary be punctured through the rectum or vagina, and the natural surgery be thus in some sort imitated?

Obliteration of the Vagina.—Dr. Dickson, of South Carolina, says he has seen three instances of this condition of the female parts. One was an old African woman, who could give no history of the affair at all. She had a stone in the bladder, the irritation of which gave the first occasion for discovering the fact. There was a very small opening, just sufficient to allow the insertion of a probe, which it was necessary to introduce frequently, to remove small urinary concretions or calculi, which presented themselves. She was upwards of ninety years old when first seen, and lived to be near a hundred; and, as she was always relieved by the probe, was not a subject for lithotomy. The second was an old lady, often attacked by suppression of urine, but free from any calculus deposit. The labia had, in this case, as in the preceding, united so perfectly that there was not left any trace of a vulva, except a mere elevated ridge—a sort of raphe—in the perineum. The opening which communicated with the bladder only admitted a probe or very small bougie. She had suffered from difficult labour, in which the parts had undergone much injury from unskilful handling, followed by long and severe inflammation. The third was a most unfortunate instance, resulting, in a beautiful young married woman, from inflammation of the womb and its appendages, after a protracted first labour. The obstruction here occurred about an inch and a half within the vagina, and was exceedingly firm and unyielding to the touch, seeming fibro-cartilaginous. I advised waiting till menstruation should be attempted, in the hope that the projection of some portion of the obstructing tissue might direct where an opening could be made with safety. But, although there are sufficient reasons to believe that the ovaria did not partake in the disorganization and derangement inflicted, yet years have elapsed without any such effort as I have alluded to.

Dropsy after Scarlatina.—Mr. Gosse remarks the great similarity existing between scarlatinal dropsy and morbus Brightii, and the apparent identity of their causes, as far as the functional derangement of the skin is concerned. Scarlatina frequently lays the foundation of albuminuria; and in such cases, upon a *post-mortem* examination, the appearances exactly resemble those attending renal anasarca, viz., a mottled and contracted kidney. Whether the function of the kidney is suspended by congestion of the vessels, or the presence of an adventitious deposit, the immediate effect is the same; but, as one is permanent and the other may be only temporary, an important distinction is thus created between the two conditions. That the analogy exists in the early stages is highly probable, and at this period capable of remedy. The indications of treatment are to relieve the congested state of the kidneys, to carry off the superfluous fluid, and to restore a free and healthy action to the skin. The first object is effected by local depletion, by cupping or leeches to the loins; the second, through the medium of the mucous membrane of the intestinal canal, the administration of hydragogue cathartics; whilst, to promote a free action of the skin, warm baths are beneficial, assisted by small and frequent doses of tartar emetic, which possesses the double advantage of promoting perspiration and aiding depletion, by lessening the force of the heart's action. Diuretics are to be avoided, as tending to aggravate the evil. When active disease has ceased in the kidneys, which will be indicated by the appearance of the urine, or even before all traces of albumen have ceased, tonics are very beneficial, particularly the haust. ferri sesquichl. Confinement to bed and flannel clothing indispensable.

Polypus Uteri.—Dr. Thomas Mitchell, master of the South-Eastern Lying-in Hospital, Dublin, remarks, that the operations in use for the ex-

tirpation of polypi are torsion, excision, and the ligature. The first method is by no means applicable to all cases; and although it has been held that a similar treatment for polypus uteri, as for polypus nasi, was useful under the supposition that they were similar affections (which supposition has been found to be erroneous, it may be of importance to inquire in what cases it is of use, and where it is not only inapplicable, but injurious; and first, those cases in which it is of use. It will occasionally happen, that the practitioner will be consulted for leucorrhœal discharge, attended with more or less of the symptoms of ulceration of the neck of the uterus. On examining with the finger, per vaginam, a number of small soft tumours will be felt; but occasionally, from their tenacity and softness, these little vesicles will fail of being detected by the finger, but are easily seen on introducing the speculum. These small polypi may be quickly got rid of by torsion; nor is it likely that their removal will be followed by much hemorrhage; should the surfaces, however, bleed much, they may be touched with the solid nitrate of silver, which will speedily arrest it. It is only in these soft polypi that the plan by torsion is safe; as independent of the likelihood of causing inversion, there is a considerable risk of tearing away a part of the uterus itself. Excision has been employed extensively, on the Continent, by Dupuytren and others, and with much success: nor does it appear that the operations were followed by the serious amount of hemorrhage so much dreaded. The ligature, however, is not only safer, but applicable to almost every case in which excision could be employed. In very large polypi, after the application of the ligature, it is often of essential service to excise the tumour, which would otherwise occupy a considerable length of time before coming away, and thus prove injurious to the health of the patient; and cases may happen where pregnancy is complicated with polypus, which may also require excision; but the ligature is preferable. In using the ligature, the plan of fixing the wires to its ends is most valuable, and it need not be impressed upon practitioners the necessity for applying the noose as close to the bulbous part of the tumour as possible, lest the portion of the uterus be encircled by it. This point is well urged by Gooch, who also says, that the part of the pedicle attached to the uterus afterwards falls off, in the same manner that the funis separates from the umbilicus of the child after birth. If the ligature be properly applied, in the great majority of cases no pain will be felt; but it is thought that, in every case where pain is felt, that a part of the uterus must necessarily be strangled, and that the ligature ought to be loosened, or, if necessary, removed. As to the latter practice of loosening the ligature, no one could question its utility; but there may be considerable pain felt, although no portion of the uterus is touched; it is true that the polypus contains no nerves, and therefore, is insensible; but every one is aware that, as soon as the ligature is tightened, the tumour becomes congested and swollen, owing to the free exit of the fluids being checked by the ligature; the blood coming to the tumour is also arrested; both which causes, acting upon so sensitive an organ as the uterus, may give rise to pain in the hypogastrium. Numerous cases are on record where the patient has bled from peritonitis, almost immediately after the ligature has been applied; but in those cases, doubtless, the uterus was injured. The practitioner, however, ought to be on his guard, and if he find that the pain continues after the application of a warm stupet to the abdomen, and using the catheter if necessary, he ought at once to loosen the ligature; and, when tightening the cord, he should recollect that this may be necessary, and be careful not to pass both ends over the projecting screws attached to Lundy's windlass, but merely to fasten one to the eye at the extremity of the instrument, and tighten with the other: he can then easily slacken it as much as he wishes—a thing very difficult to accomplish when both are tightened.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

CASE OF COMPOUND FRACTURE OF THE EXTERNAL CONDYLE OF THE FEMUR, LAYING OPEN THE KNEE JOINT, COMPLICATED WITH A SIMPLE TRANSVERSE FRACTURE OF THE LOWER THIRD OF THE SAME BONE.

By W. P. Brookes, Esq., Surgeon to the Chelsea Hospital.

The subject of this injury was a lad, aged eleven years and a half. The accident occurred in 1845: whilst the boy was in the act of getting up behind a coach, he fell, and the left leg and thigh got entangled between the spokes of the hind wheel whilst in motion. On examining the limb, the author found a compound fracture of the femur, extending obliquely downwards through the external condyle, which was movable with the lower portion, projecting through a wound in the popliteal space. The leg was twisted inwards, much hemorrhage had taken place, and the patient was in a state of collapse. On further examination, the capsular ligament was found to be lacerated, and synovia escaped—the wound in the popliteal space being as large as a five-shilling piece. There was also a simple fracture of the lower third of the same thigh-bone. When the boy rallied, amputation was proposed and urged as the only chance of saving life; but the father refused to sanction the operation. The limb was, therefore, adjusted, and the natural position maintained, as well as the circumstances would admit of, by a straight splint, extending from the hip to the ankle, and a concave one on the inner side of the thigh. For some time the constitutional disturbance was very considerable, but it gradually subsided. At the end of the sixth week the splints were removed, and the fractures were found to be firmly united. The lad has recovered the entire use of the limb, on which he can bear his whole weight, and he can bend the knee-joint at right angles. There is no perceptible difference in length between the two limbs. The author concluded with some remarks upon the rarity of recovery after so severe an injury, and considered that the case he had narrated should act as a practical lesson to the surgeon to trust more to the *vis medicatrix nature*.

Mr. Charles Hawkins recollected a case somewhat similar, that was brought, some years since, to St. George's Hospital. The patient was a boy, who, whilst riding behind a cab, got his leg between the spokes of the wheel, by which the limb was extensively torn and injured. On examination, a large wound was found in the popliteal space, from which the end of the femur protruded. All efforts at reduction were unavailing, and the limb was amputated. The joint was found uninjured, the bone having been torn from its epiphysis. He believed that a similar case had occurred in the practice of Mr. White, at the Westminster Hospital.

Mr. Brooke said, that, in the case which was under Mr. White's care, the bone protruded in front. The extremity of the protruded bone was sawn off, and the parts put in apposition. The limb was saved by this proceeding. The joint was uninjured.

ON PETIT'S OPERATION FOR THE RELIEF OF STRANGULATED HERNIA.

By James Luke, Esq., Surgeon to the London and St. Luke's Hospitals, &c.

The object of the author in this communication was to place before the profession the result of his experience in operating for strangulated hernia, without opening the sac. He remarked, that, though experience was the only fair test by which the relative merits of this and the ordinary operation could be decided, the subject was encompassed by many obstacles, such as the impossibility of obtaining exactly parallel cases, the importance of not mixing the observations of different surgeons, or judging from selected cases. To obviate these difficulties and sources of fallacy, the author has yielded up the whole of his experience on the subject of Petit's operation, which is the only mode of operating he

has adopted since the year 1841, as an ordinary practice. Being unable to supply from his own case-book the result of cases operated on by opening the sac, the author appealed to the experience of others, referring especially to statistical details given by M. Textor, Mr. South, and M. Malgaigne, collected at the London Hospital, and from the British journals generally, which gave a return of mortality of from one-third to more than one-half. Where the taxis is successful, similar statistics prove that a fatal result is very rare. The conclusion which seems naturally to flow from these facts is, that operative interference should be deferred, and the taxis pursued as long as it offers any prospect of a successful issue—an inference, however, which the author considers to be fallacious and mischievous in its tendency, as involving a ripe source of procrastination, which in itself is the too frequent cause of non-success attending the operation. This assertion is borne out by statistical details of cases operated on at different periods, after the establishment of symptoms of strangulation. The author then proceeded to remark that the desideratum appeared to be, the introduction of an operation by which the taxis would be aided, but without incurring the risk attending the ordinary operation, by exposure of the contents of the hernial sac; and these objects he considered to be fulfilled by Petit's operation. Inclusive of selected cases occurring between 1831 and 1841, the author stated that he had attempted the performance of Petit's operation in eighty-two instances, which, with four exceptions, likewise comprised all the cases that had come under his care since 1841. Of this number the operation was completed, without opening the sac, in fifty-seven. In twenty-five it was necessary to open the sac to complete a reduction of the hernial contents—the opening varying in extent from half an inch to one inch and a quarter. With respect to the mortality amongst these patients—of the fifty-seven in whom the sac remained unopened, seven died; of the twenty-five in whom the sac was opened, eight died. The author considered, however, that, for statistical purposes, it was preferable to exclude the selected cases (twenty-six in number), together with four other patients, of whom three were considered moribund at the time the operation was performed, and the fourth died of secondary stricture, six weeks afterwards. Of the remaining fifty-two patients, the sac was opened in twenty-one, of which three died, and not opened in thirty-two, of which two died. Of the cases in which the sac was opened, in ten the strangulation of the contents had existed, before the operation was performed, under twenty-four hours, of which number one died; in eight, above forty-eight hours, of which one died. Of the unopened cases, the strangulation had existed in thirteen under twenty-four hours, of which not one died; in eleven, under forty-six hours, of which one died. The author considered it important that the small size of the opening made into the sac, in the former class of cases, should be borne in mind, as it doubtless had an important influence in diminishing the ratio of mortality attached to this mode of operating. He then passed on to further details relating to the above cases, and the reasons for opening the sac, and stated that, of the fifty-two instances cited, twenty-nine were femoral, twenty inguinal, and three were umbilical hernie. He further pointed out the conclusion, from an analysis of the foregoing cases, that Petit's operation has proved most successful in the femoral form of hernia. In cases of inguinal hernia, the author limits his incision to a longitudinal division of the skin and fascia over the neck of the sac, of which cut the seat of stricture should be the centre. He then partially incises or scarifies the neck of the sac (if the seat of stricture, as it usually is), so as only partially to divide it, and so that it shall yield to the subsequent application of the taxis. In femoral hernia, he considers it very desirable to avoid, as much as possible, interfering with the tumour in conducting the operation, and, therefore, re-

commends that a similar proceeding should be adopted—the centre of the perpendicular incision in this case being between the upper part of the tumour and the abdominal surface. Poupert's ligament is thus reached by carrying the finger from above downwards, and the stricture is divided on a director, introduced into the femoral ring. The operation advocated by the author is not considered by him to be so applicable in umbilical hernia, except where it is of small dimensions. The author concluded by noticing and combating the various objections which have been raised to Petit's operation, and by insisting on its value, apart from other considerations, as holding out inducement to surgeons to proceed with less delay to the performance of the operation, as he considered that procrastination, arising from the dread of having recourse to the more severe operative interference ordinarily adopted, was in itself (as already remarked) a ripe cause of the mortality which unhappily has too generally attended these cases.

REVIEWS.

Contributions to the Pathology and Practice of Surgery. By JAMES SYME, F.R.S.E., &c. Edinburgh: Sutherland and Knox, Princes-street. P. 336. 1848.

Mr. Syme's recent translation to the surgery of University College Hospital, vacant by the death of Mr. Liston, has made his name increasingly known to the English medical profession. His appointment was, doubtless, the result of the reputation which he had acquired as a surgeon and teacher in the northern capital. Here he had long flourished, and in various ways had contributed to the literature of his profession. One of his last efforts as an author is the work before us, which treats upon some practical points of surgery. It is not altogether a new production, as most of the articles have appeared at different times in various medical periodicals. The increased experience of the author, however, has enabled him to enrich the work with much new matter, so that those who had opportunities of reading the several articles as they successively appeared in the journals will feel an interest in again perusing them "revised," and, where it was thought necessary, "corrected."

The work is made up of thirty-one articles relating to subjects which the author hopes may, to most practitioners, be satisfactory to see fully stated, and which, perhaps, have till now only reached them through the imperfect and perverting channels of "compendiums or manuals," the parents no less than the offspring of mediocrity. In the first section Mr. Syme claims the discovery of rendering caoutchouc soluble, and, so far back as 1818, he sent a letter for insertion in "The Annals of Philosophy," relating to "a valuable substance which may be obtained from coal-tar."

In the article on "Gangrena Senilis," Mr. Syme opposes the old-fashioned method of treatment by "warming, invigorating, stimulating, and resisting putrefaction," which Mr. Pott informs us was the whole plan of the chirurgic treatment of this disease in his day, and which has continued in vogue to the present time. Our author remarks—"The tendency to mortification in this form of disease leads practitioners to the employment of invigorating measures. And I have uniformly observed that, whether the patient was stimulated by an additional allowance of food and wine, or was permitted merely to continue his ordinary diet, the sloughing action prevailed in opposition to every sort of soothing application that could be tried locally. But when the starving plan was adopted, and the patient restricted to vegetable articles of support, the redness has quickly disappeared, the pain has gradually decreased, and the sloughs, ceasing to extend, have been detached from a subjacent healing surface of granulation, which before long formed a sound cicatrix. The only means employed on such oc-

casions, in addition to the vegetable regimen, have been linseed poultices, and the muriate of morphia given freely, either solid or in solution, so long as the nocturnal pains continued. It may be added, that no inconvenience has ever been sustained, to my knowledge, either from adopting the spare system or resuming the ordinary one, even when the age of the patient was beyond eighty years." The part affected is to be covered with a poultice, or a thick covering of cotton or wool—the patient being kept in a horizontal position. The solution of muriate of morphia should be given in doses of thirty drops from two to four times a day, or more freely if this should be found necessary for the relief of pain; if pain be absent, a moderate quantity of the soothing agent should still be prescribed, as it excites a powerful and most beneficial influence in restoring the healthy action.

In the formation of new bone, upon which important subject Mr. Syme has a chapter, he recognises the ossific power of the periosteum. In order to verify his opinion he exposed the radius of a dog, and removed a portion of the periosteum. The bone of the other leg was also laid bare, and a similar piece removed, but without the periosteum, which was detached and left quite entire. Six weeks afterwards the dog was destroyed. On examining the bones it was found that in the one from which a portion had been taken, together with the periosteum, the extremities were extended towards each other in a conical form, with a deficiency of bone between them, and in its place a small band of tough ligamentous texture. In the other, where the periosteum had been allowed to remain, there was a compact mass of bone, not only occupying the space left by the portion removed, but rather exceeding it. On repeating the experiments, the same results were observed. Two other experiments afforded decisive results as to the power of the periosteum to form new bone, independently of any assistance from the old one.

Ulcers of the leg are divided into the indolent or callous, the varicose, and the mercurial. The following are the author's remarks upon their characteristics and treatment:—

"The depressed surface and thick elevated edges, which characterize the callous ulcer, depend upon a swollen state of the limb, not soft and yielding like that of ordinary oedematous effusion, but of firm brawny consistence. It proceeds from the continued irritation of the sore, usually aggravated by occasional attacks of inflammation, and is, therefore, apt to attend, in a greater or less degree, the other sorts of ulceration which occur in the same part of the body, so as, in a corresponding measure, to confuse their distinctive features and diagnosis.

"Twenty years ago, the treatment of callous ulcers was believed to have been rendered perfect by combining the modes of management advocated by Messrs. Baynton and Whately: the former of whom encircled the limb, for the extent of an inch or two above and below the sore, with straps of adhesive plaster; while, by the latter, a roller was applied from the toes to the knee for the purpose of affording general support. This process, from the expense of materials and the attention requisite for their proper employment, is hardly within reach of that rank which chiefly suffer from the disease, except in hospital practice, where cases of this kind, from their monotonous features, slow progress, and proneness to relapse, are admitted with reluctance. So far, therefore, as poor people were concerned, there was in general no efficient remedy available for the relief of callous ulcers.

"In 1829, I proposed a different plan of treatment, which has now stood the test of sixteen years' trial in most parts of the world, and may, I think, be regarded in every point of view as preferable to the other. This was to apply a large blister over the sore and neighbouring swelled part of the limb, which has the effect of speedily dispersing the subcutaneous induration and thickening, so as to relax the integuments, and thus remove the obstacle opposed to healing

action. In the course of a short time, seldom exceeding a few days after the blister has been applied, the surface of the ulcer, however deep it may have been, is found to be on a level with that of the surrounding skin, not, of course, through any process of reproduction, or filling up, but merely from the removal of interstitial effusion, allowing the integuments to descend from the position to which they had been elevated, as may be readily ascertained by measuring the circumference of the limb, before and after it has undergone the effect of blistering. But, along with this change of form, the ulcer, in other respects, no less speedily acquires the characters of a healing sore, assuming a florid colour, affording a moderate discharge of purulent matter, and presenting a granulating surface with surrounding margin of cicatrizing pellicle. No subsequent treatment beyond the attention requisite for ensuring quiet and cleanliness is needed; and recovery is completed, not only more quickly, but with much less tendency to relapse, than when accomplished by other means.

The facility, rapidity, economy, and lasting effect of this treatment, seem to give it a decided advantage over the other methods in use; and, so far as I am aware, no one who has tried the plan ever afterwards hesitated to employ it in preference to any other. In order to derive the full amount of benefit which the practice affords, it must be carried fairly into effect; and, with this view, the principle upon which it is founded should be distinctly understood. I still entertain the opinion originally expressed, that the blisters act beneficially by inducing a process of absorption. The enlargement of the limb being of secondary formation, and resulting from the continued irritation of a sore allowed to remain unhealed through neglect or improper treatment, when once established, prevents the contraction of granulating action, by which alone solutions of continuity, not within reach of union by simple adhesion, admit of reparation. Pressure, the horizontal posture, and all other means that tend to remove the obstacle thus presented, will promote the patient's recovery. But of all the means that can be employed for this purpose, blisters appear to be the most efficient, and should, therefore, be employed for the remedy, not only of the purely indolent or callous ulcer, but of other kinds, which, in addition to their own peculiar characters, show evidence of complication with indurated enlargement of the limb. From this condition, it is hardly necessary to mention that the oedematous swelling of weakness and impeded circulation must be distinguished.

With regard to the varicose ulcer, I have merely to state that my opinion is not in favour of aiming at what is called the 'radical cure,' by obstruction of the vein or veins concerned. The ligature of Sir Everard Home, the incision of Sir Benjamin Brodie, and the caustic potass of Mr. Mayo, have been succeeded by the much more sure, safe, and effectual method of Velpeau, who accomplishes the object of obliteration by passing a pin through the skin under the vessel, and then tying a thread tightly round the included part. I have frequently practised this procedure, and never met with any bad consequences from doing so; but am nearly satisfied, from what has fallen within my observation, that the operation is barren of good effects in permanently remedying the tendency to ulceration. If this should prove to be the case, it will be matter of less regret, on account of the improvements which have been made in conducting the palliative treatment, especially by the contrivance of elastic bandages and supports, much more convenient than those formerly in use; and by means of which, after the sores are healed, patients may be rendered not only comfortable, but pretty secure against relapse. The 'black wash' has long seemed to me the best application for promoting cicatrization of the ulcer. If it comes under treatment in an inflamed or irritated state, poultices should be employed in the first instance, and, if the depressed surface and thick edges denote a complication of the callous condition,

blistering will be proper instead of such relaxing means.

The mercurial ulcer of the legs, or that which proceeds from the injurious influence of mercury upon peculiar constitutions of the system, occurs in two different forms, being either superficial and confined to the integuments, with their subjacent cellular texture, or deeply seated in the periosteum and surface of the bone. The former is preceded by flattened indurations of the skin, which, after slowly suppurating, discharge their contents by different apertures that communicate together, so as to produce an irregular ulcerated surface, with burrowing sinuses. The latter generally occupies the shin, and is recognised by its firm connection with the bone, which appears enlarged and irregular, either from really being so, or from the deceptive thickening of its periosteum.

The superficial mercurial sore was formerly treated more by internal than external remedies; and, like the other effects of mercury co-operating with venereal poison upon unsound constitutions, being regarded as the legitimate offspring of syphilis, received, under the title of antidote, a fresh supply of the poison which had given rise to it. The changes immediately attending this most mistaken and mischievous practice, being usually beneficial so far as existing symptoms were concerned, tended to confirm the delusion, which too frequently led the patient, by progressive steps of weakness, emaciation, and disease, to his grave. The enlightened views of the late Dr. Thomson gave Edinburgh a distinguished place in reforming this department of medicine; and though the comparatively slow progress of improvement in the capitals of England and Ireland may still, perhaps, tolerate the administration of mercury for the ulcer in question, it was long since abandoned in this school, and succeeded by treatment of a local kind. This was destruction of the textures concerned by application of the caustic potass, which, at once depriving them of vitality, reduces the parts surrounding and uniting the ulcers to a state of slough, which separates in due time under the employment of poultices, and presents a healing surface of granulations.

This procedure was certainly efficient, but very painful, and often required repetition, before recovery could be completed. It, therefore, readily gave place to the more recent introduction of iodine, as a corrective of the constitutional derangement which gives rise to ulcers of the kind under consideration, as well as to other so-called syphilitic symptoms. Small doses of the hydriodate of potass, such as two grains, three times a day, administered in simple watery solution, and without any sarsaparilla—of which I never prescribed a particle, either solid or fluid, in hospital practice—quickly affords the relief desired, with no assistance, except the application of lint moistened with water, or a diluted solution of sulphate of copper, and occasional blistering, especially if there be much thickening and induration.

The deep-seated form of mercurial ulcer which affects the periosteum and surface of the bone has been, and I fear still is, in some parts of the world, the subject of more unwarrantable and hurtful practice than almost any other surgical ailment, although it admits of treatment peculiarly safe, speedy, and effectual. This is merely the application of blisters over the whole extent of enlargement, followed by the use of simple lotions and gentle pressure, while the hydriodate of potass is administered internally.

At no very distant period this form of ulcer, being attributed to the direct effect of syphilis, was considered a warrant for repeated courses of mercury, and long-continued drenching with sarsaparilla, with benefit, it may have been, to the apothecary's pocket, but with what loss to the patient's health may be imagined, now that mercury is known to be the principal source of the evil it was employed to remedy. The local treatment, also, of those days was hurtful. In the first place, by opening, through means of incisions or caustic, abscesses of the periosteum,

which readily admit of absorption, under the same management that proves useful after ulceration has taken place; and, secondly, by counterounding the rough surface of bone so exposed with that most obstinate of diseases, caries. Under this erroneous impression, operations, no less severe than unnecessary, were performed. I have seen the choffer bristling with caustics carried into the operating theatre, while unfortunate shin-bones were rasped and chiselled, preparatory to the burning thought requisites for their remedy. I have also known cases, which had resisted the prolonged horrors of these rough and frequently repeated proceedings, yield at once to the application of blisters.

But there is reason to fear that operations still more severe, and, if possible, still less warranted, have been performed on account of chronic swellings affecting the periosteum and bone, through the proposal of Sir Benjamin Brodie to trepan the tibia for the discharge of matter pent up in its cancellated texture. The symptoms of this abscess, as described by that gentleman, are enlargement towards one extremity of the bone, pain more or less severe, usually remitting and recurring with increased intensity at variable intervals, induration and adhesion of the integument to the periosteum, tenderness under pressure, especially at particular points; in short, as he remarks with regard to one of his cases, 'all the symptoms of chronic periostitis.' Now, if the two conditions are thus so similar, it is plain that the one which admits of remedy by the use of gentle means may be mistaken for the other, in which, it is alleged, nothing can afford relief except making an aperture by the trephine for the escape of matter. Several patients, accordingly, have come under my care, after being advised in London to allow their tibias to be trepanned, and recovered completely without undergoing any operation. Indeed, Sir Benjamin Brodie says, that, 'even if you are mistaken in your diagnosis, no harm can arise from the operation. Nay, it is a question, whether good may not arise, under certain circumstances, from taking away a piece of bone when it is affected with chronic inflammation, even though there be no abscess.' And he illustrates this view by relating a case in which recovery followed the boring of a hole through the humerus in search of matter, without any being found. But, with all deference to an authority so justly respected, I must protest against the licence thus afforded to practice an unnecessary, painful, and, as I believe experience would show, dangerous operation; especially as the affection, admitting of remedy by the use of gentle means, is so much more common than chronic abscess in the tibia. I have for many years been looking for this disease, but hitherto without success; and, though not at all disposed to question the reality of such an occurrence, I feel entitled to regard its absence from the field of observation submitted to me as a proof that it must be a rare event in the practice of surgery.

Obstinate sinuses are met with most frequently in the region of the pelvis. After opening abscesses depending on carious vertebrae, or caries of the hip-joint, the sinuses which remain are incurable; and this has led to the opinion that little can be advantageously done for any sinus so situated. These sinuses, however, depend sometimes not on caries, but on death of bone, which, exfoliating in some part of the pelvis, far from the surface, causes constant irritation by the presence of the loose portion; hence, in the treatment of all sinuses in this part of the body, not apparently proceeding from caries, exfoliations must be searched after, and removed if found to exist.

In the treatment of incised wounds no attempt should be made in the first instance to close the orifice completely; pressure should be directed to the bottom, and blood should not be allowed to crust over the lips, as it confines serous discharges, and prevents union. The orifice should be wiped and kept dry as long as it exudes any moisture. To accomplish these objects the cut edges should be retained in contact by stitches,

in preference to adhesive plaster. Some employ stitches and plaster together, but this is objectionable; for plasters, acting only on the surface, tend to close the lips, or turn them inwards, while they not only effect no deep pressure, but render the parts more loose, and disposed for the formation of sinusses, while stitches, closely put, may always be rendered equivalent to the effect required. A little gaping at the edges at first is not hurtful, as it ensures a thorough discharge, and may be rectified as soon as adhesion begins. Hang-complicated bandages, which cannot be tightened or slackened in part, or removed without disturbing the patient, are not advisable.

Compresses laid along the sides of the wound will easily effect pressure by very simple means, independently of long circular rollers. For wounds of the trunk, nothing can be more convenient than a broad piece of linen, long enough to cross a little below the breast, and having its two ends torn longitudinally into three or four portions, any one of which may be tightened or slackened as occasion requires, while the whole may be thrown back at a moment's notice. A smaller bandage, but smaller, will answer equally well for wounds of the extremities. For stumps, a roller is put on as usual, from above downwards, until it has come within a few inches of the stump; then a few narrow strips of cloth are fastened on each side, which are tied across the feet of the stump. Dry lint must be applied over the wound as often as the least moisture is perceived.

For wounds of the mouth penetrating through the cheek or lips, and in penetrating wounds of the trunk or joints, the raw surfaces may be at once accurately brought together at their external edges by the interrupted or twisted suture, without any risk of subsequent separation by fluid effused between them. But in wounds opening upon only one surface, and more especially when of considerable depth, or situated in parts opposed to accurate coaptation, the dressing should be applied rather to compress the sides of the cavity than to close its orifices. Sponges first moistened and then squeezed, are convenient when the textures are so situated as to impede the efficient action of pressure. These have been found useful after removing tumours from the upper or lower triangle of the neck, in the neighbourhood of the parotid gland or clavicle. In amputations of the ankle-joint, great advantage is derived from a hollow sponge, sufficiently large to receive and contain the stump.

In the article on "Excision of the Shoulder-joint," a case is recorded where disease had existed for seven years, rendering the arm entirely useless, embittering the patient's life, and at last threatening to destroy it. Excision of the diseased bone restored the patient to perfect health. The difficulty of the operation depends in a great measure upon the manner in which the flaps are formed. Mr. Syme's method is as follows:—"The patient being seated in a chair, I made a perpendicular incision from the acromion through the middle of the deltoid, extending nearly to its insertion, and traversing one of the old sinusses. Introducing my finger into the opening thus made, I felt that the disease was chiefly, if not entirely, confined to the head of the humerus; and, therefore, cutting in a semi-circular direction, backwards and upwards, from the lower extremity of the first incision, I formed a large flap from the external or scapular portion of the deltoid, which, being held up, exposed the joint so far that I was able to insulate the head of the bone by means of my finger, and then to detach the scapular muscles from their connections with their taberosities, when, the arm being brought forwards, I easily thrust out the head of the humerus, and saved it off without any injury to the soft parts."

Amputation at the ankle-joint, instead of the operation near the knee, is preferred by Mr. Syme when practicable, because the risk of life will be smaller, a more comfortable stump will be effected, and the limb will be more seemly and useful for support and progress in motion. The best instrument for performing the operation

is a large bistoury, or small amputating knife, with a blade about four inches long. There is no occasion for a tourniquet, as the vessels can be commanded by grasping the ankle. The incisions across the instep and sole of the foot should be curved, with the convexity forwards, and exactly opposite each other. A line drawn round the foot, midway between the head of the fifth metatarsal bone and the malleolus externus, will show their extent anteriorly, and they should meet a little way further back, opposite the malleolar projections of the tibia and fibula. Care must be used to avoid the posterior tibial artery before it divides into the plantar branches, as in two cases where this occurred there was a partial sloughing of the flap. If the joint is sound the malleolar processes are removed by cutting pliers; but if the articulating surfaces of the tibia and fibula be diseased, a little portion of these bones are to be sawn off. The edges of the wound are then stitched together and lightly dressed. The stump has a bulbous shape, conical in form on the inferior surface, and having for its apex the thick integument which covered the heel.

In amputation of the thigh, though our author formerly advocated the flap operation, his opinion is now changed, and he now prefers the circular incision, when amputation can be performed at the lower third of the thigh. Yet at higher parts of the limb he still recommends the flap.

Mr. Syme is a strong opponent of pressure for the cure of popliteal aneurism, and he rather sharply remarks—"So long as it is my sincere persuasion that ligature of the artery is preferable to pressure, I shall deem it my duty to pursue this method, though it may not, perhaps, be the best adapted for the lowest capacity of surgical practice."

Fungus of the testicle is regarded as merely an extreme degree of exuberant granulation, or "proud flesh." This suggested to our author the idea that the fungus might be made to retrace its steps, through absorption of the white substance and gradual approximation of the brown, and that the granulating materials of the surface might thus be enabled to complete the healing process. The soundness of these principles was tested on two patients in the hospital. In one, the fungous excrescence from the testicle was about the size of a filbert. Around this an incision was made, extending upwards and downwards, so as to give it an elliptical form. The integuments were then separated on each side, and brought over the growth, where they were retained by three stitches. The scrotum was supported by plasters and bandages. The wound eventually cicatrized.

In bursal swelling of the wrist and palm of the hand the local peculiarity concerned in causing the obstinacy which marks these cures being the constriction caused by the annular ligament, preventing the portion of bursal sac corresponding to it, and the subjacent tendons, from undergoing the healing process, the following practice was adopted in the cure of a girl affected with this complaint:—A free incision from the wrist into the palm of the hand was made, dividing the annular ligament. This gave vent to a quantity of glairy fluid, with many small, flat, cartilaginous-looking bodies, and exposed to view the flexor tendons, separated and surrounded by thickened bursal membrane. The cavity was filled with dry lint, supported by a bandage. Care was afterwards taken to prevent protrusion of the tendons, by drawing the edges of the wound together and applying a compress over the seat of the annular ligament. No unpleasant symptoms followed, and in a few weeks the wound healed.

In the article on "Dislocation of the Shoulder and Hip Joint," Mr. Syme remarks that the means employed for reducing dislocation of the shoulder must be varied according to circumstances. Within a few hours after the injury, reductions may be effected without assistance, by placing one hand on the acromion, and then, having bent the forearm to a right angle, suddenly drawing the elbow backwards, so as at the same

time to rotate the hand outwards. In dislocation of the hip-joint, the extending force may act either upon the ankle or above the knee; the preference should be given, however, to extension above the knee. In regard to the comparative frequency of the different dislocations to which the hip-joint is liable, Sir A. Cooper has stated their respective numbers in twenty cases that had fallen under his own observation,—on the dorsum illi, twelve; into the ischiatic notch, five; into the foramen ovale, two; and on the pubis, one: in Mr. Syme's practice the proportion is almost the same.

The article on "Disarticulation of the Clavicle from the Sternum" we give in full, as the operation has not hitherto been practised in this country:—

"In the beginning of May last I was asked by Dr. Combe to see a gentleman in Leith, between thirty and forty years of age, who had, for about two years, suffered from a tumour of the clavicle. It was of an oval form, as if resulting from a general expansion of the bone, and extended from the sternal articulation to within a short distance of the acromion, possessed a very firm consistence, and was occasionally the seat of painful sensations. During the period of its existence the patient had had occasion to travel round the world, and in his progress obtained many different opinions respecting the disease, with no less various advice as to its treatment. At the advanced stage when it came under my observation, the case seemed free from any obscurity either as to its nature or the course requisite for its remedy. There was obviously a morbid growth affecting the bone throughout its whole thickness, and admitting of removal only by excision of the clavicle.

"On the 13th I performed the operation in the presence of Dr. Combe, with the assistance of Drs. Duncan and Mackenzie. The patient being seated on a chair, an incision was made along the whole extent of the bone, and a second at its sternal extremity, extending upwards and downwards at right angles to it.

"Having reflected the flaps, I divided the muscular attachments, and ascertained the precise limit of the disease towards the acromion, which it so nearly reached that the easiest way of proceeding would have been to separate the bones at their junction. But thinking that the object would be equally effectually attained by division of the clavicle, with less injury to the connections of the shoulder, I sawed the bone through, so as to leave about an inch of its extremity. The clavicle was next forcibly pulled outwards by means of strong forceps, while its remaining attachments were carefully separated towards the sternum, until nothing remained but the ligaments of the joint, which I then divided so as to complete the disarticulation. Three small vessels were tied, and the wound was dressed as usual.

"Union by the first intention took place through nearly the whole extent of incision, and the patient recovered with so little disturbance, either of a local or general kind, that he was able to leave his bedroom before the end of a week. Complete cicatrization was delayed at the acromial extremity of the wound by the separation of small particles from the bone, apparently in consequence of the injury it had received from the saw. But this did not prevent the patient, in the course of a few weeks, from proceeding to Wales, where he intended to reside, and whence he writes that the wound is quite healed, and the arm getting strong and useful. As I fully expected that the absence of the clavicle would have occasioned considerable deformity and want of power, it was an agreeable surprise to see that hardly any observable alteration in appearance resulted from the operation.

"The only part of the operation in the slightest degree difficult or embarrassing was in separating the large articular surface of the bone from its connections, where the vicinity of the pleura and venous trunk rendered extreme caution requisite."

The following remarks occur in reference

to contractile or irritable stricture of the urethra:—

"Although the distinction between spasmodic and organic strictures, or, in other words, between the semblance and reality of contraction, has been long established in surgical pathology, the latter of these conditions was not supposed to vary except in degree and situation. The treatment, therefore, did not seem to require any diversity of procedure, and in this country most practitioners, preferring the plan of dilatation by bougies, employed them upon all occasions. But, however efficiently strictures of the urethra might in general be thus treated, no surgeon could employ the practice to any considerable extent, without encountering embarrassing cases that presented more than usual difficulty, or even baffled every effort to accomplish recovery. I do not here allude so much to the mere tightness of contraction, and difficulty consequently experienced in passing a small instrument through the stricture, as to the unyielding disposition manifested by the constricted canal, and its tendency to contract, perhaps even more closely than before, after being partially or completely dilated. One other feature of such obstinate cases of great importance to notice is, the strong and general sympathy of the system with every change taking place in the local disease, whence rigors and febrile attacks, leading to various derangements in different parts of the body more or less intimately connected with the part originally affected, are apt to result from attempts even of the most gentle kind to pass instruments into the bladder. Some constitutional disturbance, as that which occasions arthritic symptoms, would sometimes appear to be the cause of this particular state of stricture; and a local irritation, such as that of urinary concretions, is certainly adequate to produce the same effect, since all the features of excessive obstruc- tion and irritability are occasionally presented by stricture, in patients suffering from stone, and disappear as soon as it is removed. But, independently of either the one or the other of these influences, the peculiar condition of stricture to which I wish to direct attention may exist in its most perfect form, and is then found to constitute one of the most vexatious subjects of treatment so long as it is combated by the means in ordinary use. The patient, in vain expectation of relief, is apt to require in succession the assistance of many different practitioners, each of whom, supposing that the previous want of success has depended upon deficiency of skill or care, proceeds to a repetition of the dilating process, destined to afford only a similar disappointment, or the more serious consequences already mentioned as not unusual under such circumstances."

There is a case recorded in the last article of recovery after rupture of the urinary bladder by external violence, in reference to which Mr. Syme remarks:—"If the rupture takes place above or within the reflection of the peritoneum, there cannot be the slightest chance of escape. But if the rent is at the anterior part, so as to discharge the contents of the bladder by a sudden gush into the cellular substance, and condense it in such a way that merely the portion in contact with the urine is deprived of life, it appears that the patient may be saved by timely incisions."

The work manifests close and persevering observation, accompanied with sound judgment.

A Manual of Pharmacy for the Student of Veterinary Medicine. By W. J. T. MORTON, Lecturer on Veterinary Materia Medica. Fourth Edition. London: Longman and Co., Paternoster-row. 1847. Pp. 302.

This little volume is especially addressed to practitioners of the veterinary art, and it is evident that it has been held by them in repute, as it has now reached its fourth edition. The materia medica presents nothing new to the medical practitioner, the drugs and chemicals being principally those which are found in the

"Pharmacopoeia" of the London College of Physicians. The doses and manner of administering the various preparations to the horse are given, and the decompositions of the chemical substances are also noted. Those persons for whom it is especially intended will find it a useful book of reference.

THE MEDICAL TIMES.

SATURDAY, MARCH 18, 1848.

THE "PERFECTION" OF THE LEICESTER INFIRMARY.

EXPERIENCE is a teacher whose instructions ought to be valued above all others; we are accustomed, however, not to give them that supreme attention which is their due. The administration of our public charitable institutions has been marked by many defects, and some of these have been prominently exhibited to the public view. It has been the misfortune of hospitals, especially, to have fallen into disgrace in consequence of mismanagement, and yet the governors of these institutions appear blind to their own defects. That information which the past affords seems lost upon them, and consequently they adopt a policy which is bringing upon them an increased amount of public reprobation.

It has been our painful duty to have to rebuke some very grievous sins of hospital functionaries, and we have done so with the hope that a word in season would not be lost upon them. It is not long since we admonished the governors of the Leicester Infirmary for entertaining too high an opinion of themselves, as many of these worthy gentlemen informed the public that the institution under their management was a model of perfection. Whether they seriously entertained this notion, or only made the assertion in order that they might procure a few additional subscribers, we will not venture now to determine. Most unfortunately, however, for them, circumstances have since occurred which show that this institution is as badly managed as any public hospital for the reception of the sick poor in the United Kingdom.

Within the last nine or ten days a complaint has been made to the weekly board, that the nurses were in the habit of making a profit by providing tea and tea-utensils for the patients; and a committee has been appointed to make inquiry into the circumstances. We have not a very high opinion of the efficiency of these charitable tribunals to reform the evils which are brought under their notice; they rarely sift thoroughly the matters of which they professedly take cognizance; and the consequence is, that they fail to accomplish that amount of good which is necessary to ensure the prosperity of eleemosynary establishments. Probably, the nurses of the Leicester Infirmary may have a verdict passed in their favour, and they will be permitted to exercise, for the time to come, their important vocation. But, if the charges are proven, we know that, in exacting money from the friends of the patients under their care, they have only fallen into the sin which besets persons engaged in a similar calling in many of the hospitals in the metropolis. Nursecraft is particularly dangerous to the pockets of patients and the credit of medical officers. The sisterhood is characterized by an invincible

love of gin and mammon; and the sick poor in hospital, who are unable to satisfy to some extent their cravings, receive oftentimes sorry treatment at their hands. The very office seems to engender this love, and to put the members upon the best means of avoiding detection when they have levied contributions from their patients. In many hospitals smuggling is daily practised for the benefit of the nurses, and too frequently are the sick allowed, *sub rosa*, to take a little improper food or drink, in order that the aforesaid functionaries may be benefited without in stomach or pocket. No hospital servants require a stricter watch than these, and any derelictions of duty ought certainly to meet with a severe punishment.

The Leicester Infirmary is also charged with having had of late but a very indifferent supply of soap and towels. In these days, when baths and washhouses are becoming fashionable, it is rather singular that places for the reception of the sick should exhibit so little regard for clean skins and well-washed linen. Water and washwomen must certainly be at a discount at Norwich and Leicester, and we would seriously advise all sanitary reformers in their future labours not to overlook the hospitals of our country. We imagine, from what has recently transpired, that they would make some very important discoveries; and we have no doubt that that every useful body of old ladies who superintend the washtubs would most readily afford valuable information. Should the example of Norwich and Leicester be extensively followed, their example will certainly be in danger; and it will be a sad policy in them to speedily raise the cry of "Grant us Diana of the Ephesians!"

It is matter of lamentation, also, that this infirmary, which boasted of its "perfection," should also within the last fortnight have had a patient under its roof who is said to have died without having been seen by the proper medical officer. Dr. Noble brought forward the case before a meeting of the governors. A poor man of the name of Grocock entered the hospital last month, with the consent of the medical gentleman who attended him, to undergo an operation. The patient was received on a Tuesday, but did not see his surgeon. On Friday he became much worse. On Saturday he was so ill that he expected to die, and he wanted to leave the infirmary. His wife called upon the medical officer on that day to represent to him how ill her husband was, but he was not visited by him. The disease was intestinal; and the diet given to the patient was such as had been forbidden by his former medical adviser. The sick man remonstrated with the nurse about taking cheese, meat, and ale; but the reply was, that he must continue to take the diet, as it was to force a passage. On Saturday night the man was taken home, his former surgeon sent for, who applied some remedies which gave him a little relief; but such was the accumulation in the intestinal canal, that on Monday the walls gave way, and death ensued.

It is rather singular that the surgeon under whose care the man was placed when he entered the hospital should not have seen him during the time he was an inmate, for it appears that so little did business press heavily upon the medical officer, he on one occasion strolled into the room of his colleague, where he staid about twenty minutes. The house-surgeon ought, in no case, to supersede the superior professional functionaries; and it is their duty, when they visit the

hospital, to see the new patients. If this plan had been adopted at Leicester, the report would not have been raised that "bread, cheese, and ale," in endeavouring to force a passage through the bowels of poor, Grampock, and not being able to pass, burst through the parietes of the stomach. For the credit of the infirmary, however, the medical gentleman who examined the dead said that while the aperture was like a tear, and had not the usual appearances of ulceration, it could not have resulted from the three days' fasting in the institution.

The governors should take warning from these occurrences, and endeavour to remedy the defects of which the public complain. It is the duty of the medical officers to watch closely the conduct of the nurses, and to see that the patients are well supplied with all the articles necessary to their health and comfort. Moreover, they ought personally to visit at an early opportunity the patients admitted under their care. Unlucky events often arise when least expected, and the public are very ready to charge medical practitioners with neglect when there is not the shadow of a foundation for it. If the case referred to above had been nominally under the care of a private practitioner throughout the patient's illness, but had been attended by his medical assistant, the principal would have stood a chance of losing his practice. The infirmary, however, is not in danger.

Hospitals, while frequently injurious to private medical practice, do not confer all those benefits upon the poor which many suppose. There is a reformation wanting.

THE HOUSE OF COMMONS.

THURSDAY EVENING.

LORD ASHLEY has just proposed the following resolution to the House of Commons:—

"Every woman claiming medical assistance from the parish in consequence of being pregnant should be entitled, in all cases, to the aid of the medical officer with highest skill, and also with the consent of others, which may follow, provided she presents a certificate from the medical officer who attended in her previous confinement, stating that circumstances had occurred in it out of the ordinary and natural course of events, which render it desirable that she should have medical attendance on the next occasion of delivery."

His lordship read the six other resolutions of which he had given notice, but postponed their consideration to a future time. As two of these have been referred to the House through the intervention of the Committee of the Poor-law Medical Officers, we submit them in their improved form:—

"That, in the event of its being considered necessary to destroy the child in order to save the life of the mother, the union surgeon shall be at liberty to seek the assistance of another competent practitioner, if he sees fit, before the necessary operations are performed, and who shall be paid for the assistance rendered, on producing to the union or proper officer the joint certificate of the union surgeon and himself, that such consultation and aid were essential previously to the expected legal and necessary deprivation of life. That it is expedient that medical inspectors be appointed by the poor-law commissioners, or by the Secretary of State, on which his sanction; one to each district to which an assistant poor-law commissioner or inspector is attached, at a salary not exceeding six hundred pounds a year, exclusive of travelling expenses, and exclusive of an allowance of a clerk, if the duties should require one. That the duty of the medical inspectors should be to inspect and report on the medical treatment of the poor of the different unions, and

on the fitness of the medical men appointed by the unions; to inquire particularly into the treatment of the sick poor in the union-houses, and to regulate such treatment; to inquire into and report on the diets and healthful condition of the poor within them generally, together with such other sanitary duties of every kind as may be required of them by the Secretary of State, or by the poor-law commissioners; and particularly with respect to the number of medical officers who ought to be employed in each union, and, under the sanction of poor-law commissioners, to fix the salaries which ought to be awarded to them for their services in each particular union, or part of a union, in the district."

The Chief Commissioner, Mr. Buller, opposes the motion. He complained that, while the notice of motion offered so wide a field for discussion, the noble lord had limited himself at the last moment to the case of pregnant women. He had latterly studied the whole of that system with great attention, and the result of his investigations was, that it was a subject too intricate and comprehensive to be dealt with in the manner proposed by the noble lord. It appeared to him that the principles and details of the question were the most anomalous, the most important, and the most difficult of any connected with the administration of the poor-law, and he should have been exceedingly happy had the result of his deliberations on the subject enabled him to prepare some plan for the administration of medical relief on a new principle. He apprehended, however, that no new plan could be devised for the administration of medical relief through the medium of the poor-law as it now stood, and that it was impossible to give medical relief through it upon any general system that should prove better or more satisfactory than that already in existence. If they were to establish a more extended or complete system of medical relief, they must abandon the system of local agency and local rates, and devise some system of centralization which would give from the funds of the county a system of medical relief adequate to the wants of the people. In stating this he did not mean to say that it might not be improved in its details, as his belief was that it was only by an improvement that it could be placed upon a proper footing. He then read several returns with respect to the expenses for medical relief, from which it appeared that from 1838 to 1846 the expenses for medical relief had increased one-sixth upon the sum originally paid.

There can be little doubt that Lord Ashley's resolution will be negatived.

The profession will not feel surprised at this result; nor can we add that their sorrow will be very considerable.

The "pregnant-woman resolution" provides an amelioration of some service; but it is a partial amelioration, paid for by an almost corresponding disadvantage, and accompanied, besides, by a serious professional drawback. It tacitly legislates for female midwifery in Government medical practice,—a bad principle and worse practice,—and, in doing this, it lays down, for practical purposes too, a sweeping distinction, as to the scientific skill required in first and subsequent parturitions, based on anything but conclusive data.

Mr. Buller's speech, as far as it goes, assures us that he has paid this subject some of the attention it demands from him; and, as we understand the inclination of his mind is to the opinion that the system would never work properly till there was a full and comprehensive revision. In this aspect we rejoice that Lord

Ashley has submitted his resolution to the House and country: they will lead to a thought and discussion that cannot but prove useful; and, as we have little fear that Mr. Buller will consider himself very closely tied by any adverse opinion pronounced by him in the present intricate state of the agitation and immature condition of his knowledge, we shall, by-and-by, with a widened and concentrated strength, be enabled to recommend with effect to his adoption that comprehensive revision to which this evening he once or twice adverted.

CONTEMPORARY OBLIGATIONS.

Our statement with regard to the circulation of the Medical Journals has been denied (of course) by a contemporary, and, of course, in that tone of brutal vulgarity usually associated with the manners of the most unfortunate class of our fellow-citizens. After so satisfactory a confirmation of our statement, we must not ask anything further; for our contemporary would hesitate a long while before committing himself to the responsibility of an affirmation in precise numerals. He is too ill-placed for that. Yet, if our account of the matter be wrong, what so easy as to state his? Dare he give it? If so, why, when Dr. Bowring moved in the House for the return of newspaper stamps, did T. Wakley oppose the motion in a "rambling" and "rhapsodical" speech? If so, why now does our contemporary limit himself to a vague and useless denial "so far as the *Lancet* is concerned"—accompanied by the usual raving threat? We have only to repeat that our statement is incontrovertible—that we surpass the force of our two contemporaries united in the enormous proportion advertised—and that the *Lancet* stands at the head of all European medical journals in point of circulation, as we hope it is in every other good quality.

MORTALITY TABLE.

For the Week ending Saturday, March 11, 1846.

Causes of Death.	Total.	Average of 6 Winters.
ALL CAUSES.....	1070	1107
SPECIFIED CAUSES...	1067	1102
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	261	184
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat.....	46	69
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	128	138
Diseases of the Lungs, and of the other Organs of Respiration.....	198	225
Diseases of the Heart and Blood-vessels.....	30	39
Diseases of the Stomach, Liver, and other organs of Digestion.....	67	62
Diseases of the Kidneys, &c. Childbirth, Diseases of the Uterus, &c.....	12	9
Rheumatism, Diseases of the Bones, Joints, &c. ...	7	13
Diseases of the Skin, Cellular Tissue, &c.	4	8
Old Age.....	2	1
Violence, Privation, Cold, and Intemperance.....	36	15
	27	16

NOTICE.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the office.

THE CHART.

Our notice has allowed a considerable number of subscribers an opportunity of receiving the Chart otherwise than by post. This, though at some additional trouble to us, secured its transmission in safety and better preservation. In providing for the punctual receipt of the Chart by every annual subscriber on our roll, we have arranged that the delivery through the Post-office, where not made this week, will be completed on the two succeeding Saturdays. In the interim it is hoped, however, that other gentlemen will avail themselves of the opportunity of providing for its transmission by a channel more eligible for such an engraving than the post. Our subscribers will observe, we have no doubt, with satisfaction that, except in the Government stamp which is necessarily attached to transmit it by post, we have not suffered the Chart to be defaced with any of the ordinary references, about gifts, donors, &c., of an advertising and extrinsic character.

. To meet the convenience of gentlemen wishing to possess the Chart, all annual subscribers entered on our roll during the month of March will be entitled to a copy.

The Chart is also published separately, price half-a-guinea.

The subscription for the stamped edition of the *Medical Times* is 16s. for the half-year, and £1. 6s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfax.

We have to repeat to two or three gentlemen, not entered as annual subscribers on our roll, an answer before given:—1. Our arrangements already made preclude our giving charts to the extent involved by our correspondents' request. 2. The investigation of claims made through booksellers, or by private letters, would involve a labour, expense, and annoyance we do not feel called upon to incur, and this the more, inasmuch as all our exertions in so invidious a task would certainly end most unsatisfactorily. 3. Though feeling a proper amount of obligation for all support, whether for short or long periods, through the trade or not—an obligation we endeavour to repay our friends by making our journal worthy its cost—we may yet be well excused for wishing to make some special, though certainly needless, acknowledgment to those subscribers whose names have been under our own eye enrolled in our own books through successive months and years as steady and cordial supporters. A compliment to them must be much misconceived if treated as an affront to our other friends, with whose wishes, besides, we should find it practically quite impossible to comply.

"Alexander N."—An institution of the kind referred to was attempted to be established a few years since, but, as the project then failed, no further efforts have been made. We know of no persons likely to encourage such an undertaking at present.

"Dr. Edward Smith."—The regulation is not acted upon. "A Country General Practitioner."—We disapprove of the practice of receiving medical apprentices without a premium. It may for a season benefit the master, but is ultimately injurious to the profession, as a young man who in this way commences the study of medicine has generally not only limited pecuniary resources, but also a defective education. We decline recommending.

"Paul Fry."—1. The Apothecaries' Company received a charter from James I., who called it his pet corporation. It was not a licensing medical body till the act of 1815. 2. We do not know the amount.

"Mr. J. French."—An outlay of about £100 would be at first required.

"Sigma."—It is very unlikely just now that the College will introduce dissections into the examination of the candidate for a member's diploma. We do not believe that the idea is seriously entertained by any of the council.

"An Oculist."—The work is respectable, and was first published about ten years since.

"A Member."—The difference is, that formerly the examiners were elected for life; now, during the pleasure of the council.

"Anatomist."—The price we cannot name, but we think it is moderate, as subjects are easily obtained.

"A Well-wisher."—We do not entertain the same opinion as our correspondent; on the contrary, we think that the evil is on the increase.

"F. G., Manchester."—There are so many inaccuracies in the report that we cannot engage to publish it.

"An Old Member and Subscriber."—The case was first published in our columns.

"Q. in the Corner."—The "Medical Epile" is inadmissible, though we admire the wit and talent of the author. "Critics."—The statement should be forwarded to Sir Wm. Burnett.

"A Poor Student."—The candidate must be twenty-two years of age, and must possess a diploma from either the London, Edinburgh, or Dublin College of Surgeons; or from the University, or the Faculty of Physicians and Surgeons, of Glasgow. It is necessary also to produce a certificate from a supper of a London hospital.

"A Medical Witness."—When respiration has been fully established, compression of the lungs will not remove the air from them. When artificial inflation has been practised, there is no great difficulty experienced in causing the lungs to lose the contained air, so that they sink in water.

"Scalpel."—It is composed of a cutaneous sheath, cellular substance, a vein, and two arteries.

"Ignoramus."—The sound is heard in cases of enlargement of the heart, or contraction of its orifices. It sometimes exists, however, in a heart that is healthy, especially in hysterical or very nervous subjects. The same sound, only sharper and more whizzing, is heard in some arteries, but the cause is not exactly known.

"A Five Years' Subscriber."—1. The licence of the College is equivalent to a medical degree, and it confers privileges which a degree does not. 2. The College has the power of conferring the honorary fellowship on any of its own licentiates who have not the required qualifications; and on such eminent men, not licentiates, as it may wish to distinguish by its approbation.

"Mr. Greenwood."—The paper referred to cannot be found. Perhaps our correspondent will kindly forward another communication.

"M. D., Lichfield."—There is no provision in the new bill.

"Amicus."—An action for libel would certainly follow the publication of the letter. Our correspondent should have forwarded his real name and address.

"A Physician."—Patronage sufficient to ensure election would be difficult to obtain. The certificates will do.

"Philo."—The request shall be attended to.

"A Dash."—The information was given in the Students' Number.

"A Cambridge Student."—The Clinical Hospital at Paris, contains, we believe, upwards of a hundred beds; and there is a distinct ward for midwifery.

"An Old Member of the Profession."—The Company will only resign its present privileges on certain conditions.

"M. D., a Subscriber."—A person who is not enrolled a member of the Royal College of General Practitioners will not be able to sue in any court of law, with success, for the amount of a medical bill, should the proposed arrangement become law.

"Pharmacien."—We do not trouble ourselves about the composition of "popular quack" medicines. Dr. Paris' "Pharmacologia" will afford the required information.

"Sootus."—A candidate rejected by the Irish Apothecaries' Company cannot be readmitted to examination until the expiration of six months; and, after the second rejection, can appeal to be examined by the King and Queen's College of Physicians.

"Dr. Calvert."—1. Yes. 2. It is a correct conclusion.

"A Medical Student, Alpha."—An arrangement might, perhaps, be entered into with some medical gentleman; but, under the circumstances, it would require severe labour to acquire a proper knowledge of the subjects upon which the different courts examine candidates.

"Mr. James Braid, St. Peter's-square, Manchester."—We are sorry the communication was not noticed before. It was an oversight. It has come safely to hand, but from press of matter it cannot be inserted this week.

"A Third Year's Student."—A member of the College will be able to register as a general practitioner if he joins the new college within one year from its first establishment, and so will a Licentiate of the Company.

"Mr. Fred. Smith Garlick, Halifax."—Communication received.

"Dr. Brown, Belgrave-house."—The communication is in type.

"A Constant Reader, Castletown, Isle of Man."—The coroner must give a warrant to entitle a medical witness to a fee for a post-mortem examination.

"Mr. Hugh Hastings, Stoken Church."—The paper entitled "Sal Volatile v. Chloroform" has been received.

"Mr. Thos. Brown, Castle Donington" writes us as follows in reference to life-assurance Offices:—"You will notice with pleasure that some assurance-offices have set a good example of paying medical men for their professional opinions. Many instances to the contrary have made their appearance in various medical journals."

"Mr. G. Hepworth, M.R.C.S. and L.A.C." in reference to the proposed new college, remarks:—"Sir, I presume (although this is not clearly inferable from the sketch of the bill contained in your journal for Feb. 26) that it is contemplated, under the proposed plan of Medical Reform, to allow both members of the College of Surgeons and licentiates of Apothecaries' Hall to register respectively as general practitioners. It appears to me to be unfair towards those who have been at the pains to fully qualify themselves (as it is termed), that persons who possess a single qualification only should be admitted to an equality of privileges with them. I more particularly refer to those gentlemen who possess the diploma of the College alone—who are, in fact (by practising generally), engaged in illegal practice; and who may, therefore, thank themselves, and themselves alone, for any inconvenience they may sustain through their wilful violation of the act of 1815. The licentiates of the Hall are, it is true, already legally entitled to practise, although they may not have thought fit to obtain the honorary diploma of the College; they have evaded no law, and they, therefore, fairly claim to be registered as general practitioners. I certainly think that those persons possessing the College diploma should be required to undergo an examination (however purely practical) at the proposed College of

General Practitioners, before being permitted to occupy that position on the register; and more decidedly still am I of opinion, that union appointments, &c., should remain inaccessible to those who are not in possession of the double qualification. I imagine it would be difficult to prove any unfairness in the arrangement I propose."

"E. F. C."—To the secretary.

"Echo Veritatis on Medical Reform" received.

"Justitia" remarks:—"All surgeons will read your remarks on 'Professional Wrongs and their Remedy,' with pleasure. There is no doubt that all medical men holding public appointments deeply feel the injustice of the oppression to which they are subject. But how are the evils to be remedied?—By combining. How have great political changes been brought about but by combination? And medical men, with justice on their side, should follow the example. Why do the public expect from medical men unrequited services? Why do medical officers of unions succumb to the parsimony and narrow-mindedness of boards of guardians? Army surgeons engage in the dangers of the battle-field without hope of honour or reward; and navy assistant-surgeons swing in their hammocks on an equality with the men before the mast, because they are not true to each other. Let us, then, form a protection association to defend ourselves against local boards and parsimonious place-hunters. Why should medical men afford the requisite information on various subjects extraneous to their duties as medical officers of unions without a title of remuneration? For it is evident that Lord Morpeth's bill would impose new obligations on the already overburdened union medical officer, who will in reality have to work out the details of the bill. And why do army and navy surgeons submit to the contumely of these boards? Because they are not true to each other."

"C., Edinburgh."—The paper entitled "Dr. Robert Lee and his Discoveries" has been received.

"Amicus Justitia."—If in the house, Yes.

"Veritas" has sent us the following letter, addressed to Mr. Wakley, that it might be inserted in his periodical, which he refused to do:—"In the hope you will give insertion in the *Lancet* to a constant reader and subscriber from its beginning to the present time, I cannot help expressing some surprise at the apparent inconsistency you betray when advocating the cause of medical reform. I remember the time when your whole energy was exerted in favour of one faculty, and when you boldly stood up for the general practitioner, and recommended the British Medical Association to secure a *locus standi* in order more effectually to fight its battle, by accepting any vantage-ground offered; and now you call on the members of the College not to allow themselves to be degraded into the general practitioner—degraded, yes, that is the term—though you have contended, as I contend, that the general practitioner is the superior, and not the inferior, grade, if grade there ought to be. It appears to me, and I have no doubt to many others, that your favourite scheme of registration being in danger (though it is embraced in the new bill), you instantly throw down the apple of discord, in order to divert attention from the merits of the bill, and show your spleen by descending to low, paltry abuse, such as snipe and sneaking, forgetting that a good cause needs no sourdity. Because the bill is not your own, why abuse it? Why not endeavour to amend it (for we know it is not perfect), and show your professional brethren that you are above the mean jealousy of envy, and that you are ready to assist them to the utmost, even though you think that more might be done? You have done a great deal for the profession, and I acknowledge, with your talents, you may do a great deal more; and I should feel highly gratified to see you earn the highest testimonial that our gratitude could afford, but it certainly cannot be by setting one class against another."

"A Constant Reader" writes in reference to the union medical officers as follows:—"It appears to me that poor people and the union medical officers will not have proper justice done them until the latter may be allowed the following privileges:—1. To attend all cases of sickness that they in their judgment may consider necessary, without having to wait for orders from the relieving-officer. 2. To send an account quarterly to the Poor-law Commissioners of the number of cases thus attended. 3. To receive the sum of not less than £50 for every hundred cases so attended. 4. In a week after sending in such account, to receive the money for attending such cases direct from the Poor-law Commissioners, either in hard cash or by checks drawn on the nearest bankers to the union medical officers. As medical men belong to a liberal profession, I think they ought to be allowed the above privileges."

"Mr. F. C. Howard, Linton" is thanked for his communication.

"Dr. Moses, St. Asaph."—Communication received.

Letters and communications have also been received from Dr. Brown; A Friend; Mr. Atkinson, Broughton; Mr. Bonan, Moneyvale; Mr. Turner, Deddington; Mr. Joy, Northwold; Mr. Fisher, Bungay; Mr. Fowler, Cornepine; Mr. Wilson, Lockerbie; Dr. Robinson, Manchester; Mr. Counsellor, Gateshead; Mr. Connelly, Killeigh; Mr. Wickham, Didsbury; Mr. Scabb, Mr. Burnard, Wells; Mr. Boulthies, Whitliffe; Mr. Newland, Dublin; Mr. Wilkins, 41st Regiment; Mr. Spencer, Gaulgreave; Mr. Fry, Bournemouth; Mr. Moyes, Rothfield; Mr. Ramsey, Shelford; Mr. King, Colnbrook; Mr. Kemp, Horbury; Mr. Buller, Ipswich; Mr. Hepworth, Tewkesbury; Mr. Martin, Kineerton; Mr. Heale, Laton; Mr. Clarke, Synton; Mr. Reeves, Carlisle; Mr. Hutton, Caleford; Mr. Barton, Didsbury; Mr. Phillips, Chilton; Mr. Urquhart, Mindow; Dr. Inglis, Halifax; Mr. Rock, Castle Boney; Mr. Boyton, Watlington; Mr. Leppington, Grimsby; Mr. Blewett, Louth; Mr. Traill, Arbroath; Mr. Dalby, Markfield; Alexander N.; Dr. E. Smith; A Country General Practitioner; Paul Fry

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ORIGINAL LECTURES.

LECTURES ON SOME OF THE MORE IMPORTANT POINTS IN SURGERY.

By G. J. GUTHRIE, Esq., F.R.S.,

Read by Mr. HANCOCK, Surgeon to the Charing-cross Hospital, and Lecturer on Anatomy and Physiology at the Royal Westminster Ophthalmic Hospital.

LECTURE VII.

ON WOUNDS AND INJURIES OF THE CHEST.

Emphysema; cases by Paré, Wiseman, Littré, 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 cases; 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 empyema; M. Jobert's case; M. Cruveilhier's case of old hernia of the lung; M. Lavallo'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. Grainger's case; cases of wounds of the heart, from various authors, in which the injury was survived during a longer or shorter period; Senac'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. Ferrus, Messrs. Davis and Steward, M. Fournier, and Mr. Triggs.

Emphysema, from *ex*, in, and *gonare*, to inflate, the diffusion of air into a part of, or throughout, the cellular tissue of the body. The term has been applied of late to such diffusion taking place from an injury to the lung; it is then called traumatic. When it occurs otherwise, it is said to be idiopathic, or spontaneous.

CASE 29.—Paré (Libr. viii., chap. xxx., p. 91) says, that a man, named François Brège, was wounded at Joinville, on the 1st of May, 1574, by a sword, which divided a part of the trachea and one of the jugular veins. The wound having been sewn up, the wind introduced itself into the cellular membrane, and blew him up like a sheep, prepared by inflation, for skinning. Under these circumstances, M. Le Jeune, surgeon to the Duke of Guise, thought it right to have recourse to the extreme remedy of making several deep scarifications into the swollen parts, after which F. Brège recovered.

This observation of Paré seems to have passed without notice by subsequent writers.

CASE 30.—Wiseman, in the folio edition of his works, published in London, in 1706, says, Obs. 4:—"A footman was wounded in the left side, and coughed up and discharged much blood by the wound. Some days afterwards, feeling a crackling about the wound with my fingers,

and concluding it was air which had got out of the thorax, I made an incision into it, about an inch long, and discharged it."

Wiseman does not seem to have been aware that he was doing anything out of the ordinary mode of proceeding in such cases.

CASE 31.—Littré, in his Memoir on Emphysema in the "Histoire de l'Académie Royale des Sciences" for 1713, says, that a man, thirty years of age, died five days after he had received a wound in the chest from a sword. The emphysematous swelling was eleven inches thick on the chest, nine on the abdomen, six on the neck, and four in other parts of the body. The very eyelids, he says, were distended like balloons. On opening the chest, he found about eight ounces of blood mixed with pus. The sword had penetrated one of the three lobes of the lung, which was hard and blackish; the wound in it was open, seven or eight lines in width, and one and a half in depth. The other lobes were a little inflamed; the external wound was closed, but that in the intercostal muscles and pleura had not united.

He was bled, Littré says, six or seven times, but there can be little doubt that nothing essential was done for his relief. Mery, in relating another case in the same volume, expressly says that, if he had made an opening in the skin, he might have relieved the emphysema, but his patient would have died notwithstanding. These two French writers seem to have been unacquainted with the practice of Paré and of Wiseman, although they have themselves been usually referred to as, perhaps, the earliest authorities on the subject of emphysema, by subsequent writers.

CASE 32.—Dr. W. Hunter gives the following account of a severe case in the second volume of "The Medical Observations and Inquiries," page 17, for October, 1762:—"The patient was in bed twenty-nine hours after the accident, a fall from his horse, injuring the side; panting for breath; his form that of a human skin stuffed. The inflation was great and universal, except in the (palms) of the hands, and (soles) of the feet; the skin was everywhere shining. The air could easily be pressed out of any part, but it returned. When struck, his body sounded like a wet drum; and when pressed, the air could be felt, and its sound distinctly heard. Those parts on the surface which have a more loose and yielding cellular membrane were proportionably more swelled. The eyelids, penis, and scrotum were as much distended as in the worst case of anasarca. The breathing was laborious; the inspiration so short as to be almost instantaneous, ending with that catch in the throat which is produced by shutting the glottis; after this he strained to expire without any noise; then, suddenly opening the glottis, he forced out his breath with a sort of inward groan, and in a hurry, and then quickly inspired again, so that his endeavour seemed to be to keep his lungs always full. Inspiration succeeded expiration as fast as possible. From the small quantity that was inspired and expired at a time, it was plain

that he either had not room for a greater quantity, or could not bear a greater expansion of the chest." Neither Dr. Hunter nor Mr. Chesten, who related a somewhat similar case in the same volume, referred to the labours of their countryman, Wiseman, although they noticed those of Littré and of Mery.

Emphysema has been said to take place after a wound in the chest, but without an injury of the lung, from the air passing through the wound into the cavity during inspiration, and, by accumulation and subsequent compression under the act of expiration, giving rise to all the symptoms of the disease. I have never seen such a case, and have a suspicion that the complaint is more theoretical than real, although thought deserving by Messrs. Halliday, S. Cooper, and others, of an especial paragraph.

Emphysema of the lung, as a medical disease, is mainly opposed to the ordinary emphysema, or surgical disease, in not being an extravasation of the air into the cavity of the chest, but a dilatation of the air-cells formed for its reception. It is of two kinds, vesicular and interlobular—vesicular when dependent on the enlargement of one or more air-cells; interlobular, when, from the sudden rupture of an air-cell, the air has found its way into the interlobular structure of the lung. A third and very rare kind has been added, in which air, being extravasated under the pleura, has raised it in the form of a pouch. The morbid appearances these diseases afford, and the symptoms they give rise to, I shall not notice, as they do not fall within the range of surgical skill, and not frequently within the controlling power of medical ability and science. The vesicular emphysema has been commented upon by Valsalva, Morgagni, Ruych, and Baillie, and it has been particularly described and explained by Laennec, to whom our knowledge of these complaints is principally due.

They are usually complaints of some standing before they are discovered, and are accompanied by other diseases of the lungs, principally by chronic catarrh, asthma, &c. The interlobular is sometimes formed suddenly from the rupture of one or more air-vesicles; is more apparent by irregular elevations on the surface of the lung; and when the rupture occurs near its root the air may penetrate the mediastinum, and be propelled from it into the subcutaneous tissue of the neck, and even of the whole body. Instances are on record of its occurrence in this manner after severe coughing, great straining in labour, &c. &c., when it is possible that the air may require to be allowed to escape through punctures made in proper places for the purpose. Air is said to be secreted in various tissues of the body during life, and to become even combustible; it is probable that in such cases it results from the commencement of putrefaction before death. The small ubiquities of emphysema, such as blowing up the cellular membrane covering the lachrymal passages or frontal sinuses, are curiosities.

Emphysema, being a swelling commencing for the most part suddenly, is free from redness, and

is distinguished from oedema, or the swelling containing a serous fluid which is also colourless, by its not pitting on pressure or retaining the mark of the finger. It is, on the contrary, elastic, and the displacement of the air, on pressing on the part, gives rise to a peculiar noise resembling the crackling of a dry bladder partly filled with air, on its being compressed, usually called crepitation. This swelling extends as the air introduced into the cellular membrane increases in quantity, until the whole body may be distended in the way described in the foregoing cases.

Emphysema most commonly occurs from fractured ribs, a point from one or more of which abrades the surface of the lung. Through the opening thus made the air escapes into the sac of the pleura, and thence by the side of the broken part of the ribs into the cellular membrane. The distress in breathing arises from the air being diffused over the surface of the lung, which it gradually causes to collapse under the pressure exercised by the act of expiration, whilst at the same time, the mediastinum yielding, the opposite lung suffers in a similar way, although to a less extent, until the aërication of the blood is so greatly obstructed as at last to interfere with life, unless relief be obtained by equalizing the pressure made on the lung by the compressed air in the cavity of the pleura, with that exercised on the inside of the lung through the glottis.

In ordinary, but not severe, cases of fractured ribs, a slight degree of emphysema is frequently observed over the injured part, implying that the lung has been abraded or otherwise injured; such a case rarely requires more than the application of a compress wetted with a little spirit and cold water, retained by a bandage. The great art in the treatment of broken ribs by compress and bandage consists in their proper application, and this can only be ascertained by the feelings of the patient. The application of a broad flannel bandage, so as to restrain the motions of the chest and to cause the sufferer to breathe by the diaphragm, has been recommended from the earliest periods of surgery. It is, however, a recommendation frequently more honoured in the breach than the observance. Many persons with injured or broken ribs cannot bear the pressure of a bandage, whilst others derive much ease from its use. It is then a point to be ascertained from actual experiment; and, as far as observation goes, I am induced to say that a tight bandage generally disagrees when the injury has been sustained at the lower part of the chest, and is more frequently useful above the fifth or sixth rib.

When the emphysematous swelling extends so as to invade a considerable portion of the body, the further diffusion of air should be prevented by punctures made through the skin in such places as may be thought necessary, and in extreme cases even by incisions; but these are things more often spoken and written about than practised, or than are even necessary.

Mr. J. Bell had so alarmed all military surgeons by stating, in his able discourses of the nature and cure of wounds, that emphysema was "peculiarly frequent in gunshot wounds of the chest, both at the orifice of entrance and of exit of the ball," that they thought of little else. They could not withstand the brilliant manner in which this remarkable error was expressed. It carried conviction with it, and Dr. Hennen says, it actually haunted his hours of repose, when he first entered on the practice of military surgery. To such of us as had served the first part of the war in Portugal, it was no longer a bugbear; we slept in peace after the battles of Roliça and Vimiera, of Corunna, of Oporto, and Talavera—laughing, perhaps, a little at the credulity of the surgical portion of mankind. We had not time to do more in those days than to prepare our materials for a future occasion, and to instruct our brethren who joined us on the field of battle in the errors they had to unlearn; I have shown, page 4, of my "Record of Wounds of Arteries," that the alarm was even entertained at home as

late as the battle of Waterloo, and the opportunity of seeing such cases was sought after with avidity by the learned professors of the day, who could not find them at home, and were not less disappointed abroad.

Baron Larrey, writing in 1829, is not less eloquent and alarming than Mr. J. Bell: he does not, however, say that emphysema is of common occurrence after gunshot wounds, but that it does occur after punctured or other small wounds into the cavity of the chest; and I have transcribed from vol. ii., page 188 *et seq.*, the two following cases—premising that the Baron not only writes forcibly, but occasionally somewhat (*tant soit peu*) exaggeratively.

CASE 33.—A Polish officer was wounded by a lance in 1812, at the inferior angle of the left shoulder-blade, in an oblique direction, which penetrated the cavity of the chest. The edges of the external wound were brought and retained in contact by compress and bandage. Twenty-four hours afterwards the Baron found his whole body distended by air to the highest possible degree above alluded to. Respiration and pulse scarcely distinguishable. He removed the bandages and enlarged the wound, so as to make a clear passage from the chest outwards; the edges of the wound were dry-cupped, and afterwards simply brought together and covered by a piece of linen wetted with camphorated wine. Air was drawn from various parts by cupping-glasses, and principally on the chest and extremities. Frictions with ammoniacal and camphorated wine were resorted to frequently. When scarificators and glasses could not be applied, punctures were made, and an infusion of arnica montana given for drink. He gradually recovered.

CASE 34.—A soldier was wounded on the 27th of January, 1818, in the right armpit, by a foil, the button of which had been removed and the point sharpened; it passed under the muscles, and penetrated the cavity of the chest, between the fourth and fifth ribs, near the sternum. Very little blood was lost, but emphysema rapidly took place, so as to distend the whole of the cellular membrane of the body in so remarkable a manner as to render it an enormous and apparently shapeless mass. A good and sufficient compression was made over the opening into the cavity of the chest to prevent the further exit of air from it; an incision was made over the trachea, a second below the sternum, and a third on the left side of the chest. On these, cupping-glasses were applied with great effect; the swelling gradually subsided, and by a repetition of them, and other ordinary means, the air was entirely removed, and the man gradually recovered.

CASE 35.—A soldier was brought to me, after the battle of Albuhera, who had been wounded in the right side of the chest by a sword, which had passed slantingly under the shoulder-blade; from which injury he did not suffer much, until the whole side, as well as the body and neck, began to swell and impede his breathing, which was effected with some difficulty, and only with any ease when sitting up. The case being plain, I enlarged the external wound until I could distinctly hear the air rush out, and see the part where the weapon had penetrated between the ribs; upon which he declared himself relieved. After a short time, when it was supposed that the pressure of the air within and without the lung was equalized, the wound was closed by compress and bandage. It did not, however, unite; active inflammation of the cavity of the chest ensued, requiring frequent and considerable losses of blood for its domination. It at last became quiescent, and at the end of three weeks the man was sent to Elvas, in a favourable state for recovery.

I have seen some others of a similar nature, but never one more important with relation to the emphysema.

The large opening made by a musket-ball never admits of emphysema to a troublesome extent; and, in fact, it rarely takes place at all. A slanting wound made by a small pistol-shot may give rise to it, but it seldom does so. It

commonly succeeds long and tortuous wounds, made by swords, lances, or bayonets; and then only shortly after the occurrence of the accident.

I have said that, when an opening is made into the cavity of the chest in the dead body, the lung gradually recedes from the pleura lining its wall, for some distance; it is said to collapse; but this does not take place to anything like the same extent in the living body; and, if the continued admission of air through the wound is prevented, it scarcely takes place at all; or, should it have done so, the air is usually absorbed, and the lung quickly recovers its natural dimensions and functions. Neither does a wound in the chest, when kept open, usually cause this collapse to the extent which it is generally supposed to do in the living body. The lung can be seen in motion, and performing its office, although imperfectly, as it does not fill the cavity of the pleura. When the lung is wounded by a ball actually going through its substance, it does not necessarily collapse; and abrasions, or deeper injuries of its surface, lead to no such results, as was evident to all the gentlemen who were present at the opening of the body of the late Mr. Drummond. To cause the collapse of a living lung, its surface must be compressed by a fluid, as in empyema, or by air, as in emphysema, or pneumo-thorax, when a wound in the lung does not, or cannot, be closed by the usual processes of nature for such purposes, and the orifices of the bronchial tubes communicating with the canal of the wound, instead of becoming closed, remain pervious—a misfortune which does not commonly occur. The air, escaping into the cavity of the pleura at every inspiration, becomes more and more compressed at every expiration, and thus, at each time, a little more escapes, and is then compressed, until the lung becomes flattened towards the posterior mediastinum and the spine, but not impervious; for until the last a little air will pass into it on each attempt at forced inspiration, or the pumping, as it may be termed, which occurs previous to dissolution. It would appear that the mediastinum yields and bulges into the opposite side; that the heart, with its pericardium, gives way in a similar manner; and that the elasticity and resiliency of the lung aided by the pumping force employed, are only overcome by the resistance of the surrounding structures, which can yield no further, unless by tearing, which the muscular power giving rise to inspiration is incapable of effecting; or, if it should occur in some rare cases, it only adds another evil to those already existing.

In these extreme cases, when the patient can no longer lie down, but sits up supported, in the greatest agony of respiration, approaching to suffocation, the face and lips swollen and blue, the pulse almost imperceptible and countless, Mr. Hewson recommended an opening to be made into the chest, for the purpose of evacuating the highly compressed and compressing air, and to allow the expansion of the lung after its evacuation. Bromfield and B. Bell supported this opinion, which John Bell condemned. My excellent friend and colleague at the College of Surgeons, Mr. S. Cooper, in his "Surgical Dictionary," supports John Bell, on the ground that "it is impracticable to make the collapsed viscus, or lung, expand until the breach is closed;" an opinion in which he has been followed by most teachers of surgery in London, but which I, nevertheless, apprehend to be an error, for the air is not drained off through the wound in the lung, in the manner that water is drained off through a breach in a barrel, but it is squeezed out by the compressed air being more elastic, and exercising a greater compressing force than the expanding power of the lung, aided by the respiratory muscles. The lung is, therefore, flattened. When this compressed air is drawn off, through the canula of a small trocar, as was done in the case of Lord Beaumont, the compressing power being removed, the lung expands, in spite of the breach in it, and the mediastinum and heart return to their natural situation, the distress in breathing is removed, the failing cir-

culation is restored, and the opposite lung resumes its functions.

The course, then, to pursue in such extreme cases is, to puncture the chest, evacuate the air, withdraw the canula, and close the opening. The life of the patient having been thus saved, time is given for the wound in the lung to heal under the usual inflammatory processes, provided it will do so without a recurrence of the mischief, which, if it should take place, must be met by another puncture, or the opening in the chest should be made permanent, in order to equalize the pressure of the air in the cavity.

The incisions (the *taillades* of the French) into the cavity of the chest, formerly recommended, will not, I apprehend, be necessary, and should only be resorted to when the means indicated have failed, which they will rarely or never do, when combined in the first instance with an antiphlogistic treatment, carried on as far as prudence dictates, aided by sedatives and, if necessary, by cordials.

The advantages to be derived from percussion and auscultation in these cases are too prominent to require enforcing here. Their value has been sufficiently shown in the preceding lectures, and they should be resorted to at every visit, or, at least, three times in the twenty-four hours.

Hernia of the lung, the consequence of an injury, in a complaint of rare occurrence. It appears to take place when a deficiency occurs in the intercostal muscles, and the parts under the skin do not become firmly consolidated.

CASE 36.—Sabatier relates one case, occurring after the cicatrization of an extensive wound, made between the fifth and sixth ribs by a bayonet, at the battle of Rosbach; the divided intercostal muscles did not reunite, he says, and the lung protruded the skin at each inspiration, and again retired at each expiration, with but little uneasiness to the patient.

M. Cruveilhier supposes, in his "Anatomie Pathologique," that a hernia of the lung pointing externally may be mistaken for a circumscribed empyema, formed after an injury, if one had been previously inflicted at that part, and the operation for empyema by necessity might be performed in error. M. Jobert had a case of empyema in which, when the patient expired strongly, a tumour appeared, the size of a hen's egg, between the xyphoid cartilage and the cartilaginous edge of the ribs; and when he coughed the hand placed on it was raised as if something displaced it. It might have been taken for a hernia if the fluctuation had not been unequivocal, and the patient had not lately suffered from an attack of chronic pneumonia.

CASE 37.—An examination of a hernia of the lung, in a man aged seventy-seven, occurred in 1832, at the Hôpital St. Louis. M. Voisin, now of Limoges, gave the parts to Cruveilhier, who found that it had formed between the third and fourth ribs, after an injury from the pole of a carriage, which had broken both ribs in his youth. The ribs had separated, forming an oval opening, four inches in length transversely, and two and a half vertically. This opening was filled up by a herniary sac, extending from the pleura costalis, and lining the inside of the pectorales major and minor; but the pleura costalis was attached to the pleura pulmonalis around the part of the lung which protruded into the herniary sac, and which Cruveilhier thought must be a new formation. The protrusion was only observable on a deep inspiration, or on coughing, and gave no inconvenience. M. Morel Lavallée believes, according to Vidal, that the protrusion only takes place in such cases at the moment of expiration, when the swelling of the part and the crepitation can alone be felt. In a case related by M. Lavallée, before the Surgical Society of Paris, the hernia followed a sword wound, a little below and to the inside of the left nipple, and gave few, or no, distinguishable signs during inspiration; but during coughing or blowing the signs of enlargement were very distinct. "On coughing, the part became as large as an egg, evidently proceeding from the inside of the chest, and giving to the finger the

feeling of air penetrating the smaller air-cells, or that experienced on blowing into a lung retained between the fingers. The ear applied to the part during the expiration or cough perceived an intense crepitation, less marked, however, than when examined by the touch, as well as a natural respiratory murmur when quiet, being, however, stronger, softer, and less veiled; exactly like the sound given out by a pulmonary lobule, inflated close to the ear, but without enlargement of the part."

I have seen but two undoubted cases of hernia of the lung after injury, and in these the elevation of the part or protrusion certainly took place during expiration; so that the remark of Sabatier was, in all probability, inaccurate.

Wounds of the heart are for the most part immediately fatal. Many persons have, however, been known to live for hours, nay days, and even weeks, with wounds which could scarcely be otherwise than destructive; and several cases are recorded, in which the cicatrices discovered after death, in persons known to have been wounded in the vicinity of the heart, have shown that even severe wounds of that most important organ are not necessarily fatal. As our knowledge of the nature of the injury inflicted can never be distinct, it follows that every wound should be considered as curable until it is unfortunately proved to be the contrary.

Hippocrates, sec. 6, aph. 18; Aristotle, lib. 3, part an. c. 4; Pliny, lib. xi., c. 69; Galen, in comment. sec. 6, aph. 18; Paulus Egineta, De Re Med., lib. vi., de telis, &c.; Avicenna, lib. 4, tract 1 and 2; and Celsus, s. 8, lib. 5, c. 26, De Re Medica, believed that a wound of the heart which penetrated any of its cavities was quickly fatal; but that a person might survive twenty-four hours if the substance only were divided. Fernelius, who was a mere copyist of his great predecessors, reasserts the same, lib. *Pathology*, c. 12, but adds that he had seen three ulcers on the surface of the heart of a person which must have existed for some time. In animals it was then known that perforations of the cavities were not always mortal wounds. Desiderius, Jacotius, Comment. Coac. Hippocrat., lib. 1, sec. 3; Thomas de Verva, Gaspard, de Rejès, each gives an instance of an arrow-head being found in the heart of a stag, when killed long after the wound had been received, and of which the animal had recovered; and J. C. Weber, of a ball lodged in the heart of a stag. Doleus notices a nearly similar instance in his "Ephemerides," 1667, p. 166. Brassavolus, comment. ad aph. 18, sec. 6, saw a hog live for an hour, and eat, after receiving a wound of the heart. Felix Plater says he found a piece of wood in the heart of a healthy hog. Duverney is said by Peyer, "Parerga Anat. et Med. septem," &c., Geneva, 1681, c. 16, "Ephem. Nat. cur. Obs.," 177, p. 166, to have found a rusty needle in the heart of a fat cow; and J. Lassarre, several small shot in the heart of a dog. J. Corn. Weber, "Anchora Sauciatorum," &c., 1600, speaks of the case of a ball found in the heart of a boar, who had recovered from the wound; around it it had the material with which it was enveloped to make it fit the gun.

In later times Mr. Grainger, of Burton-on-Trent, mentions the fact of a deer having been killed in Bradby-park, when a ball was found contained in a cyst in the substance of the heart. One of the ribs bore the mark of having been fractured, and the heart and pericardium adhered to its inside at that part. "Edin. Med. and Surg. Journal," vol. 12, 1816.

Cabrol, "Observationes Anat.," p. 26, is the first who says he found a cicatrix two fingers wide on the heart of a man who had been previously wounded. Idonis Wolf, "Obs. Med. Chirurg. Quedlingburg," 1704, lib. 1, obs. 21; says, that in 1642, Tourby, of Paris, found an extensive cicatrix near the apex of the heart of a man, known to have been wounded four years before.

Paré, in the 32nd chapter of his "Œuvres Complètes," edited by Malgaigne, Paris, 1840, has brought forward all that was known at his

time by his predecessors, and particularly by Guy de Chauliac and Vigo. He was, however, the first to record a case of wound of the heart which was not instantly mortal; it occurred in the person of a gentleman at Turin, who, having received a sword-wound under the left breast, pursued his opponent for two hundred paces before he fell. A wound in the heart was found, capable of admitting the finger.

Morgagni, "De Sed. et Causis," epist. 63, sec. 26, relates the case of a beggar who, having been stabbed through both sides of the left ventricle, walked seventy yards, sat down, and died half an hour afterwards, while throwing up his dinner.

Mr. Baird, in "The Monthly Journal of Medical Science," relates the case of a man who walked one hundred and fifty yards, after receiving a wound of the left ventricle of the heart, before he died. The blade of the knife was half an inch wide at its point, and the wound in the heart was transverse, and after death half an inch in length. The pericardium contained only a small clot or two of blood, although three pints were found in the left cavity of the pleura.

Henry IV. of France, the great friend of Paré, assassinated by Ravallac, was twice struck by the poniard: the first blow did not penetrate the chest; the second traversed the left lung, and opened one of the pulmonary veins, entering the left auricle of the heart. The cavity of the chest was full of blood.

Lucius, of Ingolstadt ("In Bonet, Sepulch. Anat.," t. iii., p. 358), says that a printer, wounded through both ventricles, walked afterwards for some distance in the market-place before he fell dead. Henri de Heers, "Obs. Med.," lib. 1, obs. 2, relates the case of a man who lived two days after a wound of the ventricle, and of another who lived seven days after the heart had been wounded in two different places by two balls. Tulpius mentions one who lived two days after two stabs in the heart. Riva, one who lived four days with two wounds of the right ventricle. Fuust and Zachias, at 2, quest. 2, tom. 1, lib. 5, each the same. Bartholin, "Hist. Anat. et Med.," rar. cent. c. 1, Hist. 77, relates the case of a young man who walked home a considerable distance, and lived five days after having received a wound of the right ventricle. Meckren, "Obs. Med. Chir.," 16, p. 163, the same. Garmanus, "Ephem. Nat.," cur. dec. 2 un 3, obs. 114, p. 228, one for six days. Caranus, "Zodiac Med. Gall. in Bonet.," loc. cit., p. 379, after a gunshot wound, seven days. De la Sue, in "The Academy of Sciences" for 1744, seven days. Rhodius, nine days. Bonetus, loc. cit. p. 376, obs. 3, gives another from Le Roy, of a similar wound, in which the patient lived twenty-three days; and from Billy another, also fatal in five days. Mummius Luddens, of Tonningen, obs. 44, de la Dissert. de M. Alleweilid, Theses de Paris, 1807, No. 73, saw a man who, having quite recovered from a wound of the heart, died suddenly of an abscess formed on its surface. Hildanus, "Obs. Chir.," says a man outlived a wound of the heart several months in great distress, and died at last suddenly, the heart and pericardium being found, on dissection, in a state of suppuration. Fantoni, in the "Giornale de Lit. d'Italia," loc. 21, p. 145, relates a case of wound of the heart which suppurated and discharged freely for twenty-three days before the man died; and of another who lived seventeen days after receiving a wound of the left ventricle, although he lost a pound of blood daily from it, none being afterwards found in the pericardium. In a case related by Panaroli, of Rome, in his "Iatrologismorum," &c., 1643, the man lived four days, although the right ventricle had been transfixed in two places. Doleus, in the "Ephemerides de la Nature," had a case of wound of both ventricles, after which the man lived five hours. G. Horstius, "Observat. Medicin. ad Hildan. Sur.," &c., lib. i., obs. 18, speaks of a wound of the septum without implicating either cavity; the patient lived eight days. Weitsmann, Witteberg, 1775, of the apex of the heart, who lived fourteen days.

La Motte, in his 227th Observation, relates the case of a man whose chest was penetrated, on the left side, by a sword from behind, between the fifth and sixth ribs, and which came out in front, a little below the nipple; he lived two hours. The coronary artery was divided, and the left pleural cavity was full of blood. In his 228th Observation, the soldier died in twelve hours, the left side being full of blood, which escaped through an opening so small near the apex of the left ventricle, that many would scarcely believe it had been wounded. Bonetus relates another case, that of a nobleman, who lived three days after having been stabbed in the right axilla between the third and fourth ribs. The lung and pulmonary artery were both wounded, and the cavity of the same side of the chest was full of blood. (See Timæus, xvi. "In Boneti Sepulchretum," vol. iii., p. 369, and "Casus Med. Prax.," &c., Leipzig, 1687.) Helwig, "Obs. Med. Phys.," Augsborg, 1680, the case of a man run through both ventricles by a sword, without injuring the lungs. He gives, from "Borellus, Zodiæc. Med. Gall.," p. 156, the case of M. de Serreuil who, wounded by a ball in the chest, died in four hours. The pericardium was found intact, although the blow had ruptured the lower part of the right ventricle of the heart. Morgagni, in his 53rd Letter, gives a similar case from Vater, that of a woman in whom, from a blow, the right ventricle was ruptured, the pericardium being whole. He further relates a case from Valsalva of a man, who, being wounded between the fifth and sixth ribs, near the sternum, died on the eighth day. The mediastinum had been first wounded, then the pericardium, then the right ventricle, the instrument going also through the diaphragm, through which a quantity of blood had passed into the abdomen.

Courtial, in his "Novel. Observ. Anat. sur les Os," 1706, p. 138, and Saviard, each relate the cases of men who, having been wounded in both ventricles, through the septum, walked five hundred paces before they fell, the patient in each case living five hours. Le Rouge (1792), in a note to an edition of Saviard, published and commented upon by him, relates the case of a man, wounded by a sword, who got over the first symptoms indicative of a lesion of the heart, and walked about on the seventh day; on the eleventh he died suddenly after returning from drinking. The sword had passed through the lung, the pericardium, the right auricle of the heart, and both sides of the aorta. Durand, "Mémoire sur l'Abus de l'Ensevelissement des Morts," Strasbourg, 1789, says:—"In the month of December, 1769, a horseman of the Royal Regiment of Cavalry was wounded by a sword in the chest, lost a quantity of blood, and was left under the staircase of an old half-demolished house, during very cold weather, from Tuesday until the Sunday, when he was found with his legs frost-bitten. He lived ten days afterwards, and then died of the mortification. On dissection it was ascertained that the sword had passed through the right lung and pericardium into the right ventricle. The wounds of all these parts were healed. The man was under the care of M. Chaustenot. In another case, under the care of the same gentleman, related in the 'Journal de Chirurgie Militaire,' tome 2, 1782, by his son, the man lived twenty-four hours after the left auricle and superior vena cava had both been wounded."

Senac, in his "Traité des Maladies de Cœur," says, he was led to conclude from his inquiries that wounds of the right ventricle were more common and more likely to prove quickly fatal than those of the left, from the greater thinness of its walls; and to agree with Glandorp and Schulse that a wound through both auricles must be certainly so. In a series of sixty-four cases collected and published in the "Dictionnaire de Médecine," tome 8, Paris, 1834, p. 245, M. Ollivier found that the right ventricle was wounded in twenty-nine cases, the left ventricle in twelve, both ventricles in nine; the right auricle in three, the left in one, the apex or base of the heart in seven, while in three the seat of

the wound was not indicated—differences which the situation of the heart in the chest will account for, whilst the accidental circumstance of the wound being a puncture, or of a larger or smaller size, penetrating or not penetrating the cavities, and especially the ventricles, may account for the greater or less rapidity with which death followed, or for the recoveries which in some instances took place.

In more modern times, and in those nearer to the present day, so many cases of wounds of the heart are to be found, that it would be more than useless to attempt to relate them all. A few are, however, brought forward, in some of which there could be little doubt that a cure had been effected, and proving in a no less obvious manner that they require all the aid which the science and art of surgery can yield.

London, the great metropolis of the British empire, with its two millions of inhabitants, has been nearly exempt from injuries of the heart. There is not at the present moment a surgeon of any of its largest hospitals who has seen or recollects a case of recovery after a wound of the heart, either in his own practice, or in that of his colleagues or predecessors. They have rarely ever seen a case brought to them alive for treatment; sensible people not being disposed to stab each other, while madmen try to kill themselves in a different way.

CASE 38.—In "The Medical Records and Researches" for 1798, Dr. Babington relates the case of W. Thomas, of the Foudroyant, who slipped from the gangway at five o'clock on the evening of the 25th of May, 1798, and fell on the deck below, on his bayonet, which entered the abdomen two inches above the hip-bone on the left side, pierced the colon, the stomach twice, the liver, the diaphragm, the right ventricle at its lower part, and came out near the tricuspid valve; it then passed through the middle and upper lobes of the right lung, and proceeded as far as the cartilage of the second and third ribs, near the sternum, going between them, and slightly injuring the pectoral muscle. He lived fourteen hours, having become emphysematous even to the remote parts of the extremities, but very few of the symptoms occurring which usually attend wounds of parts so essential to life.

CASE 39.—Mr. Featherston, in the 2nd volume of "The Medico-Chirurgical Transactions," relates the case of a soldier of the Northampton Militia, who, slipping down, ran a bayonet into his chest, immediately above the seventh rib. The bleeding was trifling, the alarm great, pulse scarcely perceptible, extremities cold, and the man nearly in a state of syncope. On reaction taking place, respiration became so difficult as to require his being placed in the sitting position. He was bled to sixteen ounces, and expressed himself relieved. He died almost suddenly at the end of forty-nine hours. The bayonet had penetrated the left ventricle about two inches from the apex. There were two quarts of blood in the cavities of the pericardium and pleura.

In the "Repertoire d'Anatomie et de Clinique Chirurgicale" there is an instance mentioned by M. Ferus, of a person surviving three weeks after a watchmaker's file had traversed the left ventricle, and, after passing through the septum, had lodged in the right. The pericardium contained a quantity of pus, but the presence of the instrument prevented the flow of blood.

CASE 40, published in the 14th volume of the *London Medical Gazette*, page 346, by Messrs. Davis and Steward, is very remarkable from the fact that a piece of wood three inches in length was found, on the death of a boy ten years old, five weeks after the accident had happened, to have lodged in the right ventricle, without a mark remaining of the wound in its wall by which it had entered. It was, therefore, supposed to have perforated the vena cava, and to have been carried by the stream of blood into the ventricle. The boy died hectic. Fournier, in the "Dictionnaire des Sciences Médicales," "Cas rares," relates the case of a soldier, wounded by a musket-ball in the chest, who

nearly died of hemorrhage during the first three days. Recovering from this he was restored to health, with the exception of being from time to time troubled with frequent and tormenting palpitations of the heart. He died six years afterwards, and M. Maussion, of Orleans, found the ball lodged in the substance of the right ventricle, near the apex, to which part the pericardium was attached, and by it to the mediastinum.

CASE 41.—Mr. Triggs, of Plymouth, has related, in the April number of the "*Edin. Med. and Surgical Journal*" for 1818, the case of a soldier of the Queen's, who was wounded by a musket-ball, the night before the battle of Corunna, the 16th of January, 1809. The ball entered between the second and third ribs, near the left side of the sternum. He died on the 30th. On opening the body, two quarts of serous fluid slightly tinged with blood were found in the cavity of the pleura. The lung, reduced to a small mass, was adhering strongly to the spine. The pleura costalis exhibited marks of high inflammatory action. The pericardium was thickened and unusually distended, containing half a pint of a bloody serous fluid. The surface of the heart was inflamed; a transverse split, an inch in length, was found in the right ventricle, and the tricuspid valve had a lacerated circular opening in it. The ball was supposed to have lodged in the auricle, and to have fallen out during examination into the pericardium.

The editor adds the case of a Swiss, thirty years of age, who shot himself with a pistol-ball, which entered a little to the right and rather lower than the ensiform cartilage. There was no hemorrhage. At the end of forty-four hours he suddenly expired. The ball had passed through the anterior mediastinum, had penetrated the pericardium and right ventricle, and was thrown back, it is supposed, by the action of the columnæ carnae, as it was found loose in the pericardium, with a piece of paper which had been used for wadding. There were about two quarts of thick fluid blood in each cavity, and half a pint of grumous blood in the pericardium.

ORIGINAL CONTRIBUTIONS.

REPORTS ON THE DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

The two following cases occurred at the Hospital for Women in Red Lion-square, and serve to illustrate some of the symptoms produced by a state of contracted os and cervix uteri.

E. H., aged thirty, married eleven years, never pregnant; a robust peasant woman.

May 19, 1846. Complaints of constant pain in the vicinity of the umbilicus, extending into the pelvis, with a sense of bearing down and much pain of groins, especially the left. No appearance of catamenia for two years; has profuse leucorrhœa; no particular gastric derangement beyond confined bowels.

Examination per Vaginem.—Os uteri is so small as to be scarcely distinguishable; cervix very taper and flabby; uterus appears small and light; uterine sound passes with some difficulty, but goes to the natural extent, viz., two inches and a half.

R. Pil. hydr., extr. coloc. co., aa. gr. v. o.n.

R. Haust. gentianæ c. sennâ ter quotidie.

22. A metallic tent was passed up the canal of the cervix to the os uteri internum, but could be introduced no further; it was fixed in this position by a dossil of lint soaked in alum-water.

29. As the tent could not be passed further, I divided the anterior wall of the cervix, and in two days afterwards a tent was introduced to keep the canal open.

June 9. The tent, which has entered to its full extent, produces no irritation. Her general health is greatly improved.

28. Removed the tent two days ago; there has been a pretty copious coloured discharge ever since the operation. This morning it has returned pretty briskly. She states that she is in better health than she has been for six years. I heard of her about a year afterwards, and that she was in good health.

R. S., aged twenty-eight; married eight years; never pregnant; tall, well formed.

May 19, 1846. Complaints of pain in the back and loins, extending forwards to the abdomen, which is tender upon pressure, increased by walking, and also very severely at the menstrual periods; the catamenia are very scanty and pale; has otherwise good health; no leucorrhœa; bowels open.

Examination per Vaginam.—Os and cervix uteri natural in form and feeling, but very diminutive in size; uterine sound passes more than 2½ inches.

R. Hydrarg. chloridi, gr. iij.; extr. hyoscyami, gr. vj.; ft. pil. ij. hâc nocte sumendæ.

R. Haust. rhæi c. magnes. cras mane.

22. The catamenia appeared yesterday with much pain in the back and loins; the discharge scanty. Rep. haust.

26. Feels better in every respect; bowels open three times daily. Rep.

June 2. I divided the anterior wall of the cervix uteri; it neither produced much pain nor hemorrhage.

6. A metallic tent was introduced to its full extent.

9. Says she feels better than she has done for a long time.

26. Appearance much improved; feels and looks quite well.

These were two of the earliest cases which directed my attention to the local and general irritation produced by a contracted state of the os and cervix uteri. Although the health of both was stated to be perfectly good as regards the condition of the chylipoietic viscera, I thought it prudent to ascertain the effects of some laxative medicine before having recourse to local measures, and a certain amount of relief was thus afforded, although not to the extent of removing the symptoms for which they had sought admission into the hospital. The improvement in the appearance of each was very remarkable, especially of the latter. The cavity of the uterus being larger than natural in this case must be attributed to the obstruction which the contracted os and cervix produced to the free discharge of the catamenia, the result of which had been severe dysmenorrhœa at every period. Nothing like pregnancy has taken place in either of them. About a year afterwards the younger of these two patients began to suffer from pain at the lower part of the back, preventing her going about her ordinary occupations; she again applied for admission. The uterus was found retroverted, but the canal of the cervix perfectly healthy and well dilated. She wore the supporter for the usual time, and returned home much relieved, since which I have not heard of her.

Having considered some of the organic forms of sterility, I come to the other division, viz., where it arises from functional derangement. The ovary, being the organ in which the earliest changes connected with conception are produced, claims our notice first. That it is liable to subacute and chronic inflammation, I have shown in the cases reported Jan. 18, Feb. 1, 15, and March 8, 1845; I have also pointed out the fact, that dysmenorrhœa with exudations is generally, if not always, dependent upon this condition of the ovary, and that profuse and very obstinate menorrhagia is also an occasional result. It must, therefore, be self-evident that, so long as this state of the ovary continues, there can be little chance of conception taking place, and that the peculiar function of the organ must be suspended.

Mrs. B., aged thirty-four, mother of eight children.

Aug. 8, 1845. Pale, anemic; complains of darting pains through the pelvis, of pain on sit-

ting down suddenly, of pain in the left groin, and a painful sensation of dragging in the back; anemic headache; slight leucorrhœa; bowels habitually constive.

She continued to suckle her last child for fifteen months, until the catamenia had appeared twice. She then went three weeks over the next period without any appearance, when, in consequence of overstraining herself, as she supposes, a profuse discharge came on, with all the appearance of a very early abortion; since which has had repeated and profuse discharges, which have much reduced her strength.

Examination per Vaginam.—Uterus somewhat retroverted, so that the sound passes backwards. In the recto-vaginal pouch a tumour can be felt as large as a walnut, soft and excruciatingly tender when touched. The point of the sound does not pass into this tumour (which would be the case if it were the fundus uteri), although the sound passes through the os uteri rather beyond the usual distance; nor does the tumour move until the fundus uteri is carried upwards and forwards to its full extent, and then it rises only a little.

Examination per rectum shows the same mass in the recto-vaginal sac, and the point of the sound evidently in front of it; it is evidently the left ovary displaced and much inflamed. Hirud. vj. ovario sinistro.

R. Pil. hydrarg. gr. iij.; ferri sulph., gr. ij.; ext. coloc. co., gr. v. M. ft. pil. ij. o.n.

R. Acidi hydrochlor. dil., acidi nitrici dil., aa. 3j.; infus. gentianæ co., infus. sennæ co., aa. 3iv. M. ft. mist. cujus sumat. cochl. magna. ij. bis die.

25. Leeches were not applied; is much better in health; the pains of which she complained are much less.

Examination per Vaginam.—Pressure at the posterior part of the vagina on the left side still excites pain, but nothing like what it did the last time; the uterine sound again passes backward; the posterior wall of the uterus appears thickened, but this is not at all tender.

Examination per Rectum.—The swelling which I before felt in the recto-vaginal sac is greatly diminished, although still tender.

R. Ferri sulph., gr. ij.; extr. hyoscyami, gr. iij.; extr. coloc. co., gr. v. M. ft. pil. ij. o.n.s.

R. Acidi sulphurici dil., m. x.; decoct. cinchonæ, 3j. M. ft. haust. bis die sumendus. Let her take a little Rochelle salt (sodæ pot. tart.) every morning, and a Plummer's pill once a week.

29. Bowels not well opened; felt sick and bilious to-day, and did not take the bark mixture. Ft. mistura.

R. Pulv. rhæi, potassæ sulph., aa. 3j.; manne opt., 3ij.; sp. myrist., 3ss.; aquæ carui, 3jss. M. ft. haust. primo mane sumendus.

Sept. 1. Has caught a violent cold, with severe cough; bowels open; no pain about the pelvis. Is obliged to discontinue the bark.

Oct. 8. The catamenia appeared on the 24th, quite naturally; she has continued the rhubarb and manna mixture, and the pil. ferri sulph. c. coloc., to which a little quinine has been added.

31. Catamenia appeared last week; not more pain than usual; bowels confined; tongue and general appearance improved; has hemorrhoidal congestion; lithic acid deposit in the urine, and much sacral pain extending along the left side of the pelvis. Hirud. vj., ano. Rep. pilule.

R. Acidi hydrochlor. dil., acidi nitrici dil., aa. 3j.; liquoris taraxaci, 3j.; decoct. sarzæ co., 3vij. M. ft. mist. cujus sumat. cochl. magn. ij. ter die.

Nov. 10. Writes word from the country that the leeches bled freely, but without relief, as the internal pain still continues, with numbness of the left thigh and leg. The pills last prescribed appear to agree well with her. I answer, that I regret not having applied leeches to the ovary, and request another examination.

24. Is much better in general health.

Examination per Vaginam.—Uterus still somewhat retroverted, but on restoring it to its natural position the tumour can no longer be felt in

the recto-vaginal sac, as before, but the left ovary can just be reached in the usual direction, and is intensely tender to the touch; slight pressure upon it also produces the pain in the left groin. Let her apply the antimonial ointment to the painful spot in the ovarian region. Rep. med.

Dec. 23. The eruption brought out by the antimonial ointment produced neither pain nor irritation. The next appearance of the catamenia was perfectly regular, and with little or no pain. The bowels are not moved without medicine. Rep.

April 1, 1846. Health improved; has missed three catamenial periods; her breasts have begun to enlarge; has a sensation of tightness about the abdomen; slight sickness in the morning. Rep. pilule.

July 27. Is considerably advanced in pregnancy. Health tolerably good; bowels confined. Rep. haust. rhæi c., manna, &c.

Oct. 1. Was safely delivered yesterday of a female child.

Experience proves that abortion is one of the most common causes of oophoritis, and, from the injury which the general health usually suffers on such an occasion, this inflammation is very apt to continue for some time, and assume a chronic form; the exacerbations of irritability and congestion which it undergoes at the menstrual periods tend to aggravate this condition, and render it, in its turn, the cause of other affections, or even lay the foundation of organic disease. The symptoms of oophoritis, although by no means minutely given, are tolerably decisive. The pain in the left groin, and on sitting down suddenly, and the results of examination, place the latter beyond doubt; the presence of a tumour in the recto-vaginal sac, intensely tender to the slightest touch, is very characteristic of the ovary. I know of no other circumstances during examination per rectum or per vaginam where such utterly unbearable pain is produced by the slightest touch of the finger; and the manifestation of such suffering, when investigating the condition of the recto-vaginal sac, is of itself strong evidence that ovarian inflammation exists. In the present case the great value of Dr. J. Y. Simpson's uterine sound was strikingly shown, for not only did it enable me to discover the presence of a partial degree of retroversion, but, by raising the fundus uteri into its natural position, I could ascertain with perfect certainty that the painful tumour in the recto-vaginal sac was not the retroverted fundus, but the ovary. The displacement and inflammation of the ovary in cases of retroversion of the uterus is a subject which requires further investigation: they exist in very various degrees, and, although the inflammation can exist without much displacement, the reverse can never obtain; indeed, so frequently do we see an irritable or inflammatory condition of the ovary attend retroversion of the uterus, that I cannot feel certain of being correct in pronouncing the abortion to have been directly the cause of the oophoritis here, but rather the retroversion, which, on its part, had been produced by the flaccid condition in which the uterus had been left after the expulsion of the ovum.

There can be no doubt that retroversion of the uterus, in the unimpregnated state, especially where of some standing, is quite capable of causing ovarian inflammation; the strain on the broad ligaments, and consequent obstruction to the returning circulation of the ovary, producing considerable engorgement of this organ. This effect, however, varies very much in different cases of retroversion: in some it is very severe, as in the present instance; in others, of long standing, not the smallest trace of ovarian suffering is manifested: these latter, I must own, are rather the exceptions to the rule. By far the most painful ovarian affection, in connection with retroversion, is the descent of the gland into the recto-vaginal sac: the congestion of the ovary is necessarily much increased, it becomes much swollen and most excruciatingly painful. I have known

it become as large as a small orange, the passage of feces and every movement of the body being attended with fearful suffering, and on one occasion general peritonitis. Another result of oophoritis thus produced is severe menorrhagia, of which I have given a remarkable case (Feb. 15, 1845). A very severe case of this sort occurred to me a few months ago, at some distance from London, where the extent of the flooding had produced a dangerous state of exhaustion; the uterus was retroverted, and the left ovary considerably inflamed; the continued recurrence of profuse menorrhagia from the slightest cause put all thoughts of mechanical support out of the question; it was equally impossible to relieve the oophoritis by local depletion—firstly, because the cause of it (the retroversion) would be still in full force; and secondly, because the state of anemia (already becoming dangerous) absolutely forbade the attempt. I therefore directed the patient to use the prone position (by means of a large box on which a mattress, &c., were placed), and thus dispose the fundus uteri to incline forward by its own weight. The result was most successful: the hemorrhage ceased; the ovarian pain subsided; strength returned; and, under the able management of my friend, Mr. F. Elkington, of Birmingham, the uterine supporter was applied with the best results.

The effect of oophoritis in producing menorrhagia is a very interesting subject, and deserves careful attention, for there is scarcely any form of menorrhagia so severe as this, and, unless the real cause be detected, none more obstinate and difficult to treat. I therefore propose to offer another case or two of the same character.

I did not persist in having the leeches applied (Aug. 25) on account of the great improvement which had taken place in the state of the ovary, and also because, in addition to her weakness, she was apt to bleed profusely when leeches were applied; but the result proved that it would have been better if I had taken this step, for in all probability the ovarian inflammation would have been more quickly subdued. Although examination per rectum showed that the condition of the ovary was greatly improved, the pain on pressure in the left groin was evidence that more or less inflammation still existed on its anterior portion. I therefore applied the antimonial ointment, and produced immediate relief. The health improved still further, and pregnancy followed.

REMOVAL OF A LARGE STEATOMATOUS TUMOUR FROM THE LOWER JAW;

Weighing 15 lb., measuring 29 inches in circumference at its base, and 21 inches from the jaw to the most dependent part.

By CHARLES CLAY, M.D., M.R.C.S., Manchester; Editor of "The British Record of Obstetric Medicine and Surgery," "Obstetric Monographs," &c.

Mr. Hazeldine, aged fifty-one, of Warburton, near Manchester, a gentleman of a good constitution, and generally in the enjoyment of excellent health, applied to me, accompanied by his medical attendant, to ascertain if I could safely and expeditiously remove a tumour, which, for nearly twenty-five years, had been his constant companion. It had never occasioned any serious pain, but proved extremely troublesome, and much in the way when he was in pursuit of his usual avocations. I perceived nothing peculiar in his appearance, with the exception of a very prominent abdomen under his clothing, which seemed to be rising towards the chest. On stripping, what appeared to be the prominent belly was, in reality, an enormous tumour, pear-shaped, and with a moderate length of neck, which enabled him, by exercising a little ingenuity, so to hide it with his dress as to make it appear an unusually large abdominal development. When dressed, with a large stock round his neck, it was difficult to detect the existence of so large a malformation.

When in an erect position, the most pendulous

part of the tumour extended two inches below the navel. Its weight was nearly fifteen pounds, the circumference at the base twenty-nine inches, and from the angle of the jaw to the bottom of the tumour measured twenty-one inches and a half. Its growth had been rapid at first, but subsequently extremely slow, and it was not much under its present size twenty-three years ago. Having instituted a most careful examination, I concluded it to be a steatomatous tumour; and, having removed from his mind all impressions of its malignancy, I proposed its safe and expeditious removal, to which he immediately consented. He had inhaled the chloroform, by way of experiment, under the direction of his usual medical adviser, with the view of using it should he undergo the operation; but its effects were so unpleasant and of such long duration, that I advised him to meet the operation without it, as it would neither be painful, nor would it occupy more than five minutes in the performance. My patient at once agreed to this proposition, and Saturday, the 19th of February, was fixed upon for its removal. On that day, with the assistance of my friends Dr. H. Reid and Mr. Ashton, surgeon, of Ramsbottom, and Mr. Taylor, surgeon, also of Ramsbottom, the operation was speedily accomplished, and requires no lengthened description, except that the supplying vessels were more numerous than we expected; as, before the operation, I was only enabled to detect the pulsation of one, and very faintly that of a second; nevertheless, no fewer than six arterial branches required ligature, and the mouths of the venous trunks were very large, and apparently varicose. The wound was brought together by interrupted suture.

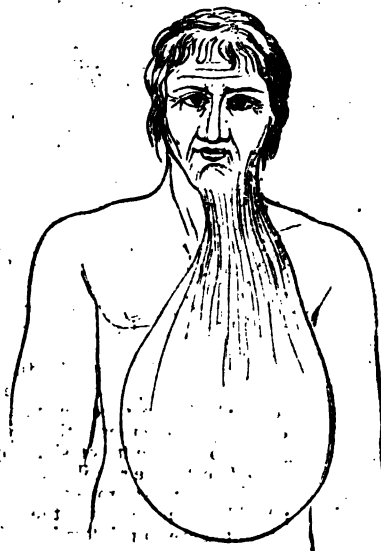
I may here remark, as a caution in similar operations, that, although the integuments were divided six or seven inches below the angular line of the jaw, still the retraction was so great after the removal of the tumour, that great difficulty was experienced in bringing the opposite edges together. My patient was put to bed, and all appeared quiet and satisfactory. After remaining an hour I left him, but four hours after was hastily summoned, in consequence of an alarm-hemorrhage. It appears that he made the discovery himself, and in attempting to rise to give the alarm to his attendant (his mother, who was rather deaf) he had fortunately fainted, which, for a time, checked the flow of blood. I arrived soon after, and immediately released a portion of the sutures, to ascertain if some arterial branch had escaped my previous notice. On examination, however, I detected none, except an extremely minute branch in one part, which I tied, but which would not account for the hemorrhage. The character of the blood which escaped was venous, and whilst the wound remained open no further flow occurred. After the lapse of about an hour, the edges of the wound were gently drawn together, and I left him to all appearances very comfortable. In about four hours after this, that is about ten hours from the operation, I was again called to him in consequence of the renewal of the hemorrhage, and Dr. Reid and myself were not long in being on the spot. I again liberated the sutures; the loss of blood had been extensive, but on the wound being opened, no further hemorrhage occurred.

The blood was still of a venous character, and I now determined (in which Dr. Reid agreed) that healing by the first intention was not to be entertained, but that it would be preferable to apply pads of lint, with moderate pressure, over the open wound. This plan, with water-dressings, entirely checked any future escape of blood, which, in my opinion, entirely arose from the varicose state of the veins at the point of their separation. After the pads had remained for about thirty hours they were removed, and the wound was dressed with adhesive plaister, each time bringing the edges as near together as could be done. From this period the wound rapidly recovered, and my patient is now enabled to mix in that society with pleasure

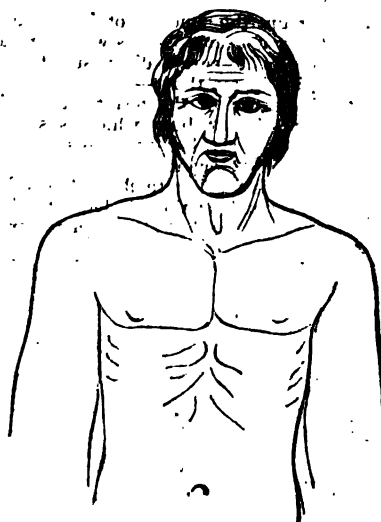
which he had previously shunned in consequence of the peculiar appearance the tumour was the cause of his assuming.

The following diagrams will afford the reader an excellent idea of this enormous morbid enlargement, the outline and appearance being very correct. As the incision was made much below the jaw—that is, between six and seven inches—it proves the necessity of an ample allowance being made, in all similar operations, for retraction.

The following sketch affords a view of the appearance of the tumour before the operation, and I am disposed to believe that few of your readers have seen so large a one.



The second figure shows that not the slightest remains of the tumour are now visible, the parts having assumed a perfectly natural appearance. It is in every respect correct, except that my patient is much better-looking as to features; but, when making the sketch, I was more intent upon giving a correct outline of the tumour, than a correct likeness of my patient.



CHOLERA.—Private letters from Stamboul inform us that the cholera was raging there on the 18th of February, and was attributed to the sale of putrid animal food.

Among the patents lately obtained in France is one by M. Lafond for the application of chloroform as a motive power instead of steam.

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.

(Continued from p. 407.)

It may be considered rather abrupt to turn from the consideration of the stages of diseases of the thorax to those of the eye; but the analogy appears to the writer to be so great that he cannot forbear the attempt to draw the same, thus: yet premising, however, that the eyelid and iris are to the globe of the eye what the muscles of respiration and ribs are to the lung.

If the eye is acutely inflamed, the lid and iris co-operate to exclude the light. If the lung is inflamed, the respiratory muscles diminish as much as possible the quantity of air inspired.

If the eye is the seat of an adherent iris, or of cataract, the light cannot get into the posterior chamber, as heretofore, on account of the physical change in the anterior chamber; so, in tubercular solidification, the air cannot get into the lungs, on account of physical changes in them.

Whilst in amaurotic patients the light is freely admitted; but, as it falls upon a diseased retina, it affords no assistance to the faculties of the mind, so it is, *ceteris paribus*, with emphysema, the air enters the lung, but affords little help in the process of oxygenizing the blood, and carrying on healthy life.

Thoracic diseases are usually acute in their origin, rapid in their progress, destructive in their issue, and so perplexing to a person unaccustomed to the constant use of auscultation, that any assistance offered to the faculty of sight by enabling the mind to detect more readily the true seat of these acute diseases must prove a help to the practitioner; besides which, some of the diseases already enumerated are so painless in their nature, so insidious in their progress, and so difficult of detection, without the combined exercise of the senses of sight, hearing, and feeling, together with heautophonics, that a mere interrogation of a man's sufferings tends but to confuse the practitioner rather than aid him in arriving at a correct diagnosis of his patient's complaint. This is especially the case in those painless diseases already enumerated, such as phthisis, emphysema pulmonum, oedema pulmonum, hydro-thorax, or oedema of the pleura, and bronchitis.

In summing up the amount of information which the study of heautophonics will afford us in the detection and accurate diagnosis of thoracic diseases, it will run thus:—

1. That, if the ear of the heautophonon is placed over a portion of lung which is solidified, the voice of the speaker becomes sonorous, vibrating, and more resonant.

2. If the pleura is filled with fluid, the voice of the operator is muffled; there is less vibration of tone upon the chords vocales than under a healthy lung.

3. If there is a tubercular excavation which is nearly dry, the voice in the heautophonon rises, is shriller, sharper, more nasal, and much more resonant than in the first instance.

If there is permanent distention of the lungs from emphysema, the heautophonon elicits a dull and dead sound, and which, if long continued, gives rise to a painful sensation at the centre of the operator's sternum; just the very opposite effect, however, is produced by repeated and long-continued use of the instrument over a solidified lung: in this case the forehead of the operator becomes jarred, from the reverberation of sounds, which the various sinuses in the head and face greatly augment, so that a novice in this curious study will find himself occasionally suffering from weight and distress over his brows, if he uses the voice too much over solid substances for one continued period of time.

But another singular feature in the use of the heautophonon in solidification of the lungs is this: that the patient feels and hears your voice in the chest, and the extent to which he does so will always correspond with the extent of the

solidification. There was a striking instance of this fact on two occasions during this week. A man, large, bouy, and well-built, on whom I used the instrument, laboured under severe cardiac disease, a double bruit, intermittent pulsations, large and distended jugulars, with a short and harassing cough. I had never ausculted his lungs, but was so convinced that all his ailments in the chest resulted from the advanced state of cardiac disease, and that the cough was the effect of delay of blood and congestion in the lungs consequent upon valvular disease, that I was greatly perplexed at the following incident:—I went into the ward and applied the heautophonon upon the præcordial region, in order to gain further information upon the alterations of heautophony, over an extensive surface, with which an immense heart would doubtless furnish my ear. I suddenly shifted the instrument to the subclavicular region of the same side, and again talked, when the shrill heautophonic rise was most marked. I was surprised at this, and, passing over to the opposite subclavicular region, I again talked, when the shrillness of voice ceased.

Was it possible, thought I, that pulmonary excavations can exist in such a subject! I repeated the experiment several times, and at length I ausculted him with my naked ear, and with the stethoscope, when pectoriloquy, amphoric or cavernous breathing, and slight gurgillement on coughing, were so manifest, that several students, who knew nothing of the spot where disease was suspected, ausculted his chest, and each one pronounced the existence of a cavity under the left clavicle. But the man observed, that he heard our voices go through his chest to the inferior edge of the scapula, which evidently denoted that there was some extensive tubercular solidification of the lung around this cavity.

The second instance was in that of a female, who obtained admission on the 22nd of June, on account of some severe dyspeptic symptoms. When she was visited this morning by us, I noticed her extreme emaciation, as her chest lay uncovered; and, on applying the heautophonon before I ausculted her, I pronounced that there was disease under both clavicles, but that a cavity existed under the left. We now proceeded to auscult her, and marked pectoriloquy was heard under the left, and a faint sound of the same kind under the right, clavicle. There was amphoric breathing under the former spot, and an absence of vesicular breathing under the right clavicle.

She observed to some gentlemen who stood around the bed, that she felt the voice, as we spoke, strike through her chest on both sides; thus satisfying my mind still further that solidification existed in both lungs.

It has been already stated, that in addition to the diagnostic aid obtained from the sense of hearing, seeing, and speaking over the chests of persons labouring under diseases of the respiratory organs, there is still much valuable information to be derived from the sense of feeling. Before proceeding to notice this subject, let me add that it cannot be too deeply impressed upon the minds of the younger branches of the profession, that the less a patient suffering from derangement and disease in the respiratory system is allowed to take any part in describing by conversation, or answering cross-examinations, concerning the rise and progress of his complaint and his present sufferings, the more accurate will be the diagnosis on the part of the student if these senses are brought into full exercise by him, inasmuch as the patient is preserved from a painful and tedious exertion, and oftentimes the information given by him is so confused and unsatisfactory that it tends to mislead rather than to aid the physician in framing a correct knowledge of the existing disease.

It has frequently been the source of much gratification to me to have been enabled to form a most accurate diagnosis in some thoracic diseases, whilst the patient has scarcely been interrogated more than once or twice during the

whole examination. The valued assistance in these investigations have been physiognomy, heautophony, auscultation, percussion, and the sense of feeling.

With regard to the sense of touch or feeling, whenever there is increased resonance of the voice, or bronchophony, from solidification of the lung, whether such solidification is the result of tubercular deposition or hepatisation, yet there is felt, when the flat hand is laid on the chest over the suspected portion of diseased lung, a vibration or thrill, as the patient talks, especially in the sonorous voice of a male patient; and oftentimes I have detected, by the sense of feeling, the presence of solidification of one upper lobe, by placing the hand under each clavicle of the patient whilst he has been freely describing his case, in its origin and progress: the vibration being manifest to the hand under one clavicle, whilst it has been altogether absent under the other. The subsequent auscultation of the individual has confirmed these suggestions or suspicions of the disease, which the sense of touch elicited. So, likewise, if the fingers are placed over the posterior surface of the chest on each side, in solidification of one lung from pneumonia, a vibratory thrill is communicated to the hand; you may be said to feel the bronchophony or resonance of the voice.

Whilst this vibration is felt over the solidified lung, there is a negative and equally valuable evidence obtained from the sense of feeling when effusion of air into the cells, or fluid into the pleura, exists. The natural rhythm of the voice is then not only diminished, but there is a total absence of any vibratory sound to be felt over the effused surfaces of the lung or pleura. When the patient talks and the ear is applied, the vibration, in the former instance, gives rise to bronchophony, and, in the latter case, the non-vibration of the voice leaves us with a negative evidence not less valuable.

The assistance afforded me by this of "feeling for diseases," in a few instances of phthisical patients, who have had some dread at the suspicion of the real nature of their disease, and have consequently hesitated to submit to auscultation, has helped me more than I can well express; and by the time I had obtained a tolerably accurate knowledge of their symptoms, and had almost made up my mind, from the physical signs already alluded to, as to the real state of the upper lobes, they have almost unconsciously allowed me to apply the stethoscope, and thus verify my preconceived notions of their malady.

Whenever the bronchial mucous membrane has been the seat of repeated attacks of inflammation, there is an intumescence and thickening of this surface, which renders it liable to fresh outbreaks of bronchitis, and the individual is very prone to suffer on the slightest alteration of temperature, and from increased moisture in the atmosphere. If such a patient gets ill fed, overworked, keeps late hours, and is exposed to foggy, damp weather, another and far more serious train of symptoms arise, which have carried off a large number of the poorer classes during the late inclement winter. I allude to dropsy or oedema of the lung. This disease arises from a sudden emission of serum from all the pulmonary cells, and the emphysematous portions especially, so that the lung is, as it were, drowned. Expiration now is a most distressing act, and it is performed with unusual exertion; the morbid sounds accompanying this disease are chiefly heard as the patient strives to get rid of the compressed air, so that it drives the viscid secretion of the bronchi against those reflected portions of the mucous membrane which pass from bronchi to bronchi in their divisions, and thus the air impinges upon this tumefied membrane, and produces various modifications of tone, known as wheezing, snoring, whistling, squeaking, &c. &c.

A man, by trade a painter, was lately admitted here in the forenoon, and as he was in the act of getting out of the cab he expired. The fellow-workmen who accompanied him de-

clared that he had been doing a hard day's work, and had continued at it until ten o'clock the preceding night; that they had heard him make no complaint, but that, on the morning of his death, he went to work as usual, when he said that his asthma, to which he had long been subject, was so bad that he should leave off, and go home; however, they insisted on his seeking for advice, and accordingly they brought him here, as already mentioned. The lungs, on examination of the body, were found gorged with fluid; did not collapse on cutting into them, and an enormous quantity of clear serum oozed out from every part. There was emphysema also, but no disease of the pulmonary texture beyond this change. The lungs presented a sudden appearance, just as if they had been kept soaked in water to the first stage of putrefaction.

Hepatic and cardio-hepatic dropsy are of such frequent occurrence, and are so repeatedly combined, that it may be said that the one disease scarcely ever exists without the introduction of the other. Disease of the heart generally leads on to such hepatic derangements that inflammation of the vaginal sheaths of the lobules, thickening of the lobular sheaths themselves, and pressure upon their enclosed lobules gradually supervene. It is not to be doubted, however, but that an active form of inflammation is frequently set up in the delicate ramifications of the capsule of Glysson itself, whereby the various parts of this membrane are left hypertrophied, and portal congestion is the result; this morbid change is the common effect of that excited state of the mucous membrane of the stomach and duodenum, under the influence of which gross livers and spirit-drinkers are continually the subjects of. Whether such a result is the effect of the constant application of highly-seasoned food on the one hand, or of ardent spirits on the other, to the delicate surface of the mouth of the biliary duct, or whether it is the consequence of the introduction of spiced viands or of alcohol into the system, it is difficult to decide; yet that the biliary ducts, or their investing sheaths, take on a low form of inflammation in such persons, and that this morbid action is continued along the whole course of the biliary system, does not seem to admit of a doubt. If the vaginal processes of Glysson's capsule, which is a cellulo-vascular membrane, become thickened, that morbid process will then extend itself to the minutest ramifications of the lobular vessels, so that the secreting biliary plexuses will soon become involved in the general disease. Where cardiac disease is alone the source of dropsy, the effusion shows itself in those parts of the body most remote from the seat of the disease. Edematous ankles, cold extremities, and a mottled state of skin are some of the early physical indications of this disease; but when the liver is the main source of dropsy we usually find the abdomen tense, swollen, and painful in the epigastric region, before the legs partake of the effusion. Percussion will afford us information of the dimensions of the liver, and its relations to that of health.

HEPATIC DROPSY.

John Moren, 40, upholsterer, admitted June 3. Countenance thin, and jaundiced; features pinched; oedema of the lower extremities; abdomen large, without perceptible fluctuation; fulness, hardness, and tenderness around the epigastric and right hypochondriac regions; orthopnea; dyspnea on exertion; pulse 80, small and feeble; cough, some expectoration; tongue pale and flabby, moist, but covered with a thin, white fur; urine diminished, high-coloured, but contains no albumen. N.B. Has a sore on each ankle by blisters applied there; acknowledges that he is a hard spirit-drinker.

Auscultation.—Right lung—*Front*: Free and vesicular breathing everywhere above the mamma; crepitation everywhere below. *Behind*: Respiration only audible for the space of two inches along the spine; great resonance of the voice along the scapula; bulging of the ribs on this side; percussion dull where respiration is not heard. Left lung—Free and vesicular in

every part; a loud "mewing" bruit is heard in the course of the aorta from its origin, which diminishes towards the apex of the heart, but is loudest at the top of the sternum.

On the 16th the following note and diagnosis were entered in the Case-book:—"Expectoration deeply tinged with blood; respirations everywhere attended with slight rhonchus throughout the right lung, with some crepitation; the cardiac sounds unaltered; oedema increasing. Partial condensation of the right lung, with pleuritic effusion; pulmonary apoplexy; hypertrophy of the heart, with advanced disease of its inner membrane; liver hard, but not abnormal in size." He died on the 22nd.

Post-mortem Examination.—Chest veins enormously distended with blood; traces of old pleuritis, and a pint of deeply coloured fluid on each side; trachea pale; bronchi gorged with serum; upper and middle lobe of right lung loaded with sero-sanguinolent fluid; lower lobe solid and heavy, sunk in water, and presented a dirty-red colour. (a) In the centre of this lobe there was a distinct apoplectic portion, and in the lower part were several spots of a similar character. No fluid escaped on slicing pieces of the lung in the neighbourhood of the apoplectic portions, and a distinct line of demarcation was seen between the hepatized and the apoplectic portions. Left lung universally crepitant, though gorged with serum. (b) Pericardium contained half a pint of dark serum; heart increased to one half its usual size; the right auriculo-ventricular opening was doubled in its capacity, but not hypertrophied in its walls; the endocardial lining, as well as that of the vena cava, was here so opaque and citrine-coloured, that it gave to the latter the appearance of an aorta; beyond a few scattered patches of thickened membrane, nothing further was observed throughout the heart, but just above the orifice of the right coronary artery there was an excavation, as of an old ulcer, with thick, hardened edges. From this spot to the end of the arch of the aorta, this vessel was enormously distended, having two more similar excavations—one, an apparent aneurismal pouch—but adjoining each other, and occurring before the branches were given off. The membrane was everywhere much thickened, but its edges of the two last sacs were not defined, as in the former one.—Abdomen contained a gallon of serum; the liver was much increased in size, but the lobules were hard, hypertrophied, and pale, surrounded by vascular portal vessels, the quondam "nutmeg" liver, so called. The kidneys were healthy.

WESTMINSTER HOSPITAL.

Reported by HENRY BUTLER, Esq., M.B.C.S.

CASE OF SECONDARY SYPHILIS, WITH UNUSUAL CHARACTERS.

Albert Settle, aged twenty-two, an unhealthy-looking man, was admitted into Matthew Ward, under the care of Mr. Phillips, on September 22, with syphilitic lichen extending over the whole body.

Several months ago he had primary syphilis; he had a small ulcer, for which he took mercurial pills, so as to induce salivation; he afterwards took sarsaparilla. In about three weeks from that time, he felt quite well. About five weeks before his admission he had slight sore throat, which soon passed away; it was followed by pains like rheumatism, which affected the whole of the long bones and joints. This continued up to the time of his admission, and was accompanied by loss of flesh.

22. To have pil. cal. c. col. gr. x. h.n.; and ung. hydr. fort. 3j. to be rubbed on the inside of the thighs every night. Full diet and a pint of porter.

29. The eruption has already become much paler; on the face it has nearly disappeared.

Oct. 4. The face is now quite smooth; in other parts of the body the eruption is dying off.

(a) Vide "Laennec," vol. i., p. 396.

(b) Vide "Laennec," vol. i., p. 379.

There is perceptible mercurial action set up. To omit the inunction.

11. The whole surface is nearly free from the eruption. To rub in once in four days, to maintain the mercurial action for three or four weeks.

14. There is a slight reappearance of the eruption, while the system is clearly under mercurial influence.

18. The eruption is now very slight; and as it was important he should leave the hospital, and as he had the means of taking care of himself, he was allowed to leave on the 19th, with an injunction to rub in so as to keep up the slight tenderness of the mouth for three weeks or a month.

22. He presented himself to-day, with almost total loss of vision; he can barely distinguish light from darkness. There is a total inability to raise the eyelids, or to direct the eyes. The left conjunctiva is injected, both irides are natural, but the pupils are somewhat dilated. The surface of the body is not free from the eruption, though it does not exist to any great extent. He has slight giddiness; the tongue is slightly coated with a brown fur; the pulse 80, weak; and there is no loss of power in any other part of the body. It appears that he went to work at Philp and Whikers' the day after his discharge, in a warm shop, and that he has not been exposed to cold. He lived three doors from the workshop, and never felt himself in better working plight. The left eye began to fail yesterday, the right eye to-day. He slept well last night, and feels nothing the matter with him to-day, except the loss of sight. Mr. Phillips ordered him to have a mustard emetic immediately; cat. sinapis nuchæ; and pil. galbanum, ext. col. ana. gr. v. h.s.o.n.

23. The left pupil is irregular and more dilated than the right; the conjunctiva is still injected; the vision of the right eye is returning, he can distinguish any object for a moment, when very near; there is still great intolerance of light, and inability to raise the eyelids; there is no decided pain either in the head or the eyeballs; the bowels are freely opened; he slept well during the night; the appetite is very keen. To have full diet, and a pint of porter. Emp. lyttæ temporibus.

25. No headache; the vision of the right eye is improved, that of the left is unchanged; he has no power of directing the eye; the pupil, however, is more regular; there is a small blood-like spot on the nasal side of the iris. To have emp. lyttæ nuchæ. He has still no power over the eyelids.

27. Last night he was kept awake by a throbbing pain in the left eyeball; the pupil is still irregular, but vision is improved; the spot still remains, and the iris is more bright than the other. Emp. lyttæ temp. sinist., to be dressed with ung. hydr.; hirudines vj. palpebris.

29. The left iris is more irregular and cloudy; the conjunctiva more vascular; the power of raising the eyelids is much improved, but the throbbing pain continues. Hydr. chlorid., gr. j.; opii, gr. ss. ter die sum.

31. The right eye is nearly well; the left somewhat improved; vision is better; the power to raise the eyelids has increased.

Nov. 2. The pain in the left eye has ceased; there is less vascularity of the conjunctiva; less irregularity and less cloudiness of the iris. He has been troubled with a little diarrhoea. Mist. cretæ, 3jss.; pulv. Doveri, gr. v.; conf. aromat., 3ss. 4tis horis.

5. Discharged cured; both eyes, as well as the skin, being in a natural state.

A FEW REMARKS ON THE POLARISCOPE.

BY J. STEVENSON BUSHNAN, M.D., Fellow of the Royal College of Physicians of Edinburgh.

Having lately had occasion to make some experiments with the polariscope, to ascertain the presence of sugar in urine, I venture to describe and recommend the instrument, which consists of a glass tube sixteen inches long, and capable of being hermetically closed at each end by

means of a small plate of glass secured by a brass ring and screw. After having completely filled the tube with the fluid about to be examined, which is done by holding it vertically—taking care that no globule of air shall be introduced—and then closing it, a ray of linearly polarised light is made to traverse it, by fixing to its extremity, directed towards a white cloud, either a Nicol's prism, or a crystal of double-refracting power, as a tourmaline cut parallel to its axis. A second prism, or a second tourmaline, fixed at the other extremity to which the eye is applied, permits us to see, through a circular division, in what degree the direction of the polarised ray is turned aside by the action of the liquid; and the angle thus formed is proportional to the length of the tube and to the quantity of active molecules, that is to say, to the density of the sugar, which seems to be the only active substance contained in the urine. As the fluid is generally high-coloured and of feeble action, it is not possible to observe the colours developed by the unequal action of the liquid upon the different particles of white light; and consequently it is unnecessary to employ Nicol's prisms, which, besides, are not always to be obtained. The two tourmalines are quite sufficient, provided they are not too highly coloured; and it is very easy to observe the total disappearance of the ray of light, when, by turning the eye-piece, the tourmalines are made to cross each other at right angles. In placing the tourmalines in this position before the introduction of liquid into the tube, the index of the circular scale attached to the eye-piece being at the same time placed at zero, no ray of light is seen, while the use of an active fluid causes it to reappear more or less distinctly. On slightly turning the eye-piece with its contained tourmaline either to the right or to the left—and as it is turned the angle formed is marked by the index on the scale—we find that at a certain point the former obscurity is re-established; and it is the angle obtained at the moment the ray of light disappears and the obscurity is complete, that determines the quantity of saccharine matter contained in the fluid.

A circumstance unfavourable to this kind of research is the commonly incomplete transparency of the urine, even after repose and filtration. Urine apparently limpid, when placed in the tube seems anything but clear; and a quantity of diffused light, mixing with that regularly transmitted, further impedes distinct vision; nevertheless, even when in some degree turbid, it is always possible, although with some indistinctness, to perceive the action of the ray transmitted through the tourmalines and saccharine urine.

As it seems to me, this process is much superior and far more simple than that recommended by M. Biot, employed by M. Bouchardat (*"Repertoire Générale des Sciences Médicales,"* vol. xviii.), and described by Dr. Golding Bird (*urinary deposits*), to detect sugar in urine by its action on polarised light. The instrument is less complicated; and, besides which, saccharine urine is seldom sufficiently clear to allow the colours produced by circular polarisation to become visible. Again, it is at any rate preferable to the usual modes of testing suspected urine, since no long and complicated chemical manipulation is required; the presence of sugar can be ascertained at once, and, if needs be, in the presence of the patient; and, when ascertained, its increase or decrease can be determined during the progress of treatment, by the greater or lesser angle obtained by the altered direction of the polarised ray passed through the fluid—the greater the quantity of sugar, the greater being the angle indicated upon the scale.

NAVAL APPOINTMENTS.—Acting Assistant-Surgeon: George F. Bankes, to Plymouth Hospital.—Assistant-Surgeons confirmed: William H. Clarke, to the Tortoise; John T. Caddy, to the Poitiers.—Surgeon: P. Leonard, to the Poitiers.—Acting Assistant-Surgeon: Wm. Baikie, M.D., to the Victory.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF SCIENCES.

Meeting of March 13; M. POUILLLET in the Chair.

INHALATION OF MEDICINAL VAPOURS.—M. Poggiale, professor of chemistry at the Military Hospital, Val de Grâce, communicated a fact which he had recently discovered; viz., that inhalation of the vapour of aldehyde produced insensibility in a more prompt and complete manner than ether or chloroform. Several dogs had been rendered completely unconscious in the space of forty-five seconds; no accidents had occurred. On two occasions the inhalation was continued during ten minutes, and the animals spontaneously recovered. (Aldehyde is a substance obtained by the distillation of sulphuric acid, water, alcohol, and peroxide of manganese. The produce of distillation should afterwards be rectified with chloride of calcium; it boils at 89° Centigrade, and is much less expensive than chloroform. Its very unpleasant odour will, however, constitute a great objection to its introduction into practice as an anæsthetic agent.)

We extract from the *"Annales de Thérapeutique"* the following remarks on the aspect of the hospitals since the revolution of February:—

HOPITAL SAINT LOUIS.

About eighty wounded subjects were admitted, one half of which were placed in the wards of M. Jobert, the other half in those of Dr. Richet. The wounds may be divided into three classes—burns, more or less extensive; crushings of limbs due to the fall of trees, of pavements, or of barricades; and gunshot wounds.

Burns.—Amongst the patients of the Hôpital Saint Louis, one case of extensive burn first attracted our attention; the subject was a vigorous lad of fifteen, who had entered the barracks of the Municipal Guards of the Faubourg St. Martin, after the troops had been dislodged. The barracks were on fire, and the crowd being excessive, several persons were severely burned. The soldiers perished in the flames. The face, neck, and both hands of the patient, whose history we now sketch, had been burned in the second and third degrees. A sort of mask of linen, covered with spermaceti ointment, was applied to the face; and the forehead, cheeks, nose, chin, and neck were covered with bladders half filled with ice; the same treatment was employed for the hands. The wounds rapidly assumed a healthy appearance, no visceral reaction was observed, and the patient is rapidly progressing towards a complete cure. We have already, on various occasions, mentioned M. Jobert's method of treatment of burns in the *Medical Times*, and on this occasion again we take note of its beneficial effects.

Crushings of the lower extremity, with comminuted fracture, were, in M. Jobert's wards, four in number: in three cases the leg, and in one the thigh, was crushed. Two of the three former were unattended with any injury of the skin, and the consequence, notwithstanding venesection and local emollient applications, had been excessive distention of the affected limbs: in each of these two cases, M. Jobert, with the intention of preventing gangrene or extensive phlegmonous suppuration, performed two incisions, nine centimètres in length, upon the most tense regions. This practice was that of Larrey, but is not that most generally adopted, such incisions being looked upon as dangerous in cases of comminuted fracture. As to the subject whose thigh was crushed, his wound was produced by the fall of one of the large trees which were cut down on the Boulevards for the purpose of erecting barricades. The femur was fractured, and the soft parts of the anterior aspect of the thigh lacerated and mortified in the extent of four square inches. This patient, aged forty, is in a most precarious state; the wounds are dressed with cold linseed-meal poultices. We

will give in our next number the subsequent history of these severe cases.

The gunshot wounds observed at Hôpital St. Louis were very numerous. We will notice the most interesting instances.

The Face.—A patient, aged forty, was wounded in the face. The ball penetrated at the right commissure of the lips, and issued at the angle of the maxillary bone at the same side. This bone was fractured in three places, viz., at the two orifices made by the bullet, and also at the opposite side. The left superior maxillary was also broken. The soft parts were lacerated from the right naris to the chin. Several fragments of bone were extracted, and the edges of the laceration brought together by sutures, and united by primary adhesion, leaving very little deformity.

In the *clavicular region* two wounds were observed: in one the bullet passed through the right shoulder and lung; expectoration of blood and traumatic pneumonia took place, but, the subject being young and vigorous, several venesections were performed, and the case progressed favourably. In the second case the ball entered in the neighbourhood of the subclavian artery, and, a considerable thrombus having formed, an injury of that vessel was apprehended. But, the pulse of the radical artery not being altered, M. Jobert inclined to a different opinion. Repeated venesection was again used in this case, and produced satisfactory effects.

In the *abdomen* wounds have been scarce; one case only was admitted into the wards. The bullet penetrated in the lumbar region, and was lost at first in the abdomen. Mild symptoms of peritonitis made their appearance, and a swelling formed in the groin; it has not yet been opened. We will return to this case.

Several cases of wounds of the *limbs* were admitted, but none required amputation.

The general features of M. Jobert's practice in all these various cases are the following:—A general system of preservation of the wounded extremities; the frequent use of the lancet; the application of cold poultices; the immediate union by suture of certain contused lacerations, chiefly in the face; and deep scarifications performed upon limbs affected with comminuted fracture without wounds of the integument.

HOTEL DIEU.—M. BLANDIN.

Wound of the Skull.—A bullet passed obliquely from right to left over the parietal bones, which were fractured in the extent of two inches and a half, the dura mater being injured. A considerable depression remained in the corresponding part of the head; complete paralysis of the lower, and incomplete loss of power of the superior, extremities followed. The patient was a man, aged thirty, of weak constitution. After unsuccessful endeavours to raise the depressed fragments, M. Blandin applied the trephine on the right side of the mesial line. The fragments of bone were raised and some of them removed, the dura mater was lacerated, and the surface of the brain was found in a contused state. Soon after the operation, the paralysis diminished in the left leg, and disappeared from the arms. Venesection was repeatedly employed. The wounds, at present in full suppuration, are dressed with cerate, lint, and over all with a bladder half filled with ice; a portion of brain of the size of a walnut protrudes through the orifice. On the sixth day after the operation the patient accidentally fell out of bed, and abundant hemorrhage occurred. We will return to this case, the issue of which must still remain doubtful.

Wound of the Face.—The chin and branches of the inferior maxillary were in another patient completely shot away, leaving an enormous irregular gap, through which the tongue hung downwards in a painful and swollen state. The dressing employed in this frightful mutilation consisted of bands of adhesive plaster, which supported the lacerated edges of the cavity and the tongue. This organ remains exquisitely painful, the suppuration is abundant, and hopes are entertained of the preservation of life.

Two cases of *wound of the chest* have been admitted: in both hemoptysis and emphysema occurred, and were promptly relieved by venesection; in neither did the injury of the lung appear to add much to the severity of the wounds.

In the *abdomen* the wounds were most fatal. Almost all the patients died in a short time: a remark the more important, as abdominal wounds are generally considered less dangerous than injuries of the chest.

Amputations.—In no case hitherto admitted into the hospital did primary hemorrhage take place. The wounds of the arm, forearm, and thigh were generally treated without operation, when the injury of the bone was not extensive; when the affected part was very muscular, or furnished with considerable aponeurotic textures, incisions were performed. In two cases amputation was resorted to. The first was a soldier of the Municipal Guard, a large and athletic subject, who had been shot in the shoulder, that region being much mutilated; another bullet had passed through the thigh, and the chin had been lacerated by a blow from a bayonet. The removal of the arm from the shoulder was judged indispensable, and it was with difficulty that sufficient flaps were dissected; these flaps have been struck with gangrene, and the issue of the case will probably be fatal. In another instance, the elbow having been fractured, the arm was amputated. Altogether about fifty patients were admitted in M. Blandin's wards, and an equal number are under the care of Professor Roux.

HOPITAL OF LA CHARITÉ.

The same number of wounded was admitted—viz., 100—divided between the wards of Professor Velpeau and Professor Gerdy. A large proportion of the patients died shortly after their admission, the wounds of the limbs being here very serious, and immediate amputation having in most instances been obstinately objected to. Some patients consented tardily to operations which presented only slender chances of success. M. Velpeau removed in one the arm from the shoulder-joint, and death occurred within twenty-four hours. He amputated the thigh in another case, which has also had a fatal termination.

Burns.—In M. Gerdy's wards was admitted a man, who, having become intoxicated in the well-stocked cellars of the Tuileries, left the palace, and lodged himself in one of the royal earriages which the mob was hurrying away along the quays. The vehicle was set fire to, and the unfortunate man did not recover his senses before his head and hands were frightfully burned. Dressing with simple cerate was resorted to, and the febrile reaction awaited before further treatment was instituted. On the fourth day dysphagia made its appearance, and at the same time pneumonia, speedily followed by death. In this remarkable case the phlogosis extended from the face to the respiratory organs, instead of being propagated, as it more usually happens, towards the brain—a fact which may be partly accounted for by the state of intoxication of the patient, a condition which, no doubt, predisposed him powerfully to pulmonary congestion.

In one case of division of the *lip* by a bullet, M. Gerdy brought the lacerated edges together by suture, and primary adhesion followed.

Four cases of penetrating wounds of the chest were admitted. Expectoration of blood, emphysema, and circumscribed pleuritic effusions pointed out the visceral lesion. These cases are doing well under the influence of venesection, abstinence from food, and repose.

In the limbs the injuries were most numerous. No scarifications were performed by M. Gerdy or M. Velpeau, who both consider this mode of treatment injudicious in gunshot wounds.

The authors of the article of the "Annales de Thérapeutique" state that 12 cases of wounds with comminuted fracture of the femur were observed, in which the patients refused to submit to immediate amputation. Seven of the twelve died during the period of reaction which fol-

lowed; two of the remaining five consented then to amputation, one of whom died promptly, and the other was not expected to live. The remaining three are exposed to the dangers of abundant suppuration, and will perhaps die also in the end, whereas timely operations might have saved two-thirds, or at the least one-half, of the patients.

ERUPTION ON THE ORGANS OF GENERATION PRODUCED BY FRICTIONS WITH TARTAR EMIETIC OINTMENT UPON OTHER PARTS OF THE BODY.—Dr. Ch. Simeons, of Mayence, states that frequently frictions made with ointments containing tartar emetic upon various parts of the body occasion eruptions upon the genitals, notwithstanding all the precautions taken to prevent the transmission of the ointment with the hand to these parts. The author is of opinion that this secondary eruption is the result of the introduction of the drug into the system; and brings forward as a proof that nothing similar is observed on the eyes or nose, which are at least as often in contact with the hand as the organs referred to.

CONCOURS FOR THE CHAIR OF CLINICAL SURGERY.

CANCER OF THE SKIN.—A THESIS BY M. MICHON.

A cutaneous affection should be looked upon as cancerous when, by ocular inspection, one of the morbid tissues described as forming cancer can be recognised, and when, at the same time, the disease has a tendency to spread, to ulcerate, and to reappear after being removed.

MORBID ANATOMY.—Scirrhus and cerebriiform tumours can both be met with in the skin:—1. Scirrhus is by far the most frequent as a primary disease. Tumours of this nature are hard, yellowish, very scantily furnished with vessels, and exude a peculiar fluid. When microscopically examined, they present numerous and irregularly distributed fibres and cells, the nature of which is chiefly to be deduced from their dissimilarity to each other. Scirrhus often begins by an ulceration, and in most instances by well-circumscribed tubercles or patches. 2. Encephaloid tumours of the skin are generally soft, and always bluish and vascular internally. When examined with the microscope, they present fewer fibres than scirrhus. 3. Melanosis is sometimes found combined with these two forms of cancer. 4. Epidermic tumours should be divided into two sorts: in the first place the purely epidermic form; and secondly, another affecting also the papillæ of the skin. The former are in most cases of a cancerous nature, but the tissue has not yet undergone the transformations which give to the cell its special characters, and which, at the same time, communicate to the disease a greater degree of malignity. In order to examine the history of cutaneous cancer in a complete manner, the author successively studies the diagnosis of cutaneous scirrhus, of encephaloid tumours, and of melanotic cancer. He then establishes the rules of treatment, and, finally, describes cancer of the face, of some other regions, and concludes with some remarks on keloids and on tumours developed in scars, the history of which has not yet been fully sketched.

SCIRRUS.—Two forms should be distinguished, viz., tumours which are not ulcerated, and ulcerated scirrhus. 1. The former is characterized by solitary or grouped tubercles, of small size—from that of a pea to that of an olive; these tumours are seldom pediculated, and may occupy any part of the skin, although they more usually invade the face. At first their colour is that of the healthy skin, and they are indolent; but after a time they acquire a reddish hue and become the seat of pain. The progress of the disease is remarkably slow, but a period at last arrives when transformations take place which leave no longer any doubt as to its nature. The tumours mostly ulcerate. M. Rayet reports a case in which a cure was effected by spontaneous gangrene; and M. Velpeau describes a ligneous transformation which he has personally had occasion to observe. Another form of scirrhus

is that which has received the name of *mollusciform*: it is characterized by flat tubercles, the surface of which is covered by wrinkles, which may be symmetrically arranged. The disease, says M. Michon, is more frequent in advanced age, and probably in the female than in the male sex. The diagnosis is not generally difficult; it is only in primary tubercles that any doubt can exist. They can be confounded with lupus and with syphilitic productions; but the tubercle of lupus is softer, and occurs in young and scrofulous subjects; the ulceration takes place at an early stage; the tumours are surrounded with an extensive red areolæ, characters which are not found in scirrhus. As to syphilitic tubercles, their softness, the absence of pain, the presence of white superficial scales, and the history of the patient, assert the diagnosis.

2. **ULCERATED SCIRRUS.**—When the period of ulceration approaches, the appearance of the tumour changes: it becomes uneven, soft in some parts, and acquires a darker colour; a number of crevices form on the surface, and, uniting, constitute the ulcer. The sore is irregular, of a dull-red colour, even, and often granular. The edges stand out in relief on the skin which remains healthy in the neighbourhood, or presents tubercles in a crude state. The ulcer may be dry, or covered with yellowish crusts, adhering sometimes obstinately to the surface. Lancing pains soon show themselves; the lymphatic glands in the vicinity participate in the disorder, the centre of the ulcer becomes excavated, or gives rise to fungous excrescences; and coehery begins. Ulcerated lupus might be mistaken for the disease now under consideration, if it were not recollected that lupus is a malady of youth, scirrhus one which affects the aged; lupus is superficial, and scirrhus a deep ulcer. The prognosis is less serious than in ulcerated cerebriiform cancer, because the skin only may be concerned in scirrhus, whereas encephaloid occupies several tissues simultaneously.

CEREBRIFORM CANCER OF THE SKIN.

Encephaloid cancer of the skin, much more rare than scirrhus, may be referred to two types: globular tumours, and tumours developed in naevi. Globular encephaloid tumours of the skin are more or less voluminous, hard, elastic, and at first present no change of the natural colour of the part; an obscure fluctuation can be recognised when softening takes place. The second form is constituted by congenital tumours, naevi, which degenerate and become the seat of encephaloid degeneration: in these cases the disease may remain local for many years, until some accidental cause calls into action the latent cancerous predisposition. The globular variety affects particularly young subjects; the second description is chiefly observed in youth and in the adult. All naevi may degenerate, but they are more particularly noticed in those regions where perspiration is abundant.

With regard to diagnosis, encephaloid tumours of the skin are more voluminous than those formed by scirrhus; they affect younger subjects, and are exclusively met with in childhood. When ulcerated, their secretions are more abundant, their hemorrhages more frequent, &c.

Melanotic cancer is seldom observed in the skin; it is described by Alibert, as constituted by globules, purple tumours, analogous to blackberries in appearance; when wounded, they exude scarlet and very fluid blood. We will preserve the name of melanotic cancer for those black tumours which are the seat of lancing pains, which have a tendency to ulcerate, so reappear after extirpation, and which contain the scirrhus or encephaloid elements. These tumours have been observed in the face, at the wrist, on the little finger, at the breast, the hip, the forehead, and the ankle. Melanotic tubercles repose upon a hardened basis; when numerous, they are usually expressive of a cancerous diathesis, and their prognosis is extremely unfavourable.

With regard to the general causes of cancer of the skin, the author admits hereditary transmission, and also concedes a greater influence to

accidental causes than when the same disease occupies a different seat.

It is positively of opinion that the removal of cancerous tumours should not be abandoned, and establishes the indications and counter-indications of the operations. The first condition is that the disease be local; the second, that it be possible to remove completely the affected part. Even when a cutaneous cancer constitutes a relapse, M. Michon pronounces that it should be removed—a notion which, we acknowledge, seems difficult to conciliate with the first precept, that the tumour should be removed by operation only when it is a local disease. The coexistence of pregnancy or of an important organic affection should prevent surgical interference. As to the enlargement of the neighbouring lymphatic glands, it is always a serious complication, and, unless they can be also removed at the same time with the tumour, no operation should be attempted.

External treatment comprises two orders of remedies: in the first place, those which have for their object the absorption of the tumours and the cicatrization of sores; secondly, the methods of destruction or removal. In the first class we find electricity, topical applications, antiphlogistics, pressure, ligature of arteries only or of arteries and veins, and division of the nerves. In the second class, ligature, cauterization, and excision. None of the remedies of the first category can be considered as curative; they may constitute useful auxiliaries in the treatment, but cannot alone form a method.

As to caustics, M. Michon recommends their adoption in a solid form only, and exclusively to superficial cancers which can be destroyed rapidly. The substances to be preferred are caustic potash, Valpeau's caustic (sulphuric acid and saffron s.g. to form a paste), the Vienna caustic (lime and potash), the chloride of zinc, and arsenical preparations. The knife should be reserved for cutaneous cancers resting upon a broad basis, for those which have penetrated deeply into the neighbouring parts, &c. In the surgical treatment of cutaneous cancers, autoplasmic displacements of the skin become very useful adjuncts to the operation; not, as it was at first asserted, in order to prevent a relapse by a modification in the vitality of the parts, but for the treble purposes of shortening the period of cicatrization, repairing a deformity, and re-establishing the functions of the injured organs: considerations which acquire great weight from the fact of the frequency of cutaneous cancer of the face. Internal treatment M. Michon considers as completely useless, and grants no confidence whatever to the exhibition of iodine, henlock, arsenic, or mercury.

Having thus examined under its general aspects the history of cutaneous cancer, our author enters upon the description of cancer of the face.

CANCER OF THE FACE more usually occupies the lips, the alae of the nose, and eyelids, although it is also met with upon the cheeks and in the parotidian regions. Cutaneous cancer is more common in the face than in other parts of the body, and it chiefly invades the lower lip. The tumours begin by a hard swelling, which is never covered with hair (Boyer), or by a wart which ulcerates. Scirrhus is sometimes the seat of a peculiar retraction, in consequence of which the features are more or less distorted. Inflammatory and erectile tumours, and cysts cannot readily be mistaken for cancer of the face, but sebaceous collections have sometimes caused error. Cutaneous cancer of the eyelids cannot well, on account of its colour, inequality, and size, be confounded with other maladies of the same part. Syphilitic tumours might cause much embarrassment; their seat should be taken into account; thus, when they occupy the upper lip, the disease may be presumed not to be cancer; the age of the subject, the aspect of the organs of generation, and the influence of mercurial treatment will, in most cases, remove all doubt from the mind of the surgeon. Cancerous tumours of the face sometimes assume an appearance of deceitful benignity, remaining stationary for years, and

advancing with frightful rapidity when ulceration has taken place. Cancerous ulcers of the face are seldom primary, but generally are consequent upon the existence of the tumours above described; for the removal of the disease, observing the general rules laid down, the solid caustics and the knife should chiefly be employed.

CANCER OF THE PENIS.—The most frequent cause of this disease is certainly the presence of phymosis—a fact which explains how it happens that this sort of cancer usually invades the pre-skin at first. The disease occasionally occupies the skin of the entire penis, without affecting the corpora cavernosa; phagedenic chancre has been confounded with carcinomatous ulcer, but it can be distinguished from it by inoculation. The prognosis of cancer of the penis is, perhaps, less unfavourable than is degenerations of other parts, experience having proved (Lisfranc and Hey) that after removal a relapse is less frequently observed.

CANCER OF THE SCROTUM, or chimney-sweepers' cancer, is specially observed in England; it exists in France also, but is much less common. The disease begins with a tubercle, larger than those of the face, which increases in size, splits, becomes excoriated and ulcerated. When the malady is abandoned to itself, the inguinal glands become affected, and the disease soon occupies the testis, and may even extend along the chord to the internal viscera.

MALIGNANT TUMOURS OF SCARS.—Under the name of verrucous tumours of scars, Hawkins described for the first time a disease which invades scars, and which may be said, at the same time to resemble and to differ from cancer. Mr. Hawkins asserts, that after removal the tumour never reappears in the same place—a fact which, as M. Michon justly observes, would constitute a fundamental difference from cancer. But, besides these malignant tumours, scars sometimes become the seat of ordinary cancers, and of another sort which closely resembles one which we will now rapidly describe—keloid.

KELOID is constituted by circumscribed induration, with hypertrophy of the skin: it is more frequent in young subjects and, perhaps, in the female sex; it is chiefly observed on the neck, the shoulders, the nates, and the arms; but its seat of predilection is the skin which covers the sternum. The tumours are generally solitary, but Bielt saw as many as eight in the same subject. The disease begins by a hard swelling of the skin, gradually extends, throwing out projections from its margin which give it the appearance of a crab; its colour is of a light red, and becomes pale on pressure. The swelling grows with extreme slowness; general health does not suffer, and the disease does not tend to ulceration, although it resists all treatment, and is very readily reproduced after operation. This disorder is, in M. Michon's opinion, intermediate between malignant productions and those which have not that character.

D. MCCARTHY, D.M.P.

Masturbation.—Death produced by the Impaction of a Foreign Body in the Vagina.—On the 7th of February last, at nine P.M., a servant girl, aged 18, was brought to the Hôtel Dieu, Orleans, in a frightful state of marasmus, and having impressed upon the features those marks of idiotism which invariably follow habitual masturbation. She complained of severe pains in the abdomen, had a continual diarrhoea, yet objected to an examination of that region. The profound depression in which she was found rendered it impossible to ascertain the exact nature of the case. All that could be learned was that she had been the subject of disease for fourteen months. The next morning she expired. At the autopsy the exterior parts of generation presented nothing remarkable, except a considerable tumefaction of the clitoris; but on proceeding with the examination there was discovered within the vagina a hard, thin, shining body like metal, which, lying entirely across the diameter of the organ, prevented its penetrating further. The nymphæ

being separated, there was discovered the edge of a pewter cup, slightly flattened, the orifice of which was turned forwards and downwards. This orifice, of an irregular, oval shape, was partially concealed by the perineum, against which it pressed forward like a fetus. It was impossible to extract this foreign body without cutting through the symphysis pubis. The bladder was afterwards opened: it was small and retracted, and contained five calculi lodged in cavities formed by the hypertrophied muscular membrane, two of which measured three centimètres in their longest diameter, and the others one or two centimètres. These calculi, of urate of ammonia and phosphate of lime, presented the appearance and consistence of gravelly concretions, and easily crumbled in the hand. In following the canal of the ureter, it was observed that it had been cut two centimètres from the meatus urinarius by the superior edge of the cup, which pressed it against the posterior face of the pubis, so that the urine escaped into the vagina, the walls of which were also perforated, and flowed round the goblet without entering into the bladder. One thick stratum of calculeous concretions surrounded the vessel, which measured a centimètre at its most inferior part. This being taken out, it was possible to judge of its shape and size. It had at its base a deep neck and a border of a centimètre, which was as a foot for it. This border surrounded the neck of the uterus after the manner of a pessary. The cup measured six centimètres thirteen millimètres at the base of the edge of the orifice; this, being vertically flattened, measured seven centimètres on one side and five centimètres eight millimètres on the other. The circumference taken beneath the secretions measured nineteen centimètres. The surrounding parts, with the vaginal mucous membrane, were in a state of gangrene, and infiltrated with oxide of lead. The ureters were enlarged to the size of an adult finger, and the kidneys were wasted, and seemed as if they had furnished their entire substance to the excessive development of the pelvis. There is every reason to suppose that the cup had been lodged in the girl's vagina for the space of fourteen months, as, from the statement of her friends, it was ascertained that during this time she had been suffering violent spasmodic pains, and had kept her bed. The thickness of the calculeous secretions also which surrounded the foreign body proves that many months must have elapsed from its first introduction into the vagina. It is remarkable that there was no symptom of saturnine intoxication during this time; and at the autopsy not a trace was discovered of the poisonous effects of oxide. This may be accounted for, perhaps, by the uric acid uniting with the oxide of the metal and forming a salt, which, before it was absorbed, was constantly evacuated in the urine. The girl had been under the care of several physicians, and had been a month in the little hospice of Patay, without the real nature of her malady being discovered. She suffered in silence, and died at length completely emaciated. The parts and the cup are deposited in the museum of the school of medicine of Orleans.—(*L'Union Médicale*.)

Imperforation of the Vagina; Death; Remarks on Spontaneous Ovulation.—The following case is recorded in "*L'Union Médicale*;" and the editor remarks that facts of this kind most undoubtedly prove the reality of the expulsion of ovules independently of fecundation. A young woman, twenty-six years of age, had enjoyed up to her twentieth year very good health. About this time she was seized with pains, which were principally felt in the anterior and inferior part of the abdomen. These returned periodically at the monthly crisis, and disappeared after four or five days. She continued thus afflicted for five years; and a physician who attended her considered that she laboured under uterine congestion, as the catamenia had never appeared. During this time the patient felt herself gradually decaying. On examination of the organs of generation, there was discovered an occlusion of the vaginal canal, at about half its length

from the os externum, by a membrane. The abdomen presented above the pubis a tumour about the size of a foetal head, which was rather tender on pressure. The finger, carried against the membrane which obstructed the vagina, felt the impulse when the abdominal tumour was struck. The pulse was feeble and frequent, and the girl suffered occasionally from hysterical fits. As the evacuation of the retained menstrual fluid was considered the only means of relieving the present symptoms, and of preventing future serious results, the abnormal membrane in the vagina was punctured by a bistoury directed upwards upon the finger as a guard. Immediately there escaped, to the amount of six or seven ounces, thick coagulated blood mixed with mucus. The evacuation was promoted by pressure on the tumour above the pubis, which speedily diminished to two-thirds of its original volume. During the operation the patient complained a little of slight pains, which were increased when pressure was made. After some hours there was increased tenderness; convulsions manifested themselves, with abdominal tumefaction, indicative of peritoneal inflammation. Though two copious bleedings were had recourse to, the patient died in two days. The autopsy made, forty-eight hours afterwards, by M. Locatelli, who attended the patient, showed evident traces of peritonitis, with sero-purulent effusion, especially in the left iliac region; and this fluid was mixed with a small quantity of putrefied blood. The uterus was the size of a fist; the Fallopian tubes adhered strongly to the posterior surface of the ovaries, which were enlarged so as to be easily seen—the left being the size of a turkey's egg, the right that of a walnut. On the posterior surface of the right ovary was a rupture, from which escaped black semi-putrefied blood, similar to that found in the left iliac fossa. The membrane which obstructed the vagina was two lines in thickness, and the cavity of the uterus was much larger than natural. By a more careful dissection the Fallopian tubes were found considerably dilated, and adherent to the ovary at the posterior part by loose cellular tissue. They communicated with the uterine cavity by a very thin canal. These two tumours enclosed black liquid blood, resembling that which escaped at the time when the vaginal membrane was divided. The left ovary contained also, in its interior, four or five vesicles, almost the size of a millet-seed, round, with transparent walls, and filled with a straw-coloured fluid. By their anatomical characters they appeared to be so many ovules, detached from the ovary, which had undergone a change at the commencement of development, not unlike that of the fecundated ovule before it passes into the uterus. The surface of the ovaries was rendered very irregular, in consequence of a number of cicatrices of ancient and recent formation. They enclosed many of the vesicles of Graaf, more or less developed, transparent, and many patches, like *corpora lutea*. There were found, also, some other larger vesicles, full of blood, which were certainly from the vesicles of Graaf, from which the ovule had recently escaped; and this presumption was confirmed by the circumstance that these had occupied the periphery of the ovary, and that they corresponded to the more recent cicatrices which were noticed on the exterior surface of these organs.

Revaccination.—Dr. G. Carraro, physician of the village of Arsiero, district of Schio, has performed in that district 342 vaccinations during the year 1846. Of these 180 were males, and 162 females. Of the 180 males the revaccination afforded 19 complete results, 66 incomplete, and 68 unsuccessful (27 individuals who had previously the smallpox were also vaccinated without success). Of the 162 females success was complete in 20, incomplete in 66, and unsuccessful in 96. Thirty afterwards had the smallpox. The results were different according to the ages. Of 26 between five and six years old, in 4 success was complete, in 5 incomplete, while 17 were unsuccessful; of these 2 had the small-

pox. Of 90 individuals between ten and fifteen years of age, there were 9 successful cases, 28 incomplete, 33 unsuccessful; 6 had the smallpox. Of 74 between fifteen and twenty years of age, in 9 success was complete, 33 incomplete, 32 unsuccessful; 12 had the smallpox. Of 61 between twenty and twenty-five, there were 11 successful, 23 incomplete, 26 unsuccessful; 16 had the smallpox. Of 35 between twenty-five and thirty years of age, there were 5 completely unsuccessful, 16 incomplete, and 14 unsuccessful, and 8 had the smallpox. Of 33 between thirty and thirty-five years of age, in 1 success was complete, 16 incomplete, and 16 unsuccessful; 5 had the smallpox. Of 20 forty years old and upwards, in 3 success was incomplete, 17 unsuccessful, and 3 had the smallpox. The condition of the pustule varied considerably. Of the 39 successful cases the pustule was normal in 26; in 13 it was more or less incomplete. Of the 132 cases of incomplete success the pustules were normal in 98; more or less incomplete, 34. Of the 114 cases in which there were no results the pustules were normal in 87 cases; very incomplete, or comparatively so, in 27. Of 57 individuals whose constitutions appeared completely refractory to revaccination, 41 had the distinct smallpox, 8 the confluent, and 8 varicella only.

Ulcers of the Tonsils.—Mr. Pearson says, in "The Provincial Journal," there are four morbid conditions of the throat, which more or less resemble the syphilitic. 1st. Ulcers on the tonsils in scrofulous constitutions, or in women of a delicate and lax habit of body. There is nothing which particularly characterizes this species, except that it cannot be traced to any specific cause, and that it will get well by medicines that improve the general health. 2nd. Specks of ulceration upon various parts of the fauces, resembling lupus, destroying and ulcerating more rapidly than lues, and quite as extensively. The tonsils, uvula, soft palate, larynx, or nose, are sometimes partially or wholly destroyed, without the slightest proof of any syphilitic origin. 3rd. Cancerous ulceration of the tonsils to a great extent, with enlargement of the glands of the neck. 4th. Ulceration from the adhibition of mercury at an early period of the course. This species puts on an erysipelatous aspect; and, as it appears to arise when the antidote is manifesting its curative action upon the disease, the ulceration cannot reasonably be imputed to the advance of the disease itself. But when this condition of the throat has existed two or three weeks, the diagnosis is by no means easy. It commits great ravages, and is attended with pain, erythimus, deafness, and a sallow countenance. These symptoms will, however, generally yield to sarsaparilla, bark, mineral acids, and a generous diet. Sometimes there will be considerable enlargement and spongy appearance of the tonsils, with slight ulceration, both tonsils being affected generally at the same time. This case is not venereal, but probably arises from a tendency to become ulcerated upon common exciting causes from former syphilitic disease.

Treatment of the Abscesses which precede Fistula in Ano.—Mr. Vincent has had many opportunities of treating those previous abscesses from which fistula in ano are formed. In that mass of adipose substance filling up the ischio-coecygeal space, the patient's notice is perhaps drawn to a deep tumour, just differing in substance enough to be clearly distinguishable from the surrounding structure, of a doughy consistence, little sensible, and not at all rising to the level of the surface. This is the first abscess in its earliest state, which, if allowed to go on, will end in the genuine fistula in ano. This lumpy mass is to be transfixed, and a knife plunged down to the very centre of the mass, and then a small quantity of pus comes out; and, upon passing the finger down (and the opening should always be large enough to admit this part), there will be found in the centre of the mass a small cavity of the peculiar pulpy feel that is familiar to surgeons as the interior of an abscess. This prompt

measure stops all further progress of the abscess, which otherwise would lead its way either to the rectum or to the surface, and terminate in fistula. The course of these abscesses, when opened, is to close, and finally heal; but the surgeon must not expect that they will heal with the readiness of ordinary active abscesses.

Encephalous Monster.—Mr. Poland exhibited to the London Pathological Society a specimen of encephalous monster. The fœtus was of the female sex, fully developed, plump, robust, and in apparent full health. The head was the only abnormal part, and presented the following appearance:—A remarkable obliquity of the face, with a protruded right eye, as also a fissure extending from the right inner canthus to the right nostril. From the right side of the vertex of the head, about the frontal region, was observed a large tumour of the size of a walnut, having the integuments with scattered hairs prolonged over it to some extent, but not wholly so, there being apparent externally the subjacent membranes, subsequently found to be the meninges. This tumour was lined by a shining apparently serous membrane. Another small tumour about the size of a pea was situated over the left orbit. On making a dissection of this specimen it was found that there was almost complete atrophy of the superior portion of the cranium, viz., absence of cerebral portion of frontal and both parietal bones; however, the occipital bone was perfect, and formed a complete ring or case at the posterior part of the head. The integuments and membranes supplying the osseous deficiency were carefully removed, as also part of the occipital bone and bony arches of all the vertebræ, so as to expose the spinal cord and the cerebral structure. The spinal cord was perfectly natural, as also the medulla oblongata and nerves arising from them; in front of this, in the median line, was observed the cerebellum, elongated in its antero-posterior axis, so as to extend to some distance in front; then came the corpora quadrigemina (the testes being very small), and having the pineal gland placed upon the centre of the four lobes; after these, proceeding along the median line from behind forwards, were observed the thalami optici, then some trace of cerebral substance. On the left side there existed an atrophied left hemisphere of the size of a horse-bean, and projecting from it anteriorly was a small mass of cerebral matter which passed into the small tumour, described as situated over the left orbit. On the right side scarcely any cerebral structure was apparent, but, on close inspection, some brain tissue could be traced upon the upper surface of the large protrusion, which was soon lost, and a much larger portion, probably the chief part of the atrophied right lobe, extended underneath the tumour, forming its floor. The meninges were satisfactorily observed passing to form the exterior envelope of the tumour, at first extending under the integument, then blending with it, and afterwards forming its sole covering.

Case of Pervious Uraachus in an Adult.—Dr. C. Cabell, of the Medical Society of Va, says a remarkable instance of the above malformation and congenital defect lately fell under his observation. The subject was a mulatto girl, of about fourteen or fifteen years of age, well grown, healthy, and of very handsome appearance. The navel presented a flattened, disk-like appearance, about the size of a shilling. The skin about it was loose, and in folds, but not so much so as to attract particular attention to it as a deviation from the ordinary formation. In the centre was a small aperture of the usual appearance, through which, when in the recumbent posture, she could pass her urine, and which, she said, she had done from her childhood and earliest recollection, at pleasure. Her urine was, however, passed, she observed, through the natural channel. A small gum-elastic catheter was passed through this umbilical orifice, which very readily passed, in a canal in the direction of the bladder, for six or seven inches, and when the wire was withdrawn a fluid, evidently urine in odour and

colour, passed through the instrument. The same instrument was then introduced in the urethra, which was rather smaller than usual, and urine, of the same physical properties as that from the umbilicus, discharged through the catheter, showing that the two canals communicated with the bladder. The girl, who presented a very neat and cleanly appearance, said that she experienced no uneasiness or inconvenience from this unnatural passage to her bladder, and, as said above, she could, at her pleasure, evacuate her urine by either channel.

Treatment of Chronic Lippitudo.—Dr. I. Hays, Surgeon to Wills Hospital, says ophthalmia tarsi is generally a manageable disease, but occasionally cases are met with in which the affection, in consequence of neglect or bad management, has persisted for years—the lids have become puffy, their lining membrane thickened and villous, causing more or less eversion (*ectropium*), their edges raw and sometimes ulcerated; the cilia irregular and scanty, or entirely lost; with photophobia, lachrymation, &c. Two such cases came under his charge at Wills Hospital, and, as they had resisted the usual remedies, he was induced to try the alternate application of tincture of iodine, and the solid sulphate of copper, at intervals of three days. The external surface of the lids was painted with the former; and three days afterwards the latter was freely applied over the thickened conjunctiva. Under this treatment both cases, one of them of twelve or fourteen years' continuance, have recovered.

Vaginal Hysterotomy.—Professor G. S. Bedford, of New York, remarks that he has recently been called to an extremely interesting case of midwifery. The lady had been in labour thirty hours. The womb was contracting with great energy, but there could not be detected the slightest vestige of an os tincin. There was imminent danger of the patient's life. The womb was laid open through the vagina, first making a bi-lateral section of the organ, and afterwards an incision through the anterior and posterior lips. The head was then distinctly felt, but very slight progress ensued. After twenty-four hours longer, the head was still at the superior strait, the patient's strength much exhausted, and everything looking unpromising. The forceps was then used, and the lady delivered of a living child. Five weeks have now elapsed, and both are perfectly well.

Foreign Bodies in the Air-passages.—Dr. J. Mason Warren records, in "The Boston Medical and Surgical Journal," four interesting cases of foreign bodies in the air-passages; and gives the following conclusions deduced from a review of these and similar recorded cases:—"1st. It is unsafe to trust to the chance of spontaneous expulsion any substance which is liable to have an increase of bulk from the heat and moisture of the human body; as, in all probability, the swelling of this substance will render its exit impossible. This is still more true as regards children, from the comparatively small size of the larynx. 2nd. Metallic substances, or those not embraced under the preceding head, when engaged in the larynx, or lodged in the lungs, may be trusted with more impunity. If flat, they naturally present an edge to the tube so as to permit the passage of air on either side. When lodged in the bronchus, such a substance becomes after a time enveloped in mucus, so as to obstruct the free act of respiration; it is then forced upwards, and, in the struggle which ensues, the mucus is disengaged. The body then falls back, and remains quiescent until it again becomes covered with mucus, when the process of dislodgment is repeated. Sometimes, in the violent cough which occurs at the change of place of this body, it is forced out into the mouth and swallowed, or ejected; at others, by coming up suddenly, when the patient's attention is distracted, it takes the larynx, as it were, by surprise, and easily escapes. An interesting case of this latter class occurred in a little girl, a patient of Dr. Hale, in whom tracheotomy was performed by Dr. J. C. Warren, for the removal of the wooden stopper of an inkstand which had been

sucked into the trachea. As soon as this passage was opened, all irritation subsided, the foreign substance settled down into the bronchus, and although the wound was kept open a week, and attempts made to dislodge it, they were without avail. Some months afterwards, as the patient was looking out of a window, very intently watching the passing of a military company, the substance came up without effort into the mouth, and was at once expelled. 3rd. If the substance is fixed in the bronchus, and the patient young, the prospect of seizing it by instruments introduced through the wound, and carried down in the direction of the lungs, is extremely small. 4th. Some doubts will arise, however, as to the propriety of leaving in any case a foreign substance for a period of time in the lungs, without an effort to remove it. For although it may finally become detached and be ejected, as it frequently is, after remaining many months or years imbedded in the substance of the lungs, or stowed away in the bronchial tubes, yet fatal organic lesions are not uncommonly the result. The judgment of the surgeon must, therefore, be determined by the circumstances of the particular case. It is remarkable in how great a number of these cases, which are recorded as having occurred in children, the substance introduced was a common garden bean."

Nitrate of Silver in Croup.—Dr. Charles Ware records, in "The Boston Medical and Surgical Journal," a case of membranous croup successfully treated by the application of a solution of nitrate of silver (one drachm of the salt in one ounce of water) to the larynx by means of a piece of sponge attached to a whalebone staff. The disease, in this case, was obviously limited to the trachea, if not to the larynx, and, in this respect, was peculiarly favourable for this treatment.

Chloride of Gold in Granular Lids.—Dr. W. Clay Wallace recommends a solution of six or eight grains to an ounce of water as vastly superior to the nitrate of silver for the cure of chronic granular lids; in recent cases, he says, it is inferior to the first mentioned application.

Rigidity of the Os Uteri treated by Injections of Belladonna.—Dr. A. H. Cenas records, in "The New Orleans Medical and Surgical Journal," four cases of rigidity of the os uteri, in which he administered a watery solution of the extract of belladonna, by injection into the vagina, with advantage. Dr. Cenas thinks that the want of success which some practitioners have met with is owing to their mode of using it. He says, to secure the direct contact of the article, a watery infusion of the extract should be applied by means of an ordinary vagina syringe.

Ether Inhalation in Intermittent Fever.—It is stated, in "The Illinois and Indiana Medical and Surgical Journal," that Mr. J. W. Freer, a pupil in the Chicago Hospital, has employed ether in intermittent fever, with the most delightful results. Two or three inhalations invariably arrested the paroxysm instantaneously during the cold stage, brought on diaphoresis, and in cases where there was no unusual exertion the paroxysms have not returned.

Spontaneous Abortion.—The causes of this accident, says Dr. Radford, in the "Obstetric Record," are numerous: in one case a single cause may exist; in others, two, or even more, may be present—each being sufficient to induce abortion. Some are confined to the uterine contents, and may either exist in the organic system of the embryo (or fetus), or in its appendages. These are, sanguineous effusions of blood into the structure of the placenta; inflammation, and purulent deposits in it; hypertrophy; atrophy; morbid degenerations of its organization; hepatisation; hydatids; moles; different morbid changes in the umbilical cord, and inflammation of the amnion; acute and passive dropy of the amnion; and various diseases of the embryo, or fetus. The maternal causes are injuries, directly or indirectly inflicted on the womb, either by blows on the abdomen, falls, wounds; irritating injections; tight lacing; hot baths; abuse of general or local bleeding; drastic purgatives, or other drugs, such as ergot, poisons,

&c.; intoxicating liquors; lifting heavy weights; straining; surgical operations; excessive coitiveness. Malpositions of the uterus, as retroversion; retro-flexion; prolapse; and pro-cidentia. Pathological states of the uterus and neighbouring parts; adhesions of the uterus to other parts; tumours in the uterine tissue and cavity, and also those in the pelvis; uterine congestion; inflammation of the os and cervix uteri; varicose state of the cervical or oral vessels; hypertrophy; and different kinds of ulcerations affecting the os and cervix; sedentary habits; laborious occupations; a luxurious mode of living; general and local irritability and debility; nervous constitution; leucophlegmatic habit; diseases, such as fevers, exanthemata, syphilis, &c. A strict examination of these causes will convince the practitioner that a very large proportion are remediable. Some of them only act in one pregnancy; but others, unless removed, continue to exercise their pernicious influence in successive pregnancies, and a fixed abnormal habit is thereby acquired by the uterus, of prematurely expelling its contents. Repeated abortions, in many instances, produce serious constitutional mischief; their evil effects, also, are extended to domestic happiness, and thus, socially considered, ought, if possible, to be averted. When hemorrhage occurs, it ought always, if possible, to be suppressed, because its continuance may become dangerous to the mother, and is always more or less so to the embryo. This symptom does not enable us to ascertain the extent of the separation which has taken place between the ovum and the uterus, or whether the vitality of the embryo is destroyed. The existence of vitality is a sufficient reason why every effort should be made to preserve the embryo, and prevent its expulsion; on the contrary, its death justifies the use of means necessary for its expulsion. Unfortunately, however, the signs of the life or death of the embryo, or fetus, in the early months are so uncertain, and indeed obscure, in most cases, that rules for the regulation of practice cannot be based upon them. The changes which the cervix undergoes during the abortive process strongly resemble those produced by its normal development, the upper part being first expanded, and the lower portion afterwards gradually and successively yields, so that its stem-like character disappears, and the entire organ becomes oviform. Most of the alterations occurring in the os at the commencement of abortion can alone be produced by sympathy, but the mucous plug is frequently and generally first loosened by the blood pressing downwards, to be discharged per vaginam. These cervical and oral organic changes are readily detected by a manual examination per vaginam; and the length of the cervix can be easily measured, and its shape clearly ascertained, by passing the finger along its surface, and computing the different degrees of the angle of reflection of the vaginal lining membrane, and afterwards comparing its relative length with that of the normal state, as it exists at the same period of pregnancy. The finger must never be introduced within the os uteri during the early periods of abortion; indeed, the length of the cervix offers an insurmountable obstacle to its coming into contact with the ovum, and the attempt cannot be made without great hazard. The body of the uterus is also changed by the abortive process, so that its tangible characters, presented to the finger, are very different to those of the same part, when in a normal gravid state, at the same date. It is found to be enlarged, in consequence of, and in proportion to, the addition it has received from the expansion of the cervix; by this alteration it loses its abrupt angle, and assumes one which is more obtuse, which continues to increase until the organ has acquired what has before been mentioned, an oviform figure; and no line of demarcation or difference can be traced to point out the artificial division of the organ. These changes are not always produced in the same time; in some cases they are rapidly effected, but in others a considerable time elapses before

they are accomplished. If, after a careful exploration, we ascertain that the figure, length, and thickness of the cervix uteri are normal, it is our duty to adopt every means calculated to preserve the ovum, and thus subdue the symptoms; but, on the contrary, if we discover that it is shortened, either partially or entirely distended, and that the organ has assumed, more or less, the oviform shape, we should assist, by all proper means, the expulsive action, whilst at the same time we pay proper attention to those contingent circumstances which are attended with danger.

Obstetric Abortion.—The obstetric principles, says Dr. Radford, upon which this practice is based are founded upon a calculation made as to the relative value of the two lives—viz., that of the mother, and that of the embryo, or fetus; and it has been decided in favour of the mother. The destruction of one being by this operation may necessitate, nay has compelled, the repeated recurrence of its performance in successive pregnancies, until the instances have reached an amount varying from four to twelve. Can such a procedure, then, be justified? The obstetrician should pause, and reflect, before he performs such an operation; he ought, indeed, to shrink from perpetrating such wholesale destruction. The woman is, *ipso facto*, a party bringing into existence the innocent being which this operation dooms to destruction—humanity, justice, and reason speak loudly here. It may be said that the wife is subject to the husband, and we will allow that she has engaged to be so by the matrimonial contract; but both likewise promise to fulfil the intention of procreation in the solemn service of matrimony, and the object of conjugal union is thus defeated by the adoption of this operation. It is, and may be truly, said that the female was ignorant of her physical organic defect, and therefore entitled to the full exercise of those means that are calculated to terminate the pregnancy, which, if allowed to proceed to the full period, would require the Caesarian section. Under such circumstances (which, however, could only occur in a first pregnancy), it is reasonable, nay, it is just, that she should be allowed this privilege; but this concession can rarely be required, because, if ignorant of her state when married, this "ignorance is bliss" until she arrives at her full period; this being obtained, labour commences, and, for the first time, the mal-conformation of the pelvis is ascertained, and the only available resources are craniotomy or the Caesarian section. The question then is, after the development of these circumstances, if she again becomes pregnant, is induction of abortion a second time justifiable? as, if now adopted, it must, most probably, be repeated over and over again, to carry out the principle; such a course ought not to be adopted, but pregnancy should be allowed to proceed, without interruption, to the full period, and, when labour declares itself, the infant should invariably be extracted by the Caesarian section. It sometimes occurs that the presumptive evidence of distortion is so strikingly exhibited in the early months of a first pregnancy, as to induce the woman, or her friends, to apply to an obstetrician. If, upon a most careful investigation, the pelvis is ascertained to be too much contracted to allow a viable child to emerge from its cavity, in such a case the woman is entitled to the advantage of the induction of abortion; but, if she becomes a second time pregnant, it is then her duty to endeavour to save the child by submitting to the Caesarian section.

REVIEWS.

A. *Practical Treatise of Chemical Analysis, including Tables for Calculation in Analysis.* By H. ROSE. Translated from the French, and from the fourth German Edition, with Notes and Additions, by A. NORMANDY. London: William Tegg and Co. Pp. 746. 1848.

Germany has become illustrious on account of the progress which has been there made in the

various sciences. Chemistry has been especially enriched by the discoveries of the learned in that part of Europe; and some of the most important works have issued from the German press.

Rose's great work on Analytical Chemistry has for many years enjoyed a European reputation. It appeared first in our language in 1831; and, though a work marked by many defects, it was, notwithstanding, extensively patronized. For some years it has become scarce, and, as the science of which it treats has made rapid strides, a new translation seemed a desideratum.

Dr. Normandy has engaged in this important undertaking, and he has produced a volume which must prove both interesting and valuable to the chemist. Since the time when Griffin's translation appeared, the author himself has made many additions to his work. Having passed through four successive editions, it has now become one half more copious than the manual which appeared as its translation; as the English edition of 1831 contained in one volume both quantitative and qualitative analyses, the former being treated of in 200 pages, while the present volume, treating of the same subject, contains 746.

The text-books of the present translation are the French and fourth German editions: Dr. Normandy deeming it advisable to consult the former, as it contains some valuable notes by Professor E. Peligot. The translator has also made some important additions himself, which he considered necessary to render the text more clear or more complete, either by explaining the rationale of some of the directions given, where they might have proved ambiguous to the student, or, at other times, by adding to the processes indicated by the author those which have been discovered more lately by other chemists.

In the present volume, which treats of qualitative analyses, the usual plan has been departed from of placing at the commencement the chapters which contain directions concerning apparatus—the rules to be followed in analysis and the course of blowpipe operations—these subjects, which occupy thirteen chapters, are placed at the end. Why this has been done we are not informed, nor can we see much advantage to be derived from thus deviating from the usual course.

The work is divided into two parts: the first treating of the behaviour of simple substances, and of their simple combinations with reagents; the second contains the rules to be observed in qualitative analysis. The first section treats of the bases, thirty-eight in number, and the results which follow the application of reagents. These are carefully described, and the translator has appended some excellent notes, which will prove valuable to the student. While the symbol of each base is given, the equivalent number is omitted, it being deemed, perhaps, sufficient to add this when treating of qualitative analysis. We think, however, that it would have been better if the chemical sign had not only been given, but the combining proportion of the base.

The second section, consisting of two chapters, treats of the *acacids* and *hydracids*. Among the former we have arsenious acid, and the remarks of the author on that as a poisonous agent are very excellent. In reference to the effects of organic substances in modifying the behaviour of the acid and its compounds towards several reagents, he says:—

"When a chemist is legally requested to examine qualitatively organic substances which have been poisoned by arsenious acid, less importance must be attached to the phenomena produced by reagents in such solutions, and which might lead to infer the presence of this acid, because several of these phenomena may be produced by organic substances alone. When a solution of arsenious acid in water contains certain non-volatile organic substances, for example, sugar, this foreign mixture does not hinder, but it retards; the formation of the precipitate produced by an excess of lime-water. The presence of other

organic substances, *while lime, for example, retards also the precipitation of arsenites of lime, which besides has, in such cases, quite a different appearance.* When the solution of arsenites contains at the same time several non-volatile but uncoloured organic substances, the precipitate produced by nitrate of silver loses its yellow colour by long standing, and gradually becomes black. Nitrate of silver poured in a coloured solution ordinarily yields an immediate precipitate of a dingy colour. The yellowish-green precipitate, which a solution of nitrate of copper determines in the solutions of arsenites of alkalis, is not sensibly altered when the liquor contains non-volatile organic substances. It is also the case with the precipitate produced by sulphuretted hydrogen in the solutions of arsenites which have been acidulated with muriatic acid. When, however, the solutions are strongly coloured, the yellow colour of the precipitate produced by sulphuretted hydrogen is difficult to perceive. It is admitted that, of all reagents, which have been enumerated, *sulphuretted hydrogen* is most to be depended upon to recognise arsenious acid when the solutions are not too highly coloured. There are cases, however, in which the reagent produces an abundant yellow precipitate in acid solutions, which do not contain a trace of arsenious acid, or even of metallic oxides in general. Such is the case, for example, when very fat meat is boiled for a very long time with a solution of potash, saturating the alkaline liquor with *nitric acid*, and filtering. Also when such meat is boiled for a long time with either of these acids only, diluting the liquor with water, and filtering, by which last operation a clear liquid is often difficultly obtained. In either case sulphuretted hydrogen produces in such a filtered liquid an abundant yellow precipitate. The same effect is also produced when this solution being saturated with an alkali, and hydro-sulphuret of ammonia added, muriatic acid is further poured into it until it becomes acid. Still less than sulphuretted hydrogen can *sulphate of copper* be considered a certain reagent to detect arsenious acid, because several slightly coloured decoctions of organic substances may thus produce a yellowish green precipitate similar to those which arsenious acid forms with the reagent, especially when a small quantity of potash is added. Thus, for instance, a decoction of unroasted coffee determines in solution of a certain quantity of sulphate of copper, after addition of a little potash, a green precipitate, the hue of which resembles very much that of arsenites of copper; yet the supernatant liquor is also of a green colour, and the precipitate itself dissolves in an excess of solution of potash, to which it imparts, not a blue, but a green colour. The green precipitate which a solution of sulphate of copper, with the addition of a little potash, produces in a decoction of onion, resembles arsenites of copper still more. It is so much the more important to bear in mind, that a solution of nitrate of silver determines also, in a decoction of onion, with addition of a drop of ammonia, a yellow precipitate soluble in dilute nitric acid and in ammonia, and which resembles arsenites of silver. Yet the hue of this precipitate is more dingy than that of arsenites of silver, and it spontaneously turns black by long standing. A solution of unroasted coffee yields with nitrate of silver a white precipitate only, which the addition of a drop of ammonia immediately turns black. When the object in view is to know whether an organic substance contains arsenious acid, two methods may be resorted to, for the purpose of separating this acid so as to be able to obtain metallic arsenic, and thus become utterly convinced of the presence of this substance. One of the methods consists in precipitating arsenious acid by means of lime-water in the same manner as arsenites of lime; the other, by means of sulphuretted hydrogen, in the state of sulphuretted arsenic, &c.

In the third section we have the *hydracids*, known simple bodies, with their chemical characteristics.

Dr. Nozandy deserves well of the English scientific community for the manner in which he has executed his work. It was a task of no ordinary kind for him to undertake, as he is not a native of this country. It is a book which the chemist may consult with advantage, and we would, therefore, recommend it to be promptly added to his library.

THE MEDICAL TIMES.

SATURDAY, MARCH 26, 1849.

THE SEVEN RESOLUTIONS.

THE country knows the fate of Lord Ashley's resolutions. He proposed three out of his seven, and they were rejected by majorities of 50 against 37, of 101 against 19, and of 98 against 36.

The first division was taken on his lordship's rather sweeping amendment for midwifery emergencies. Lord Ashley asked more than the profession, but probably not more than the poor, require. To give every woman in the kingdom, no matter what her position, an unconditional title by law to gratuitous medical assistance for her first and, in a certain medical contingency, for her subsequent parturitions, is a bold step in legislation. How far it would infatuate female pauperism—how far it would divert ordinary medical practice to poor-law channels, and how far, by increasing poor-law medical expenditure on one side, it would tend to get it made more niggardly on another—we will not aspire to decide; but certainly, in its present form, it appears to us a proposition more sweeping than the Poor-law Medical Convention would be likely to think within its functions; to press on Government. With reference to this point at least, we shall probably go to Parliament with a less extended demand, and so far must present a stronger claim to success.

The second and third divisions tested in one case the appointment of medical inspectors, in the other, the permanency of medical officership. Defeated, as we have said, on these propositions, his lordship got a pledge that the commission would adopt practically his suggestion of paid consultation in cases involving the life of the mother or child. The rest he abandoned.

Deploping the adverse fate of these resolutions, we yet gather from the debate much to give satisfaction. Mr. Buller, from his position, was compelled to caution and reserve; there was, in his circumstances, a Government necessity not to accept, and, therefore, to oppose, Lord Ashley's resolutions; and, these facts granted, we see in his able and interesting speeches many arguings that under his Government medical men will obtain all the concessions they require. One aim of ours—almost our greatest—is unquestionably to liberate medical remuneration from the foul domination of local caprices and parsimonies. Sick pauperism could and should be a state affair. Doctorship is no pleasure to the poorest man, but the saddest of sad necessities: it should be given without stint to him, for need will be the measure of his asking it; but to submit it to local grant and local expense is to destroy it often, and dwarf it always, and thus to tempt guardians to the double wrong of injustice to medical men on one side, and of mutilation or assassination to the wretched poor on the other. The state, therefore, has here imposed on it a duty of humanity it ought not to evade, and

this the less, as it is also a lesson of policy. There are no national advantages to be secured here, as for general pauperism, on the score of local improvements and diminished dependence; no parochial exertions to save the pockets of ratepayers will preclude sickness from a population, whatever they may achieve in regard to ordinary destitution; and then the existence of a Government staff of contented and well-paid medical officers, purveying skill for pauper use and public benefit with promptitude and certainty, and under responsibility, on the first appearance of disease, is a national advantage which, in these days of sanitary legislation, can surely not be exaggerated. Now, what says Mr. Buller on this aspect of medical poor-law reform?

"He assured the noble lord that the subject which he now submitted to the House had occupied his painful and frequent, he might say, his constant attention, since he had had the honour of holding his present office. It appeared to him that, both in principle and detail, it was at the same time one of the most anomalous and important, and one of the most difficult connected with the administration of the poor-law. Indeed he might say, without hesitation, that it was by far the most difficult. (Hear, hear.) He should be exceedingly happy if the result of his consideration of the subject should be to enable him to fix upon any of the many plans which had been proposed to him for putting the administration of this part of the poor-law upon an entirely new and satisfactory footing; for he could not deny that there was much of the present system for the medical relief of the poor which appeared unsatisfactory as well to his own feelings of humanity as to the general feelings of humanity of an enlightened and civilized community. He did not attempt to disguise that he wished he could consistently with his duty propound or support any new plan of medical relief for the poor through the agency of the poor-law, which would appear to him calculated to place that branch of its administration upon a more satisfactory footing; but he must fairly say, that with all the consideration which he had been able to give the subject, it was impossible through the poor-law to give relief upon any general system more satisfactory than the present. His deliberate opinion was, that if they wished a larger and more complete system of medical relief for the poor, it was not possible to administer it through local agency or by a charge upon local funds, but that they must devise some system of central administration, and give from the funds of the country a system of medical relief adequate to their ideas."

Lord Ebrington, the Secretary, speaking evidently under a similar conviction, says:—"If the subject of medical relief is to be dealt with, it must be dealt with as a general question."

Again: On the extent of medical remuneration, Mr. Buller's speech, while showing that he is open to a good lesson well taught, is very encouraging. "Great," says he, "as has been the increase made in the salaries of medical officers, I think that some further increase ought to be made. In many districts, I think, their salaries are insufficient."

Again:—

"The great object in this case was to secure the payment of adequate salaries. He looked to the maintenance of the character of public servants as one of the main securities for the efficient discharge of the public service; and he thought it was absolutely necessary that medical officers should receive a more adequate remuneration for their labour. It would be his endeavour as much as was in his power to secure them that in every individual instance. Undoubtedly the duty was imposed on them by the parliamentary grant of the £70,000 a year for medical relief, and he

"trusted that, by the judicious distribution of that grant, they might be enabled to ensure an adequate remuneration to medical officers throughout England."

On inspectorship his answers, though of a less decided character, are pretty well all that might be expected. He repeated more than once, that he guarded himself from the supposition of being considered averse to the appointment of medical inspectors; he had early felt, he said, in his office the necessity of such an authority; he was of opinion that it would be very useful to have them to report on the sanitary condition of workhouses, and that he "was inclined to take measures to obtain that result." "If the noble lord would allow him to endeavour to carry out the objects he had in view, he would do all he could to accomplish them." He added an intimation that he thought one medical inspector desirable forthwith, and that, when sanitary legislation should take effect, it would be then the proper time to decide what further increase of medical inspectors would be desirable.

From a functionary environed by the responsibility of the Chief Commissioner these are very cheering and, we will add, satisfactory manifestations: they give a reasonable hope that, if the Committee be compelled to bring their matured case before Parliament, they will find in him no very implacable adversary.

Let us be understood, however, as saying this not to slacken, but to invigorate professional exertion. Lord Ashley's resolutions being disposed of, we take possession of the field with the conviction patent that every moment lost is an advantage gone. The want of success in the debate of Thursday should be the reverse of a discouragement. There is such a thing as being dead-beaten—an unpromising piece of business, under which the best dispositions may resign themselves to inactivity and submission. But there is a beating which, like that of the Romans against Pyrrhus, leaves behind it both vitality and hope—which, serving as to-day's cheap purchase-money of to-morrow's certain advantages, is fatal only to the enemy and triumphant only to the fallen;—and that is the sort of defeat we sustained in the House of Commons on Thursday week. Lord Ashley's resolutions were overthrown, but our cause was secured. At the worst we lost but an unconsidered skirmish in a winning campaign; and now that the weakness of opposition there and the power of truth here have been alike tested and displayed, we have but to do our duty to achieve, from no unwilling adversary, the all we aim at.

ON POOR-LAW MEDICAL REFORM IN CONNECTION WITH SANITARY LEGISLATION.

We have been favoured with an article on the above subject from Mr. Liddle, a gentleman distinguished, as our readers know, for the attention he has paid to sanitary progress.

After touching on the capabilities for public services of poor-law medical officers, he thus remarks:—

"The boards of guardians, who fix the salaries, know well that the medical attendants of the workhouses cannot afford to give expensive medicines to the patients in these establishments, although many of them are suffering from chronic diseases. Yet the boards of guardians satisfy their consciences by saying, 'We elect the medical officers, and expect them to do their duty.' I have no hesitation in saying that these expectations are not in every instance realised. The

wine and porter of the workhouse must be freely made use of to make up for the want of efficient medicines and proper attendance. When will the public learn wisdom? How much longer will it continue its short-sighted policy? If the patients are seen by a medical officer, that is all the guardians require. Of the medicines which are prescribed, and of the degree of skill with which the sick are treated, the guardians are, of course, ignorant; and over the amount of extras which are ordered they have no control."

As an illustration of the effects:—

"The public press has recently furnished us with an account of an inquest before Mr. W. Baker, on view of the body of Thomas Harrington, aged 19, who was stated to have died from the neglect of a medical union officer, when the following verdict was delivered:—"That the deceased died a natural death; and the jury are of opinion that a *liberal compensation* should be afforded to a competent number of medical officers whose duties are to attend to the poor."

The disadvantages now complained of in the present system are thus touched on:—

"It is useless as regards the prevention of disease, because the services of the medical officers are required only for the purpose of curing or alleviating sickness, but they are not invested with power to remove or neutralize those deleterious agents, over which physical science might have control, and by the application of which it would frequently happen that, by a judicious forethought and circumspection, much misery would be prevented, and a great saving of poor's-rate effected.

"The present system of medical relief to the poor is of no use to the community, as regards the attainment of statistical results. From the long experience I have had in attending to the poor in a very populous union, I find that the services of the medical officer are sought for principally with the view of obtaining relief in food, fuel, and clothing from the workhouse, and that the medical services *per se* are little, if indeed any anything, thought of, for there are so many institutions where medical relief can be obtained gratuitously, that the public set very little value upon them."

Here is part of the remedy:—

"To ensure the proper performance of such duties, the medical officer should devote the whole of his time to the service of the public, and ought to receive such a salary as will maintain him as a gentleman *without the aid of private practice*. The services of the present numerous and ill-paid union officers should be concentrated in fewer individuals; for it will be found much more advantageous to the public to have the undivided attention of their officers, than to encourage the multiplication of those now employed in attending to the poor at the paltry salary of a few pounds per annum. The benefit that the public derives is very great. The numerous deaths which have recently occurred amongst them prove that the service is one of considerable danger—in fact, that the risk of life among medical officers of the poor-law unions is greater than that of officers in the army or navy while engaged in active service.

"An education somewhat more extended than that which is required for other medical practitioners would be necessary. The science of the prevention of disease ought to be well understood by them, yet I regret to find that public hygiene is not at present taught in any of the medical schools in London."

Mr. Liddle also recommends the supply of drugs by the Union, the establishment of a Union Dispensary, and suggests a new mode of making the entries in the Union books.

SAGES FEMMES AND MEN-MIDWIVES.

We have complained so frequently of the injury which quackery inflicts upon the legitimate members of the profession, that we are inclined

to fear our readers will imagine little more can be said upon the subject. Facts, however, are daily occurring which show that to let the subject rest would be to betray the interests of the profession and the public. People in general are not sensible of the danger to which they are exposed from the impudence and rapacity of uneducated pretenders to medical knowledge, and too often is it thought that the efforts of medical men to check the evil are prompted entirely by selfish principles. The Government also, which has the power of curbing the licentiousness of quacks, seems disposed to encourage their pretensions; it becomes us, therefore, as public journalists, not to allow an evil of such magnitude to flourish undisturbed, but to bring forward into the broad light of day any new facts which may occur showing its injurious tendency.

We adverted last week to the resolutions of Lord Ashley, in reference to pregnant women who seek parochial medical assistance at the period of their accouchement; and we then remarked that, while the pregnant-women resolution provides an amelioration of some service, it is a partial improvement, paid for by an almost corresponding disadvantage, and accompanied, besides, by a serious professional drawback. Its tendency, as we then observed, is to sanction female midwifery in Government medical practice. Such a principle ought not to be patronized, as it is both unjust and injurious to the members of the medical profession.

It is well known that the labours of primiparals are often more tedious than others, and yet are not more dangerous; and it does not follow that, because difficulties may not then occur, in subsequent confinements all will go on well. If, therefore, these are the only cases in which the accoucheur's presence will be required, then it is but right that the sum for medical services should be augmented to at least double that now received. Nor is it to be expected that, if midwives are to be sanctioned by the Government, and medical practitioners only called in when difficulties arise, they will give their attendance for the humble fee of half a guinea. This sum is barely remunerative by taking cases in the aggregate, some, it is true, only requiring but little attention, while others demand the exercise of the highest skill, and the sacrifice of a large portion of time. But to hand over pregnant females to the tender mercies of old women—whose principal recommendations for exercising the obstetric art are, that they have themselves made considerable additions to the population of the country, and are warmly attached to "drops of comfort"—is fraught with danger to the life of the expectant mother. We have almost daily proofs of the consequences of free trade in midwifery; and it is rather singular that coroners' juries, while they are ready to punish severely an educated medical practitioner, if he refuse to attend a case where there is no prospect of remuneration, treat leniently many who have had charge of women who have died in their confinement from alleged mismanagement.

Yet for our part, if the obstetric art is to remain without any protective enactment, we would rather see "mothers in Israel" attending patients, where the aid of a regularly-educated medical practitioner is not sought, than your quack "men-midwives." Women will not, in many cases, venture to act the physician, if they do the accoucheur; but the "man-midwife" thinks it necessary to assume both

characters, if circumstances arise which render it necessary.

We have had transmitted to us a case which recently occurred, to show how important medical skill is in the lying-in-room. A young unmarried female, residing at St. Ebbe, died in her confinement, and the following facts were stated at the coroner's inquest:—A Mr. Allen was engaged to attend her. A female witness stated that she was with her, and that a few minutes after she was got into bed she had a fit like convulsions; she fixed her eyes, and threw her arms about a good deal; foamed at the mouth and groaned; she appeared to recover in five minutes; some cold water was applied to her temples, and the palms of her hands were rubbed. Soon after she recovered from the fit, Allen came into the room; he spoke to the deceased, and she said, "Who are you?" He said, "My good girl, you will soon know who I am." He then sat down, and in a few minutes the deceased had another fit, similar to the first. Allen said, "I am afraid this will be a bad case." He applied cold water, the same as had been done before. After the deceased had recovered from the second fit, she began dozing; a cup of tea was brought, in which Allen put a spoonful of brandy, and attempted to give her some, but she did not take it. Allen said he must go and fetch something that was necessary to be given, as he had only brought a draught with him. He was entreated not to leave the patient, but he said he must go, and would not be long away: he was away as much as an hour. Allen said, if the deceased roused up, she was to be got up in bed, and her stays put on and laced as tight as they could be. This was done before he returned. Some tea was given her with brandy in it, and she drank it, but threw it up again; she vomited twice; the first was like water, and the other similar to bile. She then lay down and went to sleep. Allen returned while she was sleeping. He said if she had not been asleep he should have given her something to have procured sleep. Allen having gone down stairs returned in about half an hour, the deceased having roused up. He said, "This is a very serious case; I never have lost a woman, but I think this girl will die." He did not do anything to her, but ordered warm bottles to her feet; he said bleeding would be necessary, but he could not bleed her while she had fits. Allen did not give the patient anything in the witness's presence. He went down stairs; and when the fits occurred he came up again, but did nothing except to assist in rubbing the palms of her hands. From Allen's appearance the witness stated that she did not think he was a medical man. He requested the father and mother, if they did not feel satisfied, to call in some other medical gentleman. The deceased continued to have fits during the afternoon, and Allen, having again pressed the friends to send for another doctor, Mr. Wyatt came, and ordered leeches to the head, but the patient continued to get worse till she died.

Mr. Wyatt, in his examination, stated that when he visited the patient he found her in a sinking state. He saw Allen in the room, who represented himself as a medical man possessing a diploma from the Aberdeen University. The woman was in a hopeless condition, as the time for more active measures was gone. In Mr. Wyatt's opinion, what might have been done to save the deceased had been omitted.

Mr. Omerod, surgeon, made the *post-mortem* examination. No disease of any kind was dis-

covered, save a slight thickening of the membranes of the brain of old standing, and a general fulness of the vessels of a recent date. The jury's verdict was "Died from puerperal convulsions."

The "man-midwife" in attendance certainly adopted a very peculiar method of treating puerperal convulsions:—the application of cold water, which the woman had before applied; the administration of tea, with a little brandy in it; getting the patient up in bed, and lacing the stays as tightly as possible; rubbing her hands, and applying bottles of hot water to the feet. He left his patient too "as much as an hour" to fetch something that was necessary to be given, but it appears he forgot his lancet, or, at least, never attempted to use it. Mr. Omerod did good service for him, however, by indirectly answering the question, "Whether bleeding might not have been a relief to the deceased if resorted to early on Saturday?" his reply being that, although bleeding and delivery in such cases have been attended with success, yet that in the very best hands, and with the greatest care, these means have also sometimes failed.

We grant it; but the unanimous voice of the profession is in favour of bleeding, from the success which has attended it. Denman says, "One copious bleeding has sometimes entirely removed the convulsions;" and he mentions a case in which the patient was lying apparently beyond recovery, when, the jugular vein being opened, the good effects were almost instantaneous. Dr. Bromfield informed Denman of a case in which the patient was bled without much benefit, but in her struggles the orifice opened, and a considerable quantity of blood was lost; from this time the convulsions ceased. We might multiply authorities, but we will only quote from a work just published by Drs. McClinton and Hardy, entitled "Practical Observations on Midwifery, &c.," in which is embodied the report of the Dublin Lying-in Hospital, extending over a space of three years, during which period six thousand six hundred and thirty-four women were delivered in the institution. Amongst these there were thirteen cases of convulsions—ten before delivery—and of these, three died. The authors remark, "Of all the means for combating this formidable complication of labour, venesection is the most efficacious and generally useful; for not only does it abbreviate the number and severity of the convulsions, but it is calculated to prevent the bad effects of cerebral congestion occasioned by the fits; and it further tends to lessen the risk of abdominal inflammation after delivery."

It is to be regretted that the obstetric art is held in such little estimation by our English medical corporations, and non-professional persons occupying high stations in society. Unqualified persons hence abound, and as a natural consequence, when any case of difficulty occurs, it is either treated unscientifically, or an educated practitioner is called in at too late a period to save the patient's life. The Government, instead of sanctioning such a state of things, should forthwith enact some stringent law by which no person should be allowed to attend a case of midwifery without having received an efficient education, tested by an examination.

PETITION AGAINST THE BILL FOR PROMOTING THE PUBLIC HEALTH.

The following petition against the Bill for promoting the Public Health, presented to the House

of Commons by Lord Duncan, from Mr. King, has been printed by order of the House, and copies circulated among the members:—

TO THE HONOURABLE THE HOUSE OF COMMONS OF THE UNITED KINGDOM OF GREAT BRITAIN AND IRELAND, IN PARLIAMENT ASSEMBLED;
The humble petition of the undersigned legally qualified practitioner in medicine, surgery, and midwifery, of the city of Bath, Showeth,—

Your petitioner is of opinion that questions relating to the public health have not hitherto received from the Legislature of this country that degree of attention which is commensurate with their importance; he, therefore, regards with great satisfaction the introduction into your House of a bill, intitled "A Bill for promoting the Public Health." That, while your petitioner highly approves of many of the provisions of this bill, he has observed with deep regret and disappointment the entire omission or allusion to the medical profession; this omission will not only be most grievously and keenly felt by the members of the medical profession generally, but will be attended with very serious and injurious consequences to the community at large.

Your petitioner begs respectfully and earnestly to remind your Honourable House that the care and the due conservation of the public health legitimately belong to the members of the medical profession: they have not only the responsible and difficult duty of treating the various disorders to which the human frame is liable, and frequently risking their lives in the attempt to alleviate malignant and pestilential diseases, but they are expected and often called upon to devote much of their valuable time, talents, and industry, in persevering application in endeavouring to discover the causes, or what has a tendency to produce them.

Your petitioner is of opinion, therefore, that any bill or scheme which has for its objects the promotion of the public health will be exceedingly defective that does not admit or provide for the appointment of legally qualified members of the medical profession to share and assist in its due administration.

That your petitioner, therefore, earnestly and respectfully prays your Honourable House to supply this defect in the proposed bill, and to enact a law which shall require one or more members of the medical profession to form part of the General Board of Health, and also to appoint a medical superintendent in every district wherever the bill for promoting the public health may come into operation.

And your petitioner will ever pray.

GEORGE KING.

DR. M'CULLOCH AND THE EXPERIENCE LIFE ASSURANCE COMPANY.

[To the Editor of the Medical Times.]
SIR,—Should you consider the accompanying correspondence of value on this, at present, disputed subject, I shall feel happy in placing it at your disposal.

G. M'CULLOCH, A.M., M.D., T.C. Dublin;
F.R.C.S. Dublin,
Knightsbridge Barracks.

"The Experience Life Assurance Company's Office,
"London, 58, King William-street,
"March 10, 1848.

"SIR,—A proposal having been made to this company for an assurance on the life of H. G. —, Esq., of —, and you having been referred to for information respecting his present and general state of health, I am desired by the directors to request you will favour them with answers to the several questions annexed.
"I beg to add that it is important for the party proposing the assurance that every circumstance connected with his health and habits of life should be communicated to the office.

"As communications of this nature are considered to be strictly confidential, and in no case is any reason assigned for declining a life proposal, you may rest satisfied, that, should the tendency of your answers be such as to induce the directors not to accept the proposed assurance, the purport of your

replies will never be suffered to transpire, or become in any way the subject of observation.

"I have to solicit the favour of an early reply; and am, Sir, your very obedient servant,
"T. YUILLE WARDROP, Sec.
"George M'Culloch, Esq., M.D.,
2nd Life Guards, Hyde-park Barracks."

[Here follow the usual questions.]

"Hyde-park Barracks,
"March 10, 1848.

"SIR,—I beg, in reply to your letter of this day (calling on me to fill up and sign a medical report regarding the present state of health of my friend Mr. H. G.), to say that I make a practice of declining to answer such questions for insurance-offices unless such communications be accompanied with a fee."
"G. M'CULLOCH, M.D.
"The Secretary of the Experience Life Office."

"The Experience Life Assurance Company's Office,
"58, King William-street,
"London, March 11, 1848.

"SIR,—I am in receipt of your note of the 10th inst., in which you decline to answer the questions in the report relating to a proposal made by Mr. H. G. to this company, without a fee. I beg to state that it is not the custom with this company to fee private medical men (that is, the medical men referred to by the proposer), consequently I regret that I cannot comply with your wishes. I have to request that you will take the trouble of returning the report.

"I have the honour to be, Sir,

"Your obedient servant,
"T. YUILLE WARDROP, Sec.

"To Dr. M'Culloch, Hyde-park Barracks."
[To the foregoing note no answer was returned by Dr. M'Culloch.]

"The Experience Life Assurance Company's Office,
"58, King William-street,
"London, March 15, 1848.

"SIR,—I beg to call your attention to my note of the 11th inst. It is Mr. G.'s interest to furnish the directors with every information as to his health, in order that they may judge whether his life is eligible for assurance. The fee, if paid, ought to be paid by him.

"I am, Sir, your obedient servant,
"T. YUILLE WARDROP, Secretary.

"Dr. M'Culloch, Hyde-park Barracks."

"Hyde-park Barracks,
"March 16, 1848.

"SIR,—I am in receipt of yours of yesterday. I beg to say I must differ with you as to the party benefited by the medical information obtained from the medical friend or attendant of the person desiring to insure his life. The assurance company are perfectly aware of the advantage gained, otherwise they would depend solely on the opinion of their own physician or surgeon; but such opinion will not sufficiently insure them against risk; they require retrospective information; and thus, consequently, being the party really advantaged, they should pay the fee. It is on this principle I have hitherto, and will always, object to give any assurance company private information respecting the health of any person making a proposal for an assurance on his life.

"As I purpose publishing this correspondence in one of the medical journals, I beg to apprise you of my intention of doing so.

"I am, Sir, your obedient servant,

"G. M'CULLOCH, M.D.
"The Secretary of the Experience Life Office."

MEDICAL REFORM.—THE NEW BILL AND OLD TRICK.

"The hour is come, but not the man."
Guy Mannering.

[To the Editor of the Medical Times.]

SIR,—I claim the credit of having been the first to discover a remarkable property, peculiar, as far as I know, to members of the College of Surgeons among mankind, though kindred in its nature to certain well-known qualities in the "woman, the spaniel, and the walnut-tree." Some of your readers may recollect that I long ago pointed out, and brought strong evidence to prove, the universal fact that the members of the College of Surgeons love to be snubbed. Of course, like other great discoverers, I had to contend with prejudice and opposition, and have been obliged to abide the time

when my assertion should be tested by further experience before being admitted among recognised verities. Now, the present moment appears to me to be one which will decide, by an *experimentum crucis*, whether I am right or wrong. I call upon Dr. Pritchard, and all who have studied the natural history and varieties of man, to witness the result; and can truly say I shall gladly abandon my favourite theory if it be now proved untrue.

In your last number I find the following paragraph, which you say is a corrected version of a clause in the new scheme of medical reform, and one of some importance:—

"That those persons shall be entitled to be registered as surgeons who shall have been admitted as fellows or members by the Royal College of Surgeons. That the members of the College of Surgeons who dispense medicines, or supply medicines to their patients, shall be required (!) to enrol themselves in the College of General Practitioners, and to be registered as surgeons and general practitioners; and after the passing of this act members of the Royal College of Surgeons shall not be registered as surgeons unless they be also admitted as members of the Royal College of General Practitioners, and registered both as surgeons and general practitioners."

Upon this clause I beg to make a few observations. To the first portion there can be no objection; but the second is really so startling that, if you had not declared the sentence to be a "corrected" form, I should have suspected that there was still some mistake. We are to understand, then, that if any member of the College demeans himself by dispensing medicines, or supplying them to his patients, he is to be required (which, I suppose, means compelled by law) to enrol himself in a "lower-grade" college, while physicians and fellows are allowed to enjoy the solid gains of the people and mortar in full fling. The fellow may have his snug shop and green bottles, his pills and his petitions, his retail over the counter, and all the comfortable pickings of a trade, without any degradation at all. The physician may have a nice little per-centage arrangement with Mr. Squills round the corner, and share his profits, as is too frequently the case. Both these dignified personages may do these things without rebuke: "Where virtue is, there are most virtuous;" but woe betide the unfortunate member of the college if he dabbles in the apothecary's art, even although qualified by examination to do so, which his *soi-disant* superiors generally are not. In him it is an unclean thing. He must sign and seal his own disgrace, and "begin with shame to take the lower room."

When I ventured, long ago, and under another signature (vide vol. xv., p. 172), to advocate the total separation of pharmacy from medicine and surgery, as derogatory to professional character, I thought I had trod upon a wasp's nest. One of your correspondents pronounced me an ignoramus, who did not see the difference between an open shop and a surgery; it was maintained by another that there was nothing degrading at all in the notion of persons claiming the social position of gentlemen being occupied in retail trade; another, if I rightly understood him, seriously demanded that I should stand up and be shot at by all the general practitioners *seriatim* for making the suggestion, or else offer a public apology.

Let me tell these fire-eating heroes that now is the time to show their courage. If they are fond of fighting, there is plenty of work for them to do; but pistols are nothing to the purpose, nor am I the object most deserving of their wrath. I refer them to the authors of this clause, and if they really are in earnest—if they would show the world that they are not fond of being snubbed—if they maintain that trafficking in drugs is no degradation to professional persons—then let them boldly tell the governing body of their college that they will not submit to be ordered in their professional status. If, on the contrary, they are compelled to admit that such trafficking is derogatory, as is assumed by the parties who have drawn up the clause, then let them insist on fair dealing and an equitable application of the law.

There is a little statement in another part of your last number which is not without its significance at this juncture—I mean the announcement that the Provincial Medical Association has sent in its adherence to the new scheme, and declared its cordial approval of the measure. This was to be expected. The Wolf-and-Sheep Association could find nothing to object to. The Scotch doctors and Lincoln's-inn fellows, who rule the roast in that urbane and jovial society, are well pleased enough to save their own dignity and profits too at the expense of the members

of the college. Where is your old correspondent "Vox Veritatis," my respected godfather? Has he nothing to say upon this subject? It is not unworthy of his notice, and deserves the lash of his powerful pen.

One word more in reference to the concluding sentence of the clause before me. By this it is provided that, "after the passing of this act, members of the Royal College of Surgeons shall not register as surgeons unless they be also admitted as members of the College of General Practitioners," &c.

I always thought that the whole movement of the general practitioners took its rise in a determination to resent the repeated insults of the College of Surgeons, and to establish a new institution for the education of their own class, not in connection with, but to the exclusion of, the college. Yet here their representatives have virtually sold their own supporters, and furnished their enemies with the admission that they are unable to execute the task. What, in the name of Esculapius, among the 4,000 members of the National Association, are there none capable of examining young candidates as to their competency for "ordinary exigencies" without the aid of the College of Surgeons? If so, the general practitioners are degraded indeed. But perhaps this was a "concession" allowed in order to procure something in return, though what that something is I am at a loss to conceive.

Sir, I will now tell you the truth of the whole matter. This scheme is nothing but a plan for bringing grist to the mill in Lincoln's-inn-fields. The present members are to be frightened, if possible, by fear of degradation, into taking up the fellowship, by which the college pockets £30 apiece, in addition to the £22 which each member has been already swindled out of; and the new college is to play the part of jackal, and provide a continued supply of candidates in the shape of members who would otherwise very probably content themselves with the certificate of Apothecaries' Hall or the general practitioner's diploma.

The gentlemen who have undertaken to represent the general practitioners in these late conferences are, I dare say, very good sort of men, but they are not deep enough to be trusted to do business with the sharp practitioners in Lincoln's-inn-fields. They must get up very early in the morning, and for a long while too, before they will be qualified to play at the game of "concessions" with those accomplished thimble-riggers.

I am, Sir, your obedient servant,
March 14. ECHO VERITATIS.

ISLINGTON-GREEN LEGISLATION.

[To the Editor of the Medical Times.]

SIR,—For Heaven's sake do something to save a liberal and learned profession from such diabolical scenes as we witnessed in the House of Commons on Thursday night.

Nobody expects Wakley to be a gentleman; for birth, or breeding, or education, or feeling, one of all, are useful ingredients in the recipe. Strip him of his "brutal coarseness," and you leave him thin as a tailor's yard. It would be too great a cruelty to expect him to be consistent with himself in a speech of half an hour's length: without principles, mental restraint, or reasoning coherence, he turns out whatever garbage comes uppermost at the moment; and the short description of a Wakley speech is one half spent in clumsily undoing what the other half is spent in vulgarly doing. He is at times and seems with himself in a five minutes' speech, as he is with the rest of the world all the days of his life. But surely, Sir, he need not suggest to the gentlemen forming the House of Commons that we are of no better materials! "Medical men, he trusted, would have sense enough to feel indignant, and that in the end they would physic their oppressors!"

This is the *Times* report of Friday, March 17. This is the way to make us respected, and by gentlemen! Then came his vulgar, every-day claptrap about a medical man in Mr. Buller's place; and his vulgar, everyday, raving claptrap about lawyers, as if it were the lawyership and not the personification of Buller and such men that got them their appointments. Medical men are not the whining and envious petitioners for place this man makes them, and he knows it; but he uses the topic for a purpose, and the House knows it, and laughs at the trick, no doubt fancying that we are just the people to be gulled in that way. But, if you turn from his words to his practice, whom does he appoint to place as deputy coroner when he has the chance? A lawyer in pose! Is Mills a surgeon, a physician,

or apothecary? No, he is a lawyer, if anything! The Government office of assignee of bankruptcy—was that filled by a doctor? No, by Wakley's brother, another non-medical. And this is the man that mountebanks in the House about non-medical patronage!

Just to give you a specimen of his consistency:—
"The disappointment" "According to that out of doors would be right hon. gentleman, very great when it was found that no change matters might be changed on some future day!"

Yet Mr. Buller had announced that he was resolved on raising medical remuneration, &c.! I do not enter on his attacks on the chief commissioner, who certainly spoke as a scholar and a gentleman, such as, "The right honourable gentleman believed nothing of the kind himself: he used it as an argument," &c.; "he was bewildered;" "he wanted a nurse to help him," &c. &c.

These Wakleyisms are well enough, as Sir James Graham once said, in "a certain vehicle, to which they should be reserved;" but certainly it is not comfortable for men who know better, and feel better, who are not underbred, and have some sense of public decency, to have such a fellow pretending to speak for them, and of them! A clever writer in "Fraser," wanting to disparage us and raise the physicians, said, that the low state of our morals and intellectual attainments might be conjectured by our having, and supporting, such a journal as the *Lancet*. And members in the House of Commons, when they hear this Islington-green rubbish on medicine, must argue much in the same way of us. Can't you do something to prevent this? C.

[We should be very sorry.—Ed.]

DR. ROBERT LEE AND HIS DISCOVERIES.

[To the Editor of the Medical Times.]

SIR,—Your correspondent "Pastor" must either be a very "weak mortal," or he must have forgot the maxim (which in the case of one of his pretensions and profession is rather strange) that "Charity thinketh no evil." I also happen to know a little of Dr. R. Lee, and have read some of the recent attacks upon him. But I confess these have failed to produce in my mind the same conclusion as that to which "Pastor" has come. First,—Is it credible that any one with the least vestige of sanity could be guilty of what it is alleged Dr. Lee has done? Could he ever imagine that the Royal Society or the profession at large would receive at once, without investigation or scrutiny, what he lays claim to have discovered? Has he had no lessons already as to the way in which discoveries in the nervous system are sifted? Could ever "vain glorious ambition" so blind a man as to tempt him to do what he must know would infallibly bring exposure, disgrace, and expulsion from all honourable society? Good, in short, Dr. Lee, who has certainly a reputation to lose, ever stake it upon a lie which he must know he could not by any means cover for a single week? The idea is preposterous. But, second, Dr. Lee has denied all the charges laid against him—publicly, explicitly, deliberately denied them. He has explained how the apparent discrepancy between the drawings presented to the society and the preparations exhibited arose—viz., by his having proceeded with his dissections after he was given to understand that no official examination of these preparations would be made, and that the Physiological Committee had in fact "cushioned" his paper; and he has announced his intention of re-presenting his paper to the Royal Society, with the drawings amended and completed, after he has finished his dissections. And will not all this suffice? Should not this satisfy every reasonable man, and at least have induced "Pastor" to suspend his uncharitable judgment upon an old class-fellow, more especially as it related to a matter on which he could know nothing, even though he did attend a few medical classes in his youth? But at any rate he might have withheld the base and malignant insinuations regarding Dr. Lee's early history and motives which ran through his letter, and have remembered instead the old saying:—"It is a small matter to be judged of man's judgment." That would, at all events, have been more in keeping with the superior civility to which he has claim.

As one far removed from London had having no communication with Dr. Lee, or any of his associates there, but deriving my information solely from the public prints, and remembering how Dr. Lee has been treated by the council of the Royal Society; how

honours to which all impartial men judge he was fully entitled have been grossly and glaringly withheld and perverted; how he has dragged the secret doings of Somerset-house to light, and held them up to the contempt and execration of every honourable mind.—I say, looking at these things, and at the parties, who have been proved the dirtiest at that dirty work, I cannot resist the suspicion that this noise about Dr. Lee, and the allegations against his honour and integrity which have been so perseveringly made, owe their origin to official revenge and petty personal spite. Let such parties, however, beware, for they will perhaps find, ere long, that the mischief they intend for another may fall on their own heads. They talk about expulsion from societies! They attempt to put down one whose labours and devotion to anatomical science will be appreciated long after all their deeds have perished! They accuse any man of dishonour and falsehood! Pahaw! I am, &c., C.

Edinburgh, March 6.

GOSSIP OF THE WEEK.

WAR-OFFICE, March 18.—2nd West India Regiment: Patrick Joseph Clarke, gent., to be Assist.-Surg., vice Tuson, appointed to the 58th Foot.—3rd West India Regiment: Anthony Dickson Home, gent., to be Assist.-Surg., vice Concannon, deceased.—14th Light Dragoons: Assist.-Surg. Charles Hamilton Fasson, from the 58th Foot, to be Assist.-Surg., vice Stone, promoted on the Staff.—44th Foot: Jeakip Humphrey Llewellyn, gent., to be Assist.-Surg.—53rd Foot: Assist.-Surg. Edward Baily Tuson, from the 2nd West India Regiment, to be Assist.-Surg., vice Fasson, appointed to the 14th Light Dragoons.—73rd Foot: Assist. Staff-Surg. T. Washington Benjamin Buckler, to be Assist.-Surg., vice Hodgson, who resigns.—Hospital Staff: Staff-Surg. of Second Class William Linton, M.D., to be Staff-Surg. of the First Class, vice Grant, deceased; Assist.-Surg. Edward William Stone, from the 14th Light Dragoons, to be Staff-Surg., of Second Class, vice Linton, promoted; James Lewis Holloway, gent., to be Assist.-Surg., vice Buckler, appointed to the 73rd Foot.

CHARING-CROSS HOSPITAL.—The annual dinner of this institution took place a short time since at the London Tavern, and was unusually well attended. In the number and respectability of its supporters, the hospital appears rapidly to be gaining ground in public estimation; and the efforts which it has made during the past year fully entitle it to an increase of patronage. During the course of that year 12,093 sick persons have been admitted on the books of the hospital for relief, and at an expense of £3860. Of these, 1155 were in-patients, and 10,937 out-patients. Since the foundation of the hospital, in 1818, no less than 133,758 persons have partaken of its advantages, and it may be interesting to learn that, exclusive of 1583 patients received by recommendatory letters from governors and subscribers during the past year, as many as 10,800 were freely admitted without any recommendation whatever. The committee of management urge upon the benevolent public the necessity for enlarging the funds of the institution, in order to increase its usefulness, and their claims in this respect appear to be too well founded, as it appears from the report that no less than 1500 cases of accident and sudden injuries have been admitted into the hospital during the past year.

THE ST. PANCRAS ROYAL DISPENSARY.—An inquest was held by Mr. Mills, at the Lord Nelson, King's-road, St. Pancras, upon Thomas Cook, aged four months. Elizabeth Crow stated that, finding deceased dangerously ill, she went to the St. Pancras Royal Dispensary, and requested Mr. Dymond, the house-surgeon, to visit him, as he was apparently dying. He refused doing so, and desired her to bring the child to the dispensary. She told him that she could not do so, as he would die on the way. Mr. Dymond insisted upon the child being brought, adding that if deceased was not soon brought he would not see him. "In half an hour after her return

home deceased died.—Hannah Lunn deposed that deceased's father died three days after deceased was born, and that his mother, who was subsequently married again, would flog and lock up deceased in a room by herself, while she sent her other two children to pick up in the streets what they could, although she had ample means to provide for them.—Mr. Greenhill, a medical gentleman, attended from the St. Pancras Royal Dispensary, to explain that attendance at the dispensary was only at certain hours, when all who presented themselves were prescribed for.—The jury returned a verdict of "Natural death," accompanied by a censure upon the conduct of Mr. Dymond for not having attended deceased when required. The inquiry occupied several hours.

PROFESSIONAL TITLES.—A learned physician, and fellow of the Royal Society, seeing over the door of a paltry public-house, "The Crown and Thistle, by Malcolm MacTavish, M.D., F.R.S.," went in and severely took the landlord to task for this presumptuous insult on science. Boniface, with a respect but firmness which showed that he had been a soldier, assured the doctor that he meant no insult to science. "What right, then," asked he, "have you to put these letters after your name?" "I have as good a right to these," answered the landlord, "as you, having been Drum-Major of the Royal Scotch Fusiliers."

MONUMENT TO HARVEY.—The Mayor of Folkestone convened a meeting at the Town-hall last week, for the purpose of ascertaining whether the proposed erection of a monument to their distinguished townsman, Dr. William Harvey, the discoverer of the circulation of the blood, would meet with the approbation and support of the townfolks. The hall was well and respectfully filled. The meeting was addressed by Dr. Bateman, who, in expatiating on the great worth which Harvey's discovery had been, is, and will be, said that not all the deeds done by heroes could compare for usefulness to man, with that discovery of Harvey. Mr. Minter read a letter from Earl Radnor, wherein his lordship gives the committee liberty to choose any piece of ground on his estate whereon to erect the monument. Mr. Smyke, Earl Radnor's architect, has offered his professional services gratuitously. It was proposed that the town be divided into districts, and that certain of the committee be appointed to collect the donations of the inhabitants; and, when that shall have been done, to make appeals to other towns, until the sum required be obtained. Several persons, before leaving the hall, became subscribers.

PROFESSIONAL SQUABBLING.—An action was recently tried at Chelmsford for slander, in which the plaintiff was a surgeon of the name of Thompson, and the defendant Smith, of the same profession, and both residing at Manningtree. The complainant was originally an assistant-surgeon in the army, but resigned his commission in 1810; since then he has been practising in the town of Manningtree. In the month of September last, the plaintiff and defendant met, and personal collision took place, in which the former was knocked down, and on rising certain words were uttered by the latter which formed the ground of the present action. Mr. Smith said, "You old scoundrel, what do you know? what have you done of late? Look at the case in Front-street: you murdered Mrs. Owen. What did you do to Miss White, of Mistley? Did you not bore at her, and sweat over her like a bull, you old rascal? Did you not take sixteen ounces of blood from a man in debility? What did Mr. Rogers get rid of you for, but because you are incompetent? you are incompetent, I say. You may try the law." Various witnesses were called, among them Mr. Alderman Partridge of Colchester, and Dr. Allan Macleum. The jury returned a verdict for the plaintiff—Damages £50.

BURGESS ANATOMY.—The heart, in shape, is like the bud of a water-lily; it lies with the

point downwards, having three folds at the lower end, and is situated in the middle of the breast; it contains about a handful of blood. The liver of a wise man is thin and divided into three lobes; the unwise have large deformed livers: the liver is on the right side under the heart. The first spleen is in contact with the bowels; it is eight fingers in length, and in shape is like a cow's tongue: the second spleen is on the right side of the liver. There are three kinds of lungs, red, black, and spotted; they are situated in the breast above the liver, and are in shape like the fruit of the "thassan." (microbalano). The intestines of a man are thirty-two cubits long, those of a female twenty-eight cubits; they are coiled up in twenty-one folds below the opening of the breast. There are two descriptions of gall: one is contained in a bag, in contact with the liver; the other is diffused through the whole body. The human frame is also filled with pus. Perspiration exists in the orifices from which the hair grows. The spittle flows from the pouches on each side of the jaws.

OBITUARY.—On the 31st of August, at Oatlands, Van Diemen's Land, F. J. Park, Esq., colonial assistant-surgeon, and upwards of fourteen years medical officer of that district.—On the 1st inst., at his residence, Mr. William Thomas Hughes, of the Army Medical Department, aged 47.—Feb. 18, of fever, Robert Twiss, M.D., medical attendant of Bird-hill Dispensary, county of Tipperary.—Lately, Thomas Sumner, Esq., surgeon, Newton-le-Willows, Lancashire.—On the 6th inst., at Shanklin, Isle of Wight, Alexander Home Renton, M.D., late of Madeira, aged 54.—On the 6th inst., at Frankfort-on-the-Maine, Dr. Ynyr Burges, M.D., aged 48. On the 13th inst., at Bangor Infirmary, of malignant typhus, taken in the discharge of his duties, W. Leyson Thomas, Esq., house-surgeon of that establishment.—On the 26th of December last, at Saugur, Central India, aged 30, Assistant-Surgeon Samuel Brooke, of the Hon. East India Company's service, fourth son of the late Samuel Brooke, Esq., formerly of Finchley, Middlesex.—On the 16th inst., at his residence, in Great Stanhope-street, Sir Richard Hunter, Knight, M.D., aged 66.—On the 11th inst., at Tunbridge-wells, in his 81st year, Dr. Nelson, M.D., late of Wimpole-st.—Feb. 14, at South Molton, Devon, aged 52, John Nott Harding, Esq., surgeon.—Feb. 26, at Tinnehely, county of Wicklow, of fever, Henry Morton, M.D.—Feb. 26, at Sheerness, aged 47, George Walker, Esq., surgeon.—March 2, at Brighton, Robert Murray, Esq., surgeon, Honourable East India Company's service.—March 5, at Frankfort-on-the-Maine, aged 48, Ynyr Burges, M.D.—March 12, at Manchester, aged 25, of fever, Joseph Done, Esq., one of the visiting medical officers to the Manchester Royal Infirmary.—March 13, at Bangor Infirmary, of typhus fever, W. Leyson Thomas, Esq., house-surgeon to that institution.—Lately, James Lewis Kirkness, Esq., surgeon, Truro.

THE ROYAL SOCIETY.—The Marquis of Northampton, as President of the Royal Society, gave his second *conversazione* to the members of that learned body and their friends, on Saturday evening, at his lordship's mansion on the Terrace, Piccadilly. Among the objects of interest exhibited in the noble president's saloons were some very remarkable illuminated works, chiefly books of church music, collected among the islands of the Archipelago, by Major Macdonald. Some of these were of as early a date as the year 1200, their beauty of finish and elaborateness of detail being perfectly wonderful. Of models of new inventions, &c., there were fewer exhibited than usual; but of works of art, including some beautiful specimens of photography by M. Claudet, were very numerous.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted members on Friday, March 17:—Messrs. F. Wilkinson, G. B. Maasen, J. Shorts, H. Haden, S. M. Shircore, J. S. Hellmcken, R. Laycock, H. G. Martelli, F. A. Williamson, M. Coleman, J. Bailey, and W. T. Alexander.

MORTALITY TABLE.

For the Week ending Saturday, March 18, 1848.

Causes of Death.	Total.	Average of 5 Winters.
ALL CAUSES.....	1118	1107
SPECIFIED CAUSES...	1110	1102
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	289	184
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat.....	45	59
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	130	138
Diseases of the Lungs, and of the other Organs of Respiration.....	176	225
Diseases of the Heart and Blood-vessels.....	28	39
Diseases of the Stomach, Liver, and other organs of Digestion.....	75	62
Diseases of the Kidneys, &c. Childbirth, Diseases of the Uterus, &c.....	16	9
Rheumatism, Diseases of the Bones, Joints, &c.	4	13
Diseases of the Skin, Cellular Tissue, &c.	6	8
Old Age.....	2	1
Violence, Privation, Cold, and Intemperance.....	43	79
	33	31

NOTICE.

SUBSCRIBERS IN ARREAR are respectfully requested, in conformity with the terms of their subscriptions, at once to forward their remittances to the OFFICE.

The subscription for the stamped edition of the *Medical Times* is 15s. for the half-year, and £1. 5s. for the year, paid in advance. Post-office orders, or orders on parties in town, should be made out in the name of James Angerstein Carfrae.

THE CHART.

In providing for the punctual receipt of the *Chart* by every annual subscriber on our roll, we have arranged that the delivery *through the Post-office*, where not made to-day, will be completed on the succeeding Saturday. In the interim it is hoped, however, that other gentlemen will avail themselves of the opportunity of providing for its transmission by a channel more eligible for such an engraving than the post.

To meet the convenience of gentlemen wishing to possess the *Chart*, all annual subscribers entered on our roll during the month of March will be entitled to a copy.

The *Chart* is also published separately, price half-a-guinea.

Back copies of the *Medical Times* from January 1, or from the beginning of the volume in October, may be had by order through any bookseller, or by remitting an order to our Publisher.

We have to repeat to two or three gentlemen, not entered as annual subscribers on our roll, an answer before given:—1. Our arrangements already made preclude our giving charts to the extent involved by our correspondents' request. 2. The investigation of claims made through booksellers, or by private letters, would involve a labour, expense, and annoyance we do not feel called upon to incur, and this the more, inasmuch as all our exertions in so invidious a task would certainly end most unsatisfactorily. 3. Though feeling a proper amount of obligation for all support, whether for short or long periods, through the trade or not—an obligation we endeavour to repay our friends by making our journal worthy its cost—we may yet be well excused for wishing to make some special, though certainly needless, acknowledgment to those subscribers whose names have been under our own eye enrolled in our own books through successive months and years as steady and cordial supporters. A compliment to them must be much misconceived if treated as an affront to our other friends, with whose wishes, besides, we should find it practically quite impossible to comply.

Little is known of the previous form of the

charter proposed for the College of Physicians, but there can be little doubt that it will be modified to suit some objections made to various smaller points in it. The clauses in reference to extra-licentiates and M.D.'s in England not of its body are the following:—"Clause 4. That each of the present extra-licentiates of the said corporation shall be admitted an associate (or member) of the said corporation, on the production to the said censors of the said corporation of testimonials of character and professional qualification, which shall be satisfactory to the said censors, and on passing such examination before the said censors as shall be required by, and shall be satisfactory to, the said censors, and on his paying to the said corporation a fee of £25, exclusive of the stamp duty.—Clause 5. That every person now practising as a physician in England or Wales, and who shall have taken the degree of Doctor in Medicine at any university in the United Kingdom of Great Britain and Ireland, after regular examination (previously to the 1st of January, 1842), and who shall have attained the age of thirty years, and who shall not be engaged in the practice of pharmacy, shall at any time within twelve calendar months from the acceptance of these our letters patent by the said corporation, in the manner mentioned in the act of Parliament, heretofore stated to have been passed in the present year of our reign, be admitted an associate (or member) of the said corporation, without any examination, on the production to the said censors of the said corporation of his diploma, and of such testimonials of character and professional qualifications as shall be satisfactory to such censors, and on his proving himself to be of the said age, and on his assuring such censors that he is not engaged in pharmacy, and on his paying to the said corporation a fee of £25, exclusive of the stamp duty."

"Anatomist."—Cases have been mentioned by French writers to show that pyromania is entailed in certain families.

"An Apothecary."—There can be no doubt that any bill interfering with the rights possessed by an apothecary at common law, as a surgeon would be opposed. There will be an exception in the proposed scheme when it shall be submitted to Parliament.

"Inquisitor."—We noticed the coincidence. The Hope Insurance case was reported from "The Annual Register" for 1841.

"Scriptor."—The reports have been received.

"A. B. C."—The oldest descriptions of the disease are found in the works of Aretæus and Galen, though, according to Pliny, it was of frequent occurrence in Italy as early as the time of Pompey. The symptom referred to is not well authenticated.

"Petens."—The question we are unable to answer, and must refer our correspondent to the secretary of the college.

"Richard L."—The theory on the vital principle we cannot insert, as it would prove both tiresome and unprofitable to our readers. The scepticism of celebrated anatomists is a subject which we are not disposed to discuss.

"Mediceus Edinensis."—The occasional failure of vaccination in preventing the occurrence of smallpox is no argument for its disuse. It has proved a great boon to society, and Jenner is worthy of all honour for his discovery.

"A College Member."—The council appears to have committed certain derelictions of duty; if they are explicitly stated, they shall be published. We shall feel obliged by the name and address of our correspondent.

"Students."—The names of the gentlemen who constituted the Court of Examiners at the time the regulation was made we are unable to give. It is a matter of very little consequence.

"Gulielmus."—The charter confers no such privileges.

"Scrutator."—The disease may arise in its severest form without any obvious cause at the period of the cessation of the catamenia. We know of no certain remedies.

"A Qualified Practitioner."—exhibits a very laudable anxiety for the settlement of Medical Reform upon a sound and permanent basis. The questions which he asks, however, can only be answered by the gentlemen who are engaged in arranging the plan.

"A Medical Witness."—Wounds of the chest which penetrate the heart and lungs are fatal oftentimes not so much on account of the quantity of blood effused as from the pressure which it produces on these organs. The effusion of a few ounces into the pericardium is sufficient to arrest the heart's action.

"A Physician."—The salt is now much used in electro-gilding. It is sometimes met with in a crystalline state; at others in a white, chalky-looking powder. It is not much employed in English medicine, but is frequently used by the continental medical practitioners. Five-sixths of a grain is considered a large dose.

"An Old Fox" sends us an account of the London College of Medicine, which he informs us was "one of the Coroner M.P.'s bantlings." Our correspondent says that, among the resolutions promulgated in reference to the said College, there was one as follows:—"There shall be a fund established, called the College Fund, into which all moneys received shall be paid, and which shall be appropriated to the defraying of the necessary expenses, rewarding services, and affording relief to any of the members of the college, or their families, who may require assistance." And he asks, "Was there any money collected? if so: what became of it?" We are unable to say.

"Chirurgus."—We cannot interfere in the private misunderstandings of medical practitioners.

"Emigrant."—The sum stated will be sufficient for the expenses of the voyage, with a little surplus afterwards. We can give no opinion upon the prospects of an English surgeon obtaining professional employment in the United States. An examination must be undergone before the constituted medical authorities.

"An Old Friend."—We fear there is not much chance.

There are numbers who require the same thing. An advertisement in the *Medical Times* would be the most likely means of obtaining the desired situation.

"Dr. Harwood."—1. It is not the same. 2. Yes.

"A Radical Surgeon."—If the present arrangements be carried out, there will be no difficulties in the case referred to. The charter is not yet published.

"Mr. J. Bowen."—The instrument may be ingeniously constructed, but it is perfectly useless in practice.

"S. R., Macclesfield."—Is, we should think, not in earnest in asking the question he does, in reference to Tallacotus and his operation for forming a new nose. The satirical poet, Butler, is no authority when he says—

"So learned Tallacotus, from

The brawny part of porter's bum,

Cut supplemental noses, which

Would last as long as parent breech."

The integument for forming the new nose was generally taken by him from the arm, which was raised and bound to the face till adhesion of the skin took place.

"Mr. Graham's" "Case of Disease of the Brain" is under consideration.

"Scolus."—The paper on the Scotch Medical Schools is not suited to our columns.

"An Assistant Surgeon, E. I. C. S."—The papers have been received; and a private communication forwarded according to request.

"Chiron."—The plan may be very good in the estimation of those who originally proposed it; but the profession would not accept it.

"M."—The sum can be recovered in the county court.

"Mr. Edwin Bane."—The rules for forming a diagnosis are not very satisfactory.

"Nemo, Borough."—The college cannot exercise any controlling power.

"Obstetrician."—We know of no signs that can be relied upon.

"B. B."—The best is a needle, or small trocar.

"Lector."—South's "Chellus."

"A Subscriber."—The indentures cannot be cancelled without the master's consent.

"Dr. Cheney."—We have not heard of such a provision in the proposed arrangement.

"Magister's" letter is an advertisement.

"Apothecarius."—It is said a portion of old ointment facilitates the operation, and is certainly much to be preferred to turpentine, which is apt to produce pustules on the skin.

"A Poor-law Surgeon's" "Remarks on Lord Ashby's Resolutions" have been received.

"Senex."—The Company will not prosecute.

"A London Medical Pupil."—The fee for the diploma of the Royal College of Surgeons, Ireland is, £31. 10s.

"An Edinburgh Physician."—A specimen may be seen in the Hunterian collection at the College of Surgeons.

"M. R. C. S., L. A. C."—A candidate must be unmarried, not beyond twenty-six years of age, nor under twenty, one. The communication must be forwarded unsealed under cover to the Right Honourable the Secretary at War, with the words "Army Medical Department" at the corner.

"A. C. S."—The L. A. C. is indispensable.

"Dr. Bushnan on the Progress of German Medical Science" received.

"A Fresh Man."—The registrar of the college is the person to whom application should be made.

"An Irish Surgeon, Belfast."—The work is published by Mr. Renshaw.

"Mr. G. Williams, Tenby."—An opinion cannot be formed without a specimen of the article.

"Visitor on the Constitution of American Medical Colleges" is under consideration.

"M. A. F."—The mistake might easily have been made, as the shortening of the limb is influenced by the condition of the membrane which invests the head of the bone. When it is uninjured the retraction is very inconsiderable.

"Spectator."—The new Medical Bill has not been introduced to the House of Commons.

"Chirurgus."—The dislocation is not so rare as our correspondent supposes; if, however the particulars are forwarded to us they shall be published.

"Mr. Edward Johnson."—The Royal College of Chemistry.

"A Constant Reader."—The diagnosis of the one is simple when compared with the other, in which the inferior penetrates the superior fragment.

"An Army Surgeon."—There is no limit in point of age.

Letters and communications have also been received from Anatomist; An Apothecary; Inquisitor; Istros; Scriptor; A. B. C.; Petens; Richard L.; Mediceus Edinensis; A College Member; Students; Gulielmus; Scrutator; A Qualified Practitioner; A Medical Witness; A Physician; An Old Fox; Chirurgus; Emigrant; An Old Friend; Dr. Harwood; A Radical Surgeon; Mr. J. Bowen; S. R., Macclesfield; Mr. Graham; Scolus; An Assistant Surgeon; Chiron; M. R., Lector; A Subscriber; Dr. Cheney; Magister; Apothecarius; A Poor-law Surgeon; Senex; A London Medical Pupil; An Edinburgh Physician; M. R. C. S., L. A. C.; Dr. Bushnan; Mr. Ellis, Walsham-le-Willow; Mr. Smith, Pudsey; Dr. Peppard, Pallas Kenry; Mr. Towers, Hartford; Dr. Frye, Aberdeen; Mr. Ballyse, Nantwich; Mr. Miles, Gillingham; Mr. Elston, Rainford; Mr. Newton, Hallingwood; Mr. Doves, Parkhurst; Dr. Paxton, Rugby; Mr. J. French; Signa; An Oculist; A Member; Analemi; A Well-wisher; F. G., Manchester; An Old Member and Subscriber; A Fresh Man; An Irish Surgeon, Belfast; Mr. G. Williams, Tenby; Visitor on the Constitution of American Medical Colleges; M. A. F.; Spectator; Chirurgus; Mr. E. Johnson; A Constant Reader; An Army Surgeon; Q. in the Corner; Orites; A Poor Student; A Medical Witness; Scalpel; Ignoramus; A Five Years' Subscriber; Mr. Greenwood; &c.

No. 444.

SUMMARY.

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ORIGINAL LECTURES.

LECTURES ON SOME OF THE MORE IMPORTANT POINTS IN SURGERY.

By G. J. GUTHRIE, Esq., F.R.S.,

Read by Mr. HANCOCK, Surgeon to the Charing-cross Hospital, and Lecturer on Anatomy and Physiology at the Royal Westminster Ophthalmic Hospital.

LECTURE VIII.

ON WOUNDS AND INJURIES OF THE CHEST.

Cases of wounds of the heart, by Dupuytren, Percy, Chianéa, Steifansand, Sanson, Mallé, Ferus, Velpeau, Frizi, Holmes, Schmucker, Henri, Breschet, and Guallam; auscultation of the precordial region; Dr. Hope and Dr. Latham'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 instance; 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 dropsy of the pericardium, and the operation; Larrey's operation for hydrops pericardii; 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 Hammick, and Dr. O'Connor; death from blows on the heart; medical treatment; lacerations and ruptures of the heart.

Baron Dupuytren has related three cases of fatal wounds of the heart, in his "Leçons Orales." In the first, the individual, Pierre Geray, lived eight days after a transverse wound, three lines and a half in extent, and one line in width, the edges being separated externally, but applied to each other internally. The pericardium contained scarcely an ounce of serous fluid. The left side of the chest contained four ounces of blood from the intercostal artery of the fourth rib, which had been wounded. In the second, the unfortunate man, in an access of despair, thrust a saddler's needle five or six times into the heart, and died three weeks afterwards, when the nature of the injury was discovered. A large ecchymosis was found on the pericardium, which was half filled with blood. The wounds made by the needle were partly closed by coagula: one penetrated the septum, a second the left ventricle, the others the right ventricle, both of which contained some black and fibrinous coagula. During his illness the pulse was not remarkable for anything; the region of the heart was not the seat of any particular movement, nor any extraordinary sound; no fainting, no dyspnoea, nor were there any other symptoms of injury of the heart present. In the third case, the patient had stabbed himself six or seven times with a file, on both sides of the chest, and died in three

days. Both sides of the chest contained effused blood, on the left side in considerable quantity, so as to compress the lung, which was not permeable to air; it was furnished by an intercostal artery, which had been wounded. The pericardium was wounded in three or four places, and contained a tablespoonful of blood and pus, the effect of inflammation. The left ventricle was wounded in three places. The right ventricle contained some coagula of black blood, but no wound could be perceived in it. The principal opening in the left ventricle was closed by a coagulum. The pleura showed signs of inflammation.

Baron Percy, who treats of wounds in the heart, and M. de Blegny, relate instances of the right auricle being wounded, the man in the last case living four days ("Journal de Médecine," an. xi., p. 309); and Randall mentions the case of a negro boy, who lived two months and six days after receiving a charge of small shot in the breast, five of which penetrated the heart, three having lodged in the right ventricle, and two in the right auricle.

CASE 42.—M. Chianéa relates in the "Mémoires de Chirurgie Militaire," tome 11, Paris, 1822, the case of a soldier, who survived thirty-six hours after a wound an inch long through the right ventricle of the heart, and which afterwards perforated the centrum tendinosum of the diaphragm, and lodged in the liver.

CASE 43.—Steifansand, in Casper's "Wochenschrift," 1838, relates the case of a young man of twenty, stabbed in the right breast, from which wound great hemorrhage followed; it returned on the fourth day, and continued at intervals until his death on the seventh. The right side of the chest contained three pounds of blood, the cartilage of the fourth rib had been cut across, and the arteria mammaria interna divided. The knife had then penetrated the pericardium and the right auricle, the wound in it being two lines long. The right lung was collapsed and useless. This man, however, was supposed to have died from hemorrhage from the mammary artery.

CASE 44.—Sanson, in his "Hémorrhagies Traumatiques," page 266, relates the case of a soldier who shot himself between the fifth and sixth ribs, and died in the Hôtel Dieu, under the care of M. Roux. The ball had lodged between the pericardium, the diaphragm, and the sharp edge of the base of the left lung; the pericardium, greatly distended, was not wounded. An incision gave vent to a quart of fluid and some coagulated blood. At the point of union of the anterior surface of the heart with its left edge, there was a loss of substance, of a round shape, contused, unequal, and about two lines in depth and three in width. There was no other wound observable.

In the "Revue Médicale" for July, 1834, there is the case of a young man who lived ten days after being stabbed in the heart, through the left ventricle, and who died of effusion of blood into the cavity of the chest.

CASE 45.—Professor Mallé, in his "Clinique Chirurgicale," Paris, 1838, relates the case of a

soldier wounded between the sixth and seventh ribs on the left side by the bursting of his friend's gun. The wound was small, and gave passage to neither blood nor air. The heart's motions were obscure and the pulse feeble; reaction taking place in the evening, he was bled twice to ten ounces each time. Next day, pain behind the sternum. The ear distinguished at the part a kind of undulatory crepitation, something like that heard in a varicose aneurism. Elsewhere the respiratory murmur was natural; dyspnoea; bled and cupped. The patient died on the 14th of May, having been wounded on the 28th of March.

In the chest at the wounded part there was a cicatrix. The right lung presented a small cicatrix near the heart, showing that it had been penetrated. It was hepatized around for four inches, and united by slight adhesions to the pleura. The pericardium appeared larger than usual, and contained about five ounces of reddish serum, and some fibrinous clots, two of which adhered to the heart. A foreign body was fixed in the left ventricle, and proved to be a part of the stock of the gun which had burst, and was fixed in the front and about the middle third, its free extremity, which was as large as a full-sized writing quill, projecting ten lines. The cavity of the ventricle contained a very firm coagulum extending into the aorta. The piece of wood had traversed the left ventricle and the septum, and projected into the cavity of the right ventricle.

Life in this instance appears to have been prolonged by the piece of wood blocking up the hole, and preventing the effusion of blood, which seems to have taken place in the other cases alluded to when the instrument remained in the wound, whilst in those instances in which death occurred more rapidly there were repeated effusions of blood through the open wounds.

M. Ferus presented to the Academy of Medicine of Paris, in 1826, the heart of a coal-porter, having the mark of a cicatrix half an inch long in the centre of the right ventricle, the result of a wound he had received in the chest in a quarrel some seven years before. He died of gastro-enteritis.

CASE 46.—Velpeau, in his "Anatomie Chirurgicale," narrates the history of a man who died, having nine years before received a wound in the chest from a knife. He recovered after an illness of several months, but remained subject to palpitations. On examination, the wound in the pericardium was found united, the edges adhering to the chest; the heart opposite to this presented a fibrous line, penetrating through the wall of the right ventricle, and it was believed through its inner membrane.

CASE 47.—Dr. Frizi states, in "Il Filiatri Sebezio," p. 27, 1834, that he was called in May to a young man stabbed in the heart by a knife, which went through the left ventricle and wounded the wall of the opposite side. At the moment of the wound there was a gush of blood, and the man fainted. When seen shortly afterwards, face pale; pulse feeble and intermittent;

respiration difficult; slight oppression; deep-seated pain in the wound, from which a few drops of blood oozed; intellectual faculties unaffected. The patient gradually improved until the tenth day, when he suddenly fainted and expired. He survived solely in consequence of a coagulum having formed in the ventricle by which the wound was closed.

CASE 48.—A man, wounded by a knife in the left side of the chest, fell, with little external hemorrhage, and, after rallying in some degree, died in seventy-eight hours. On examination, the wound was found to be over the fifth rib, three quarters of an inch from the cartilage. The left cavity filled with bloody serum; lung collapsed; evidence of intense inflammation; adhesion by bands of pleura, extending from before backwards; the rib was severed; the intercostal artery divided; the knife traversed the pericardium, passing through the left ventricle of the heart an inch from its apex, and wounding the diaphragm. The pericardium contained some ounces of bloody serum; few coagula were found either in the chest or pericardium. — *American Journal of Medical Sciences.*

CASE 49.—Dr. Holmes, of Montreal, was called to a young man killed shortly before, in consequence of having been wounded by the firing of a musket, supposed to have been loaded with large shot, not ball, several of which struck him in the left side of the chest. One only penetrated the cavity, perforated the left lung, struck the pericardium, and dropped into the cavity of the pleura. This cavity contained nearly a pint of bloody serum. The pericardium, containing a considerable quantity of blood, was not perforated, but a transverse linear opening existed in the anterior wall of the right ventricle of the heart, capable of admitting the finger. — *American Journal of Medical Sciences.*

CASE 50.—Schmucker, in his "Vermischte Chirurgische Schriften," Band, 2, s. 110, Berlin, 1786, states the case of a soldier, who struck a knife into his chest at the spot where the fifth and sixth ribs join their cartilages. He lost a considerable quantity of blood; had palpitations; small, hard, and intermittent pulse; oppressed breathing; hard cough; and convulsive movements of the chest. The wound having been dilated to three inches, it was ascertained that the anterior margin of the left lung, the pericardium, and the heart, were wounded, the heart near its apex, superficially to the extent of nearly half an inch; the patient lost a quantity of blood from the wound daily, and was also bled on the fifth day; a quantity of whey-like fluid of an acid odour flowed from the wound. Purulent expectoration took place, all the symptoms diminished, and in five weeks he was apparently quite cured. A year afterwards he was in good health.

CASE 51.—A soldier, wounded accidentally with a knife, on the 4th of December, 1839, between the fourth and fifth ribs, to the extent of an inch, and rather less than half an inch from the sternum, fell insensible after the loss of a quantity of blood, and was carried to the hospital at Strasburgh, and placed under the care of M. Henri. The sounds of the heart on his arrival were obscure and very feeble; the wound was closed, but on making the slightest exertion, as when sitting up, blood spouted out as from a stopcock, in a stream the size of a pen, and to the distance of four inches from the chest; he was bled to twelve ounces, which relieved the anxiety and sense of suffocation of which he complained. He was bled next day to eight ounces, and the next day five times, once to twenty ounces, three times to fourteen ounces, and once to ten ounces; the day after three times, to about thirty ounces, and the next day to twelve ounces. The pulse was during this time quick and irregular, and the movements of the heart tumultuous. Oppression and stridling. The bruit de rope was distinctly heard during the contraction of the ventricles. After this he gradually improved, and was allowed to sit up, and was dismissed cured. — *Annales de la Chirurgie, August, 1840. Monthly Journal of Medical Science*

M. Breschet, in the "Repertoire d'Anatomie," tome 4, page 196, relates the case of a gentleman killed in a duel, in whom the vena azygos was wounded immediately above where it joins the vena cava; and Guattania, in his work "De Aneurismatibus," mentions the case of a man who survived a wound of the aorta eight years.

Auscultation and percussion, and principally auscultation of the whole præcordial region, have afforded means of judging of injuries of the heart, which were not formerly known. Dr. Hope ("Diseases of the Heart," p. 3) says:—"A line drawn from the inferior margin of the third rib, across the sternum, passes over the pulmonary valves, a little to the left of the mesial line, and those of the aorta are behind them, but about half an inch lower down. A vertical line, coinciding with the left margin of the sternum, has about one-third of the heart, consisting of the upper portion of the right ventricle, and the whole of the left, on the left. The apex of the heart beats between the cartilages of the fifth and sixth left ribs, at a point about two inches below the nipple, and an inch on its external side."

Dr. Latham ("Lectures on Clinical Medicine," 1846) remarks:—"If one leg of a compass be fixed at a point midway between the junction of the cartilage of the fifth rib on the left side, with the rib and the sternum, and a circle of two inches in diameter be drawn around, it will define as nearly as possible the space of the præcordial region, occupied by the heart, whilst uncovered, except by the pericardium and some loose cellular texture. In the rest of the præcordial region it is covered and separated from the walls of the chest by the intervening lung."

If the chest of the dead subject be transfixed with long needles, it will be found that the centre of the first bone of the sternum corresponds with the lower edge of the left subclavian vein, and to the arch of the aorta crossing the trachea; the centre of the second bone to the upper edge of the appendix of the right ventricle; and the centre of the third bone corresponds to the right side of the right auricle; the right ventricle being lower down. A needle penetrating the chest at the costal extremity of the fifth rib, close to the upper edge of its cartilage, will touch the septum of the ventricle. The apex of the heart is an inch and a half below this, and inclined to the left side.

The semilunar valves of the pulmonary artery correspond to a spot a little below the centre of the third bone of the sternum. The aortic valves are a few lines below and behind the pulmonary. The mitral valves are a little lower, and still more deeply seated. The pulmonary artery, after touching the sternum, inclines to the left, and is found close to the sternum, between the second and third ribs. The aorta ascends to the first bone, and crosses it to form the arch.

One-third of the heart, consisting of the upper part of the right ventricle and of the whole of the right auricle, is beneath the sternum; the remainder of the right, with the left ventricle and auricle, is to the left side of that bone.

On applying the ear to the præcordial region, the patient being in the erect position, two sounds are distinguishable in a healthy heart—one duller and more prolonged, the other clearer and shorter: between these there is scarcely an appreciable interval. The period of repose is sufficiently marked before the first or duller sound returns. Of the time thus occupied one half is filled up by the first or dull sound; one quarter, by the second or sharp sound; one quarter by the pause or period of repose.

Laying aside certain physiological differences of opinion on the nature and causes of these two sounds during a state of health, it may be conceded, in the present state of our knowledge in England, that the first or dull sound depends on the muscular contraction of the ventricles; and that the second arises from the closure of the sigmoid or passive valves of the heart, by the recoil of the blood thrown back upon them by the aorta and the pulmonary artery.

Andral and others, in France, are not at pre-

sent inclined to assent to this theory, which they consider too abrupt, and are disposed to attribute the second sound especially to the sudden tension of the sigmoid valves, caused by the blood passing behind them upon their superior surfaces, and as auxiliary causes, the sudden opening of the auriculo-ventricular valves, and the passage of the blood into the ventricles—a difference of opinion without much distinction, and in no way more explanatory even if the theory should prove more correct.

The impulse of the heart, as far as it can be felt by the touch, depends much on the position in which the body is placed. In the erect position the apex strikes between the fifth and sixth ribs. In the recumbent posture, the impulse is almost imperceptible. It is, perhaps, more observable when the body is turned on the right side; but decidedly more so when it is turned on the left. A clearer sound proceeds from a thin, and a duller sound from a thick heart; a sound of greater extent from a large heart, and a sound of less extent from a small one. A more forcible impulse is given by a thick heart, and one more feeble by a thin one; the impulse is conveyed to a longer distance from a small heart.

From a clearer sound, we believe in the probability of an attenuated heart; but we argue its certainty from a clearer sound joined with a weaker impulse. A stronger impulse denotes the probability of a hypertrophied heart; but we argue its certainty from a stronger impulse with a diminished sound.

Dr. Latham has well indicated and supported the use of the terms endocardial and exocardial, to designate the alterations which take place in the sounds of the heart under disease. Endocardial when they occur within the heart, and exocardial when they take place upon its surface. The endocardial murmur of disease, or bellows sound, takes place of, and is substituted in certain cases for, the first or second, or even for both the healthy or normal sounds. The exocardial murmur of disease is heard with the normal sounds, but confusing and overpowering, sometimes overwhelming them by its rubbing or crumpling noise. The natural sounds exist, although rendered imperceptible by the greater distinctness and nearer approach of the unnatural or unhealthy ones.

The heart, apart from the pericardium, never moves without a sound; the pericardium, apart from the heart, never gives out one. Under disease, the heart gives out the natural sound diminished, exaggerated, or modified; or it may be totally altered. The sounds given out by a diseased pericardium must always be new (there being no old ones), and are described as rubbing or to-and-fro sounds. The pleura, when diseased, being a serous structure, like the inner membrane of the pericardium, gives out less marked but somewhat similar sounds (the *fröissement* of the French), in particular stages of disease.

The alterations in the ordinary sounds, constituting the endocardial murmurs of the heart heard under disease, depend principally on the altered state of the endocardium, or membrane lining its cavities; the sounds given off, and called exocardial, on an altered state of the serous membrane of the pericardium, are reflected over the outer surface of the heart. The endocardial or bellows sound, when it accompanies the normal sounds of the heart, may result from any kind of dérangement affecting the internal membrane of that organ, particularly rheumatic inflammation, or from any force which may compress its cavities; it may depend on the altered quality of the blood, from anæmia. It should be present after excessive hemorrhages have greatly reduced the powers of the sufferer. When this murmur or sound occurs after injury in the vicinity of the heart, and is accompanied by fever, it indicates inflammation of the lining membrane, although no local pain, no palpitations, nor irregular movements of the heart, should be present.

When a murmur or sound is heard of a different kind, possessing the character of friction, or of surfaces moving backwards and forwards on each

other, or to and fro, this sound is the sign of inflammation of the membrane covering the heart, and of the lining the fibrous external tissue of the pericardium. The signs of both, external and internal inflammation, may be present at the same time, and they frequently are in cases of acute rheumatism.

When the heart is supposed to be wounded, even without much loss of blood, there is fainting; palpitation; irregular movement of the heart; or total cessation of its action; coldness of the extremities; ghastliness of countenance, succeeded by great anxiety; a sense of anguish; an intermission or cessation of pulse; followed, if the patient should survive, by reaction, which renders it very frequent, and sometimes increases its impulse, whilst the anxiety is increased by pain, sometimes intolerable, referred to the part. These symptoms imply a serious injury, although they may not all be present, and many of them differ in intensity. If the patient should survive, the ordinary sounds of the heart will return, with more or less irregularity, accompanied after a few hours by the endocardial murmur, although something like it may, perhaps, be observed from the first period of injury. The friction, or attrition sound, indicating the presence of inflammation of the pericardium, may be absent, and will not be discernible, if a layer of blood is effused into the cavity of that membrane, whilst the natural sounds of the heart are rendered more indistinct as the heart is separated from the walls of the chest by the effusion, which distends the pericardium, whilst it also impedes the regular action of its cavities, stops the heart, as an aneurysm does the lungs. If inflammation take place without an effusion of blood, the friction sound will be heard, and will usually continue even after some effusion of serum and of lymph has occurred, as the quantity of serum is rarely sufficient to prevent the effused and attached portions of lymph from rubbing against each other.

The presence of a larger quantity of fluid may be more distinctly known by percussion, if it can be borne in cases of injury, the degree and extent of the dulness being the measure of its existence and accumulation. It may extend over a part or the whole of the precordial region, reaching as high as the second, or even the first rib, beneath the sternum, and even under the cartilage of the ribs of the right side.

Mr. Roberts of Leamington supposes that a penetrating wound of the heart gives rise to a peculiar sound, resembling that which is heard in an aneurysmal varix. Secondly, that it is accompanied by a constant convulsive action of the muscular fibres of the heart, in such a manner that the sound ceases if the wound should be closed by a coagulum, but that the convulsive motions continue for some time after the patient survives. These observations have not been verified in all cases.

That the heart when wounded is capable of recovery by the permanent closure of the wound, in a few rare instances, is indisputable, and it would seem from a consideration of the different cases which are recorded, that such recovery takes place in consequence of there being little blood discharged through the wound, or into the cavity of the pericardium, or into that of the pleura. The absence or the reception of hæmorrhage, by the contraction of the wound, or the formation of a coagulum, is the first step towards a cure; and it would appear that it is to one, or other of these circumstances that most of those who survived the injury for several days or weeks owed their existence for the time, although they usually died from the effects of inflammation, more of the inner lining and outer covering than of the substance of the heart itself. If auscultation had been known and resorted to by the older surgeons, who have recorded many of these cases, the cause of the inflammation would, in all probability, have been discovered.

If the wound be inflicted by a gunshot or gun shot, it cannot be actually closed, although pressure may be made upon it for a time, so as

to suppress the external flow of blood. If this should succeed, it is more than probable that the hæmorrhage will continue internally, and that the patient may die after much suffering, principally from oppression caused by the escape of blood into the cavity of the chest.

If the wound be a stab, the external opening may be accurately closed, and the escape of blood prevented; but, as the pressure of the blood in the pericardium is unequal to restrain the action of the heart, blood forced out through the opening fills the cavity of the pleura, and causes suffocation, unless from some accidental circumstance the opening in the heart becomes obstructed, and the bleeding ceases.

If all the circumstances be considered, there can be no doubt of the propriety of closing the wound in the first instance, if the flow of blood is excessive, and appears likely to endanger life. It seems to be as little doubtful that the wound should be reopened after a time, if the danger from suffocation be imminent; the relief obtained by the escape of a little blood may be efficacious, whilst it does not necessarily follow, although it is more than probable it will be so, that its place will be occupied by a further extravasation of blood, which will prove fatal. It is a choice of difficulties, and death from hæmorrhage is easier than death from suffocation.

In the case of the Duke de Berri, whose right ventricle was wounded, and who died from loss of blood, Stelfensand, reprehends Dupuytren for having opened the external wound every two hours, to prevent suffocation; but if death were actually impending from the filling of the cavity of the chest being about to cause suffocation, there was nothing to be done but to give relief at all hazards.

The "Campaigns and Memoirs" of Baron Larrey have not furnished cases of wounds of the heart; sufficient attention could not be paid to them on the field of battle, nor in the hospitals afterwards; they, therefore, escaped observation. In his "Clinique Chirurgicale" he relates, however, at length, the history of seven cases brought to the military hospital in Paris, the results of duels, or of attempts at suicide, four of which recovered. In the first fatal case, the right ventricle was wounded by the sword. In the second, the ball went through the upper lobe of the left lung, injured the wall of the left ventricle, passed between the aorta and the œsophagus, injuring both, through the root of the right lung, and broke the sixth rib in its passage outwards. No fluid was formed in the left side, but about a quart in the right. In the third case the sword penetrated the pericardium, but did not wound the heart; the internal mammary artery was wounded. The pericardium contained about a pint of fluid. In the first successful case, the pericardium alone was supposed to be wounded by a ball. In the second, the sword injured the lower edge of the seventh rib behind; wounded, it was supposed, the intercostal artery, the lung, the pericardium, and perhaps the heart, in consequence of its pulsations being felt by the end of the finger when introduced through the anterior wound. The posterior wound was closed, without attention being paid to the bleeding artery. After much inflammatory action the patient recovered in March, 1820, from the wound inflicted in December, 1819. In the third successful case, Sch— was wounded when drunk, the 22nd of February, 1814, with a sword, half an inch wide, which penetrated between the xiphoid cartilage and the extremities of the seventh and eighth ribs of the left side, through the rectus muscle. He lost a quantity of blood, and appeared to be in great danger. Next evening the wound was enlarged, when a considerable discharge of bloody serum ensued. On the 24th, it being supposed that fluid was effused into the cavity of the chest, a female sound was introduced, and a large quantity of red-coloured fluid evacuated. A gum-elastic catheter being then passed in to the extent of five inches, several ounces more fluid were drawn off, and no doubt remained on the minds of all present that the end of the catheter was struck

by and obeyed the movements of the heart. On the 15th of April he was discharged cured.

In the fourth or last successful case, P. D. was wounded by a sword the 13th of July, 1826, in the epigastric region, which penetrated the rectus muscle, between the ensiform cartilage and the seventh rib; into which wound a female sound entered to the extent of three inches, and drew off about eight ounces of a reddish-brown fluid; with great relief. Before this was done, the pulse could scarcely be felt, extremities cold, the pulsation of the heart very feeble, the false ribs without motion, oppression, extreme anxiety, convulsive movements of the lips and jaws, speechless, prostration extreme; as he had lost a good deal of blood, the wound was, therefore, closed. On the third day, two ounces of serous fluid escaped on raising the dressings; symptoms of pericarditis becoming evident, he was bled for the first time, and was cupped over the heart. The serous fluid continued to be discharged daily, and became purulent about the eighth day. In forty-five days he left the hospital cured. The pulse remained small, the countenance pale, the side of the chest fallen in a little, and the nipple half an inch lower than that of the opposite side.

These four cases are all apparently wounds of the pericardium, and not of the heart. They are well-attested cases of the secretion of the pericardium draining from its cavity for days, and a cure being effected by adhesion, in all probability, of the two secreting surfaces to each other. In the first fatal case, the wound having been closed and having united, effusion or a collection of fluid was supposed to have taken place into the pericardium. The fingers placed upon the cicatrix received an impulse on coughing as from a fluid, the pulsations of the heart could scarcely be felt or heard, the oppression and anxiety were great. An incision was, therefore, made parallel to the edge of the sixth rib, a little below the cicatrix. The intercostal muscles between the fifth and sixth ribs were carefully divided by layers, until the pleura was felt distended by fluid; which being penetrated, a quart of a yellowish-brown fluid, mixed with some clots of blood, was evacuated by jets. On introducing the fingers into the opening the apex of the heart was felt. The wound was closed, but the edges of the opening did not unite, and some reddish-coloured serum was discharged until the eighth day, when it became puriform. After this the discharge ceased, and it was necessary to reopen the wound with a probe, which re-established the discharge for a time with good effect. Symptoms of general derangement, however, supervened, such as vomiting, colic, dysentery, &c., and the man died sixty-three days after the injury, and twenty-one after the operation. The pericardium was found adherent to the heart, the right ventricle of which was wounded. A newly-formed sac, exterior to the pericardium, had been opened by the operation instead of it. A nearly similar circumstance is recorded to have happened to Desault, who performed the operation in the following manner:— Having made an incision between the sixth and seventh ribs, at the point corresponding to the summit of the heart, he divided the interlacing fibres of the external oblique and pectoral muscles, and then the intercostal muscles, leaving the internal mammary artery to the inside. The wound thus made being large enough to admit the point of the fingers, a sac containing fluid was discovered and opened. The patient died a few days afterwards, when it was ascertained that the pericardium was below the sac which had been opened, and that it had not been touched. By this method of operating, it is scarcely possible to avoid opening into the cavity of the pleura.

The result of these cases induced Baron Larrey to propose the following operative method for opening into the pericardium, when filled with fluid (hydrops pericardii), from whatever cause:

"An oblique incision is to be made from over the edge of the ensiform cartilage, to the united extremities of the cartilages of the seventh and eighth ribs. The cellular tissue being divided

with some fibres of the rectus and external oblique muscles, there remain only a portion of the peritoneum, called its false layer, above the pericardium, which can be seen, after the division of all intervening cellular tissue, projecting between the first and second digitations of the diaphragm, into which the bistoury is to be entered, with the precaution of doing it with the edge turned upwards, and directed a little from right to left, to avoid the peritoneum. The smallest portion possible of the anterior border of the diaphragm is next to be divided where it is attached to the inner part of the cartilage of the seventh rib. The internal mammary artery is to the outside. The patient should be placed perpendicularly, and supported on his bed, which inclines the anterior part and base of the pericardium to the fore part of the chest," (a)

Skielderup recommends this operation to be done by trepanning first the sternum, a little below the spot where the cartilage of the fifth rib is united to that bone, at which part the peritoneum lining it offers considerable resistance, and should not be divided by the trephine. Below this there is a triangular space formed by the separation of the layers of the mediastinum, free from cellular tissue, and tending a little more to the left than to the right. The apex of this triangle is opposite the fifth rib; its base touches the diaphragm. The bone having been removed, the patient is made to lean forwards, when the projection of the pericardium will enable the operator to feel that a quantity of fluid is within, and to open it with safety.

Dr. Skoda, of Vienna, has operated in several instances, in cases of dropsy of the pericardium, one or two of which are reported to have been successful. An English physician, it is said, has also performed this operation with a canula and trocar, and in so doing transfixed the ventricle, the consequences being immediately or speedily fatal.

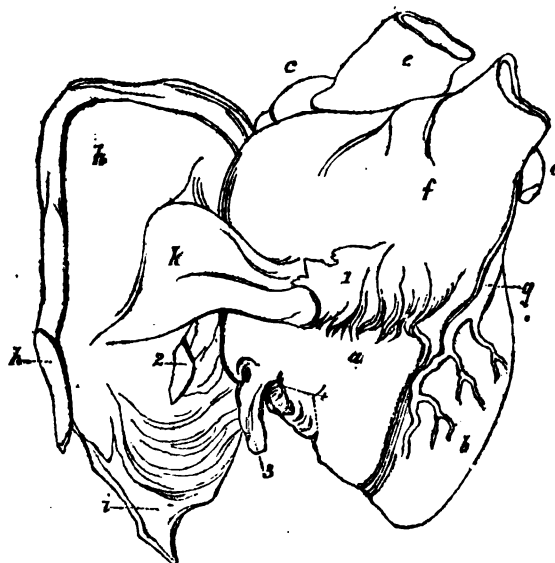
CASE 52.—J. Dierking, a stout, muscular man of the 3rd Regiment of German Hussars, was wounded at the battle of Waterloo by a lance;

(a) Larrey—"Clinique Chirurgicale," p. 308, tome 2.

which penetrated the chest between the fifth and sixth ribs, and was withdrawn. He fell from his horse, lost a good deal of blood by the mouth, and some by the wound, and was carried to Brussels without any particular attention being drawn to the injury. His strength not being restored, whilst he suffered from palpitations of the heart, and other uneasy sensations in the chest, he was sent to England to be invalided, and from the Savoy Barracks in the Strand, in November, 1816, to the York Hospital, Chelsea, in consequence of an attack of pneumonia, of which he died in two days, without attention being particularly drawn to the wound. Placed on the examination-table in the hospital for a dissection of the perineum, I thought I would not miss the opportunity of tracing the effects of the wound in the chest, in doing which I found to my great surprise that it had been a case of wound of the heart and diaphragm. Having removed the parts, they became the first preparation made for the Military Medical Museum, now at Fort Pitt, Chatham. It is in class 1, div. 1, sect. 7, No. 166.

The lance, having injured the edge of the cartilage of the rib, passed through the inferior lobe of the left lung, the track being marked by a depressed narrow cicatrix. It then perforated the pericardium under the heart, and sliced a piece of the outer edge of the right ventricle, which, being attached below, turned over and hung down from the heart to the extent of two inches, when in the fresh state, the part of the ventricle from which it had been sliced being puckered and covered by a serous membrane like the heart itself. The lance then penetrated the central tendon of the diaphragm, making an oval opening, easily admitting the finger, the edges being smooth and well defined. It then entered the liver, on the surface of which there was a small irregular mark or cicatrix. The heart in front was attached to the pericardium by some strong bands, the result of adhesive inflammation, but the general appearance of the serous membrane showed that this had not been either great or extensive: The pericardium was not thickened.

If this man had lived long enough, he might have furnished an instance of hernia of the stomach or intestine into the pericardium.



- a Right ventricle.
- b Left do.
- c Right auricle.
- d Left do.
- e Aorta.
- f Pulmonary artery.
- g Coronary do.
- h A portion of the cartilages of the ribs seen on the inside.
- i A portion of the diaphragm.
- k The pericardium.

1. A portion of the pericardium reflected to show abnormal adhesions to the surface of the heart.
2. Aperture of wound through the diaphragm and the pericardium.
3. Pendulous slice off the substance of the right ventricle.
4. Puckered cicatrix of the wound of the ventricle.

Dr. Hennen has given an erroneous account of this case from Dr. Blackadder, one of the assistant-surgeons at York Hospital, who was not present at the opening of the body, but merely had charge of the preparation at a subsequent period.

The structure of the heart exerts considerable influence on the nature of the wound, and on its tendency to remain open, or to become contracted and partially closed. MM. Vaust and Gerdy have shown that the ventricles of the heart are composed of three layers of fibres superimposed,

one on the other. The outer and middle of the left ventricle descend from the base to the left of the apex. The inner layer, which surpasses in thickness the other two, crosses them almost transversely, so that a small slanting wound of the anterior part of the left ventricle, extending across towards the left side from a quarter to half an inch, would do little more than separate and injure the two anterior layers, whilst the third or deep one would be cut across. The wound, under such circumstances, would neither be wide nor direct; its irregular contraction would offer

obstacles to the passage of blood, might even give time for its coagulation, and thus offer a chance of complete obstruction and obliteration; as much will also depend on the obliquity with which the instrument passes into the heart, as on the smallness of its size—a mere puncture being often followed by little inconvenience, although the retention of the weapon will often give rise to the most serious symptoms.

That the heart when exposed is insensible, or nearly so, to the touch, was known to Galen and to Harvey. Galen is said to have removed a part of the sternum and pericardium, and to have laid his finger on the heart. Harvey did the same in his experiments on animals, and on the son of Lord Montgomery, who was wounded in the chest. Professor J. K. Jung not only introduced needles into the hearts of animals, but also galvanized them; and Mr. Searle, in India, is alleged to have tried acupuncture of the heart for the cure of cholera without disadvantage. Peyron punctured the heart of a young woman, eighteen years old, for the relief of rheumatism, with needles, two of which, it is said, remained inserted in the heart for forty-eight hours, and it is affirmed with success.

Although needles when withdrawn are said to do little mischief, they are the cause of death when they remain, and generally from inflammation. Zacchias reports a case, vol. i., lib. v., let. 2, quest. 2, in which a madman, who had otherwise mutilated himself, lived six days after pushing several needles into his heart. Renaudin says, in the "Archives Gén. de Médecine" for 1833, that another maniac in the Hôpital Beaujon, in Paris, lived several weeks after running a needle three inches long into his heart, and then died of pericarditis. Sue records, in the "Recueil Per.," t. 8, p. 31, the fact that a lady of rank in Sardinia, in 1728, killed her husband almost suddenly by means of a gold pin, which she thrust through the right ventricle of the heart whilst he slept.

Sir G. Ballingall reports, page 296, in his "Outlines of Military Surgery," that Admiral Villeneuve is supposed to have died suddenly from running a pin into his heart; and that Dr. Grace, of Cupar, had informed him of the death of an individual in his neighbourhood, in two days, who had run a large worsted needle into his right ventricle.

CASE 53.—In the "Journal Médical Militaire de St. Petersburg," vol. 29, part 2, it is stated that a soldier was brought to the hospital of Lublin, who had, two days previously, thrust two needles into the præcordial region of the chest, where they remained. He died on the nineteenth day. The two needles were found in the inferior part of the left lung, with the points turned towards the pericardium. This part of the lung was the seat of a diffused inflammation for several inches. Purulent matter had formed in the track of the needles from the ribs. The pericardium was thickened, and contained a quantity of puriform fluid, like the deposits of all serous inflammations. The layer attached to and deposited upon the heart was two lines thick, as well as that upon the lining of the pericardium itself. The ventricles contained coagulated blood.

Sir Stephen Hammick, when surgeon of the Royal Naval Hospital at Plymouth, had a case reported by Dr. Hennen, in his "Military Surgery," in which a pin was lodged in the heart, the patient not being aware of it. He died, having complained of pain in the part for three months before, of hypertrophy of the heart, effusion of lymph, and adhesion to the pericardium.

CASE 54.—In the *Medical Gazette*, vol. 17, page 82, it is related of a gentleman, that he pushed a darning needle into his chest, between the fifth and sixth ribs; acute inflammation of the heart or its membranes followed, and Dr. O'Connor bled him to sixty ounces, when he was able to lie down. In forty minutes the symptoms returned, when the patient confessed what he had done. An incision was made, and the end of the needle discovered, which could only

be seized by a pair of watchmaker's fine forceps; on its withdrawal it was found to be three inches and a half long. The symptoms subsided, and in five days he was well; he lived ten years afterwards.

That a person may die from the shock of a blow on the heart, need not be doubted; and that they do die when little blood is lost, is admitted. History preserves the fact, that Latour d'Auvergne, who had obtained the honourable title of "Premier Grenadier de France," and captain of the 40th demi-brigade fell, and died immediately, after receiving a wound from a lance at Neustadt, in the month of July of the sixth year of the republic, which struck the left ventricle of the heart, near its apex, but did not penetrate its cavity. He was, however, sixty-eight years of age.

I have little to state with respect to medical treatment, from experience. All extraneous matters should be removed if possible, and all inflammatory symptoms should be subdued by general bleeding, by leeches, by calomel, antimony, and opium, &c. The chest should be examined daily by auscultation, and as far as may be by percussion. If the cavity of the pleura should fill with blood, it ought to be evacuated to give a chance for life, as in other cases of a similar nature, to be hereafter noticed; and, if the pericardium should become permanently distended by fluid, it should be evacuated by the method of Harvey, which appears to be the best.

Lacerations and ruptures of the heart have frequently taken place from blows or other serious contusions: Sanson, "Plaies de Cœur," Theses 1827, reports a case in which the man lived thirteen days after a piece of the sternum, an inch long, had been driven into the substance of the heart, without penetrating either of its cavities. Blancard, "Anat. Pract. Ration," Amsterdam, 1688, says that a peasant was run over by his cart loaded with hay, causing pain in the chest, without fracture of the ribs or sternum; he resumed his labours after four days' rest, but, being attacked by fever some days afterwards, died on the eleventh day, of inflammation with ulceration of different spots on the surface of the auricles, and of the upper part of the left ventricle.

It would serve no practical purpose to occupy more time or space in the relation of particular cases of rupture of the heart from accidents. Ollivier, *loc. citato*, who devoted much time to reading and collecting the observations made by different writers on the injuries of the heart, says, page 343, in confirmation of the remark of Morgagni, Epist. xxvii., sect. 10, "that, of forty-nine cases of spontaneous rupture of the heart, thirty-four were of the left ventricle, eight only of the right, two of the left auricle, three of the right, and that in two cases both ventricles were torn in several places; and that these results were in an inverse proportion to those which occurred after blows or contusions—the right ventricle being ruptured in eight out of eleven cases, the left ventricle three times; the auricles being also torn in six of these eleven cases; the ruptures not being confined to one spot, but taking place occasionally in several different parts, or even in the same ventricle." In eight of the cases he had noticed, the heart was ruptured in several places, and he refers, in proof among others, to the works of Morgagni, Epist. 64, sec. 15; of Rostan, "Nouv. Journ. de Méd.," 1820; of Portal, "Académie des Sci.," 1770, p. 51; of Andral Fils., "Arch. Gén. de Méd.," t. 4, p. 616; of Ashburner, "London Med. and Phys. Journal," December, 1822; of Bland., "Biblioth. Médicale" vol. 62, p. 364, 1820. Some of them, as noticed by Plouquet and Bayle, quoted in the "Revue Médicale" for July, 1824, resemble the wounds made by a musket-ball. A spontaneous rupture of the heart, from any of the several causes which may give rise to it, is not always, although it is in general, immediately fatal. Frank, "De Rupt. Cordis," vol. viii., reports a case in which the patient lived twelve hours after its occurrence; and in "Rust's Magazine," &c., vol. xvi., p. 92,

there is another, not, however, spontaneous, in which a child, six months old, lived fourteen hours after the right auricle had been ruptured. That a spontaneous rupture may be cured, seems likely from a case, reported by Rostan, of a woman, who died after fourteen years' suffering with pain about the heart, and was found to have ruptured the ventricle; a cicatrix was observed to the left side of the recent rupture, half an inch in extent in every direction, and in which the new matter was evidently different from the natural structure of the heart.

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 p. 374.)

GENTLEMEN,—You will remember that in my last lecture I was speaking to you of some peculiarities of fever occurring in the child yet at the breast, and that my remarks more particularly applied to febrile symptoms of a *symptomatic* form. To-day I shall occupy your attention with some observations relative to fever of an *idiopathic* kind. It appears to me that upon no subject would you be more likely to get confused than on this, if you attempted to get your knowledge of this important phase of disorder from reference to books; and I am bound to say that, contrary to a general rule, the continental writers, to my mind at least, appear to have put stumbling-stones in the way of our path, rather than helped the English writers to remove them out of it. This has arisen chiefly from the attempts made by the former, to reduce many varieties of idiopathic fever to mere symbols or partial expressions of chiefly some inflammatory disorders of the stomach and intestines, which latter they regard as the disease, and look upon the fever as merely attendant and symptomatic. That we have plenty of gastro-enteric disorders, accompanied with marked symptomatic fever, in children above three years of age, is no doubt true; but that we have no such thing as true idiopathic fever perfectly independent of any gastro-intestinal lesion, and of which it is not the effect or constitutional symptomatic condition, is what I do not believe. It is true that some of the better continental writers, like Rilliet, Barther, Fabre, and others, admit of and describe an idiopathic typhoid fever occurring chiefly in children of above eight years of age, but they still reduce all other forms to the mere symptomatic disturbance of gastro-intestinal disorder, mild or severe as the latter may be. But, independent and apart from this admitted idiopathic typhoid fever, I believe in the existence of an idiopathic remittent which, in some respects, answers to the common continued fever of adult life, and also that this fever is very frequent indeed in children of from about three to seven or eight years of age, but that, whilst one of the most common, it is one of the least fatal of their disorders.

By many English writers the existence of this "infantile remittent" is freely acknowledged and treated of, but, like Pemberton, Joy, Underwood, Evanson, Maunsell, Sir Henry Marsh, &c., they, to use the words of the Dublin writers, "in classing the infantile remittent fever among affections of the digestive organs, declare sufficiently their opinion of its origin and nature." Others, like Dr. Butler, have been more vague in their ideas, and form a sort of link between those who look upon "infantile remittent" as symptomatic, and those who believe it to be frequently idiopathic. Dr. Butler attributes this fever "almost exclusively to a weak state of the digestive organs, to morbid accumulations in the primæ viæ, and to that peculiar irritability of habit and proneness to fever which distinguish the period of infancy." (Butler, quoted by Joy in "Cyclo. Prac. Med.") A few, like Dr. Copland, however, and with whom I coincide, affirm that this

fever does not consist of inflammation, as is shown by the character of its early symptoms, by its course, termination, and consequences, and by its *juventia* and *lædencia*; that the digestive disturbances, although they may appear early in its course, themselves proceed from an anterior disorder; that this anterior disorder, and in which the nature of the fever is seen, is one which proceeds from causes impairing the energy of the organic nervous system, and of the organs by which this system is more immediately influenced. (See Copland on "Remittent Fever of Children.")

I shall now pass on to the symptoms of remittent fever, begging you to remember that whilst I do not deny that there occur abundant examples in which disease of the mesenteric glands, gastric or intestinal irritation and inflammation, tuberculosis of the spleen, scrofulous inflammation of the peritoneum, verminous affections, and other like disorders, are accompanied with prominent *symptomatic* remittent, yet that we can throw aside all such circumstances, and find a fever, very frequent in its occurrence, owing no such causes, or necessarily bringing in its train of effects such local modifications and changes. Such fever I believe to be truly idiopathic; and it is of this that I am about to speak. That there is sometimes much difficulty in distinguishing between a severe form of symptomatic and idiopathic remittent, I also admit; or I may say it is not always very easy to determine whether the local affection is to be viewed as the original disorder, or as a complication or coincidental accompaniment to the fever, which is the more primary. If we are not able to do so from the previous and present history of the case, we have to rely upon its future course and progress, which will help us materially.

Remittent fever, as seen occurring in children, presents many modifications, but I think we may arrange all of them under two chief heads, viz., the *acute* and *chronic*, and of these, especially of the first, we may have several varieties. The latter, however, may again be divided into the *simple* and *typhoid*; and this is the only subdivision I think it at present necessary to make; but if you refer to the paper of Dr. Joy in the "Cyclopaedia," and to that of Dr. Copland in "The Dictionary of Practical Medicine," you will find more upon this matter. I shall first describe the earlier symptoms of a case of simple remittent, but of a marked and determined form.

Some morning in the infirmary, after a change of weather from cold and dry, to damp and warm, after we have had a run, perhaps of affections of the respiratory organs, a great many of the children presented to us will be described by the mother as being "so bodily ill," or "ill all over," or "hanging so about," or that she cannot well say what is the matter. If the child is young it is carried in the mother's arms or seated on her knee; if older, the mother at once places the child on the chair, indicating to us the notion she has formed of Callen's *crisis præsertim ætatem imminuit*. All this exemplifies the existence of what I have before called *general mal-aise*. On inquiry, she says the child has no appetite whatever, but has great thirst; that all it wants is cold water; that the bowels are costive, perhaps obstinately so; and that the child, especially if young, is occasionally sick when she tries to make it take something; that it does not pass much urine; sometimes she will say that it has not passed any for twenty-four hours. On inquiry we find it gets very hot in the afternoon or at night, or both, and at those times seems worse than at any other; but that in the morning it appears better again. That, if older, it complains of its head and stomach, or of vague pains not easily definable anywhere. On looking at such a patient we notice that the eyes are brighter than usual; that there is a flush on both cheeks, or on one only; that the covered portions of the body are warmer than usual, or, if the paroxysm is on, very hot indeed; that the tongue is coated, especially towards the base, often spotted, as it were with red spots on a greyish-white layer,

but the tip free; that the mouth is dry, or, if moist, there are some aphthoid excoriations or stomatitic ulcerations in it, and the breath is disagreeable, or acid and warm, if we approach it closely; that the pulsation and respiration are increased in their rates; and that, usually, some cough is present. These conditions may be described as having lasted but a very short time, or for many days, as the case may be. Now, such a child is labouring under simple remittent fever of a very decided and marked character, and on the same day child after child will be presented to us labouring under some variety of the like malady, indicating the existence of some general cause then in full operation, but to perceive the more important signs of which, the child must be labouring under a paroxysm of the fever.

In some of the symptoms I have given you, I differ slightly from one or two writers; but I must assure you I have drawn them from repeated observations as I see fever at the infirmary. Dr. Joy says "there is hardly any thirst, so that the patient in some cases can scarcely be got to take either food or drink." This, as it applies to the one appetite, thirst, is entirely at variance with my experience as the general rule. Dr. Butler is said by Dr. Joy to affirm also that there is "little thirst." Other writers do not lay that stress upon a primary constipated condition of the bowels which I am disposed to do, although I freely admit that sometimes diarrhoea sets in even early in the complaint. The action of the intestinal canal is throughout the course of the fever generally either very costive or very loose. In the less common cases we find the frequency of the alvine discharges natural, and in others we are told there often are worms. Many of the earlier foreign writers believe that there always exist worms; and even in our common language the fever is yet sometimes called *worm fever*. That this is not an infrequent complication is true, but that is all. In young children ascarides, in older ones lumbrici and tenia are met with. I have known tenia as early as three years of age. Some persons have laid stress upon a "milky" condition of, or "a white phosphatic," urine, or "freaky and fermenting stools like barn," but I know of nothing special to the urine or to the stools of remittent fever; they both may be of all kinds and descriptions during its progress, or in its earliest stage. It is true the urine is often small in quantity, of deeper orange colour than usual, and, as I have said, sometimes passed, according to the mother's account, for many hours; but this we can only call febrile urine, after all.

A child labouring under the symptoms I have just detailed will continue to do so for from ten to twenty or thirty days, having during the first portion of this period regular exacerbations and remissions of the fever, but which gradually decline as the fever subsides. Or at first the fever rises, the exacerbations become a little more severe, the child more inclined to sleep during the day, and very heavily so at night; the bowels present a little more derangement, and the cough increases in frequency and intensity. Older children will talk in their sleep; there may be slight delirium. The loss of flesh in the child becomes very apparent. But gradually, as I said, the paroxysms become less severe, the vivacity of the patient returns, the appetite increases, thirst diminishes, the tongue becomes clean, the dejections natural, and the child gains flesh and strength. The fever terminates. But such a course of the malady may be materially deviated from. The fever itself may become combined with very severe and important local complications either of the head, chest, or belly, or these may to a great extent be wanting, and the fever put on an adynamic or typhoid form.

One of the most frequent modifications you will meet with is as follows:—The exacerbations of the fever become more intense and frequent, and during the remission the patient suffers very considerably. The intestinal canal becomes much disturbed, diarrhoea supervenes, and the

belly may become tense and swollen. The lips become very red and cracked, or bright and glossy; herpetic eruptions break out about the mouth and lips, or severe aphthoid or stomatitic ulcerations of the inside of the oral cavity and on the tongue are seen. The tongue is more coated, and the appetite worse than before. The child gets thinner daily, pale, and wretched-looking. It is very peevish, and is constantly picking its lips, mouth, or face. The malady becomes intense; scematous eruptions will sometimes break out, and erythema of the thighs, &c., in younger children be seen. Even inflammation and ulceration of the pudendum will occur. It may happen that things get still worse, the fever get lower, and the child succumb; but the rule is quite the reverse, for, notwithstanding the apparently severe form of the malady, the child gradually gets well. The symptoms assume by degrees a milder character, and a gradual, though slow recovery is generally brought about. In this type, occurring in a scrofulous child, tuberculous peritonitis of a subacute character may sometimes, though rarely, appear, and, as a consequence, effusion of serum into the peritoneal cavity may follow. Now and then, perfectly independent of this, however, I have seen oedema of the lower extremities occur, and in the chronic form I have afterwards to speak of, general anasarca is occasionally observed. A modification of this type, chiefly marked by great irritability of the stomach and persistent vomiting, with pain on pressure over the epigastrium, is now and then met with, as an epidemic, in the height of the summer. It often becomes protracted and induces great emaciation, so much so that I have thought tuberculosis was going on.

Another frequent modification is this: the fever increases as before, but the bowels keep costive, often most obstinately so; the child sleeps more, seems very "heavy in its head;" there may be some vomiting. In older children delirium will appear, in younger convulsions, even at the outset. In fact, such a state of the nervous centres is present that one may be led to believe the so-called "hydrocephalus" exists, that this is the disease, and that the fever is symptomatic. But with care this mistake cannot in general happen. It is true that, besides congestion, inflammation and tuberculous meningitis may follow in the course of infantile remittent, but it is rare that they do so, and then the secondary nature of these maladies can be diagnosed. It is just as astonishing here as in the former complications of the intestinal mucous surface, what severe, threatening, and alarming symptoms will arise, and how favourably all will terminate. By a little attention being given to the brain, the local symptoms will diminish, the fever decline, and recovery ensue as before. But in a few cases the brain does become so severely and prominently affected as to give rise to great apprehensions, and, if a fatal result should not happen, the patient may be left with some very serious drawback, the result of cerebral disorganization. About a year ago, I attended, with Dr. Power, a little boy, of between five and six years of age, with a severe and prolonged form of acute remittent; cerebral symptoms, attended with deafness, soon came on; vomiting, costiveness, pain of head, knitting of brow, then involuntary action of the bladder and rectum, &c. &c., supervened, and yet uncombined with adynamic or typhoid symptoms. The child recovered, with complete loss of the sense of audition, and is at the present moment as deaf as ever. You know that in some eruptive fevers, like scarlatina, the same result is occasionally seen, but here from quite a different cause to that of the deafness of the patient I allude to. If the former, inflammation, suppuration, ulceration, &c., of the external passage, or middle ear, ensue, the organ becomes broken up and destroyed, and hence the sense abolished. But in the latter no such thing occurred; the external passages and middle ear are as sound as they can be, but there has been serious mischief at the base of the brain, or somewhere near the origin of the au-

ditory nerve. Upon the diagnosis of idiopathic brain affection I may refer you to my former lectures, which you will find in the sixteenth volume of the *Medical Times*. In this modification of the fever we do not observe the great and rapid wasting we usually see in the abdominal variety, nor so often the slighter complications I have before spoke of, such as the stomatitis, &c. The mouth is more dry, the tongue coated, and the thirst great.

Not only may the catarrhal irritation become severe in remittent fever, but even inflammation of the bronchi and parenchyma of the lungs supervene; and this is the worst complication I think you can have to deal with. In this superaddition to the fever, the paroxysms of the latter are greatly increased, and present those peculiarities in younger children which in my last lecture I dwelt upon. It now and then happens that pneumonia comes on very insidiously; the patient appears to suffer no increase of fever, but which is obstinately prolonged, when suddenly, upon the supervention of an increased exacerbation and difficulty of breathing, the attention is directed to the lungs, which are then discovered to be seriously involved. In other cases the fever runs high from the first, and the signs of the chest complication are early and plain. In these cases the local disorder becomes the most serious thing that we have to manage.

It is then the complications of head, chest, and intestines which usually render the course of remittent fever precarious, although I must repeat, again, simple acute remittent fever is, in general, a rule, of no immediate danger at all. I agree fully with Dr. Henry Davies, who says, "if remittent fever tended to infantile remittent fever, it rarely fatally notwithstanding its tedious course; and the alarming and anomalous symptoms which occasionally arise during its progress; but when any severe complication of the respiratory organs supervenes, the prognosis becomes very difficult." The nature of the complication which arises depends upon several things: upon the season of the year, autumn, early winter, and spring, the respiratory organs are more liable; in summer the intestinal canal; upon the nature also of the epidemic, for, independent of the above circumstances, certain epidemics are marked, some by frequent brain disorders, some by bed sores, and upon the constitutional tendency of the patient, scrofulous children being liable to the brain affection, and to that of the mucous lining of the digestive canal, as also to eczematous and herpetic eruptions. The locality in which the child lives, the amount of care bestowed upon it by the parent, and even the treatment adopted, have all considerable influences in altering the course of infantile remittent. These read another complication I may just notice, which is now and then seen. This is the occurrence of a erythema nodosum, more particularly in children of from seven to ten years of age. After febrile symptoms have been present for some days, elevated, hard, painful, rose-coloured spots appear on the integuments over the surface of the limbs, on one leg; after a few days these die off, and perhaps others will make their appearance on the other leg, or, what is less common, will appear on the forearm, on the forehead, or on the chest. Sometimes they will break out in several places at one time, but this is very unusual, as, also, that they become persistent, and take a long while to disappear. In most cases in which I see this disorder in children I, with other writers, have spoken of it in connection with older patients, as regard it as a skin disease, and the fever as symptomatic; but I now add, then, meet with it as a complication of fever, which is truly a disease pathic, and the disorder is such as I have stated. When it so occurs, the fever is but moderate, or severe or acute character, but often prolonged, the child in the remissions suffering but very slightly. A few weeks ago I had a patient about ten years of age, in whom the erythema nodosum most obstinately lasted for three weeks, appearing at intervals all over the body, but not at the same time, but first on the legs, then on the arms, then the chest, and then the forehead, &c.

So the same place become ^{the} another, was
invested from most of these cases, the digestive
tubules them; out of, under, great, sparseness,
and sometimes sickness, being present. I may
refer to upon some points connected with this
subject, to the lectures of Mr. Starting in the
fourteenth volume of the Medical Times.

THE PHYSIOGNOMY OF DISEASES OR
SEMEIOTICS IN THEIR ASSIMILATIVE
CHARACTERS.

(Continued from p. 424.)

DIVISION I. Emaciation of frame, Countenance

Increasing of those diseases which have been grouped under the above classification, it may be observed that the physician, in an especial manner, is a valuable guide to the detection of these internal disorders. The convenience of a patient, although a fruitful source of information, is too much neglected by medical men, in the present day, nevertheless, presents a very peculiar and characteristic token in many diseases, and in the diagnosis which is now about to be treated of it affords to the experienced medical physician a most important help to diagnosis.

The great art in this study, however, is to simplify, to abstract, and to separate the principal and fundamental features, with which it is of importance to be acquainted; for, it is invariably seen, that as certainly as effect follows its own cause, whenever a popular feature, or cast of features is significant, the accessory traits or symptoms of the disease will be so also; for, as positively phthisical countenance will announce a tubercular pulmonary excavation as certainly almost as if the morbid parts were displayed before the eye.

It therefore, it is of the last importance in the treatment of internal diseases, to become acquainted with the seat, the kind, the stage, and the extent of the disease, or, in other words, to be enabled to grasp the entire disease, then most assuredly the general appearance of the patient, the peculiar modification of the disease, the particular combination and mutual influence of the symptoms, give such a general character to the whole system, which may be easily seized and practically acted upon by the medical physician.

So the clinical student would ensure a successful progress in this most useful branch of medical observation if he accustomed himself to catch promptly, and to impress powerfully, upon his mind, the essential traits of the physiognomy of each malady. In order to study

Now, in the disease, grouped under the first individual of this class, the most prominent and characteristic feature is a weak or pallid countenance. There is a tendency to indignant dissent, as soon as this fully established in the constitution, to rob the vascular system of its red particles; and, therefore, the peculiar change in the color of the face is the first evidence which we pay notice of in the existence of such disease.

It is a question of pathology which has not yet received a satisfactory explanation, whether this pallor of the whole system is the cause or the effect of progressive malignant disease in tubercular softening of the lungs, the vanishing of the red blood corpuscles, the result of a fatal disease which is raging throughout those organs so pre-eminently essential to animal life; and, therefore, the effects are readily under-

But, although it is observed that a wan countenance attends the suppurration of pulmonary tubercles, yet there is a wide difference between the pallor and cast of features in this disease, and in that of cancer of the pylorus; and the latter malignant change of structure presents a physiognomical difference from uterine cancer or renal degeneration. Nevertheless, the general aspect is the same, but the shades which each disease respectively exhibits are not more striking to the eye than the symptoms are peculiar to the seat of the disease.

The shining lustre of the cornea and the prominent globe of the eye, which we so constantly witness in consumption, are not seen in uterine cancer, whilst the rapid emaciation of the face, and the dirty, pale, and faint buff-coloured tint of the whole skin, peculiar to the last-mentioned disease, are not peculiar to incipient renal degeneration; whilst, on the other hand, when the latter disease has advanced to such an extent that the urinary salts are but scantily separated, so that the solid contents of the urine are supplanted by a light, pale, and watery secretion, containing none of the elements of urea, then it is that the puffy cheeks, the cedematous eyelid, the sodden hand, the puffed features, and the expression of general 'malaria' and poison in the system are manifest.

There is something peculiarly characteristic of malignant disease, as well as of advanced granular degeneration of the Kidney, in the appearance of the hand. In the first place, the skin of patients labouring under these diseases is scarcely ever clean; the mental faculties are so blunted, and the energies of the mind and body so enfeebled, that they care not to wash themselves after a night of restlessness and pain, and the early appearance of prurigo is not uncommon in such instances. But the hand is peculiarly grimed with dirt (a) and is sallow in colour; the nails are long and dirty also; in short, that form of hand and finger-nails, familiarly known to medical men as the "rot's hand," is especially noticed in the diseases now under consideration.

But an attempt shall be made to give a sketch of the physiognomy of phthisis in its early and most insidious form. This scourge of our race is easily detected when the broad outlines of the disease are portrayed in the emaciated frame, sunken cheeks, glassy eye, and when the trunk of the body, especially the thorax, is bent forwards in the act of walking or in sitting. These advanced symptoms leave no doubt on the mind of the auscultator but that one shall find either bronchophony or pectiloquy over one or both subclavicular surfaces. It is, however, of far greater importance that he should be enabled to detect this fatal disease when it is undermining the system with slow, yet with steady and gradual steps, and at period too, when some hope may be entertained that remedial measures are yet available. The physiognomist has here an extraordinary superiority over the careless observer of physical signs. In the first place, let us suppose that we are consulted about the health of a young man who, it is stated, has been ailing for some months, only a few weeks, with loss of strength and diminished mental energies. The first glance at the face stamps an impression upon the mind of the physiognomist that the patient labours under some attenuating disease. The eye is full, clear;

(a) I particularly refer now to hospital patients.

and sparkling; the brows are well arched; the forehead is open and wide; the nose rather pointed; the cheeks have either a brilliant tint over them; abruptly shaded off towards the chin, which, together with the lower half of the face, presents a squarish pallor to the rosy blush of the upper part, or else there is seen over and beneath the malar prominences a mixture of pale rose tint with a faint intermixture of waxy-coloured skin. The hand is glanced at: it presents a tapering, well-formed set of fingers; no apparent "ungues adunati" are yet recognised. One has requested the patient to describe his symptoms, and his varied feelings during the short time that the eye rapidly surveys these and various other valued helpmates in diagnostic practice. He converses freely upon his ailments, and he ought to be encouraged so to do, and, when he has carried his mind into the free explanation of his little inconveniences or bodily distresses, he is under less restraint; so that, whilst he ingeniously telling you the rise, the progress, the variation, and the troubles which have attended his illness, one has time to glance again at the animated eye and face. Now we may observe that the *clavi nasi* (those faithful monitors of respiratory derangement) are at work whilst he converses. The chest is raised from the abdomen, diaphragm, and short ribs, whilst that natural expansion of the upper half of the thorax is only feebly performed. The clavicles scarcely rise at all. He is requested to unbutton his waistcoat, and allow his chest to be exposed. The clavicles are now observed to stand high, whilst the ribs beneath them are sunken; and this is more appreciable over one subclavicular space than over the other. There is also a general attenuation of the parietes and muscular structure on this side, and the same physical signs which have just been mentioned are more striking when the thorax is naked before the eye of the medical man. Let the *heestophonon* be applied over this sunken portion of the chest, and the operator's voice falls slightly; the patient feels "a ring" through the chest, but not as on the other, or, if he does, it is far less in degree than on the more flattened side.

Now, all these observations, which have occupied me ten minutes to describe, can be made in a less number of seconds by the mind and the eye of an observant physiognomist. Such instances of incipient pulmonary phthisis are very frequently quite unattended with cough, night sweats, or rapid emaciation; probably the only symptom of a marked character which the patient lays any stress upon is the weakness of his digestion, and the natural supposition that his slight feebleness of body, &c., is the result of inefficient nutrition from the dyspepsia which he labours under.

Such an instance is now before my mind's eye: it is that of a young girl of twenty years of age, who has been nursemaid in a family at Dover. She is now under the treatment of Dr. Seth Thompson in the hospital. This patient has been labouring under severe dyspeptic symptoms for nine months past, and has been leeches, blistered, &c., over the epigastrium for an obstinate form of indigestion, but has never had the chest examined by auscultation before she entered our wards.

The following points were observed on her admission into the Middlesex Hospital:—A sparkling and pleasing eye; a rosy tint over the cheeks, which is uniform and constant; slight hollowness under the malar prominences; some emaciation of body, but especially of the neck, mamma, and pectoral muscles; . . . a capricious appetite, with an almost incessant pain or sinking over the stomach, sometimes aggravated by food, whilst, at others, it is relieved by eating and aggravated by fasting. She ascribes all her ailments, weakness of body, and emaciation to the little amount of food which she takes, and to the uneasiness which she suffers on account of it. There is no cough, nor any night perspirations, nor has she ever suffered from either. She attributes her sickness to a slight cold she experienced nine months ago, whilst bathing, with

the children in her care, when she allowed the rope of the machine to slip out of her hand, and she was under water, unable to get her feet on the ground; when she came ashore she had shivering and was very poorly for several days, but thought that she had got over the fright, until she observed that her strength and her appetite failed her at the same time.

On glancing the eye over the superior part of the chest, it is manifest that the upper three ribs on the right side scarcely rise, and that there is more flattening here than on the corresponding surface of the left subclavicular region. The use of the heautophonon produces a "ring" over this spot which is distinctly felt over the infra spinous fossa of the scapula. There is but feeble respiration here, though no marked bronchophony can be detected. In short, no practical auscultator can doubt but that the following is correct:—"Dyspeptic phthisis, with a series of partially aggregated tubercles dispersed throughout the upper lobe of the right lung." She is improving under the judicious treatment of Dr. Thompson, who has ordered her the tris-nitrate of bismuth with aromatic confection, and given her an occasional rubefacient liniment, &c., to the epigastrium, with generous diet and wine, &c.

It is a singular feature in the progress of this form of dyspeptic phthisis that the patient can take with relish the most indigestible ragouts and dishes, pickles, &c. &c., and that too with apparent impunity; whilst on the other hand, if he is requested to partake of a wholesome and nutritious joint of meat, he turns sick at it, and will scarcely touch more than a small portion of the dry and gristly meat of the knuckle of a leg of mutton; but fresh or pickled pork, salmon, veal, &c. &c., are very favourite dishes. This morbid peculiarity in the appetite is very apt to mislead the practitioner also; for he naturally supposes that the disrelish of wholesome food is only symptomatic of enfeebled powers of digestion, and he is, therefore, disposed to encourage the patient's fancies and whims, though he never supposes that the real seat of disease is not in the stomach, and that the attenuation of the body does not spring from any other source than that of deficient nutrition; whereas it is the result of a slow but certain advance which tubercular deposition is making throughout the lungs, so that nutrition on the one hand, and oxygenation on the other, are conjointly undermining the system, and hastening the patient's death.

A lady with whom I was distantly acquainted was labouring under those symptoms of dyspepsia which I have just mentioned, and that too for several months; she would eat almost of any dish, except from a joint, however delicate and tender. When the disorder had been running on uncontrolled for eight or ten months, it was observed by her that she was always set off coughing when the stomach was empty. These additional symptoms increasing induced me to suggest that one of our Middlesex Hospital physicians should be called in, which was accordingly acceded to, and he, suspecting the case to be one of dyspeptic phthisis, ausculted the chest, and found unequivocal evidences of tubercular solidification, when he very properly ordered the lady to leave London as soon as her family arrangements would enable her so to do; but, alas! she had scarcely strength to move from home, or from street to street, and, after much exertion of body, she contrived to quit the metropolis for the seacoast, where she rapidly grew worse; hectic symptoms supervened; the cough was harassing day and night; there was then some purulent expectoration, and in less than a fortnight after her departure from London all human hopes of recovery were fled, and she died shortly afterwards. The most distinct pectoriloquy and amphoric breathing were observed under the right clavicle. Now, in this remarkable instance of phthisis, insidiously developing itself under the mask of dyspepsia, there was no cough except at the periods of fasting, and but slight emaciation until a month before her death; and even these symptoms scarcely met with any

notice from her relatives at the time that the physician alluded to was called in, who immediately pronounced the case to be one of irrecoverable and advancing consumption. (a)

This "strumous dyspepsia" of Dr. Todd, or "tuberculous cachexia" of Sir James Clarke, is so ably described by these authors that I need only refer the reader to their respective treatises for any further observations upon this subject.

I will now proceed to the physiognomical outlines of *scirrhus of the stomach*. This viscus is ordinarily attacked with malignant disease at its pyloric extremity only; and when the morbid changes are set up we may notice the faint, sallow cast of colour in the face and skin of the body, a somewhat pinched set of features not expressive of any great suffering, with slight emaciation of the whole frame. On interrogating the patient we usually hear the following statements:—"He is more or less distressed with pain at the epigastrium after solid food, which remains for one, two, or four hours, and is then rejected with immediate relief to his sufferings; but there is this peculiarity about the disease, and which is never met with in ordinary dyspepsia, however obstinate in its nature, that not only is the food rejected without any apparent alteration in its character from the process of digestion, but there is mixed with it a quantity of thick, brown, sour, and ropy mucus, which is thrown off from the diseased surface of the mucous follicles of the stomach, and which, after it has stood a few minutes, presents all the appearances of yeast that has become acescent. He further states, perhaps, that he has vomited some dark blood at some period or other, prior to the occurrence of any pain; and he has noticed for some months also that salt beef, fried fish, pork, and veal, together with green vegetables, cooked or raw, have induced more suffering than boiled or roast mutton, or a mealy potato, which is the only kind of food he can take with impunity. In short, his pathological description of the relative digestibility of various meats and vegetables with him exactly corresponds with the physiological account given to us in a tabular form by Sir Astley Cooper. It is not usual to meet with any external tumour in the epigastric region in this disease of the stomach.

The internal exhibition of chloric ether, in five or ten minims three times a day, has afforded great relief in many instances of *scirrhus pylori*; but the following draught prescribed by Dr. Hawkins in a severe case of this disease, now in the female wards of this hospital, has been followed by the most gratifying results:—

Rx. Liq. hydrarg. bichloridi, m. x.; liq. morphis hydrochlor., m. ij.; ether chlor., m. v.; mist. camp., ʒjss. ter die.

Sometimes the pain has recurred with such aggravation that an additional opiate, consisting of five grains of comp. soap pill has been necessarily resorted to at bedtime.

The physiognomy of *carcinoma uteri* is very similar to that of *scirrhus pylori*, if we except this, that in the former malignant disease there is more pallor of the countenance, and more distress depicted in the features, than in the latter disease. The subjects of this malady are usually those women who have arrived at the climacteric period of life, and who, mistaking profuse but occasional uterine hemorrhage for that "dodging" of the catamenia which so commonly occurs at this time, neglect themselves, or do not consider the subject of sufficient importance to

(a) The following form of drops, taken either as an ordinary beverage or as one dose twice or thrice a day, where I have ordered it, has been the means of retarding the rapid progress of hectic in such early stages of phthisis, that I am induced to offer it here:—

Rx. Ac. sulph. dil., ac. nitr. dil., aa. ʒss.; træs. gent. co., træs. aurant. co., aa. ʒij. ft. guttæ cap. ʒj. ex. cyatho decocti avenæ bis terve die; or the same quantity may be put into a quart of barley-water, or a thin decoction of Carrageen moss, and sipped at during the day.

apply for medical aid or advice until the disease has so far advanced that the early stages of induration and vascularity have given place to those of irreparable ulceration and hemorrhage. This is especially the case with our hospital patients: we constantly meet with instances of females seeking admission into our cancer ward, who not only labour under advanced ulcerating cancer uteri, but who have, nevertheless, received little or no medical assistance prior to their application at the hospital. (a) But this remark does not apply merely to the lower class of females, for the same error in judgment, or delicacy of feeling in making their ailments known to a practitioner, exists amongst the better classes of society. The mother of a medical gentleman, whom I know, was suffering from occasional uterine hemorrhage during many weeks, before she would consent to obtain medical advice; my friend was hastily summoned to visit his mother, who, it was stated, was alarmingly ill. He accordingly went down into Devonshire, but he informed me that the disease had made such progress, and the destruction of the neck of the uterus was so extensive, that little hopes could be entertained of any recovery. The fatal result took place in six weeks from the period that he was first informed of her illness, and only a few months from the onset of the hemorrhage. It has always appeared to me, that whenever we are consulted by a married woman, who has borne but few children, and those have appeared at irregular intervals, so that three, five, or seven years have elapsed between the birth of each, and there have been also one or more miscarriages, that when the climacteric period of life arrives, and the catamenia are profuse and attended with unusual pain; and when, moreover, the countenance assumes a wan appearance, and that the digestive functions are much disturbed, we may be certain that malignant induration of the cervix uteri is progressing, for which, if timely aid is afforded by judicious medical treatment, the patient may receive, probably, many months' relief, and be spared many more of acute suffering and distress. The practice of Dr. Charles West, the physician-accoucheur to this hospital, in this department of medicine is so excellent, and the collected body of evidence of modern writers, both continental and British, is so valuable, in the treatment, pathology, &c., of these diseases, that I can only now refer the obstetric student to his useful "Reports on the Progress of Practical Medicine in the Departments of Midwifery and the Diseases of Women and Children in the Years 1842—1846." (b)

NAVAL APPOINTMENTS. — Acting Assistant-Surgeon: Charles Sproull, to the Victory. — Assistant-Surgeons: W. M'Mahon, to the Dee; Philip Porter, to the Triton; John Elliot, to the Alban; John G. Campbell, confirmed to the Dragon. — James V. Browne, surgeon and agent at sick quarters, Galway.

OBITUARY. — Suddenly, of an affection of the heart, Dr. M'Manus, of 28, Baker-street, Portman-square.

(a) There are two cancer establishments in this hospital, a peculiarity of the institution not met with elsewhere in the metropolis, and I doubt if it is to be found in any charity besides in the British isles. That for females consists of a noble and airy ward, containing ten beds, a head nurse's sitting-room and bedroom, and a kitchen, with every convenience for the comfort of these poor afflicted women. It was founded by the late Samuel Whitbread, Esq., and is maintained by a separate fund for that purpose. The male establishment consists of seven beds, and was founded by Miss Alithea Stafford. The patients are allowed to remain in the hospital till death terminates their sufferings, unless they wish to be discharged, or are cured by remedial measures.

(b) "Reports on Midwifery," &c. &c., by Charles West, M.D. Printed by C. and J. Adlard, Bartholomew-close.

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 GREEK, 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. 77.)

CIVIL AND SOCIAL STATE.—*The population of Syria, taken collectively, is, according to the latest authentic accounts, 1,817,000, and is subdivided as follows:—*

Mahomedans (exclusive of Bedouins)	860,000
Greeks of the Oriental Church (schismatics)	345,000
Druses	186,000
Jews	175,000
Maronites	104,000
Roman Catholics	98,000
Ansary's	22,000
Metwalis and Zezides	17,000
Armenians	8,000
Franks	4,000

Total .. 1,817,000

Inhabitants.—The inhabitants of Syria, for the sake of convenience, may be arranged as follows:—

1. *Greeks of the Lesser Empire*; being the posterity of the people conquered by the Arabs, comprising *a.* Greeks proper, or schismatics, being those separated from the Romish communion. *β.* Latin Greeks, or those reunited to the Romish communion. *γ.* Maronites, or Greeks of the sect of the Monk Marro or Marroun, formerly a distinct sect, but now united to the Latins.

2. *The Posterity of the Arabian Conquerors.*—*a.* True descendants of the conquerors. *β.* Metwalis. *γ.* Druses. *δ.* Ansarians. *β, γ, δ.* Possessing distinct religions.

3. *The Ottoman Turks*, the present ruling people. *a.* Turks. *β.* Koords. *γ.* Bedouin Arabs.

They will bear another division, and one which I shall adopt, viz., into *Stationary*, including the Maronites, Metwalis, and Druses; and *Wandering*, comprising the Koords, Zezides, and Bedouin Arabs.

The *Maronites* occupy the country between the Nahr-el-Kelb and Nahr-el-Bared, from the mountains on the east to the Mediterranean on the west, embracing the cantons of the Kesrouan and Bsherray.

They derive their name from Marro, or Marroun, a monk who flourished in the fifth century, and established a sect since called after him. The Council of Constantinople condemned them (A.D. 681), as holding the *monothelitis* heresy, and drove them from the greater part of the cities of Syria to the mountains of Lebanon and Anti-Lebanon; they adhered to the Latin Church in the year 1182, but were still governed by their own patriarchs. After the crusades their attachment to the Church of Rome diminished, but, by able negotiations, they were won back in the year 1403, and forty-two years afterwards they renewed their recognition of Roman supremacy under Pope Eugenius IV., which they have ever since strictly adhered to.

The *personal appearance of the men* denotes health, great muscular strength, and activity. Their complexion is fairer than that of the Metwali or Druse, approaching more to an olive colour; the hair, eyebrows, and lashes, dark brown or black; and the eye full, black, and

lustrous. The general physiognomy is good. They are strictly honourable, and property is held sacred among them. They are hospitable, though not so unlimited as the other tribes, and very bigoted. They are above the average height.

The *personal appearance of the women* is prepossessing. When young they are rather pretty, but are very ugly when old. Their eyes, hair, eyebrows, and lashes are black; the general contour fine, and stature above the average height (five feet three inches).

The *dress of the men* is very gay, their turbans of various forms, and of every colour except the forbidden green. They wear the striped abbas of the Druses, or a short red or blue jacket over a striped vest; a crimson and yellow sash, holding a brace of long-barrelled pistols, the formidable khanjar, and a yataghan slung across the shoulder. If wealthy, they have their dress profusely embroidered with silk or gold cord.

The *dress of the women* consists of an outer pelisse of blue or some other colour, fringed with silk cord, open in front, with sleeves reaching to the elbow; under this is another robe, with sleeves open to the wrist; a shawl round the waist, long and full trousers, and the yellow slippers or naked feet and *kob-kobs* (the wooden pattens). In addition to the above, they wear immense silver earrings, large bell-shaped silver nobs hanging from their plaited hair halfway down the back, and the *tantour*. (a)

They dwell chiefly in the mountain villages, in neatly-built houses of sunburnt bricks, with flat roofs. Their monasteries, which are very numerous in the Kesrouan, amounting to 200, are built in the style of the Florentine villas of the middle ages. They are naturally an agricultural people. The principal and almost sole produce of the land is wheat, barley, and mulberry-trees, (b) the latter furnishing food for their main support—silkworms. Terrace-rows of vineyards, barley, and mulberry-trees descend from the villages to the sea.

The chief occupation of the people is husbandry, and, the whole nation being husbandmen, every one cultivates with his own hands the little domain he owns or farms. They rear the silkworm as an article of commerce.

The mountain salutation of welcome and friendship consists in throwing the right arm over the shoulder, bringing both faces in contact, and sometimes kissing the cheek.

The food of the Maronites is the same as that of other tribes that have no peculiarity of diet, and will be explained hereafter when treating of the food of the Syrians.

The religion of this people is decidedly Roman Catholic. They celebrate their mass in Syriac; the communion is administered in both kinds. The host is a small round loaf, unleavened, of the thickness of a finger, and about the size of a penny-piece; on the top is the impression of a seal, which is eaten by the priest, who cuts the remainder into small pieces; these, being soaked in the wine, are given to each person with a spoon. They have some saints of their own; their priests are allowed to marry before ordination; and their patriarch, or chief bishop, called "the Patriarch of Antioch," resides in the Convent of Kanb'in, on Lebanon.

The *Metwalis* formerly inhabited the Valley of Bekas, as far Tyre, but they are now scattered over the greater part of Syria.

The word Metwali has been written Metuali, Motouali, and Metawileh.

Towards the sixth century they were masters of Balbek, and, their tribe increasing, extended to the sides of the Anti-Lebanon, round the desert of Bekas, which they passed at a later date, and mingled with the Druses; in that part of the mountain which stretches between Tyre and Sidon. Subsequently they were driven back towards Saphad and the mountains of Galilee by

(a) For a description of this ornament I must refer the reader to the article on the Druses.

(b) The *miri*, or land-tax, is estimated by the mule-load of mulberry-leaves, eight or ten trees generally yielding a load.

the Druses. They collected again, and in 1760 they took possession of the ruins of Tyre, and with a force of only 600 completely defeated the army of the Druses, composed of 25,000 men. The monster Djazzar Pacha endeavoured to exterminate this tribe, and never ceased to persecute them from 1777 to the period of his death. A series of disputes, skirmishes, and battles took place, much to their disadvantage, until at length they descended into the plain, and settled among the ruins of Heliopolis, and in the valleys of Lebanon towards Tyre, where they have remained peaceably since 1810.

The *personal appearance of the men* is mean; they have none of that noble appearance which marks the Bedauwi or Druse. They are spare, active, deficient in muscle, and not so tall as the other tribes (average height, five feet one inch); the physiognomy is morose and dull when quiet, but excited by injury displays a brutal ferocity. The eye is black, the features high and regular, the beard remarkably bushy, and the teeth white.

The *women* have generally very fine features, large black eyes full of expression and vivacity, luxuriant raven hair, brown complexions, and fine figures. When inclining to corpulency, they are considered more beautiful; for a Metwali's notion of female beauty is—"Eyes black as the gazelle's, a skin white (a) as milk, and smooth as amber; a mouth like a row of pearls set in coral; and a face full as the moon." They are taller in proportion than the men, averaging five feet, and even five feet one inch.

In point of costume the men and women do not differ materially from the other mountain tribes, and for a description of their habitations, manufactures, food, arms, &c., I must refer the reader to the forthcoming papers on the costume, &c., of Syria generally. (b)

The Metwali are followers of the sect of Aly, and their faith is kindred to that of the Mahomedans of Persia; but they are here regarded as heretics. (c)

The *Druses* occupy the southern portion of Lebanon, the western slopes of Anti-Lebanon, and the Djebel Sheikh. There are thirty-seven large towns and villages in Lebanon inhabited solely by Druses, and 211 villages of Druses mingled with Christians. In Anti-Lebanon there are sixty-nine villages belonging exclusively to the Druses.

Ammatur and Bachlin in Lebanon, Hasbeya and Rasheya in Anti-Lebanon, are the Druse

(a) Although most of the Metwali women have brown complexions, yet there are many beautifully fair. La Boullaye ("Voyages de la Boullaye le Gouz," p. 318) informs us that the Arabian women of the desert are born fair, but that their complexions are spoiled by being continually exposed to the sun. Another traveller remarks ("Voyage fait par Ordre du Roi dans la Palestine," p. 260) that the "Arabian princesses and ladies, whom he was permitted to see, were extremely handsome, beautiful, and fair, because they were always covered from the rays of the sun; but that the common women were very much blackened by the sun. I have frequently seen a Bedauwi woman, whose skin was the colour of mahogany, nursing a young child as fair as an Englishman."

(b) It has been hinted to me that many of these papers, treating so much as they do of subjects unconnected with medicine, would be more suited for other pages than this journal; but it would be impossible to trace hereafter the origin and progress of diseases without having first considered the civil and social state of the people subject to them; and such as may be disposed to question the utility of considering these points are requested to peruse "The Sketch of a Plan for Memoirs on Medical Topography," in Dr. John Kennen's admirable work, "The Medical Topography of the Mediterranean"—one that it will be my study to follow out as far as the subject will allow.

(c) Niebuhr, "Reisebeschr.," li., pages 270—426.

capitals, possessing each a *khatuch*, or sacred edifice, in which their war standards and religious books are deposited.

The *external appearance of the male Druse* is prepossessing; the physiognomy is noble, grave, and spirited. Though not remarkable for height, they are well made, active, muscular, and hardy; they are brave, haughty, sanguinary, and vindictive by nature, yet conceal much of their true character under an Oriental smile of deceit. They are hospitable, rigidly moral, for their word once passed is as sacred as an oath, and very jealous of their honour.

The *women* are taller than the men in proportion, with fine figures and complexions, luxuriant raven hair, deep blue eyes, and jet-black brows and lashes.

The *dress of the men* does not materially differ from the other male inhabitants of Syria. Their usual dress is a coarse woollen cloak, with white stripes, thrown over a waistcoat, and loose breeches of the same stuff, tied round the waist by a sash; the turban is flat at the top and swells out at the sides.

The *dress of the women* is almost the same as that generally worn: they wear a coarse blue jacket and petticoat, without any stockings, and the head-ornament peculiar to mountaineers called the *tantour*, which projects from the forehead like the horn of the fabled unicorn.

The *tantour* is an ornament used by all the female mountaineers of Lebanon, and is generally the gift of the bridegroom on the occasion of his marriage. It is a hollow tube made of silver, copper, or tin, rudely embossed with stars, flowers, crescents, and other devices. It varies in length from one foot to two feet, and is about six inches in circumference at the lower part, gradually tapering towards the top, where it is less than half that dimension. This strange ornament, placed on a cushion, is securely fixed to the upper part of the forehead by two silk cords, which, after surrounding the head, hang behind, terminating in large tassels capped with silver. This ornament is worn at a different angle and varies in length, according to the district. In some parts it is worn projecting from the forehead like the unicorn's horn, as at Deir-el-Kamar, Bleddin, and Brumina; in others at an angle of 45° from the left side of the head, as at Deir-el-Khalid and Aare (in the Haouran); sometimes it points backwards, to the right or left, or directly upwards. As it requires much patience and practice to adjust this ornament, it is seldom removed, even by night, often remaining on for months together. The great weight of the tube, with its machinery of cords, chains, and balls, causes the women to suffer severely from headaches, particularly when they first adopt it; many of them complain also of stiff neck, vertigo, and impaired vision, which they attribute to the use of this appendage. Reference is made to this singular ornament in many passages of scripture, thus we find—"I have defiled my horn in the dust." (a) "Lift not up your horn on high." (b) "Our horn shall be exalted." (c) "The horn of Moab is cut off." (d) "To cast out the horns of the Gentiles, which lifted up their horn, &c." (e) "And hath raised up an horn of salvation, &c." (f)

The *habitations* are formed of mud, built square, with two apartments on the same floor, the window large and low, and with several (from four to eight) ventilating apertures near the ceiling, each measuring about six inches square. Such are the houses at Deir-el-Kamar, the capital of this people. These houses are ill adapted to the cold and rainy season, which sets in about October or November; and the natives usually cover the roof of the house with a composition made of one part of slacked lime and three of fine sand or earth; this, when mixed with the water in which hides have been immersed for some time, or the washings of a slaughter-house, is said to be impervious to rain.

On the top of every house is a large stone roller, for the purpose of flattening this cement, and at sunrise and set it is daily rolled. During the summer months, when there are no heavy rains, this practice is neglected, and it is then common to observe the housetop covered with weeds. (a) In some parts of the country of the Druses the houses are built entirely of blocks of stone.

The chief *occupation* of this people is weaving: cotton and silk are the staples of their looms. The cotton cloth is for domestic consumption, and is made into shirts, sheets, and drawers; or, when dyed, into robes, gowns, or trousers. The silk is exported by way of Beyrout, and is made into sashes, waistcoats, robes, &c.

They *cultivate* the small patches of ground on the slopes of Lebanon, and by forming terraces prevent the earth from being swept away by the rains. The plains produce corn and grain, the vine, fig, and mulberry; the slopes on the mountain side are covered with millet, corn, and vine-trees; and the upper ranges afford good pasturage.

Their *domestic animals* are horses, oxen, sheep (the true Syrian breed), goats, and the native dog.

The *food* used by this people is much the same as that of the other tribes; indeed, the only difference I ever observed was their extreme fondness for *raw animal food*, particularly the viscera, the women especially indulging in this luxury.

The *religion* of the Druses was founded in the year of the Hegira 386, or A.D. 996, by the Caliph Hakem-Bi-Amr-Allah. They keep their religion a profound secret; though they outwardly observe the same ceremonies as the Mahomedans, they are said to worship a golden calf in secret. Such as may wish to become further acquainted with the religious tenets and practices of this people are referred to "Exposé de la Religion des Druses, &c." par M. S. De Lacy, Paris, 2 tomes, 8vo., 1838; Niebuhr, "Reisebesch." li., p. 428; Volney, "Voyage," Paris, 1787, ii., p. 37; "Burckhardt's Travels," pp. 193-205; Gesenius, "Notes on Burckhardt," pp. 523, 524; Perrier, "La Tyrie sous Mehemet Ali"; "Lamartine's Travels," Chambers' edition, p. 106.

The *amusements* of the Druses are very simple. In the evening they sometimes assemble in the courtyard of the chief of the village, and, seated in a circle, with legs crossed and the constant pipe in hand, listen to a story-teller, or discuss the affairs of the people at large. They have no musical instruments, and do not indulge in the wild Arab songs so frequently heard at the festivals of other tribes.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF MEDICINE.

Meeting of March 21; M. ROYER COLLARD in the Chair.

ELECTION OF A MEMBER.—The meeting was exclusively occupied by the election of a member in the section of operative surgery. The ballot-box was twice carried round, and M. Huguier was declared duly elected, having obtained 62 votes; against M. Lallemand, 32; M. Larrey, 5; and M. Ricord, 6.

PURPERAL CONVULSIONS.—INHALATION OF CHLOROFORM.

M. P., aged twenty-two years, was admitted into the Hôpital Saint Louis on the 24th of February, at eight o'clock in the morning. Labour had set in the preceding evening, and the patient had already had convulsions, which had necessitated venesection; before she was brought to hospital her constitution was lymphatic, and her habit stout and full.

When the surgeon arrived, the patient was in a state of convulsion, and completely unconscious; the face was swollen, the lips purple, and froth issued from the mouth; the fit lasted

one minute after M. Richet first saw the patient when, having examined per vaginam, he perceived a presentation of the head, which was gradually descending into the pelvis. The attacks succeeded one another with rapidity, and the respiration was hurried, stertorous, and the pulse small, frequent, and irregular.

In the intervals the loss of consciousness was still complete, the teeth were set, the hands were closed. Chloroform was exhibited at the beginning of each convulsive fit, the duration of which was materially shortened by the inhalation, although their return was equally frequent during the two hours which followed. At half-past two o'clock parturition was completed, and a large, well-developed boy brought forth; delivery was immediately accomplished. The patient gradually improved during the following days, and left the hospital on the 5th, with a tendency to mental derangement.—*Revue Médico-Chirurgicale*.

FACULTY OF MEDICINE.

Concours for the Chair of Clinical Surgery, TUMOURS OF THE SKULL, A. CHASSAIGNAC, M.D.

The author, in the first place, examines the tumours constituted by hernia cerebri, and distinguishes them by their pulsations from aneurysms and cephalæmatoma, and from fungous growths dura mater, by the absence of pain and their persistence at an early period of life. In aneurysm, hernia cerebri, through a wound of the skull, Chassaignac thinks that the tumour should be removed if the contusion is sufficient to occasion any apprehension of gangrene. The success of this bold step in some cases may also serve as an argument in favour of those who consider excision the best treatment of congenital aneurysms of the scalp.

The second chapter is devoted to a rapid review of tumours formed by hypertrophy of the meninges, anatomical elements of the skull; and in the third are examined those produced by accumulation of serum: here we find an interesting paragraph on the surgical treatment of chronic hydrocephalus. M. Chassaignac gives the preference to pressure upon the skull, and supports his opinion chiefly upon the cases related in Fournier's memoir on the subject. Fournier he rejects for two reasons: first, it is impossible to be certain that the effusion is not the result of some internal arrest of development, or malformation, by which its reproduction is rendered inevitable; and secondly, because, with chronic hydrocephalus, subjects have been known to live many years, and, therefore, a cautious treatment of so dangerous a nature as pressure should not be attempted. If, however, supported by the cases published by Dr. Voss, Graef, and Conquest, the surgeon decided upon puncturing the removal of the fluid should be very gradually, as Hoffing has advised.

Passing over emphysematous tumours produced by fractures of the frontal sinuses, we come to sanguineous and vascular tumours. In the first place, caput succedaneum, the most superficial of collections of blood, is, according to Professor Dubois, situated between the skin and aponeurosis, and should be treated, as Dr. Santorini of Naples has suggested, with lotions of lime-water rendered more stimulant by the addition of some spirituous drops. When the sanguineous tumour of the infant is beneath the aponeurosis, it is called cephalæmatoma; it appears three or four days after birth, and is marked by the presence of a hard, circular ridge, formed according to Professor Dubois, by the coagulation of plastic lymph under the pericranium. The treatment should consist (Trepanning), of puncturing with a narrow-bladed knife, and pressure. Chassaignac then notices hæmorrhage within the substance of the bones of the skull, from which, occasionally originate tumours of a malignant nature.

Vascular tumours next occupy the author's attention. Treating of aneurysms, he remarks the general tendency of arteries of the head to participate in the same maladies: thus, aneurysm of the occipital and frontal often follows the ap-

(a) Job xvi. 16. (d) Jer. xlviii. 26.
(b) Psalms lxxv. 6. (e) Zech. i. 21.
(c) Psalms lxxix. 17. (f) Luke i. 69.

pearance of aneurism of the temporal artery. For the treatment of, excitable tumours, M. Chassaignac recommends the ligature of the principal arteries which supply them with blood, and the removal of the tumours.

The author then glances at tumours caused by inflammatory action, and turns to those resulting from the secretion of accidental products. This part of his subject is composed with much care, and it is easy to perceive it is the favourite chapter. The accidental products may be divided into two classes: the homologous, and the heterologous; amongst the first we will name horny tumours, wens, atheroma, steatoma, cysts, gummatous syphilitic collections, exostosis, and those curious osteophytes, described by Rokitsansky, Dugrest, and Mareau, within the skulls of women who die of puerperal fever, and are observed in more than one-third of the cases. The heterologous morbid products, tubercle, cancer, and fungus of the dura mater are then successively described.

Under the latter names, authors have hitherto comprised tumours of various origin and of very different nature. As late as 1826 the opinion of Louis, which referred all these growths to disease of the dura mater, prevailed in the profession; but in 1819, Ehrmannier denied this origin altogether; and finally, in 1832, Chelius emitted an opinion which has been generally adopted. These tumours originate not only in the dura mater, but also in the pterion and the bone; hence external and internal fungus, the differential diagnosis of which is not always easy to establish. As to their nature, M. Chelius admits that they may be formed by cerebriiform cancer, sarcoma, fibro-plastic degeneration, or ectopic tissue. The diagnosis between fungus and other tumours of the skull being rapidly acknowledged, the author refers with more weight upon the differences which separate external from internal fungus. The enumeration of the following symptomatic characters of fungus of the dura mater, and which are precisely contrary to those observed in fungus of the skull, each will give an idea of the discriminative method employed.

Fungus of the dura mater is a tumour endowed with energetic pulsation, reducible into the skull, surrounded with a bony circle, constituted by the perforated bones, painful only when issuing through this circle, and ceasing to be the seat of suffering when reduced; attended with more or less tension of the cerebral functions, generally solitary, and as rare of occurrence as external fungus is frequent.

The thesis closes with a retrospect of the diagnosis of tumours of the skull in general, and a table in which their leading characters are systematically pointed out.

On March 23, M. Langier was elected Professor of Clinical Surgery.

D. MCCARTHY, D.M.P.

Simple and Easy Method of Inducing Premature Labour.—The following case, which is the second, is recorded by M. Van Wageningen, in the "Annales" of the Medico-Chirurgical Society of Brussels. A female, thirty-two years of age, was delivered in her first confinement by the forceps, in consequence of contracted pelvis, and the infant was dead. Upon the left side of the head a depression was observed; occasioned by a deformity of the pelvis. The woman proving in the family way again, an accurate examination of the pelvis was made, which was found to measure within a little of nine centimetres. It was, in consequence, determined to induce labour, between the thirty-sixth and thirty-seventh week, by the administration of pills composed of camomile, eight of rye, and scabrous aloes. Four pills were given on the 1st of January; on the second they were repeated morning and evening. There was a slight bearing down in the pelvic region accompanied with pain. On the 3rd and 4th the pills were exhibited, two or three doses each day, and produced some evacuations from the bowels. On the 5th

the same doses were given. Intermitting pains were felt; there was a mucous secretion in the vagina; the uterus began to descend, and the os was dilated about an inch; a part of the infant could be felt. In the evening there were some febrile symptoms, resulting from an accidental cause. The medicine continued on the 6th, and pains were experienced at the lower part of the abdomen. On the 7th, sixteen pills, in three doses. On the 8th the pulse was about 68. The internal and external orifices continued to dilate. A vaginal examination discovered the movement of the head of the fetus; moreover, the pains were bearing down. Twelve pills; in the evening eight to be taken without aloes. On the 9th twenty-four pills without aloes. Considerable irritability of the bladder; two stools; fetus lively; pulse strong; the os continues to dilate; the membranes project; the movements of the limbs of the fetus could be distinguished. On the 10th, the pills as before; pulse 82; two stools. On the 11th four pills without, and the same number with, aloes; the mucous secretion of the genitals is increased; the uterine neck is lower, and more dilated anteriorly; the movements of the fetus are energetic. On the 12th, during the night, the pains rapidly succeeded each other, and continued for some time. She continued in this state till half-past five, and then there was an alvine evacuation. In the morning the membranes were projecting, and there could be discovered through them the head and a small moveable extremity. The pills to be discontinued. At noon, the dilatation still going on, the membranes advancing, the pains good, though somewhat abated; at six p.m. the pains increased, and recurred every six or eight minutes. On the 13th the pains abated. After midnight eight pills, with aloes, were given; an hour and a half afterwards the pains increased in length and intensity; at half-past two o'clock the dilatation was considerably increased; restlessness; vomiting of bilious matter; and the membranes spontaneously ruptured; the head advanced through the superior aperture; it could not return again, and it remained in this state more than ten hours. As the pains alternately augmented and diminished, the patient wished to be delivered by instruments, as in the former labour. Towards eight o'clock p.m. four of the ordinary pills were exhibited; three quarters of an hour afterwards the pains were renewed, and became expulsive, so that about half-past ten the head was born. The labour was terminated by hooking hold of the left arm-pit. The infant was a male, with a very large head. The placenta was taken away easily, and the patient did well afterwards.

Fracture of the Thigh successfully Treated.—Dr. Ezra Miehener, of Chester county, Pennsylvania, relates the case of a young man in very delicate health, and of delicate constitution, who sustained a fracture of the upper third of the left femur, and was otherwise considerably injured, by the upsetting of a cart. The bad state of his health, and the condition of the injured limb, unfortunately led his medical adviser to believe that he could not bear the strict confinement usual in such cases; and, consequently, light and insufficient dressings were applied. The constant motion of the fragments which the insolvency of the dressings allowed to take place, and the consequent laceration and irritation of the soft parts from the progressive overlapping of the bones, produced a high degree of irritative fever. This was erroneously attributed to confinement, and became an inducement to relax the dressings still more. The fragments had now overlapped more than two inches. After the lapse of several weeks, the irritation nearly subsided, and union was supposed to have taken place. The dressings were removed, and the patient allowed to rise from his bed. In a very few days the slight extension which he made produced a rapid increase of pain, soreness, and swelling in the limb; the thigh became crooked, and the foot was drawn more and more upwards. Dr. Miehener saw him ten weeks after the accident. He lay upon

his back; the thigh was considerably swelled, and very painful to the slightest touch or motion. The pelvic muscles, acting upon the trochanters, had drawn the upper fragment upwards to near a right angle with the pelvis, while the fragments necessarily formed a similar angle with each other. The foot was drawn up full seven inches above its fellow; but the tape measure, following the angulation of the bone, gave a shortening of only two inches, as already mentioned, from the overlapping of the bones. The fractured bone appeared to be surrounded by an enormous spongiform callus of four or five inches diameter. Such a callus may reasonably be expected to form where the fragments are allowed continually to change their position, and to disturb the restorative operations which are in progress around them. The bad health of the patient, his already long confinement, the heat of midsummer, and, still more, the unfortunate state of the limb, presented serious obstacles to a cure. The following means were used:—A counter-extending band was passed round the groin of the right or sound side, and securely fastened to the head-rail of the bedstead. It was placed on the right side, in order to allow the left side of the pelvis to rotate downwards, and thus, in some degree, to relieve the tension of the displacing muscles. An extending band was then put round the ankle, and carried over a pulley in the footboard, and kept tense by a weight. A broad maulin band was then passed round the right hip, one end of which was carried beneath the pelvis, the other across the pubis, and secured to the bed-rail on the left side. A similar band was next carried round the outside of the fractured limb, the ends of which were passed under the right thigh, and over a pulley in the right bed-rail. This band was also kept tense by a variable weight. The first and third bands were more retainers to prevent the others from displacing the patient. The second was designed to make gradual and constant extension; the intensity of the force to be regulated by circumstances. The fourth was mainly designed to co-operate with, and aid the second in straightening the limb, by directly antagonizing the displacing muscles, with a constant and graduated force; but it was also a prominent intention of this band to compress the too redundant callus, and promote its absorption. These intentions were completely fulfilled. The patient passed a comparatively comfortable night, and on the following day it was found that the limb had been gradually and insensibly brought to its proper position—abating the original two inches in its length. These were the only dressings made use of during the cure. The exuberant callus was rapidly reduced to a proper size and firmness; the pain and irritation soon subsided, and in a few days the bone began to show signs of consolidation. At the end of eight weeks he was allowed to rise from his bed. Under the circumstances which have been related, it was believed inexpedient to attempt a dislodgment of the overlapped bones; he, therefore, got up with a shortened limb, but he now walks with only a slight limp.

Analysis of the Cases of Delirium Tremens admitted into the Bloomingdale Asylum for the Insane.—Dr. Pliny Earle, present physician to the asylum, states in the "American Journal" that the aggregate number of cases of this kind admitted from June 16, 1821, to the 31st Dec., 1844, is 594, of which 511 were males, and 83 females. But this number includes many readmissions of the same individuals. Thus the whole number of persons was 322. The sexes being distinguished, there were 274 males and 48 females, the former exceeding the latter in the proportion of nearly six to one. Of these 322 patients, the countries of nativity of 273, and those of residence at the time of admission of 295, are recorded. It appears that 152, or 35 per cent. of the whole, were born in the state of New York; and 40, or 14 per cent. were natives of other states of the Union. Of foreigners there were 81, which is equal to 26 per cent. Persons labouring under delirium tremens are rarely carried to a great distance for treatment. This

is rendered inconvenient, and generally impossible, both by the condition of the patient and the duration of the disease. Hence it is not surprising that, of 295 individuals admitted, no less than 276 resided in this state, and a very large proportion of these in the city of New York. Of the 19 whose residence was in other states and in Canada, several were sojourning in this city when attacked with the disorder for the cure of which they were brought to the asylum. Merchants, traders, clerks, professional men, persons of leisure, and young men without employment, furnish 129, or ten more than one-half of the 238 patients here recorded. Without explanation the necessary inference must be far from flattering to these classes. It must be recollected that they constitute no unimportant proportion of the population of the commercial and wealthy city of New York. They are, moreover, those classes, the members of which, more generally than those of other portions of the population, resort to this institution when thus diseased. The great majority of persons whose pecuniary resources are limited are taken to places where the expenses are less. The decennium in which there was the greatest number is that from thirty to forty years; the next is that from twenty to thirty; and the third that from forty to fifty. In the community at large there is a much greater number of persons between twenty and thirty years of age than in any decennium of more advanced life. Hence the proportionate number of these patients between thirty and forty years, as compared with the living population of the corresponding age, is much greater than that in any other period of existence. The number of unmarried men exceeds that of the married by seven; although, if the widowed be included with the latter division, the single predominate over the married by but three. This approximation to equality of numbers in the classes of celibacy and matrimony, though so strikingly remarkable with the men, does not obtain with the women. Of the latter sex the married exceed the unmarried in the proportion of thirty-seven to one; or, if the widowed be included with the married, in the proportion of forty-four to one. As a general rule, delirium tremens soon terminates either in recovery or death. Considering the severity of the disease, it is imminently curable. Thus, of 322 patients, 286 were cured, and but 20 died. The two still remaining in the house are also cured. It is proper to remark, as has already been intimated, that in some of these cases the patient had no delirium while at the asylum. Among them were a few in each of the various conditions and phases, both temporary and more prolonged, of intoxication. In 12 of these 20 cases the patient died within four days from the time of his reception into the asylum, and all of them, excepting one, within twenty-seven days. The man who remained one month and twenty-two days died of congestive fever. The death of the man who died on the ninth day was the result of an attempt at suicide, by cutting his throat, before admission. This was also the case with one of the men who died on the fourth day. One of the men committed suicide while in the asylum. Of the 322 persons before mentioned, 85 males and 17 females, a total of 102, were admitted a second time. 42 males and 7 females, making an aggregate of 49, were each admitted a third time. Of the fourth admissions there are 33, of whom 29 are males and 4 females. 23 were received a fifth time each; of these 20 were males, and 3 females. The sixth admissions consist of 14 males and 2 females; total, 16. Eight males and 2 females were each admitted a seventh time. No female was received more than seven times. The admissions of a higher number were exclusively of males. One man was received 12 times more, and discharged cured seven times, relieved five times. His last discharge was about twelve years since, and during the interval between that time and the present his habits have been strictly temperate, and his mental condition perfectly healthy. The treatment formerly pursued at this institution may be inferred from the following synopsis of the prescriptions for ten patients,

admitted at different periods, from 1821 to 1844:—1. Tartar emetic, Epsom salts, and the warm bath. 2. Epsom salts and tartar emetic. 3. Laudanum. 4. Opium and hellebore. 5. Opium, hellebore, and serpentaria. 6. Laudanum, tincture of hellebore, infusion of chamomile and valerian. 7. Calomel, senna, and the infusion of valerian. 8. Camphor, opium, and wine. 9. Calomel, opium, camphor, infusion of chamomile and valerian. 10. Calomel, Dover's powder, and castor oil.

Spasmodic Stricture.—Dr. James Bryan, formerly professor of surgery in Castleton, Vermont, &c. &c., remarks that this is a simple closure of a portion of the urethral canal, by the contraction of some of the muscular fibres which surround it. This spasm may be in the circular fibres of the urethra itself; the compressores urinæ, or other portions of the muscular tissue, acting upon the passage. It is induced by some irritation, either local or general, either in the urethra itself, or acting upon some distant part, and producing the disease by sympathy. Like other diseases of this nature, it is found most frequently in persons of a nervous and excitable temperament. The irritation of gonorrhœa, in any or all of its stages, produces this form of stricture; it is not of course in this, or in purely sympathetic cases, dependent upon organic changes, in the form of deposits, for its existence. Although very distressing for the time being, producing for hours together complete suppression of the urinary discharge, yet it must be considered as a temporary disease. The application of cold water to the parts and cold to the feet, as recommended by Dr. Hall—or the reverse, warm baths, pediluvia and semicupia—are means which very frequently succeed in relaxing the stricture. In addition to these, the introduction of a catheter or sound, the use of opiate enemata, or, according to Dr. Hunter, “the crumb part of a new baked loaf, warm from the oven, applied to the perineum;” a blister to the groin; hot steam to the scrotum and perineum, &c. &c. Of all these, the best by far, and most certain as well as the most expeditious, is the introduction of the catheter, previously warmed and oiled for the purpose. I have found it advantageous, in cold weather, either to allow the patient to remain in bed, or be in a warm room during the introduction of this instrument. In some cases the disease assumes the character of periodicity, and the bladder must be evacuated at stated periods for several days, before the disease gives way, and this entirely independent of that form of stricture which sometimes takes place during the cold stage of an intermittent fever. When caused by some local irritation, the final cure of the disease must of course be sought by the removal of the cause.

THE MEDICAL TIMES.

SATURDAY, APRIL 1, 1848.

PARLIAMENT AND MEDICAL REFORM.

FROM more quarters than one we hear a great deal of very unwise tremor about Medical Reform; and our weekly contemporaries, whose information, if not good sense, ought to be better, are here as unsafe authorities as others. The “best possible instructors” and worst possibly informed are on this cardinal point equally at fault.

In the first place, it is not rationally to be anticipated that Parliament will this session encumber themselves with the medical question. Men talk, idlers write, and busy corporations arrange, but these well-used agencies have been in operation the last twenty years, with just as much, or little, potency as they are likely to be in the present—that is, with the effect on imperial legislation of a child's caul in averting shipwreck, or Ethiopian clamours in ending an

eclipse. It is not in a hurricane that sailors scour decks, or in mid-battle that soldiers are lectured on pipe-clay applications; and if anybody expects Government to bring in a medical bill in the present deluge of European revolution, by which even Britain herself—the ark and refuge of expiring monarchies, clean and unclean—threatens to be sooner or later submerged, he has formed a different view of the present crisis from us, and, we may modestly add, the Government of the country. Internally and externally, we are at the most eventful and critical moment of our country's history; and for Sir George Grey to dedicate himself to the difficulties of medical legislation would be to show a coolness amid dangers which a greater man might well envy, without aspiring, however, to imitate. It would be Guizot calmly discussing his Bank Charter within ear-shot of the musketry that is discrowning his master, and for ever disgracing himself.

THE PRESENT VALUE OF THE APOTHECARIES' PENAL CLAUSE.

WHEN the Apothecaries' Company became a licensing medical corporation in the year 1816, it had certain powers intrusted to it which, discreetly exercised, might have been of no small benefit to the profession. We allude to that part of the Act which relates to the prosecution and punishment of illegal practitioners. It is very likely that, at the time when it was passed, neither the Legislature nor the Company thought to benefit the profession by the introduction of a penal clause, it being highly probable that it was intended principally for the advantage of the corporation, by forcing numbers of the students to apply for the certificate. The Company felt that, without possessing the means of punishing those who practised without its authority, the court of examiners would be an institution without employment, and there would be scarcely enough candidates for the certificate to pay the expense of engraving it.

The name of apothecary possessed no attraction for aspiring youth. Shakspeare, centuries ago, eternally associated it with “meager looks, tattered weeds, sharp misery, and a beggarly account of empty boxes.” At the Hall, too, there was a shop of drugs and chemicals “where physicians' prescriptions were accurately prepared;” and the damning fact was duly advertised on all the bottles and pill-boxes which were issued from the repertorium. The Company, with the craft of old traders, emblazoned on every label its crest of a mailed pig with a nasal tuak; and, lest any mistake should arise in reference to the establishment where the prescription was compounded, there was written in plain English under the aforesaid crest, “from Apothecaries' Hall.” For students of a learned profession, therefore, to be expected to go to the hall of a trading company to obtain a testimonial of fitness to practise the art and science of medicine, was a circumstance so singular that nothing short of a penalty for disobedience would induce submission.

If we look to the past conduct of the Society, we cannot avoid making the conclusion that for some years it was disposed to employ the penal clause for no other purpose than its own aggrandizement. We know of many instances of educated medical men possessing a British diploma, who were threatened with prosecution unless they presented themselves in Water-lane for examination, while quacks and uneducated pretenders to medical knowledge were

permitted to exercise their unholy vocation undisturbed, simply, we suppose, because a prosecution would have resulted in no pecuniary advantage to the Company.

Within the last few years, however, the doctrine has been propounded, and commonly believed, that the penal clause was not intended for the benefit of the corporation, but of the profession, and that it ought to be employed for no other purpose than that of ridding the community of uneducated practitioners. Even the Apothecaries' Company itself has professedly espoused this opinion, and it has, in consequence, refused to prosecute any medical gentleman who possesses a diploma, though he may be minus the certificate. It is to the credit of the licentiates that they bring no charges against the Society on this score. What they complain of is that, after complying with certain expensive regulations to fit themselves for examination—after having undergone that ordeal, and received authority to practise—they have to compete with persons who usurp their functions, without having expended either time or money to obtain a suitable education, tested by examination. The Company has been made acquainted with many cases, and urged to prosecute; but, prior to the new interpretation put upon the penal clause, it pleaded as an excuse the great expenses that must be incurred, and the inability to meet them. Since then, as offenders can now to be proceeded against for a misdemeanour, the licentiates themselves have been urged to take the matter in their own hands—the Society promising to play second fiddle, by affording advice through its solicitor. It is now charged with a breach of promise in this respect, and we have a letter before us from Mr. Alfred Ebsworth, of Bulwell, Notts, in which he complains of having been led to prosecute an illegal practitioner in his neighbourhood, not possessing any diploma, under the promise of receiving from the Company the advice which it engaged to give. Mr. Ebsworth, after adverting to the announcement made by the Society some months ago, that individual members of the profession may become prosecutors of illegal practitioners, and that the cost of such prosecution is comparatively slight, says—"Enamoured by this decision, not privately, but broadly and openly expressed, I commenced collecting evidence against the person whom I was anxious to prosecute for his barefaced and open violation of the law. The evidence I collected was complete: it proved the attendance, the supply of medicine, the strictly medical nature of the disease, and the payment for medical attendance. When the mass of evidence was complete, I placed it in a solicitor's hands to indict the party at the Nottingham assizes. My solicitor placed himself in communication with the adviser of the Company. Several letters passed between them, and the case was pronounced perfect. But when my solicitor came to make arrangements for the presence of their clerk at the assizes, to prove that the offender had no diploma for practising medicine from the Apothecaries' Company, their solicitor suddenly dropped the correspondences. But I did not drop the matter here. That the Society, after putting me to the expense already incurred, should fail, I never would believe, and I had no intention that they should. I, therefore, directed my solicitor to proceed to London, and have a personal interview with Mr. Upton; he did so, and, sad to relate, I was declared to

be *beyond* the pale of their protecting influence. In vain did he argue the merits of the case; in vain did he solicit, as the evidence was so complete, the attendance of their clerk to sustain the indictment in its most essential point! Mr. Upton declared the Society *incapable of extending its protecting influence beyond the London district*, and even within it, he said, their prosecutions could hardly be maintained for want of funds."

If it is come to this, the question may be fairly asked—Of what use is the Apothecaries' Society to the profession? The reply may be made, that it has done much in the cause of medical education. We grant this; but if uneducated practitioners are to be allowed, unmolested, to practise, medical men are incurring an expense in obtaining the knowledge they do, which the people do not properly appreciate, and the full benefits of which, from their own ignorance or prejudice, they will not be permitted to enjoy.

The Company makes but one excuse for refusing to protect its licentiates—poverty. It has been reiterated again and again, and we must say that we think it but due to those who have paid their money for the certificate to have a statement laid before them of the way in which it has been expended. According to a rough calculation, a sum nearly amounting to £60,000 has been received by the Company since the year 1815 for certificates, and yet, alas! the coffers are so low that the solicitor's expenses to Nottingham and back cannot be incurred to aid a licentiate in prosecuting a quack.

It is evident, from what is continually occurring, that the penal clause, of which so much has been said, is little better at the present time than a dead letter. Druggists not only practise over the counter, but visit patients without fear of molestation; quacks abound in every corner of the land; and individuals boldly assume the name and functions of medical men without the shadow of a qualification. If general practitioners are to advance in respectability and usefulness, a remedy for these evils must be speedily applied. They have been too long left to battle with their adversaries unaided and uncared for, and the consequence is that now they receive the announcement of the "settlement of the question of Medical Reform" silently and distrustfully. Yet hope should revive in the prospect of a new incorporation based upon liberal principles. It may not, perhaps, be all that is asked or required, yet it cannot fail to afford a vantage-ground from which important benefits may hereafter be secured. It will at least make the general practitioners, as a body, a reality; it will place the management of their affairs in their own hands; it will make the College in Lincoln's-inn-fields more circumspect; and it will eventually gather sufficient strength to emancipate itself from any trammels which its enemies may place about it. The Apothecaries' Company may yet do good service for the profession by seeing justice done to its licentiates, and insisting upon a new incorporation in accordance with the spirit of the times. Under these circumstances past omissions will be forgiven.

DR. STOKES ON MESMERISM.

[To the Editor of the Medical Times.]

SIR,—The character of Dr. Stokes, of Dublin, stands so high as an accomplished, talented, and scientific physician, that whatever emanates from him is sure to command attention and respect, both from the profession and the public. In *Saunders's News Letter and Daily Advertiser* for the 9th current, there is an elaborate report of a paper read by Dr. Stokes, the previous Monday, at the reunion at

College Hall, in Sir Patrick Dun's Hospital, "On the Light which the Study of Nervous Diseases throws upon Mesmerism." From this report I beg to extract a few of the doctor's remarks on this curious topic, which, I doubt not, may prove highly interesting to the readers of the *Medical Times*.

Dr. Stokes remarks, "I need not remind my professional hearers that nervous diseases are divisible into two classes. In the one there is an organic change, a mechanical alteration of some portion of the brain or nerves, which can be connected with the symptoms in the relation of cause and effect. In the second and by far the most extraordinary and numerous class of these diseases there is no organic change, so that neither by anatomy, the microscope, nor chemical analysis, can any alteration be discovered. The most terrible and incurable diseases are those unconnected with physical alterations; and in such cases, when these do occur, they are inconstant and wholly incompetent to explain the symptoms."

He farther observes, "When men speak of the truth of mesmerism it is not easy to ascertain what they mean. Some believe in the original doctrine of Mesmer, that a fluid of exquisite subtlety can be transmitted from one being to another, so as to produce varied and singular effects; others, that the magnetism can produce results which, if not supernatural, can be caused in no other way; while a third class have a semi-belief in the whole matter, and, to use a common expression, 'think there must be something in it.' The doctor farther adds, 'I do not think that anything I have to say on this matter will satisfy all my hearers. I can only give my own impressions, and what seems to be the opinion of the best medical investigators on the subject. Let us suppose,' he continues, 'a person incapable of voluntary deceit to be mesmerised; the following conditions may be produced:—

- "1. Somnambulism and mesmeric sleep.
- "2. Muscular rigidity, or catalepsy.
- "3. Local insensibility to pain.
- "4. Exaltation of sensibility.
- "5. Belief in clairvoyance.

"6. The belief in the faculty of reading the thoughts of others.

- "7. The development of new intellectual powers.

"These results, however, are divisible into two great classes: the bodily and manifest conditions, under which we may class the exaltations of intelligence; and the hallucinative class, or the sensorial or mental aberrations of the patients. The occurrence of these false or hallucinative phenomena are symptoms of this peculiar condition, this pathologic state of the brain. The patient is not necessarily a deceiver who affirms that he can see what cannot be seen, who attempts to prophesy or divine the thoughts of others. He believes that he can do so. These are the mental symptoms of this state as constantly as the occurrence of the suicidal propensity in particular cases of mania, or the visions of crowds of loathsome animals in delirium tremens, or the belief in heavenly inspiration in theomania, or of diabolic possession in demonopathy. That somnambulism, with its attendant phenomena, can be produced by the mesmerist must be fully admitted. Why they are produced, or how so simple a proceeding should cause such strange effects and such constancy of symptoms, are questions which we cannot at present solve; but this difficulty should not invest them with a special wonder. We know not why opium causes sleep; or strychnia spasms; or digitalis fainting; or chloroform insensibility to pain.

"Every practical physician," Dr. Stokes further adds, "knows that these mesmeric conditions occur as symptoms of disease in persons who have never been mesmerised. Somnambulism, muscular rigidity, ecstasy, insensibility to pain, augmented sensibility, development of intellectual power, occur in isolated cases of disease, with precisely the characters that are seen in the mesmerised patient. But, further, hallucination, the desire for sympathy, and the tendency to feign, occur as symptoms in ordinary disease. All these have been observed from an early period in medicine. Another class of facts must be noticed, namely, the occurrence of every one of the mesmeric phenomena in an epidemic form." The doctor then recounts these epidemics as they appeared in the middle ages, extending over a period of three hundred years. "The most important of these conditions," he observes, "were theomania and demonomania. They were clearly varieties of the same condition, but presented a singular constancy, not only in the bodily but in the mental symptoms, and hallucinations of sense; so that the statements of the sufferers themselves, and the description of their visions, exhibit the closest similarity for more than two centuries, in different

counties and different races, in all ranks and all ages, from childhood upwards. In the smaller class the leading delusion was the belief in heavenly inspiration; while, in the larger, body, soul, mind, and will were held by the sufferers to be under the control of Satan or his demons. The belief in witchcraft was universal, and the disease continued for more than two centuries unchecked by the most sanguinary laws. If we now follow the disease into the seventeenth century we find it a compound of mania, demonopathy, hysteria, and neuralgia; convulsions and spasms, producing the most fearful contortions, were common; the feelings and habits of the patients were utterly perverted, &c. The disease occurred in paroxysms, but was uniformly brought on by the attempts at exorcism. The magnetic phenomena existed in almost all cases. Somnambulism occurring in long fits, and varying in its phenomena with the condition and character of the individual, was common, and was also producible at the command of the exorcist; and the double fact of the prophesying by one somnambulist of an access of disease in another, and its occurrence at the specified time, was not unfrequent. At the command of the exorcist the body was bent and twisted into the most complicated and seemingly impossible attitudes; the pulse was arrested at the wrist, and respiration appeared to be suspended; the eyes were made to stare without winking, or to roll up as to conceal the cornea from sight. Insensibility to pain was produced, so that needles could be inserted into different parts of the body, and even into the quick of the nail, without the slightest appearance of suffering. In numerous cases the will of the exorcist was obeyed without his giving any sign perceptible to the bystanders, or was followed even when the patient at the time was at a great distance from him. The patients had fits of ecstasy, and the retrospective, prospective, and inter-vision in the highest degree. Their intelligence was exalted; they improved with extraordinary eloquence and power, and frequently answered in language supposed to be unknown to them." He then adds, "I beg to call your attention to the fact that this condition of the nervous system was communicable from one patient to another, just as we see hysterical disease spread through the wards of an hospital, but the application of the fact to the doctrines of mesmerism is important, as it seems inconsistent with the polar theory; for if, to produce the mesmeric state, a communication between the magnetism and magnetiser be necessary, how did it happen that the magnetised person could produce the same polar condition in another? The fact is in accordance with the ordinary phenomena of sympathy, but appears opposed to the magnetic hypothesis. The conditions which we now see produced by the mesmerist were, then, of a spontaneous growth; for the analogy which has been drawn between the magnetiser of the present day and the exorcist of the sixteenth and seventeenth centuries fails in this; that no will was exercised by the exorcist to produce the original magnetic state. If will was exerted, it was to remove the state; and, though the supposed demon obeyed the command in many striking instances, yet neither the wish nor the will of the exorcist could remove the general condition, though many laboured at the attempt, even to the destruction of their own breath and loss of their lives. It is here," the doctor further adds, "that on the subject of mesmerism we should separate the true from the false. Mesmerism is capable of causing somnambulism without any collusion between the operator and patient. In this state, as in natural somnambulism, those senses are active which are for the time subservient to the particular direction of the dreaming mind; they are not only active but may be morbidly excited; the others are paralyzed. Mesmerism can produce a cataleptic state—it can suspend pain; paralyze a limb; contract or dilate a pupil, and induce the state of ecstasy. In this state certain senses may become endowed with increased power, and the intelligence be exalted. The patient may not in concert with the mesmeriser, and the head follow the motions of his hand without deceit or collusion. Such are the real phenomena of this state of disease induced by mesmeric operation: these are the true phenomena, where there is no deceit or collusion, no self-deception.

"But there is another class, true in one sense, false in another: true, that they are unquestionably produced; false, inasmuch as they are hallucinative; and in the constancy of the occurrence of these phenomena we see a remarkable accordance with other mental diseases. The patient is not necessarily a deceiver, but is deceived by disease;

and the lights and the glories, the inner, the retrospective, and the prospective visions, the prophetic spirit and universal knowledge, are but the regularly established symptoms of a special condition of an outraged and suffering brain. But there is an error in this matter which we cannot pass over here, namely, the doctrine of a special influence, a magnetic fluid capable of being conveyed from one person to another; to say nothing of its being communicable to inanimate substances. Of this doctrine there does not appear to be any proof; and when we see the mesmerised state produced without mesmerism, as when caused by steadily gazing on a fixed inanimate object, such as a dark spot on a white wall; or, as in the case of a bird, round which we draw a line of chalk; to say nothing of the evidence from the history of disease, we find neither the necessity for such a doctrine nor reason for believing it."

Again, the doctor proceeds to another branch of the subject, thus:—"I will not discuss the question of seeing things far removed from the patient, or seeing through opaque objects, or foretelling events. But very few unexceptionable experiments have been made on these points; and chance, coincidence of events, and the operation of the love of the marvellous, seem to be the foundation of most of the singular accounts given to us on these points. They are no more to be relied on than the accounts of the same circumstances in the history of epidemics of diabolic possession."

It must be obvious to many of your readers, who have read my various communications to your valuable periodical, and more especially to those who have also read my treatise on "Hypnotism, or Nervous Sleep," that in these remarks of Dr. Stokes he is echoing and confirming, by the sanction of his name, the views which I have so strenuously contended for during the last seven years, as to the nature, cause, and extent of mesmeric phenomena, and which I have contended for in opposition to the whole body of the mesmerists, as well as anti-mesmerists—the latter, because they did not clearly comprehend wherein my views and pretensions differed from those of the mesmerists; and the former, who could not patiently tolerate any remarks tending to refute their mystical and extravagant notions about a special occult influence, and supernatural gifts and graces of their patients, as the results of their alleged magnetic fluid.

I shall reserve for another week Dr. Stokes's remarks on the use of mesmerism in the cure of disease, to which I shall append a few of my own practical remarks on this most important branch of the subject.

I remain, Sir, your most obedient servant,
JAMES BRAID, M.R.C.S. Edinburgh, &c.
3, St. Peter's-square, Manchester, Feb. 24.

COLLEGE CHARTERS AND THE PROFESSION.

"The hour is come, but not the man."

My Maning.
[To the Editor of the Medical Times.]

SIR.—When I wrote my last letter I had not seen the proposed new charter of the College of Physicians, and I must, therefore, correct my mistake of asserting that the physician of the new register would not be disabled from practising pharmacy. What is to become of the many who do practise it we are not told. They are not, like the members of the College of Surgeons, "required" by any clause that I have seen to enrol themselves in the inferior College of General Practitioners, and will not be very likely to do so of their own accord. Those who have not private means may, I suppose, enlist as soldiers, or take to the wine trade. But this is their business, and no doubt they will look to it. My concern at present is with another part of the affair. The member of the College of Surgeons must either join the inferior college, or give up his drugs. The fellow stands alone in possession of the exalted privilege of being at one and the same time a superior-grade man and a shopkeeper!

When these dignified personages first blossomed into life, we were told in a memorable "statement" that, whereas "the great majority of members of this college are less engaged in the practice of surgery than in that of medicine, midwifery, and pharmacy, the council, keeping in view the objects for which the college was especially established, felt it their duty, in the nomination of fellows, to regard chiefly the qualifications of members as practitioners in surgery." Now, had this principle been acted up to, there might have been some colour for a proposal to make distinctive practice a ground of distinctive

registration; but when it is notorious that (as I have elsewhere expressed it) "the actual list of fellows consists of a medley of persons with every variety of qualification—physicians, surgeons, dentists, men-midwives, and apothecaries"—this attempt to degrade the members for practising pharmacy is, I must say, one of the most absurd things I have ever seen.

The fact is—however disagreeable to some persons—it may be to be told, so—the charter of 1813 is the real impediment to medical legislation, and until this measure is entirely and unreservedly abrogated it will be utterly impossible to advance a single step. In the meantime, as one of the surgeons of the College—a body constituting a very considerable majority of the practitioners in the kingdom—I do most solemnly protest against the notion of being represented at any "conferences" by two or three London apothecaries who have either been bought over to the interests of their masters by honours to which they have no sort of title, or are not unwilling to sell the status of their fellow-members for a little secondary importance that may accrue to themselves.

Sir, if this is the way in which medical legislation is to be carried on, my mind is made up that the course I shall adopt, and I earnestly recommend the same to my 5000 brother members of the College of Surgeons. Until the distinction created by the charter of 1813 is abolished I will not register at all. I will be an illegal practitioner. I have been more than twenty years in the profession, and am in the enjoyment of a very respectable share of public confidence. I could desire nothing better than a proper execution for practising illegally; it would only have the effect of doubling my income; and a few such prosecutions would, I think, put the inferior element doctors in rather a ridiculous position. Surely these charter-mongering gentlemen require to be reminded that we are living in the nineteenth century.

I am, Sir, your obedient servant,
March 27, 1854.
JOHN ALLAN, Surgeon R.N.

LIFE-INSURANCE SOCIETIES, AND MEDICAL MEN'S FEES.

[To the Editor of the Medical Times.]
SIR.—As the question is still undetermined who should pay the fee due to the medical man who answers the usual series of printed questions relative to the health of his patients, so often addressed to him by life-insurance companies, I hope you will give insertion in your journal to the following case and suggestion.

I received a few days ago from one of my patients a paper with the usual series of printed questions relative to his health, habits, &c. This form had been furnished to him by the General Life-insurance Company; but, unlike the usual custom, the questions were not addressed to me by the company's secretary, and referring to the party proposing to insure in the third person, but were in the first person, and signed by the party himself—as, for example, "Am I subject to fits?" "Have I ever been affected with apoplexy of the brain?" &c. &c.

A request was subjoined that I would transmit the paper by the post-office, with the questions answered and signed by me, a direction being printed on the paper to "Dr. Thomas Price, General Insurance Company's office, King William-street, London."

I cannot tell who this Dr. Thomas Price may be. There is no such name in the last edition of "The Court Guide," nor of "The Medical Directory."

I trust that medical men will not allow the artful dodge adopted by the General Life-insurance Company of procuring evidence intended for their information and security from private medical practitioners, to deprive the latter of the fee justly due to them on such occasions.

With the view of simplifying the question at issue, as to who ought to pay the fee, I would suggest that insurance societies ought to satisfy themselves, as far as possible, by having parties proposing to insure examined by the company's own medical advisers; and, if that be not sufficient, then let them apply to the private medical adviser of the individual. It would thus be indubitably clear that this opinion is sought by the company for their own security, and, of course, that they ought to pay the fee.

At all events, let the company and their customer or client settle the question between them as to who is to pay, but do not let the medical profession surrender their just right to please either.

I am, Sir, your most obedient servant,
JOHN ALLAN, Surgeon R.N.
Epsom, March 28.

MEDICAL REFORM.

[To the Editor of the Medical Times.]
 Sir,—It appears from the tenor of the letter of your correspondent, "Echo Veritas," that the opposition to the arrangement of medical reform, made by the heads of the medical corporations of England and the National Institute, is to spring from the M.R.C.S., and no doubt the honourable member for Finsbury at their head.

I consider that it comes with a bad grace from that class who have so long been propped up by this time at the expense of the apothecary. Your correspondent would gladly have his class legalized to act in the capacity of general practitioners, but consider the degradation to enter into a college bearing such a title. If such vain sentiments as these are to be entertained by persons who profess a liberal and honourable calling, I say, away with such hypocrisy, and the sooner we are quit of this deceitfulness out of our ranks the better.

If any one has cause for complaint it is the M.R.C.S., as there is no provision made in the arrangement that he shall be legalized to use the title of surgeon. If he concedes to the M.R.C.S. the right of practising as a general practitioner, it is but likely that the apothecary will, in return, demand the same right; and justice proclaims that he must have it.

It is altogether a vain manner of reasoning on the part of your correspondent "Echo Veritas," to try to prejudice his class, by making it appear that the M.R.C.S. is lowering his dignity by entering into the new college. The community are beginning to open their eyes, and soon they will be determined to have doctors, and not titles alone.

The College of General Practitioners will in a very few years produce a great revolution in the social position of our class. Let every one apply his shoulders to the wheel, and soon will this institution become the admiration of the world. For Heaven's sake let us avoid those professional dissensions and squabbles by which the medical profession, instead of being one of the most influential, has become the butt and pith of every class, and the most impotent in society.

It is only a very short time since I entered into the arena of medical-political discussion, but it was not voluntarily; I consented to do so from a real desire to see the long-agitated question of medical reform settled upon a broad, liberal, and honourable basis, so as to secure with the public good the future peace and contentment of our profession. As soon as this great object is attained I shall be most happy to retire into a private position again.

I have the honour to be, Sir,
 Your obedient servant,

HONOR. ST. JUSTITIA, M.R.C.S. and L.A.C.
 March 27.

POOR-LAW REFORM.

[To the Editor of the Medical Times.]
 Sir,—In order to ensure success in our endeavours to obtain reform in the present state of poor-law medical relief, it is absolutely necessary that a defined and efficient course of action should be pointed out in the first instance. The following appears to me the best way of setting about the work, in order to bring it to a satisfactory termination. Let the committee procure some active member of the House of Commons to move for a return of the number of cases attended by each medical officer in the Kingdom, together with the amount of their salaries, for the last three or five years. By this means sufficient information will be obtained to enable the commissioners to see the unequal rate of remuneration of the medical officers. It will be seen that it varies from 6d. to 8s. or 7s., perhaps 10s., per case. At least the inequality will be found very striking. This done, let the commissioners fix a salary for each district, based on the average number of annual cases. This, I think, should not be less than 5s. per case. The friendly societies of "Odd Fellows," "Druids," &c. &c., pay their medical officers on an average at the rate of 6s. for each sick or not, for the year; so that 6s. per case, for attendance, journeys, medicine, &c. &c., for every pauper case cannot be considered by any right-thinking man exorbitant or unreasonable. The "extras," I think, work well as they are; indeed, I think they cannot be altered for the better. The next thing is to make the appointments permanent. This I am fully convinced would be beneficial for the poor, as it would enable the medical officer to order nutritive support without any fear of incurring the

displeasure of the guardians. Beside, the fact of their being annually advertised is an insult to the medical officer, and lowers him in public estimation, as it is a declaration on the part of the guardians of dissatisfaction and want of confidence in the medical officer. How any man can reasonably object to their being permanent I am at a loss to know, for their being so cannot possibly protect the medical officer should he be found incompetent or guilty of neglect of duty. Then, and not till then, let him be dismissed without hesitation by the commissioners.

With many thanks for your able advocacy of our interests,
 I am, &c.,
 A POOR-LAW DOCTOR.

Leicester, March 27.

GOSSIP OF THE WEEK.

APOTHECARIES' HALL.—Gentlemen admitted members on Thursday, March 23:—Charles Sharp Smith, Fulbreck Grantham, Lincolnshire; Thomas Knox Kelly, Liverpool; Christopher Irving, West Burton, Yorkshire.

GENERAL LYING-IN HOSPITAL, YORK-ROAD.—At a meeting of the governors of this institution, the Earl of Shaftesbury was elected president, in the room of the late Duke of Northumberland.

REGULATIONS IN THE INDIANA MEDICAL COLLEGE.—By the by-laws of this institution, candidates, after having passed a satisfactory examination, are required to publicly assent to the following promise before the degree is conferred:—"You do solemnly promise that you will, to the utmost of your abilities, exert your influence for promoting the welfare and respectability of the profession; that you will demean yourselves honourably in the practice thereof; that you will not put forth any nostrum or secret method of cure, and that you will not publish any matter or thing derogatory of the profession."

MEDICAL CONVERSATIONS.—The medical profession of Newcastle and the neighbouring towns had an opportunity of meeting together, for social and scientific purposes, on Tuesday evening last, at the residence of Dr. Dawson, the lecturer on Midwifery, &c., at the Newcastle-upon-Tyne School of Medicine and Surgery. There were present about 150 gentlemen; and, with the exception of the Vicar of Newcastle, T. J. Cookson, Esq., N. Lambert, Esq., and a few others, they were all of the medical profession. The conversation and discussion which ensued, upon the examination of the rich and varied series of anatomical preparations, was lively and animated, and seemed to afford the learned in the healing art the greatest satisfaction. The fine specimens of diseases of the heart, liver, kidneys, and other viscera, &c. &c., showed how capable was the Medical School of Newcastle of teaching morbid anatomy. A number of powerful microscopes revealed the wonders of minute structures, and were well calculated to gratify both the professional and non-professional observers. These, with a spirometer (which Dr. Glover was kind enough to superintend), instructed and amused the company for some time. It would be impossible to particularize all that was submitted to inspection. Suffice it to say, that curiosity and pleasure seemed to pervade every group. The scientific proceedings were followed by an elegant and plentiful repast, to which ample justice was done. A strong desire was expressed that this, the first in the neighbourhood, should not be the last conversations. A very agreeable feature in the events of the evening was to observe the renewal of old acquaintance and friendship, which was taking place upon all sides, amongst gentlemen who had been separated by the cares and hardships of country practice since they had passed their studentship together. It was to all intents and purposes a "reunion." Among the numerous assembly we noticed Dr. Headlam, Sir John Fife, Dr. White—nay, the whole of the medical profession in Newcastle; and Gateshead was also present in the persons of Mr. Bennett, Dr. Jolly, Dr. Dixon, &c. Every

town and village in the vicinity was fully represented.

STATISTICS OF THE MEDICAL COLLEGES OF THE UNITED STATES.—The following table, compiled from the published catalogues, exhibits the number of students and graduates, in most of the medical schools in the United States, for the session 1846-7. We regret that there are several blanks in the table, which we are unable to fill, some schools having failed to furnish us with their catalogues:—

	Students.	Graduates.
University of Pennsylvania ..	411	163
Transylvania University ..	205	64
Harvard University, Boston ..		
College of Physicians and Surgeons, N. Y. ..	194	51
Medical Department, University of the city of N. Y. ..	410	123
Ohio Medical College ..	170	53
Medical Institution of Geneva College ..	158	43
Med. Dep. of Willoughby College (Cleveland, Ohio) ..	160	
Albany Medical College ..	166	33
University of Louisville ..	249	75
Western Reserve College ..	216	
Franklin Medical College ..	17	5
Pennsylvania Medical College ..	95	33
Jefferson Medical College ..	492	177
Rush Medical College (Chicago) ..	70	16
University of Maryland ..		
Medical College of Georgia ..	106	38
Med. Dep. Hamp. Sidney College ..	75	17
Med. College, State of South Carolina ..	204	74
Med. Dep. Univ., Missouri (St. Louis) ..	102	28
Indiana Medical College (Laporte) ..	104	19
Berkshire Medical Institution ..		42
Medical College of Louisiana ..	156	27
Medical School of Maine (Brunswick) ..		
Vermont Medical College (Woodstock) ..	96	28
Yale Medical College ..		
Castleton Medical College ..	131	42
Memphis Medical College ..	65	
New Hampshire Medical School (Hanover) ..		
Buffalo Medical College ..	67	17
Washington Medical College, Baltimore ..		
Med. Dep., Columbian College (Washington) ..		
Med. Dep., St. Louis University (St. Louis) ..		13
Med. Department of Illinois College ..	89	18

POISONING BY CAMPHOR.

A robust young man, twenty years of age, being in a laboratory while lumps of camphor were broken down, swallowed bit by bit to the extent of two drachms. Becoming affected with headache, he went home, and then his actions and gestures took a strange turn. After some gambols he went into his own room, whence he came out very soon stripped entirely naked, dancing, and seeking to leap out at a window. A medical man being called in found the patient in a state of excitement bordering on frenzy; the pulse small, 180; the conjunctivæ injected; the pupils a little dilated; the respiration hurried; the breath exhaling the odour of camphor; the face pale, without intelligence; the desire to pass urine frequent; the urine clear, and with the camphor odour; a viscid sweat covering the whole body. The wine of opium was administered. The patient vomited the contents of the stomach, in which were bits of camphor. He had an inclination to sleep, which was combated. Soon after, some amelioration of the symptoms being observed, he was permitted to sleep, and, after sleeping for three hours, he awoke without any recollection of what had passed.—*British American Journal of Medicine, and Union Médicale*, Feb. 12, 1848.