

CHLOROFORM EMPLOYED AT CONSTANTINOPLE.—The *Courrier de Constantinople* of March 4 mentions the successful employment of chloroform by Dr. Glascott, who, with the assistance of Dr. Collier, amputated a Bulgarian's arm at Eyoub, completing the operation in nine seconds. Dr. Glascott was the first who applied the ether in surgical operations in that country. The Sultan has ordered a quarter-cask of chloroform for the use of the ladies of his harem!!

INHALATION OF MEDICINAL VAPOURS.—M. Poggiale, professor of chemistry at the Military Hospital, Val de Grâce, states that inhalation of the vapour of aldehyde produces insensibility in a more prompt and complete manner than ether or chloroform. Several dogs have been rendered completely unconscious in the space of forty-five seconds; no accidents occurred. On two occasions the inhalation was continued during ten minutes, and the animals spontaneously recovered.

DEATH OF DR. STEPHENS, OF BALLYSHANNON.—We stop the press to announce the death of our young and respected townsman, Dr. Stephens, of fever, this morning at an early hour, in his thirtieth year; and we have but time to give the melancholy intelligence—on no former occasion was it our duty to record the death of one more universally regretted. Whilst his amiable disposition, and his talents in his profession, obtained for him the confidence and esteem of the gentry of this country, his attention to the charitable institutions of the town, and at the Kinlough Dispensary, of which he was the medical superintendent, will cause his memory to be long regarded by the poor, to whose wants he so frequently administered. — *Ballyshannon Herald*.

MUNIFICENT GIFT TO THE MIDDLESEX HOSPITAL.—The Rev. Deacon Morrell has afforded liberal and well-timed aid to the funds of this useful charity by a donation of £500.

OBITUARY.—On March 31, at 56, Northumberland-street, Edinburgh, Archibald Makellar, Esq., M.D., late of Saltoun. — On the 8th inst., John Welbank, Esq., M.R.C.S., aged 84. — On the 2nd inst., at Glasgow, Mr. William Easton, surgeon. — On the 6th inst., at Salisbury, Henry Coates, Esq., in the 70th year of his age, forty-three years surgeon to the Salisbury Infirmary.

MORTALITY TABLE.

For the Week ending Saturday, April 8, 1848.

Causes of Death.	Total.	Average of 5 Winters.
ALL CAUSES.....	1008	1107
SPECIFIED CAUSES...	983	1102
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	239	184
SPOADIC DISEASES.		
Dropey, Cancer, and other Diseases of uncertain or variable Seat.....	43	59
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	106	138
Diseases of the Lungs, and of the other Organs of Respiration.....	176	225
Diseases of the Heart and Blood-vessels.....	26	39
Diseases of the Stomach, Liver, and other organs of Digestion.....	53	62
Diseases of the Kidneys, &c. Childbirth, Diseases of the Uterus, &c.....	14	9
Rheumatism, Diseases of the Bones, Joints, &c. ...	7	13
Diseases of the Skin, Cellular Tissue, &c.	8	8
Old Age.....	2	1
Violence, Privation, Cold, and Intemperance.....	34	79
	28	31

NOTICE.

THE CHART.

We may notice, while announcing the completion of the delivery of the Analytical Chart by post, that the numerous requests we have received with reference to private modes of transmission have been observed. We will endeavour to oblige our correspondents whose requests have this week reached us by extending to the present month the period within which subscriptions securing the receipt of the Chart may be paid.

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.

TO CORRESPONDENTS.

"A Surgeon engaged in Practice."—The case should be made known to the Apothecaries' Company without delay. We see no difficulties which may not be overcome. The certificate is necessary, to be safe.

"Adolphus."—1. The institution is a private speculation, but, we believe, efficiently conducted. 2. The examination tests the candidates' knowledge of the grammatical construction of the Latin language.

"Publius."—We coincide with most of the views which the pamphlet contains.

"Simon Pure," "On Free-Hospital Quackery," is under consideration.

"Dr. Phillpson" has been deceived by a false statement. If he should wish it, the letter shall be published.

"Civis."—We believe that most of the dentists connected with the London hospitals are members of the College of Surgeons.

"An Old Sailor" writes us, in reference to the duties of a surgeon on board an emigrant vessel—"Though some stir has been made concerning the necessity of having a properly qualified medical officer on boardships carrying a large number of passengers, the owners are still very careless on this point, and the salaries they offer are truly degrading. A young surgeon must not expect to be unemployed even if he should have no fever cases on board his ship. Many of the passengers and crew are oftentimes affected with a loathsome disease, and there are casualties occurring almost daily which call into exercise the skill and patience of a medical officer. I would advise all those of my professional brethren who aspire to the honours of surgeons of merchant vessels to insist upon a fair remuneration for their services. Salaries have been kept down because druggists' assistants are readily found who have impudence enough to undertake medical duties, and ignorance enough to mistake bubo for hernia, and dislocations for sprains."

"F. R. S."—"On the State and Wants of the Medical Profession," has not sufficiently considered the subject. We decline inserting the paper.

"A General Practitioner, Oxford," remarks, "Blisters are oftentimes rather difficult to manage. I have always found that a little sweet oil rubbed on the surface of a blister has ensured its rising, while it prevents any irritation on the urinary organs."

"Medicus."—There is no penalty for selling poisons. The practice is common, and ought to be controlled.

"G. B."—Hydrocyanic acid is not met with in the substance mentioned. The process must have been conducted unscientifically.

"Mr. Kemp" should apply to the secretary of the National Vaccine Establishment.

"Omega."—The delay was unavoidable. It will in all probability be remedied next week.

"Mr. Joseph Henderson" has omitted to give his address in the letter sent to our office. We shall feel obliged by his forwarding it to us at an early opportunity.

"Eustace."—The request cannot be complied with.

"A Dublin Medical Student."—The reports have not been received.

"Q."—36° Cent. = 96° 8 Fahr.

"A Licentiate."—The great barrier is the Act of 1815. Many druggists now, however, assume the functions of the general practitioner, though they are liable to punishment.

"M. M."—The practice recommended is large bleedings, and delivery as quickly as possible.

"Alexis."—Examinations for the fellowship are held three times a year, at such periods as the council of the college may determine.

"Pater."—Inquiry shall be made.

"An Old Friend."—Not more than £300 could be demanded.

"Snipe."—The remarks are sensible and practical. Another communication would be acceptable.

"Cantab."—There are many similar societies in operation, but the salaries for medical attendance in cases of sickness is so low as not to be remunerative.

"T. B., Wolverhampton."—No correct opinion can be

formed on the nature of the disease, as no post-mortem examination was instituted.

"Spectator."—1. No. 2. The facts are not clearly stated.

"Inquirer."—The lectures will be received both by the College and the Hall.

"Aliquis."—There are many cases on record in which the same phenomena have occurred.

"Chirurgus."—The remedy may be very good, but the cases in which it has been tried are not sufficiently numerous to entitle it to confidence.

"Bo-peep," who has sent us six questions in reference to Dr. Robt. Lee and his discoveries, should transmit them to the doctor himself.

"Philo-veritas."—The plan recommended is ingenious. It would be useless to publish it.

"Scalpel."—It is not unusual for such statements to be made in order to mislead the public and the profession.

"Lector."—Hippuric acid is found in the urine of all herbivorous animals.

"An Eyewitness."—The statement could not be made public without being authenticated.

"Delta."—The master of the society must be addressed.

"A. M., Edinburgh."—There are several good works on the subject mentioned.

"Carolus."—The diploma of the College of Surgeons would be sufficient.

"Mr. Carter" will receive a private communication.

"A Medical Witness."—The coroner has no power to make the order to which our correspondent refers.

"Justitia."—If the assistant is a qualified practitioner, he ought to have been summoned, and would have been entitled to the usual fee.

"A. B. C."—1. Not under present circumstances. 2. No.

"A Subscriber and Contributor."—A communication is left at the office.

"A Suburban Practitioner."—The amount of the bill can be recovered in the County Court.

"Anthropos."—The Poor-law Commissioners should be memorialised.

"Mr. Wm. Sandford."—The College has no power to prosecute.

"Half-pay."—Communication received.

"Horatio, Glasgow."—"Boxing" we imagine, is not a very good remedy for weak legs.

"Dr. Thos. B. Torbeck, Liverpool."—Communication received.

"An Annual Subscriber."—The communication, which acknowledged some time ago, we cannot promise to insert in present.

"A Constant Subscriber, 203, Tottenham-court-road," writes us—"Will you allow me, through your columns, to ask the editor of 'The Dublin Examiner on Anatomy and Surgery' whether that work is discontinued for the time or for ever? If the latter, he is not honest in deceiving his subscribers by beginning a work he had no intention of completing."

"Dr. James Paxton, Rugby."—Communication received.

"Lex Medica" asks our opinion on the following case:—"No. 1. A lady is delivered of twins, according to calculation, about seven months after conception; they are carefully nursed and attended, continue to thrive; the mother, for some seven or eight months after birth, consigns one child to the care of a nurse at night until five A.M., when the other is placed with her, and the mother takes the nurse's child; one of the twins is taken to bed as usual by the nurse, and at five P.M. the mother comes to change the children, finds it dead by the nurse's side; a medical man is sent for, who, of course, finds it dead; an inquest is held, but no medical evidence is required; the verdict, 'Died from natural causes'; the child was in perfect health the night before. No. 2. A child, two years and a half old, who had previously been in good health, is taken ill with convulsions; a medical man is sent for, who administers certain remedies; four days after the child having perfectly recovered from the former attack, the medical man is sent for, and finds the child dead, without the slightest evidence of convulsions; an inquest is held, and a verdict returned, 'Died from natural causes,' without either medical evidence or a post-mortem examination. Could a just and correct cause of death in either case be arrived at without medical evidence? They both happened on the same day, and the coroner was an attorney. The coroners were certainly to be blamed for not having required medical evidence in each case. Many criminals escape from the improper way in which coroners' inquests are conducted."

"W. W. B."—We cannot give the information sought.

"Nervosa, London."—We decline recommending.

"A Subscriber."—Yes.

Letters and Communications have also been received from A Surgeon engaged in Practice; Adolphus; Publius; Simon Pure; Dr. Phillpson; Civis; An Old Sailor; F. R. S.; A General Practitioner, Oxford; Medicus; G. B.; Mr. Kemp; Omega; Mr. Joseph Henderson; Rusticus; A Dublin Medical Student; Q.; A Licentiate; M. M.; Alexis; Pater; An Old Friend; Snipe; Cantab; T. B.; Spectator; Inquirer; Aliquis; Chirurgus; Bo-peep; Philo-veritas; Scalpel; Lector; An Eyewitness; Delta; A. M., Edinburgh; Carolus; Mr. Carter; A Medical Witness; Justitia; A. B. C.; A Subscriber and Contributor; A Suburban Practitioner; Anthropos; Mr. Wm. Sandford; Half-pay; Horatio, Glasgow; Dr. Thos. B. Torbeck, Liverpool; An Annual Subscriber; A Constant Subscriber, 203, Tottenham-court-road; Mr. James Paxton, Rugby; Lex Medica; W. W. B.; Nervosa, London; A Subscriber; Mr. Fiewett, Birmingham; Mr. Campbell, Inverness; Dr. Stokes, Cahir; Mr. Fothergill, Darlington; Dr. Coppiher, Cove of Cork; Dr. Peyton, Roscommon; Mr. Rouse, Amluck; Dr. Doyle, Corke; Mr. Simpson, Driffield; Mr. Hodson, Egreymont; Mr. Martin, Highworth; Mr. Farrar, Halifax Infirmary; Dr. Stead, Southampton; Mr. Little, Devonport; Mr. Owen, Doncaster; Mr. Davy, Chumleigh; Mr. Linton, Ouseley; Dr. Probert, Bury; Dr. Terrewest, Moxingham; Mr. Thompson, Newark; Mr. Hadwen, Lincoln, &c. &c.

No. 447.

SUMMARY.

APRIL 22.

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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 XI.

ON WOUNDS AND INJURIES OF THE CHEST.

Appearances after death, in gunshot wounds of the chest, when not followed by empyema; Mr. Franklin's case; Mr. Hesse's cases; Mr. Bruce's cases; case of Mr. Drummond; Dr. Moore's case of gunshot wound of the lung, the ball remaining in the viscus during many years; Dr. Houston's case; case of Dr. Stokes, Mr. Keate, Sir E. Home, and Mr. Guthrie; removal of splinters of bone, or other foreign bodies, from the wounded lung; probing with sharp-pointed instruments to be avoided; expectoration of buttons, wadding, pieces of cloth, and bone; M. Guerin's case of gunshot wound, in which a large incision was made for the extraction of foreign bodies; Mr. Guthrie's cases; fatal consequences of foreign bodies lying loose in the cavity of the pleura; Diemerbroeck's case; Mr. Guthrie's cases of gunshot wounds of the chest, the ball lying loose on the diaphragm; case of Major-General Sir Robert Crawford; Mr. Key's case; Baron Larrey's cases; Mr. Collier's case.

The following fatal cases show the appearances presented after death, when not accompanied during life by a formation of matter of any standing, terminating in empyema.

CASE 108.—A French soldier, shot through the right side of the chest at the siege of Badajoz, had been brought down the Tagus from Abrantes to the hospital at Lisbon, when under my direction, and died in the December of 1812, apparently of consecutive phthisis. The ball had gone through the chest from before directly backwards; the posterior wound was closed; the anterior one was fistulous, and discharged a small quantity of matter, of which he spat up daily a large quantity until he died. The lung was diseased throughout, and contained several vomica or small abscesses, from which the matter expectorated was secreted. The track of the ball was nearly filled up, although the part immediately around was harder than usual. The lung adhered in many places to the wall of the chest, which was much flattened.

In other cases I have found portions of wadding, of leather belts, of splinters of different lengths, pieces of buttons, and even balls.

CASE 109.—Private John Read, 61st Regiment, was wounded at Toulouse, on the 10th of April, by a musket-ball, which entered the chest immediately under the left clavicle, at its articulation with the sternum, and lodged. He went on remarkably well, without a single unpleasant symptom, to this morning, May 2, when he was seized with a rigor, succeeded by heat of skin, quick pulse, terminating in profuse perspiration. The

evening found him tolerably well; perfectly cool; his bowels regular.

May 3. About the same hour as yesterday, was attacked with rigor, lasting for nearly half an hour, followed by heat and perspiration; complaints of nothing particular in the wound, on careful examination of which, I found and removed some small pieces of bone; at six o'clock the same evening, he was attacked with violent pain in the breast, confined to no particular spot, and attended with extreme difficulty of breathing; took sixteen ounces of blood from the arm; covered the chest with a blister, and gave an antimonial diaphoretic.

4. Pain of the breast moved to the back, nearly as far down as the lowermost rib, and extremely distressing; tongue white; skin hot; pulse 90, small. Rep. venesection; took only ten ounces, as the blood yesterday evening showed no appearance of a buffy coat. Calomel gr. ij., pulv. antimon. gr. ij., opii gr. $\frac{1}{2}$, every second hour; dilute with cold tea and lemonade. He died early next morning.

On examination after death, I found the ball had fractured the second rib, and had lodged deeply in the substance of the lung, the soft and gangrenous state of which did not allow me to trace its course. The cavity of the pleura contained above a pint of fetid purulent matter. An extensive abscess had also formed in the opposite lung.

H. FRANKLIN, Asst.-Surgeon, 27th Regt., now Inspector-General in India.

CASE 110.—A French soldier was wounded by a musket-ball at the battle of Waterloo, which penetrated the chest, fracturing the second rib, passing through the lung, and went out behind in nearly a straight line, close to the spine. Left on the field of battle for five days, before he was brought to Brussels; he was nearly dead, with difficulty of breathing, and other symptoms of inflammation, from which he recovered in the course of the next ten days, under repeated bleedings and the strictest antiphlogistic regimen. At the end of this time, and when apparently doing well, an accession of inflammation and of all his bad symptoms took place, destroying him at the end of four weeks from the receipt of the injury. On dissection, the lung was found adherent to the chest by false membranes of some thickness, with a quantity of purulent fluid in the cavity. The track of the ball was in a suppurating state, and two pieces of rib were found in the centre of its course. The whole of the lung appeared to be filled with a sero-purulent fluid, which could be squeezed out from it.

CASE 111.—A French soldier was wounded at Waterloo by a musket-ball, which broke the second rib of the left side, and came out close to the spine behind. He spat up a considerable quantity of blood, and remained four days on the field of battle. Relieved after his admission into hospital at Brussels by repeated bleedings, he appeared to be likely to have a fair chance for recovery, when, another serious attack of inflammation supervening, he died. Being present at the moment, I had the body opened, and found

that the ball had gone through the upper part of the left lobe of the lung, which adhered both in front and behind to the wall of the chest; the track was well marked, and in a sloughy state, the rest of the lung being full of a purulent secretion, with some very tinted serous fluid in the cavity, which bore general marks of having suffered from inflammation.

CASE 112.—Private John Roth, of the 6th battalion of 60th Regt., aged 29, had been wounded by two balls, one on the 10th of April, 1814, at the battle of Toulouse, which grazed the left temporal bone; the other had gone through the upper part of the right chest, in the Pyrenees, the autumn before. Both had healed. He was seized on the 8th of May, after a little interperance, with pains in his body and joints, pain in the chest, and cough, with bloody expectoration; skin hot; tongue foul; bowels confined. On the 9th he was bled, and purged by calomel and antimony and salts. On the 10th, symptoms augmented; pulse 120, small, wandering, but no pain in the head. Repeat the medicines. Head shaved; cold applied; V.S. ad $\frac{1}{2}$ x. 11. Every symptom increased; great pain on touching the chest; pulse 128; skin hot. On the 12th, passed his urine and faeces involuntarily; and on the 13th he died, his body being covered by petechiae.

The head, on examination, showed pus under the dura mater, at and behind the situation of the wound he had received. The right lung adhered to the walls of the chest, where the ball had entered and passed out; the track made by it being very visible, indurated, and inflamed, from the last attack: the parts otherwise sound; no fluid in the cavity.

J. G. HESSE, Surgeon, 5th Bat., 60th Regt. Mont de Marsan, May 14, 1814.

To G. J. Guthrie, Esq.

CASE 113.—Antwerp, July 28, 1815.—Thomas Stilfox, of the 1st Life Guards, aged 40, received a punctured wound of the thorax on the 18th of June, at Waterloo. The wound was inflicted by a lance, which penetrated the cavity of the thorax, between the second and third ribs, about four inches from the sternum, and wounded the right lung. He remained on the field of battle four days without assistance, during which period he had frequent attacks of hemorrhage. On his admission, considerable hemorrhage recurred. There was emphysema of the chest; difficulty of breathing; incessant cough, during the act of which the air rushed forcibly from the lung. He had also received a sabre wound, which extended from the temporal end of the zygomatic process to below the left ala of the nose, penetrating through nearly the whole of the buccinator; the parotid duct was completely exposed, but uninjured. He had several slighter wounds in different parts of the body, and a considerable one of the thigh; pulse quick, hard, and wiry; tongue white; bowels constipated, not having had an evacuation for some days.

Spoon diet; V.S. ad $\frac{1}{2}$ x. Infusion of senna and sulphate of magnesia, and mistura oleosa et vin. antim. c. opio.

June 29. Had some sleep; emphysema over the chest considerable; pulse hard and full; some blood and air escape from the wound; difficulty of breathing continues; medicine operated freely; V.S. ad $\frac{3}{4}$ ij. A roller applied round the chest; the wound covered with simple dressings, those of the thigh and face brought together with adhesive straps.

30. This day the discharge from the thorax resembles blood mixed with water; air escapes from the wound, which is kept open and in a depending position. Emphysema somewhat abated; skin warm; pulse 100, full, but easily compressed; bowels open. In the other wounds there is no disposition to unite. *Mistura demulcens*.

July 1. Passed a restless night; pulse increased in strength, with considerable febrile action; severe cough; complains of pain in the chest; emphysema as at last report. Twelve ounces of blood were taken from the arm, and the mixture was continued.

2. Cough and respiration somewhat relieved; discharge from the wound of a thin dark colour; pulse still full; bowels costive; no disposition in the other wounds to unite. O.L. ribis $\frac{3}{4}$ j. *Mistura oleosa c. opio*.

3. Has been delirious through the night; no sleep, and is incoherent this morning; pulse 100, but weak; discharge from the wound excessively copious and fetid; tongue dry; has had two small evacuations.

4. A considerable sinus has formed in the thigh, under the rectus muscle, with a purulent discharge. In other respects as at last report. Infusion of cinchona with sulphuric acid, alternately with the demulcent mixture.

5. Was attacked with severe cough and vomiting last evening; copious discharge from the wound of the thorax, and excessively fetid; the emphysema has abated; countenance sunk; pulse hurried, and very feeble. The bark and the demulcent mixture were continued, with an increased quantity of opium.

7. Cough and vomiting abated; when questioned, says he feels no pain; his respiration is quick and hurried, and he appears to be gradually sinking.

8. Debility increases, with considerable agitation and low delirium; sleeps little, and that disturbed. Medicines continued.

10. Was attacked this morning with an intense pain of the side, opposite the site of the wound, extending to the mediastinum, accompanied with considerable difficulty of breathing; dry cough; heat of skin; anxiety, and thirst; pulse weak, soft, and irregular; bowels confined. A blister was applied as near the seat of pain as could be done; he took a mixture of nuxia and camphorated tincture of opium, and had a purging enema.

11. Pain complained of yesterday is relieved; debility extreme; discharge from the wound intolerably offensive and acrid, excoriating the surrounding skin; cough dry, with little expectoration, and that pure pus; great thirst; restlessness; frequency and irregularity of pulse; air passes through the wound, causing a peculiarly stridulous sound.

12. Immense discharge of pus from the chest; the wound of the face is gangrenous; considerable difficulty of breathing, attended with wheezing and sense of suffocation; pulse weak and intermitting; tongue dry, and covered with a dark-brown fur. The infusion of bark was continued, and demulcent mixture with opium.

14. Died at seven o'clock this morning.

On dissection, the lung on the wounded side showed evident signs of considerable inflammation having taken place; the pleura was covered by coagulable lymph; and the wall of the thorax exhibited the same appearance, with adhesions in several places; several abscesses were found in the substance of the lung, and the wound, which had penetrated deeply into the upper lobe of the right lung, was partly in a gangrenous state. His strength throughout was supported by light fluid diet, and latterly by some wine.

S. B. BRUCE, Surgeon to the Forces.

CASE 114.—Mr. Drummond was wounded by a pistol-ball in the back, low down, about two inches from the spine, and three inches from the inferior angle of the scapula, which was afterwards found to have entered between the eleventh and twelfth ribs, and to have passed between the base of the lung and the diaphragm, abrading the former, and passing through the latter into the abdomen, ultimately lodging in the fat under the skin, over the cartilage of the eighth rib of the left side, nearly at an opposite point in front. From the absence of all symptoms of shock and alarm, it was hoped by some that the ball might have run round, but on the removal of the little ball its course could not be traced. This occurred on Friday. On Saturday morning at five o'clock he suffered great uneasiness and difficulty of breathing, accompanied by a particular catch or jerk in respiration, indicating a wound of the diaphragm. The stethoscope and the ear attested the clearness of the respiratory murmur in every part of the chest, which sounded well, and I was satisfied the lung was not materially injured; twelve ounces of blood were drawn with difficulty from both arms. At ten o'clock, the jerk and difficulty of breathing being greater, the left temporal artery was opened, as no blood could be drawn from the veins; five ounces only could be obtained; a dose of calomel and a scema draught had been accompanied by the discharge of a teaspoonful or two of blood, leaving no doubt on my mind that the ball had penetrated the cavity of the abdomen, as well as of the chest, and that a bowel had been injured. With a constipation apparently unequal to bear an inflammation of the most dangerous character, or the remedies necessary to subdue it, the prospect was but melancholly; thirty-six leeches were applied around the wound in front, but they drew little blood. Pulse from 108 to 112. Dr. Hume, Mr. B. Cooper, and Mr. Jackson were added in consultation until Monday at twelve, when the jerk became worse, the oppression in breathing greater. *Mais. morphinæ gr. ss.*; at two o'clock twelve ounces of blood very buffy; calomel, gr. $\frac{1}{2}$, op $\frac{1}{2}$ gr. $\frac{1}{2}$, every two hours. In the evening, V.S. ad $\frac{3}{4}$ iv., as no more would flow. Tuesday morning, five o'clock, V.S. ad $\frac{3}{4}$ ij., as he could bear no more. The ear now indicated for the first time effusion. It was not, however, in sufficient quantity to render its evacuation necessary. After this he gradually sunk, and died on Wednesday morning. He lost on the whole fifty-six ounces of blood. On examination after death, it was found that the ball, after entering the cavity of the chest, slightly abraded the left lung at its lower and anterior edge; which was covered by recent lymph, the lung being internally sound. The left side of the chest contained nearly a pint of red-coloured serum. The ball had perforated the diaphragm, or muscular partition dividing the chest from the abdomen, grazed the fœtus of the left kidney, passed through the great omentum below the stomach, to the part where it was extracted, inflicting no very important organ in the abdomen in its transit, but giving rise to an effusion of blood from some small vessel which had lacerated, and which was found coagulated and diffused to the amount of twelve or more ounces; this I believe to have been the immediate cause of death.

CASE 115.—Jan. 16, 1846.—*Wound of Lung, from the Lancet. Dr. Moore, of Plymouth.*—Mr. Lennen was wounded by a musket-ball, in December, which entered about the right sixth rib, midway between the spine and the scapula. He fell, became faint, and experienced a sensation of suffocation accompanied by bloody expectoration. As blood issued in large quantities from the wound, some rags or cloth were stuffed into it, and bound on with a sash, which gave great relief. Carried to the Havannah, the wound healed slowly; in the March of the second year, 1798, being in Kingston, Jamaica, he dined in public, drank wine, and coughed up something which proved to be a part of his shirt and nankeen jacket, which he had worn in action fifteen months before. Each piece was about an inch

and three-quarters round, with jagged edges. In London, suffering from uneasiness in the lower part of the chest, from the part where he supposed the ball was lodged, he was desirous of undergoing an operation for its removal, from which he was dissuaded by Sir A. Cooper, and he died of paralysis, in August, 1846. On examining the chest, the left lung was found adherent to a great part of the costal pleura, and the lung appeared to occupy an enclosed space, the mediastinum bulging into the right cavity of the chest. The right lung was contracted to one-third of its natural size, and adhered to the upper part of the chest; its consistence was flaccid, and entirely wanting the resilience and mottled appearance of a healthy lung; indeed, although portions of it floated in water, it may be questioned whether, during life, it was of much use. The track of the ball could not be perceived. The shot had entered between the fourth and fifth ribs, fracturing the former; was embedded in the substance of the lung, and firmly attached by a pedicle half an inch long, consisting of condensed lung and cellular membrane, to the inner surface of the third rib, just at the junction of the osseous and cartilaginous portions. The ball was shown to be completely surrounded by the substance of the lung, being contained in a sac so closely in contact with it, that it was difficult to remove it when half exposed by incision. There was no serous effusion in this cavity of the chest, the lower two-thirds of which were occupied by the diaphragm, which rose as high as the sixth rib (in the inclined position of the body), and pressed upwards to such an extent that, on making an incision from above into the convex part of the diaphragm, the knife, instead of exposing the posterior edge of the liver, disclosed the large intestines. The sensation of the ball being impacted low down in the chest could not be accounted for.

CASE 116.—Dr. Houston, in the ninth volume of "The American Journal of the Medical Sciences" for 1845, has related the case of a man, who, when twenty years of age, lodged a bullet in the contents of his gun in his left side, passing of a large ball, a thick linen patch, and some tow wadding, which entered between the ribs and struck the lower ribs, the ball passed in the direction of the ribs, and was extracted by the side of the spine with a small piece of bone; some wadding was removed from the orifice of entrance; blood was expectorated, and considerable hemorrhage took place from the wound. He partially recovered, so as to undertake the ordinary duties of his station, but suffered always from cough, the formation of abscesses in the axilla, and was best in health after such occurrences. Some seventeen years afterwards the cough and general derangement of health were accompanied by severe spitting of blood, which alone gave him any alarm, and from which he gradually recovered. Worn out by indigestion, cough, expectoration, and at last by cholera, he died twenty-five years after the receipt of the injury. On examination after death, the upper portion of the lower lobe of the left lung was found in a state of complete hepatization, and attached to the wall of the chest, for about two inches around the anterior opening made by the ball, by very strong adhesions, and behind in a similar manner, a piece of the sixth rib having been carried away by the ball in its exit. There was a cavity in the lung in the direction of the course the ball had taken, communicating with the anterior opening between the fifth and sixth ribs, which was circular, and capable of receiving the little finger. In this cavity the linen patch was found, coiled up in the shape of a silkworm, and which, when soaked in warm water and spread out, was found to be two inches and a half long by two in width. The stethoscope disclosed nothing that might not have been expected from the general history of the case. The remaining portions of the lung were in a healthy state.

CASE 117.—A soldier was wounded by a musket-ball, which, after breaking the head of the humerus, and rendering amputation at the joint

necessary, penetrated the chest, a little above and to the outside of the nipple, and lodged. Dying at the end of twenty-five years, during which time he had suffered frequently from hemorrhage from the lungs, and from difficulty of breathing approaching to suffocation, the ball was found lodged, surrounded by the substance of the lung, and attached between the third and fourth intercostal spaces. The cavity in which it was found was regular, and communicated with several dilated bronchial tubes.—*Revue Médicale*, tome 4, page 301.

CASE 118.—Dr. Stokes, in the third volume of "The Dublin Journal of Medical Science," relates the case of a man who was wounded by a musket-ball in the left intercapular region, which perforated the lung, and lodged anteriorly close to the insertion of the diaphragm. This patient suffered exquisite and increasing pain, from the time of his wound to the period of his death, little more than a fortnight afterwards. The slightest attempt at extension of the side brought on such suffering that he constantly kept himself bent down to the left side, and when Dr. Stokes saw him, the side was two inches less than the opposite one, which, with the occurrence of bronchial respiration in the postero-inferior portion, caused great doubt in the minds of some of his attendants as to the existence of an empyema. The heart was displaced, and pulsated strongly at the right side of the sternum. The operation of puncturing the chest was performed, but the operator made the incision too low, misled by the great contraction of the side, and entered the abdomen. On dissection, the pleura was found to contain a vast quantity of matter, and was extensively covered by coagulated lymph. The ball had passed through the lung from above, downwards and forwards, and its track was greatly dilated by the effusion, and lined also by lymph.

CASE 119, by Mr. Keate.—A gamekeeper's gun burst at the Red-house, Battersea, and a small part of the lock entered the middle of the arm, and passed upwards into the axilla, whence it could not be traced by Mr. Keate, who saw him within an hour after the accident. The symptoms which followed were those of inflammation of the chest, which were subdued by active treatment, the wound healed, and he returned to his occupation in Wiltshire. Having exposed himself to the night-air some time afterwards, the inflammation of the chest returned, and he died. On opening the thorax, one edge of the bit of iron was found impacted in the surface of the lung; the other edge was rubbing against the inside of the fifth rib, which was nearly worn through by the constant friction it underwent during respiration; there was also a mark on the pericardium as of a cicatrix, and of a graze on the surface of the heart.

CASE 120.—Sir E. Home had an opportunity of examining the body of a gentleman, who died thirty-two years after being shot through both sides of the chest. The ball entered on the left side, between the third and fourth ribs. Great bleeding took place from the lungs, and he slowly recovered in the next three years.

On removing the sternum and exposing the lungs to view, their external surface was found healthy. The spot where the ball entered the lung on the left side was very readily discovered by the remains of a small cicatrix; the membrane at that point being thinner than common, and having a punctured appearance, which terminated in a central point. This part of the lung had not the slightest adhesion to the pleura, but was in its natural detached state. The course of the ball through the substance of the lung was traced by dissection, for an induration of the substance of the lung was formed wherever it had passed, as seen by making transverse sections of the thickened parts. The appearance of the lung in the right side was of the same kind, but less in degree. The course of the ball was through the upper lobe of the right lung, about two inches and a half from the upper part. The portion above this did not contain air; was more dense than natural, and sunk in water; but was not

shrunk or contracted, and contained some serum.

CASE 121.—Among the French prisoners in Lisbon, in the spring of 1813, I saw a man in whose chest a ball had entered midway between the fifth and sixth ribs, and lodged, and from which a constant and considerable discharge of purulent matter took place. As he appeared about to sink under his complaint, I desired to be informed when his death took place, that I might be present at the examination. It proved to be a case of a ball lying between the diaphragm and the spine, surrounded by coagulable lymph, and adhering by its envelope to the spine and diaphragm at the angle formed between them; there was a very thickened pleura costalis, the lung was shrunk and attached by membrane almost equally thickened across the chest, the lower part was filled in the upright position by the discharge, which was only evacuated in quantity when the opening of the wound was made dependent.

I saw a case after the battle of Waterloo, among the French wounded, somewhat similar. A portion of rib had been driven in, and the assistant-surgeon was aware that the ball could occasionally be felt. The man died at the end of a fortnight, the cavity containing a quantity of sero-purulent bloodysystem. The lung had been injured by the ball, which had fallen loose into the cavity.

The removal of splinters of bone, or of other foreign bodies from the lung, has occupied the attention of surgeons from the earliest periods, and some of them proposed to draw a piece of cambric, and other things, through the chest, for the purpose of removing them. These extreme measures have been abandoned, but there can be no doubt of the propriety of removing as many of these causes of irritation as can be either seen or felt. I have already said, if the ball has broken a rib, the orifice of entrance especially should be enlarged as early and as carefully as possible, so as to give an opportunity for the removal of the splinters, and of all angular points of bone which may be turned inwards. A little addition to the original opening, if such addition be necessary, can do no harm, and, if the lung should be adherent, will enable the surgeon to see whether any splinters are impacted in it, and to remove them. It is possible that the end of the finger may be even introduced, and the lung felt, if it should not have needed to do so; and, as it is impossible to such an operation, no evil will ensue, but all problems with small, sharp-pointed instruments should be avoided. Of the effect of such large incisions as that stated in the following case I have no knowledge. That wadding, buttons, pieces of cloth, and of bone, have been frequently coughed up, I have had experience; and, although it is said balls have even been brought up, I have not had an opportunity of seeing them, and place neither hope nor faith in their occurrence, although I disbelieve nothing. Doléus asserts that a soldier coughed up a ball, by which he had been wounded many years before. Murst declares that he found a ball in the lungs of a man who lived twenty years after he was wounded, in good health. Percy says, his friend Ch. Marquis de Bavilly, wounded ten years before, was then in good health, having spat up several pieces of wadding with which the gun was loaded. I have seen several persons expectorate pieces of cloth and splinters of bone, after the lapse of a considerable time, and recover, but never a ball. These cases are exceptions to the general rule, that such wounds are usually fatal; but do not the less show the necessity for every fair attempt being made to remove such foreign matters at the earliest period.

CASE 122, by Guérin, "Mem. de l'Académie de Chirurgie," tome 2, p. 215.—An officer was wounded by a musket-ball, on the 9th of July, 1745, which passed through the chest, entering in front, and fracturing the seventh rib near its junction with the cartilage attaching it to the sternum, and passing out behind, near the angle of the same rib, which it again broke, together

with the one immediately below it. The openings of entrance and of exit were each enlarged to the extent of nearly two inches, by dividing the pleura, the intercostal muscles, and the integuments, from within outwards. Several splinters of the rib which injured the lung were removed, of which the smallest might be half an inch or six lines long, by two wide. A tent was then passed through the wound. The patient suffered much, spit a great deal of blood; pulse feeble; extremities cold. He was bled three times the first night, and twenty-six times during the first fifteen days, the seton being retained in the chest the whole time. On the twenty-second day, a piece of cloth was felt by the finger, after removing the seton, and was extracted; a splinter was also felt, but so deeply that it could not be removed without enlarging the incision. As the inflammatory symptoms were re-excited, he was bled for the twenty-ninth time. On the thirtieth day, these symptoms had so much increased that the seton was withdrawn, under the impression that it was doing more harm than good, and the thirty-first bleeding was effected. The next morning the patient complained of something pricking him within, and the parts left between the two original wounds after the incisions which had already been made were divided. The chest was now open from the articulation of the head of the rib with the sixth and seventh vertebrae behind, nearly to the cartilage in front; and we saw the whole course of the ball, which had made a groove in the surface of the lung, in the substance of which a splinter was sticking. This was extracted, and the wound dressed simply, after which the patient gradually improved, and was quite cured in four months.

The two first incisions for the removal of the splinters were necessary. The tent or seton drawn through the chest was a great error; and, although the fortunate result of the case depended probably on the removal of the splinters of bone sticking in the lung, I fear few would survive the operation performed for their removal.

When the lung can be seen through the opening made by the ball, or after some moderate enlargement for the purpose of removing any splintered pieces of rib or any pleuræ which can be seen, the object is attained. I have not had experience of the utility of large incisions for the purpose of making the lung more visible, although the importance of extracting foreign substances at first is admitted, provided their situation can be distinctly ascertained.

CASE 123.—A Spanish soldier, wounded at the battle of Toulouse, was brought to me the same evening, shot through the right side of the chest, between the fifth and sixth ribs, one of which was fractured, the ball passing out nearly opposite behind. On removing the splinters by the aid of an incision, I found that the lung was adherent to the inside of the chest, and I was enabled to withdraw from within the lung some splinters of bone, and a part of his coat. He left Toulouse apparently doing well, but, as I have frequently stated, natives of warm climates rarely suffer from such severe attacks of inflammation as those of northern habits and constitutions.

The adherence of the lung to the pleura lining the walls of the chest was doubtless the principal cause of his safety.

CASE 124.—A soldier of the German Legion was wounded at the battle of Waterloo, the 18th of June, 1815, by a musket-ball, which entered between the seventh and eighth ribs in front, about two inches from the sternum on the right side, passing out behind. He died in York Hospital, Chelsea, in the month of January following, where he was brought after some drunken fits at the Savoy barracks, which induced an attack of pneumonia. A fistulous opening existed, and had discharged a little matter which was gradually diminishing; the sinus was from six to seven inches long, extending into and nearly through the base of the lung, and was lined by a mucous membrane, the lung around being thickened to the extent of from a

quarter to half an inch. There was but little fluid in the cavity, although the lungs on both sides showed signs of recent inflammation, without which he would in all probability have recovered. The orifices of entrance and of exit through the lung adhered to the walls of the chest, and thus separated the track of the ball from the general cavity of the pleura, and would have led in all probability to his ultimate recovery, if it had not been for his intemperance.

When splinters of bone, or other foreign substances, sticking into the lungs, are thrown off early, they are apt to fall down upon the diaphragm, and become fatal sources of irritation, of which I have seen several instances.

When a ball, or portion of bone, leather, cloth, wadding, or other foreign substances, are driven into the cavity of the pleura, they usually give rise to fatal results, constituting, therefore, cases of the greatest importance, to which attention has not been sufficiently given, but on which too much cannot be bestowed, if life is to be preserved by the art of surgery. The neglect of these cases has probably arisen from the insufficiency of the means of ascertaining them, an insufficiency which auscultation has in some measure removed, and which the science of surgery may further elucidate. The presence of a ball, a piece of bone, or other substance, lying upon or rolling about on the pleura, covering the diaphragm, must, it will be conceived, give rise to more or less irritation, inflammation, and consequent suppuration, or the formation of matter upon the surface of that membrane in its thickened state, until, in all probability, the foreign substance is removed, or the persons waste away and die. Baron Percy, in his "*Manuel de Chirurgien d'Armée*," page 125, alludes to several cases in which balls have been known to roll about in the chest, and the patients have recovered. This observation has been copied by several of those who followed him, but, disbelieving the accuracy of the statement, I referred to such of the authorities alluded to as I could procure, and do not find that they authorize it. Diemerbroeck, who has been quoted for one case, says, in his eighty-eighth observation:—

CASE 125.—A young woman was wounded on the 20th of May, 1837, by a musket-ball reflected from the slating of a roof, which entered the chest between the fifth and sixth ribs, about three fingers' breadth from the spine, and, going slantingly through the external part of the lung, struck against and broke the under part of the fourth rib, without, however, passing through it, but remaining in the cavity of the chest; little blood flowed from the wound, but a good deal was coughed up on the second day. She did not complain of pain except in the wound behind, and where the rib was broken in front; this in a short time subsided, and the broken rib united. On the 30th of May she became exceedingly ill, and was supposed to be dying, but was relieved in the evening, on spitting up a great quantity of pus mixed with a little blood. The wound discharged but little, and nothing from the cavity of the chest. On the 7th of June a little more pus was coughed up, and in ten months she was cured. At the end of a year she only felt, on any great exertion which increased her breathing, a sense of weight referred to the diaphragm. The ball in this case is not said to have rolled about, and in probability was lodged where it struck.

In his annotations on this case, he mentions that of a man stabbed by a knife quite through the right side of the chest, who, after two years of great suffering, recovered, the greater part of the lung being so destroyed by suppuration, that when he threw himself violently backwards and then forwards, it was heard to strike against the sides of the chest, like the clapper of a bell. At the end of ten years he saw him quite well. There can now be little doubt that the noise arose from fluid in the chest, and that the lung was in all probability bound down to the spine by adhesion, as is known to occur in such cases.

He also relates another nearly similar case, in

which the wound was kept open by the fingers whilst lying on the face, until all the effused blood was discharged from the chest. It was then closed, and the patient recovered, so as to be free from inconvenience from it afterwards; and he refers to Hildanus, Fontanus, Pareus, Jessenius, &c., in proof of such recoveries, even when portions of the lung had been cut away, which cases I cannot find.

CASE 126.—A dragoon of the King's German Legion was wounded between the eighth and ninth ribs, at the battle of Salamanca; the ball had entered and lodged; the symptoms were severe; the breathing very laborious, and, as the discharge from the wound was not free, I enlarged the wound, removed some scales of bone, a bit of cloth, which stuck between the ribs, the lower of which was broken, and evacuated a great quantity of bloody-coloured fluid, not purulent. After a few days the discharge became purulent, and, as he felt something, as he thought, roll within him, which he supposed might be the ball, I contemplated again enlarging the wound, so as to be able to see whether anything was loose in the cavity. A sudden relapse of inflammation, from drinking imprudently a little *agua diente*, or brandy, carried him off. On examination, the ball was lying loose on the diaphragm, in the chest, and might with some enlargement of the wound have been extracted.

CASE 127.—A French prisoner of war, who had been wounded on the frontier of Spain by a musket-ball, which lodged in the left side of the chest, had been sent to Lisbon in 1812, with a considerable discharge through the wound, of which he died; some few days after I took charge of the station, this case was mentioned to me as a curious one; the ball being found in the angle formed between the diaphragm and the spine, enveloped in coagulable lymph, by which it was attached to the spine; there were some splinters of bone enclosed with it—an occurrence which took place generally—from which the sufferer was for a length of time confined in the recumbent position to his bed.

CASE 128.—A soldier of the 29th Regiment was wounded at Talavera by a musket-ball, which penetrated the right side of the chest, between the fourth and fifth ribs, and lodged. He died on the day afterwards, and, on opening the body, I found that the ball had passed through the lung, and was lying loose on the ribs behind, near the union of the diaphragm with the spine.

CASE 129.—Major-General Sir Robert Crawford was wounded at the foot of the lesser breach at the storming of Ciudad Rodrigo, by a musket-ball, which passed through the posterior fold of the armpit, and entered the side of the chest in the axilla by a small opening or slit apparently too small to allow a ball to pass through. I saw him with Dr. Robb a few minutes afterwards, when, from the general anxiety manifested, I was satisfied of the severity of the injury. The symptoms were not at first urgent; but their continuance and augmentation, in spite of the most rigorous antiphlogistic treatment, led, in a few days, to his death. On examination of the body, the ball was found rolling about on the diaphragm; the cavity of the chest contained a large quantity of very turbid serum; false membranes had formed on the lungs, which were compressed towards the spine, and at the upper part retained the mark of an injury as from a ball which had not force enough to penetrate and lodge.

CASE 130.—A law-writer was admitted into Guy's Hospital, under Mr. Key, on May 7, 1845; he had shot himself with a pistol, making a wound, in length about two inches and a half, to the left of the sternum over the sixth rib. On the 8th, two small bullets were removed from over the angles of the tenth and eleventh ribs behind. Some pieces of bone being removed from the wound in front, air gushed out, indicating, possibly, an injury of the lung. Respiration in the upper part of the lung, feeble but distinct; no hæmoptysis; no pain, except on motion, when it becomes acute; pulse 94.

9. Pain in the left side; expectorates very little blood, and some yellowish muco-purulent sputa; respiratory murmur still audible in the upper surface of the lung; great debility. 10. No spitting of blood; pain the same; vomits frequently, and of a dark coffee-ground appearance; the oozing from the wound has been rather copious, and now has an offensive smell, consisting chiefly of blood and serum. 11. A more copious discharge of bloody serum, and continued. Some wadding and other extraneous matter were removed from the anterior wound. On the 12th he died. On examination, the parts about the anterior wound were found sloughy and gangrenous; the sixth rib comminuted. The fifth and seventh were also fractured. A spiculum of bone was projected into the lung, which presented a half-collapsed appearance. An old firm band of adhesion behind the left nipple. The effused blood into the left pleura was scanty, and of a thick bloody or purulent nature. The balls in this case appear to have struck the patient in the act of expiration, when the diaphragm had ascended, pushing the lung upwards. The balls, therefore, penetrated it in front, after going through the anterior and lower part of the lung, and thence into the abdomen, causing a deep and rugged furrow across the upper surface of the spleen; they then re-entered the chest, making another and more ragged perforation of the diaphragm, went through the posterior base of the lung, about an inch from the angle of the rib (the eleventh) behind. There was no blood or fluid in the abdomen.

Two different students who were present at the opening of the body inform me that the third ball was lying loose near the spine.

In this case Dr. Addison pronounced the lung to be carrying on its respiratory functions in the usual manner in the first instance. If the patient had lived longer, it was supposed he might have suffered from hæmorrhage from the spleen into the abdomen, unless it adhered to the diaphragm, when the fluid might have been poured into the chest.

Under all these circumstances the practice to be pursued, if the patient had lived some eight or ten days instead of six, would have been to have enlarged the opening behind, and have carried it into the thorax, so as to have evacuated the fluid which could not have found its way out by the anterior opening.—G.

Baron Larrey has had the good fortune to meet with some remarkable cases of this kind. In the first he did not see the man for some weeks after the wound had been inflicted, the ball entering the upper edge of the fourth rib, about an inch from its junction with the cartilage. By means of a bent and flexible sound introduced through the wound, he distinguished a hard, metallic substance at the bottom of the cavity of the chest, which he supposed to be the ball, and nearly in the situation of the place where the operation for empyema is usually performed. This operation being done, about twelve ounces of pus escaped, and the ball was discovered rather flattened. It was easily removed by a pair of polypus forceps. After this there was every prospect of recovery, until the patient, unfortunately, having one day drunk too much brandy, was attacked by enteritis, and died.

CASE 131.—Louis Claye, twenty-six years old, was wounded at the battle of Mohilowe, in Russia, the 22nd of July, 1812, by a musket-ball, which penetrated between the eighth and ninth ribs of the right side. He fell insensible, and remained two days on the field of battle, likely every moment to be suffocated. He lost a considerable quantity of blood by the wound, and by the mouth especially, for five days. Effusion took place into the chest about this time, and one of the surgeons in attendance enlarged the wound, and let out several pieces of cloth, and a pint of bloody serous fluid, mixed with clots of blood. After this the patient gradually improved, and was sent to the hospital of Thorn, in the rear, where, after some weeks, the wound closed for a short time; an abscess afterwards formed at

the edge of the false ribs, and broke, discharging a great quantity of purulent matter, and several more pieces of cloth, after which it healed. The original wound now ulcerated, and discharged also a considerable quantity of dark-coloured purulent matter, which continued to drain away during four years, until he arrived in Paris, the 15th of June, 1816. Baron Larrey, after examining the cavity of the chest with an elastic sound, discovered the ball at the bottom on the right side. The fistulous opening was small, the discharge great, fever hectic; he therefore enlarged the wound, and caught the ball with a pair of forceps; the space between the ribs was not, however, sufficiently great to allow of its being drawn through, the ribs having approximated to each other, in consequence of the gradual flattening of the chest. Under these circumstances the baron decided on cutting out a portion of the superior edge of the lower rib, which he effected by the lenticular or buttoned knife, used for the removal of points of bone after the operation of the trephine. After enlarging the wound horizontally and perpendicularly, he removed two-thirds of the rib, by successive layers, before the semi-circular opening was large enough to allow the ball to be drawn out with great difficulty. Some serious symptoms which followed the operation gradually subsided; when, on a sudden bending of the body, the patient fractured the portion of the rib which had been left undivided, and tore the intercostal artery, from which he lost so much blood as to place his life in danger. The bleeding was arrested by the compress of Desault; and the patient escaped from the difficult situation in which he had been placed, after thirty days of great anxiety and constant care. He returned home on the 1st of October, 1816, and recovered his health; the side of the chest being, however, flat, respiration extinct, &c.

CASE 132.—A soldier of the ex-guard was brought to the hospital of Gros Caillou, in August, 1814, in consequence of having been wounded at the taking of Paris by the allied forces, and in some degree neglected. The ball had penetrated the chest, carrying away the upper part of the fourth rib, from which wound he lost much blood at the time, and expectorated a considerable quantity. It had now become fistulous, and matter was freely discharged from it when the opening was made dependent. He was very thin, and suffered from hectic fever. On examining the cavity of the chest with an elastic sound, it struck below upon a hard metallic substance, which I supposed to be the ball, and which, by external measurement with the same sound, appeared to be nearly in the situation in which the operation for empyema is performed, which operation having been done, three palettes (twelve ounces) of pus were evacuated, and the ball discovered, and extracted by a pair of polypus forceps. Some inflammation followed, but was dissipated in two days, and the superior or original opening shortly healed. The patient's strength was supported, and he gradually improved, so as to offer hope of recovery; when he was seized with enteritis, after drinking brandy, and died, six months after the receipt of the wound, and 100 days after the removal of the ball. On opening the body, the seat of the discharge, from the small opening which remained, was found close to the opening made by the knife; the two ribs nearly touched at this part; the pleura costalis was enormously thickened, the mediastinum was depressed towards the injured side, and a gangrenous mass, supposed to be the obliterated lung, filled the upper part of the cavity, which was greatly diminished in size.

CASE 133.—William Barrett, of the Life Guards, a middle-aged muscular man, of full habit, was wounded by a musket-ball, at the battle of Waterloo, which fractured the third and fourth ribs behind the left side, and broke the left arm. He was brought to Brussels, where the inflammatory symptoms were subdued by repeated general and local bleeding, and the other ordinary but strict antiphlogistic

means, during the first six weeks, by which time the external wound had nearly closed, and no trace could be perceived of the ball. At the end of this time, Staff-Surgeon Collier, now inspector-general of hospitals, under whose care he was, and who furnished me with these particulars of the case, which I saw in Brussels, and in which I was interested, found that his symptoms became worse, that he had rigors and evening exacerbations; and that the difficulty of breathing had increased almost to suffocation; he decided on opening into the cavity of the chest, by following, if possible, the course of the ball. This he did by a deep incision, which enabled him to remove with difficulty some pieces of the ribs which were denuded but not detached. A bag-like protrusion was then felt between the ribs, near their angles, which was opened, and nearly two pints of thick fetid pus escaped; the relief which followed being as complete as sudden. The wound was dressed from the bottom, and every means adopted to prevent its closing, except introducing a tent, but in vain; the opening closed, and matter again collected, requiring a second incision for its removal. Between these two operations, small bleedings were resorted to most beneficially. A short gum-elastic catheter was introduced into the cavity of the chest, after the second incision; but little matter, however, was secreted, perhaps from the very guarded treatment pursued, and his reduced state of health. From this he gradually recovered, and was sent to England, cured, in November—being, as Mr. Collier remarks, one of the most gratifying cases he ever treated.

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. 475.)

GENTLEMEN,—In continuance of the subject of *remittent fever*, I must tell you that I have very little to say upon the nature of its *remote* causes. That it occurs both in a sporadic and epidemic form there cannot be the least doubt; and that it is more common amongst the children of the lower classes than amongst those of the upper is also the case. Those children, too, who live with their parents in ill-drained, damp, low, badly ventilated and lighted places, suffer more from it than others do; and, further, the type of the fever in these cases has a tendency to assume the more adynamic characters. The older the child this is more likely to be the case. Upon the subject, however, of the remote causes of infantile remittent, I must refer you to works on general pathology and medicine, for there is nothing special about them in relation to our present fever, or what is not identically the same as relates to those of fever in general. The same deleterious influences which impress the constitutional disturbance called *continued fever* on the adult, impress *remittent fever* on the child when these influences can be brought to bear upon its system. I lately had to visit a boy of between twelve and thirteen years of age suffering under true typhoid fever. On my first visit, immediately I entered the house, I was struck with the offensive odour and disagreeable feelings I experienced. I remarked them to the mother, who admitted such would often be the case. I thought there was then an influence at work that would soon affect other members of the family. This boy's fever ran a long and severe course; about the middle of it a younger child was attacked with *remittent fever*, accompanied by head symptoms; and a still younger, who was cutting his teeth, soon experienced such constitutional disturbance that, had he been a little older, would have run on into a confirmed febrile condition. He seemed to me to have been subjected to the influence of the zymotic particles, whatever they were; but the nature of his infantile constitution would not allow of their making their usual impression, so as to affect the system with idiopathic fever. But I have no doubt this child's organic and assimilative func-

tions are being now overruled by this influence, under which he is being brought up, and which may tell seriously upon him in a short time.

Not only is the fever sporadic and epidemic, but it is endemic as well in unhealthy places. I can give you no information upon statistical points, either as regards where or when it is most prevalent in this country, as I find that it is requested in the Registrar-General's Report (see Fourth Annual Report, page 149) that the terms remittent fever are "not to be applied to cases sometimes called 'infantile remittent fever' (see 80), nor to any but cases of the genuine remittent fever, so prevalent in the tropics and rare in England." I find, also, on referring to the number 80 alluded to, that "infantile remittent fever is, according to some pathologists, a sub-inflammation of the intestinal tube;" so that it is expected, I presume, the fatal cases of this form of fever will be placed under the head "gastritis and enteritis." Yet, notwithstanding, I find in the Fifth Annual Report that in 1840, in twenty-four town districts, sixteen males under ten years of age died of remittent fever, and that twenty-five females did the same. But again, in the Sixth Report, at page 511, it is stated that "six males and six females, six under one year, one one year, four respectively two years, and one four years," have been put in the "abstracts" under the head of *worms*. In the Seventh Report it is stated, again, that in this metropolis, during the year 1844, sixteen males under ten years of age, and thirteen females, died of remittent fever. Now I confess I am rather puzzled in finding out upon what we are to depend in relation to the point in question.

Dr. Copland remarks that many of the children born of European parents in hot climates are cut off by remittent fever before they reach their sixth or seventh year. Dr. Sims describes the epidemics as they visited London in the year 1769 and 1770, simultaneously with the prevalence of fever of a low nervous type amongst adults; and Maunsell and Evanson admit that it "indeed appears at times to spread epidemically." During its epidemic prevalence some writers, like Dr. Butter, &c., appear to think it is occasionally infectious. When it assumes the adynamic forms, I am myself disposed to agree in this opinion.

I shall now advert to the *treatment* of remittent fever. This, of course, will vary in some of its details, according to the type of the disorder and its complications, or the intercurrent affections which may arise during its course. I shall first assume you have a simple uncomplicated form to deal with. In the generality of cases you have costiveness, at least, at the outset of the disease. Not only this, but the whole length of the digestive canal and its appendages are usually all out of order. These things must first be put to rights. In young children, give a powder composed of rhubarb and soda, and order, four or five hours afterwards, a full dose of castor oil to be administered. If the stools are said by the mother to be pale, diminish the quantity of soda and add a grain or two of hyd. c. cret. In older children give at once an aperient of calomel and jalap, and follow it up by a senna draught. Should worms be present in either, a grain or two of scammony—the dose varying according to age—should be given with the powder I have mentioned. Frequently you will have to continue the rhubarb and soda every night, or sometimes night and morning, as the intestinal movements are languid and retained matters have to come away. You will also in older children have to give them a stronger purgative in the same manner; but in neither do I advise you to repeat very often either mercury or scammony. These drugs are only to be employed under their proper indications, and not to be regarded as common purgatives. After the bowels have been got into proper order, a moderate dose of a cathartic will answer all purposes. The first action forced on the lazy tube may be pretty strong, but you are not to proceed during the whole course of the disorder in such a vigorous manner.

With this attention to the bowels give a saline,

either the nitrate of potash in a carminative water, or a common draught of liq. ammon. acet., with a few drops of the wine of antimony, every three or four hours. If the stools are acid, the breath acid, the stomach irritable, nausea or vomiting present, instead of these mixtures give one composed of soda, the dilute hydrocyanic acid, and caraway-water, and apply a mustard poultice to the epigastrium. If the cough be troublesome, add a little wine of ipecacuanha to the mixtures, and apply the sinapism to the chest or between the shoulder-blades.

If, along with this gentle action on the bowels, the use of the saline mixture, and the mustard cataplasm, you pay attention to the hygiene and regimen of the patient, the course of the malady will be in general all that one could wish. These latter things you must not neglect; you must not allow—if you can have any power in the matter—the child to be improperly fed and cared for: it must have light milk diet, fresh air in its room, and clean clothes; it must be washed all over, and for this reason order now and then a gentle warm bath.

But you know complications may arise, or the fever put on a more severe form. You may have the abdominal complication, the bowels alternately very loose and costive; the tongue much coated, spotted red and white; the lips cracked; aphthæ or stomatitis, &c., present; vomiting may be very troublesome, and symptoms of gastro-enteritis appear. If but a slight form only of diarrhoea be present, apply mustard cataplasms to the belly, and afterwards warm poultices there, or use the turpentine liniment I have so often spoken of. If with this aphthæ or stomatitis exist, instead of the saline mixture I mentioned before, give the chlorate of potassa in infusion of gentian or calumba, and order borax mixed in mucilage to be applied to the mouth, or you will have to follow the treatment I shall allude to when I address you upon the subject of stomatitis. Rhubarb and soda will often be useful here, and it may be necessary to employ those measures I spoke of when I alluded just now to the treatment of vomiting. But it may happen that the diarrhoea becomes very urgent, and if so you must attend carefully to this complication. You must give antacid astringents, such as the chalk mixture, with aromatic confection and tincture of catechu; and if these do not answer you must have recourse to those agents which I spoke of when treating especially of diarrhoea. (See *Medical Times*, page 230, *et seq.*) If with persistency of the diarrhoea the child gets very thin and the bodily powers low, you must give tonics—the compound tincture of cinchona, with gentian, or quinine itself. (See *ante*, page 261.) It is particularly necessary here that you pay all attention to the diet.

If you have head symptoms come on—if the child talks nonsense in its sleep, if it sleeps very much, if the face is very flushed or congested, if the bowels are costive—purge it well, cut its hair close, apply a sinapism to the nucha, and, if it is a strong child, a leech or two behind the ears. If, however, the loss of blood be of doubtful propriety in a young, weak, scrofulous patient, apply blisters over the mastoid processes in lieu of the leeches, and cold lotions to the forehead; have the head kept raised and on a hard pillow, or not, at any rate, on one forming from the pressure a soft hot cushion around the face. In this case, the warm pediluvium with salt in it, or the placing the child in warm water up as high as the nipples, may be adopted. For the treatment of meningitis I must, however, refer you to my previous lectures (*Medical Times*, vol. xvi., page 504).

The chest complication is the most delicate to treat, and, in my opinion, requires the more cautious prognosis. If pneumonia, capillary bronchitis, or congestive catarrh, should supervene in the course of the disease, all attention must be paid to them. At present I am assuming them complications of the *simple acute* form of fever. In such you must proceed with an amount of vigour in proportion to the

constitutional strength of the patient and the severity and nature of the respiratory affection. In a strong child with pneumonia you must apply leeches, cup between the shoulder-blades, put mustard poultices to the sternum, and give calomel with ipecacuanha every three hours. With these the saline nitre mixture, with wine of antimony, may also be conjoined. But in a less severe affection, or in a weak child, the leeches or cupping may be dispensed with, and small doses of antimony, calomel, and ipecacuanha, and the nitre mixture and mustard cataplasms, employed. In cases of still less severity ipecacuanha emetics, with the nitre mixture containing a little extract of hemlock and ipecacuanha wine, along with the sinapisms, may be all that is necessary. But I must keep any further remarks upon this subject I may have to make until I allude specially to diseases of the respiratory organs.

When an adynamic condition supervenes on the simple forms, or when the fever exhibits this state at its outbreak, you will have to modify your treatment. The mixture to be given must be, in the less severe cases, composed of the chlorate of potash in infusion of cascarrilla or cinchona, and castor oil used as a cathartic, if the bowels are costive and there are foul matters pent up. But if the bowels are loose, then a teaspoonful of the chalk mixture, with aromatic confection, should be given after every fluid stool; the turpentine liniment rubbed along the spine, as advised by Dr. Copland, and warm poultices applied to the abdomen. In other cases it will be necessary to combine the compound tincture of cinchona with the chlorate of potash, and order the child to have strong beef gravy, which has been allowed to cool and had the fat skimmed off. Here, too, enemata of castor oil will be better than purgatives by mouth, when the bowels require to be acted on. Conditions of a still more adynamic form, and which frequently come before me, require the administration of the sesquicarbonate of ammonia in infusion of cascarrilla, or with the compound tincture of bark and infusion of gentian, or of valerian, as recommended by Copland.

My experience warrants me in saying that the slow and chronic forms, whether primary or secondary, almost always require the tonic method of treatment, and in them I have found the addition of small doses of the mineral acids to the bitter infusions of considerable avail. In the more obstinate of these cases, or when the debility is very considerable, quinine should be had recourse to at once; and when, as is often the case, manifestations of scrofulous disorder have made their appearance during the course of the disease, the iodide of potassium should be combined with it. When the child is much troubled with worms, turpentine with castor-oil should be given; and, if the stools are pale or clayey, now and then a mercurial alternative will be advisable. But nothing is so important an adjuvant as the removal of the child to a different locality; a new and fresh atmosphere will do wonders for it when the help of medicine is only secondary in importance.

This point of attention to hygiene and regimen, in all forms of infantile remittent, I cannot too strongly impress upon you. I hold it to be equally my duty to urge it upon you, as I do the fact, that you are not to follow out in so strenuous a manner a treatment advised and adopted by some, viz., that of constant purgation and the exhibition of mercurials. In this disease you have not one thing alone to do, and the chief that you will have to interfere with will be the complications. In the simple forms of the fever no one determinate heroic mode of action will answer; in the more complex you will have more indications to fulfil than one; and in all, something more than can be effected simply by mercurials and purges.

You will find it is the same here as in treating the idiopathic fever of adults—that your chief endeavours must be exerted in trying, to use Cullen's words, "to obviate the tendency to death," although, as you know, this tendency is

wonderfully less strong than in the continuous fevers of adult life. Still, small as it is, your chief aim will be to oppose those of the series of morbid changes occurring during the disease, by which an untoward event, a serious complication, a local lesion, or even a fatal catastrophe appears in any individual case likely to be brought about. Your first object will be to place the patient in circumstances favourable to the decline of the disease, by withdrawing him from the operation of those causes which are known by experience to aggravate the febrile state. Your second will be to attend carefully to the nature of the prevailing epidemic—at such times when epidemic forms come before you—because you know that certain cases are marked by special modifications; and if you do attend to this point you will be able to be on the watch for them. Your third, and last, will be to attend carefully to any changes and modifications, whether of an epidemic or sporadic character, when they shall occur.

ORIGINAL CONTRIBUTIONS.

ON THE NATURE AND TREATMENT OF DISEASES AND AFFECTIONS OF THE HIP-JOINT, AND ON THE BENEFICIAL MEDICINAL EFFECTS OF THE EXHIBITION OF PROTEINE IN CASES OF CARIES.

By E. W. TUBSON, F.R.S., F.L.S., Surgeon (for many years) to the Middlesex Hospital, Lecturer on Anatomy and Physiology, &c. &c.

(Concluded from page 479.)

Treatment of Diseases of the Hip.—The treatment of all diseases depend upon the progress they have made; upon the destruction they have caused to the parts they have attacked; upon their virulence, and on the effects they have produced upon the constitution; upon their nature or character; upon the time they have lasted, and the stage they have attained. These are points most essential to ascertain; and it is more important in diseases of the joints than in some other parts of the body, because the treatment will be different. To exemplify this, suppose we take a case of caries of the acetabulum where the head of the femur is in a sound state, and where it has been displaced from its natural cavity. In this instance Nature uses her best efforts to form a fresh cavity for the reception of the head of the bone, and we ought to assist in her labours by all the means in our power to accomplish this, by supporting the system by such remedies which are requisite, and occasionally gently moving the head of the bone, so as to induce a moveable joint to be established instead of a fixed one; whereas, supposing the head of the bone in a state of caries prior to its removal, we should use here our best exertions to keep the parts perfectly free from the slightest movements to produce a stiff joint, or ankylosis. Thus it becomes most important to ascertain as clearly as we are able the situation and the precise nature of the affection, and then to use such means as we deem the most expedient.

If a single plan were pointed out for the treatment of diseases of the hip in its various stages, it would be empirical and unjust, tending to mislead both the patient and attendant, and would be ultimately regarded as based upon ignorance and deception.

It will be necessary to enter upon the treatment of the diseases of the hip from their origin, and to trace the various stages of the complaint to the different varieties that these disorders are liable to assume.

Treatment of Inflammation of the Hip-joint.—It has already been mentioned that inflammation may attack the fibrous capsule of the hip-joint, the synovial membrane, the cartilage on the articulating surfaces, and the structure of the bone itself. Although the first seat of inflammation may be in either of these parts, it may extend to the adjacent parts, so as to involve them

in the inflammatory action, or, on the other hand, the increased action may remain in the part it first attacked. Febrile symptoms generally accompany the inflammatory action. In the treatment we should take into consideration the age, sex, habit, temperament, and occupation of the patient, and endeavour to find out the cause which produced the inflammation. If from external violence, the treatment should be more active; the application of leeches, cupping, warm fomentations, the exhibition of brisk aperients, calomel, hydrargyrum cum creta, Dover's powder, saline mixture, the preparations of soda, &c., may be serviceable. The strictest attention should be paid to the best means of removing all pressure from the inflamed part, by keeping the knee raised and supported, so that the head of the femur should not press against the acetabulum; Earl's bed, or a contrivance of that kind, will prove beneficial; a double-inclined plane may be serviceable. Rest and perfect freedom from movement is essentially necessary; the diet should be strictly regulated; care ought to be taken that the hip be not kept too warm, so as to encourage the inflammatory action; the patient being on a feather-bed will cause this inconvenience, so that a mattress should be employed. If the inflammatory action assumes a chronic form, other remedies become requisite. The hip may be daily painted over with the liquor plumbi diacetatis; mustard poultices, croton oil, tartar emetic ointment, or blisters may be applied; extract of iron, tincture of iron, liquor potassæ, gentian, bark, or quinine may be beneficially administered.

If the inflammatory action be of a scrofulous character the application of a lotion may be serviceable, composed of iodide of potash dissolved in soap liniment or in water. Tincture of iodine, or even a stronger solution of iodine, may be painted over the hip; or iodoform dissolved in alcohol or ether may be applied in the same manner with a beneficial result. Tincture of iodine, iodide of potash, bromide of potash, syrupus ferri iodidi, liquor potassæ, or quinine may be given internally, with a generous diet and plenty of milk.

Suppurative Stage.—This stage of the complaint may appear immediately after the inflammatory action, being one of the terminations of inflammation; or it may present itself at a later period, even after consecutive dislocation has occurred. Its appearance is accompanied with a dull throbbing pain, with a sense of fulness in the parts, with more or less shivering at its commencement. Our best exertions should be directed to check the formation of matter; but, should it form, we ought to endeavour to induce absorption; but, both these failing, we should assist Nature in the relief of the fluid by counter-irritation, croton oil rubbed over the hip to produce pustules, the tartar emetic ointment, blisters, or issues. The best plan, and the one which I have found the most beneficial in hospital practice, is to apply three or four small issues about the size of a sixpenny or shilling piece, and, when these have ceased to discharge, three or four more at different spots, so that a constant state of counter-irritation will be thus kept up. These remedies may be serviceable in the early stage. Should suppuration be formed in spite of these means, absorption of the fluid should be attempted by the application of mercurial ointment mixed with soap cerate, spread upon strips of wash-leather or linen; gentle and appropriate pressure, by the application of a bandage, will assist us in this object. Tincture of iodine may be used, or the emplastrum hyd. c. ammoniacum, &c. Should the collection of fluid increase, we may then endeavour to encourage it by the application of poultices; and, when sufficiently forward and near the surface of the skin, the fluid should be let out by means of a valvular puncture; and after the fluid has been evacuated the opening should be closed by means of adhesive plaster, and it may be necessary to allow a fresh collection of fluid to escape. Should the collection of pus break before we are

called to the patient, our attention should be directed to keep the aperture freely open, and to apply gentle but appropriate pressure in such a manner that no further collection shall occur at any other part. The joint should be kept perfectly free from all kind of motion, and the constitution of the patient supported so as to keep up the strength as well as we are able. Hectic fever but too frequently accompanies this stage of the complaint, particularly at an advanced period of the disease. Dover's powder, opium, morphine, &c., may be usefully given in the adult.

The Ulcerative Stage, and Caries of the Bones.—Absorption takes place of the membrane covering the articulating surfaces to a smaller or greater extent, according to the virulence of the attack, producing an ulceration of the part, which soon extends deeper until the bones themselves become in a state of caries or ulceration; the consequence of which is frequently consecutive dislocation, and the destruction of some of the parts that enter into the formation of the joint, and not unfrequently the whole of the joint is involved in the ulcerative disease.

The ulcerative stage may be treated by counter-irritation and constant rest, for the least motion in the parts keeps up a degree of irritation which tends to favour the disease. If the ulceration be extensive, the most favourable termination will be in ankylosis. In some cases that have fallen under my care, keeping the patient in the prone position has been extremely serviceable: it enabled us to make applications to the hip itself without moving the joint in the slightest manner, and serves to keep the pressure from the acetabulum.

Caries has always been a most difficult and tedious disease to cure, and its progress is frequently continued over an extended period. I must here digress a little from my present subject, and enter briefly into the consideration of caries of the bones in general, for the purpose of pointing out a new medicinal agent for the treatment of this disease. Many cases of caries have fallen under my notice, affecting in different cases almost the whole of the bones of the body. Caries of the spine, pelvis, bones of the inferior extremity, superior extremity, head, and face, have frequently been under my care. Various remedies and different applications have been employed, it is only within the last few years, however, that I have been able to find a medicinal agent to produce a permanent and beneficial effect upon caries of the bones; I am able now to state that I have been successful in this respect, owing to the researches of Liebig in the furtherance of organic chemistry, and the progress made in our knowledge of the formation of several parts of the human frame. The close identity and chemical composition of several parts of the animal body, according to the best authorities we are able to consult, clearly point out that dried blood, dried flesh, and other parts of the animal textures correspond very closely in their chemical composition with proteine, or that chemical basis which is essential to the formation of the various parts of the human frame, and which enters into the composition of the structure of every part combined with other elements. If we examine the chemical formulae of some of the parts entering into the structure of the body, and we will take chondrine (the substance of the cartilages of the ribs), the composition shows that, when proteine passes into chondrine, the elements of water with oxygen have been added to it, while, in the formation of serous membranes, nitrogen also has entered into combination. Thus, then, proteine combined with water and oxygen form the cartilage of the ribs, and no doubt the cartilages in general, whilst a combination of nitrogen forms the serous membranes. Some of the other structures are composed by other combinations of the elements of proteine combined with sulphur and phosphorus, whilst other parts of the human frame are combinations of proteine with certain salts or acids; but still in every structure proteine more or less abounds. The frame is

formed from the blood, that is, the chemical compounds of proteine in the blood, during the different stages of our existence in infancy, youth, puberty, and old age; through these several periods of our life the circulation of the blood forms the various and minute structures which constitute our entire body. It is essential that the blood should be furnished with the elements so requisite for the formation of the several parts, and more particularly so when a disease exists, because it is requisite to establish a healthy action and restore parts that have become in a state of morbid activity.

The knowledge that proteine chemically formed various structures of the frame, and the supposition that the want of this chemical basis might encourage the development of diseased structure, and, in a measure, prevent the restoration of certain parts, led me to employ it as a medical agent, and carefully to watch its effect upon the system. I prescribed it in cases of cancer without any visible beneficial result. I next gave it in extensive ulcers with the utmost success—in cases of large sloughing ulcers of the legs. The ulcers soon became healthy and quickly healed, the patients speedily recovering health and strength. I then watched its effect in scrofula, and found a cure accomplished in many cases. A boy was admitted under my care at Middlesex Hospital with extensive caries of the metatarsal bones; it was considered necessary upon consultation to remove the bones by amputation; but, as the patient had enlarged glands of the throat, it was deemed advisable to improve his general health previously to the operation, and for this purpose I prescribed ten grains of proteine twice a day. In the course of two months the caries of the bones, for which amputation was considered necessary, was completely cured, and solely by the administration of proteine, as the disease had resisted the action of all other means which had been employed for a considerable time previously. A youth was admitted with caries of the tibia and bones of the foot; it was considered by the surgeon who sent him into the hospital that he must lose his leg; proteine was prescribed, and he was discharged cured. Thus, then, from carefully watching the effect of this remedy I was able to discover a very beneficial agent for the relief of one of those diseases of the bones which few remedies accomplish; and, from repeatedly observing the result of the exhibition of proteine in public as well as private practice, I entertain a very favourable opinion of it, as I have seen it successfully administered in very many cases that have fallen under my notice. Difficult cases of caries of the spine have been under my treatment, and have been cured by the exhibition of proteine.

Numerous other cases of caries have been successfully treated by the same remedy. Two cases of failure in the effect of this medicine have fallen under my notice. The one a man with caries of the bones of the knee-joint of long standing, with no constitutional derangement; all the means employed failed to produce ankylosis, and the administration of proteine produced no effect. The other case, a lady with extensive caries of the bones of the hip-joint of twenty-five years' standing; this patient took proteine for some time with a beneficial effect, but it failed to produce a cure. I have prescribed it extensively with very beneficial results, and can recommend it as a medicinal agent and one calculated to produce a favourable termination in most cases of caries; also in some cases of scrofula, extensive ulcers, debility, diseases of the gums and teeth, rickets, undue lactation, and insufficient secretion of milk. In infancy, where debility exists, and where the functions are not duly carried on, and in some affections of the spine, five grains once or twice a day will be sufficient for a child, and ten or twelve grains for an adult; and I have ordered it to be taken as a powder, dry or upon bread and butter. (a)

In a case of disease of the hip-joint under my

(a) Prepared by Mr. Garden, operative chemist, Oxford-street.

care, where the bones had become in a state of caries, and when the bowels were so torpid that they required the most active and brisk aperient medicine to produce any beneficial results, the exhibition of proteine was most successful, not only in relieving the hip, but also in restoring the natural action of the alimentary canal; for, after a few doses, a healthy and natural action of the intestines was the result, and this patient, up to the time of his quitting London, required no further aperient medicine. I could bring forward numerous cases of the efficacy of proteine, but I trust sufficient has been said upon this subject. In one or two instances I must mention that I have found its effect rather inflammatory, and, should this result, it ought to be discontinued, active aperients administered, and such other remedies as the case may require. I have tested its tonic qualities by administering it instead of quinine, wine, or beer, not in a solitary instance, but on several occasions; and where Nature has to restore the loss of any part, caused by extensive sloughing of the soft structure, I have found by its exhibition that the cases have rapidly improved and terminated favourably in a much shorter period than under the administration of other remedies.

The use of crutches in cases of disease of the hip is, in my opinion, prejudicial to the patient in many instances, for in youth many cases have presented themselves where their aid has been continued for a long period, and where the greatest difficulty has been experienced in the attempt to discontinue them. The muscles of the affected limb, by disuse, becoming weak and attenuated, and the whole extremity losing strength, by which means its growth is frequently not in the same proportion as the other parts of the body, so that, when the patient ultimately attempts to use the leg, it is found considerably shorter than the other, from this cause. It is in my mind a mistaken notion, that by the aid of crutches the patient is enabled to take exercise which is beneficial to health. The same result as regards the health of a patient will be produced without the aid of the crutches, and with the use, strength, and assistance of the affected leg, by a little extension of time, with good management, and the proper employment of such means as the case may require. It is difficult to point out what means may be requisite for every case, but I will here give the particulars of one that was under my treatment. A young gentleman, between four and five years of age, had suffered from disease of the hip for eighteen months; he had been under treatment, but not carefully watched; consecutive dislocation had taken place, and a splint of leather had been made to keep the joint free from motion. The boy had been allowed to be in the nursery with the other children, and had got into the habit of moving along the floor with the aid of his hands in a sitting position. The thigh of the affected limb was crossed over the other thigh and advanced forward across the chest, so that, when I first examined him and placed him upon the sound leg, the thigh of the affected member was above the umbilicus; but I found that ankylosis had not taken place, which was fortunate. My attention was directed to straightening the thigh, which was not unattended with difficulty, and I had recourse to various means and contrivances for this purpose, but at last succeeded. My next attention was directed to place the child upon his legs, but not by the use of crutches: I placed him upon his feet by contriving a species of go-cart, by which means he was enabled to move to all parts of the nursery, and play. When he had acquired sufficient strength in his legs, and was able to bear a little walking upon the affected limb, I allowed him to move by the aid of sticks about the room, and he gained great strength and some agility; but had I continued this plan I should have found that curvature of the spine would soon have resulted from the leg being shorter than the other. Nature was endeavouring to counteract this inconvenience by causing the pelvis to be placed in an oblique position, to obviate the shortening of the leg by a curvature

of the spine. This was counteracted by having a boot made of a light material, so that both legs were of the same length; this answered admirably, and the little patient was enabled to walk with some facility, and soon gained strength; but we had a variety of difficulties to encounter which would be too tedious to detail. No fixed plan could in this or even in other cases be pointed out for the treatment of diseases of the hip, but they must necessarily depend upon the nature of the affection and upon the symptoms that present themselves to the practitioner, and also upon the position of the limb and upon other circumstances which require to be carefully investigated. Considerable benefit may result in very many cases for the relief of those who suffer from this affection, by scientific, mechanical, and other means.

Patients suffering under other complaints will frequently complain of acute pain in the hip, and point out its situation to a spot between the great trochanter and tuber ischii; but upon close investigation we are able to trace it, not to any inflammation or other disease in the hip-joint, but sometimes to sciatica, or to uterine derangement or affection. Some few cases of hysterical affection of the hip have fallen under my notice, and have required the greatest care in their treatment, and some judgment to determine their nature; but by giving such remedies as may restore a due functional performance of the uterine organ, with a free use of the shower-bath every morning, patients have been rendered convalescent.

15, Harley-st., Cavendish-square, April, 1848.

PROGRESS OF MEDICAL SCIENCE.

Concours for the Chair of Clinical Surgery.

GRANULATIONS, ULCERS, AND CANCER OF THE OS UTERI, A THESIS. BY DR. ROBERT.

In the first pages consecrated to anatomical description, we find a repetition of what is generally admitted on this subject, and some important remarks on the distribution of lymphatics and nerves. The lymphatics of the uterus communicate with the pelvic ganglions; but certain well-observed anomalies explain those uncommon cases in which inguinal tumefactions have resulted from maladies of the os uteri. In a preparation deposited at the museum of the Faculty by M. Aubry, the lymphatics of the cervix are seen to communicate with those of the anterior part of the vagina which terminate in the glands of the groin. This communication may also take place within the pelvis, as in a case seen by M. Robert, in which the lymphatics of the cancerous cervix ran through a series of enlarged glands from the womb to the inguinal region. With regard to the nerves of the cervix, M. Robert adheres to the opinion of M. Jobert and of M. Longet, who consider them as exclusively belonging to the ganglionic system. M. Jobert does not admit the existence of the plexus described by Mr. Robert Lee as around the cervix—a fact which the constant absence of pain, even when that part is touched with the actual cautery, seems to disprove.

Ulcerations.—M. Robert divides ulcerous affections of the cervix into two classes, viz., those produced by simple inflammation, and those resulting from specific causes. The various aspects of simple ulcerations depend upon the modifications occasioned by inflammation in the diseased textures, and not upon any diversity of nature of the anatomical elements by which they are constituted. In superficial ulcers the uterine tissue is not altered; it is always congested in ancient ulcerations. These inflammatory erosions may be divided into four classes—excoriations, granular ulcerations, fungous ulcers, and callous ulcerations. The discharges which they occasion may become accidentally contagious under the influence of excitement, the approach of menstruation, &c.; but, on the one hand, they are rendered innocuous by long duration, and on the other, by habit. The author recognises five

sorts of specific ulcers of the os uteri, viz., herpetic, scorbutic, scrofulous, diphtheritic, and syphilitic. Four cases of scrofulous ulcer consequent upon the softening of tubercular matter deposited in the uterine tissue are brought forward; and in the history of syphilitic sores we find only the description of the primary chancre of the cervix; tertiary syphilis also produces special but not inoculable sores of the os uteri—a circumstance which M. Robert does not mention, but which is illustrated in a case which the author refers to scorbutic ulcerations. After a rapid description of the symptoms of ulcerations of the cervix, such as the discharge, pain, menstrual disturbance, M. Robert examines their influence upon the progress of pregnancy, and asserts that they interfere with gestation only when they are accompanied by inflammatory tumefaction.

With regard to the treatment of simple ulcerations, M. Robert is no advocate of the warm bath, and still less of warm hip-baths. Cold-water, or cold mineral-water, affusions are, on the contrary, advantageous. Blisters in the inguinal regions and upon the hypogastrium are preferable, in M. Robert's opinion, to the application of revulsives to the back. The application of leeches to the cervix is often most beneficial, and should not be neglected when the cervix is swollen and tender; irrigations and injections of various natures, according to the state of excitement or of relaxation of the parts, should also be prescribed. Intra-uterine injections have been in many instances performed by M. Robert, but he did not derive from them any advantage; indeed, in several of the cases published in this thesis, accidents of an alarming nature were observed, which would deter the practitioner from again having recourse to this dangerous method. As to caustics, nitrate of silver appears sufficient in superficial ulcers, unattended with any tumefaction, and the actual cautery should be preferred to any other in fungous or callous ulcers. Excision of the cervix should not be attempted in any case of ulceration which is not of a cancerous nature.

Cancerous Affections of the Cervix Uteri.—Modern researches, due to Giuge, Lebert, Mandl, &c., show that if certain maladies really do present all the microscopic and pathological characters of cancer, such as peculiarly formed cells, a tendency to spread and to cause diathesis, others may be accompanied with the symptoms in appearance the most alarming—induration, lancinating pain, tendency to spread; but differ essentially from the former by the absence of the special cancerous globule, and the production of diathesis. Hence a division of this portion of the subject in two distinct sections—one dedicated to canceroid affections, the other to true cancer.

The canceroid affections present themselves in the shape of ulcers or of tumours. The former, or corroding ulcer, described by Clarke in 1821, begins on the surface of the os tincæ; the subjacent tissues gradually disappear without having degenerated; the fundus is extremely vascular—a circumstance which accounts for the production of frequent and abundant hemorrhage. Canceroid tumours assume three forms—epithelial, sarcomatous, and erectile. Epithelial productions may be encysted, and contain fragments of tessellated epithelium, the globules of which present distinct nuclei; their consistency depends altogether upon their vascularity, and ulceration may be their consequence. Fibro-plastic or sarcomatous growths have been well described by Abernethy, who considered them as forming a distinct class.

With regard to cancer, M. Robert does not admit that the disease can show itself in a primary manner in the shape of an ulcer. Tumours present themselves in five distinct primary forms:—In the first place, several small circumscribed indurations, variable in size between that of a pea and of a hazel-nut. 2. One considerable tumefaction occupying one lip of the os tincæ, soft at its surface only, and determining considerably the cervix. 3. A hard swelling of

the entire cervix. 4. A swelling of the entire organ, but of soft consistency. 5. Vegetating cancer.—The first and third varieties belong to scirrhus; the second, to cerebiform cancer; and the fourth, to fungus hematodes.

Speaking of the influence of cancer of the os uteri upon parturition, M. Robert extracts the following statistics from M. Puckelt's memoir on this subject:—Of 27 women, whose cases were observed by that author, 5 died during parturition; and 9 very shortly after expulsion of the child; 10 seemed restored to their original condition, and of 3 cases no further mention is made: as to the children, 15 were still-born, 10 lived; the condition of the remaining 2 is not stated.

The existence of a cancer at the cervix uteri constitutes an obstacle to the dilatation of the orifice, and, besides, may, by its volume, form a physical impediment to the passage of the fetus. When one only of the lips is occupied by the cancerous alteration, the part of the cervix which has preserved its healthy characters may permit sufficient dilatation, without laceration of the diseased portions. Passing on to the treatment of cancers, the author concludes with the description of the operation recommended by *by Lisfranc* for the removal of the cervix—an operation on which, however, he reposes only slender hopes, on account of the extreme frequency of relapse.

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

CUMBERLAND INFIRMARY, CARLISLE.

Communicated by E. THOMAS, Esq., House-Surgeon.

INTERESTING CASE OF ACUTE GLANDERS IN A MAN; DEATH; DISSEMINATED ABSCESSES IN VARIOUS PARTS OF THE BODY.

Richard S., forty-one years of age, a single man, by trade a tailor, admitted March 18, under the care of Dr. Lonsdale.

His sister, with whom he lived, said that he was quite well until nearly three weeks ago, when, on account of being out of employment, he was engaged by a horse-dealer to take the charge of some horses to a country fair. He was out for two or three days in the beginning of the month, and during that time the weather was remarkably rainy, and he was often wet to the skin. He rode home and immediately went to bed, and has never since been a moment well. He complained of pain in his back, shoulders, elbows, knees, and ankles, also of frequent fits of rigors; he has taken no physic, except some salts and senna, which purged him freely; he was able to get out of bed and to walk with a little assistance to the fireside until yesterday, when, finding himself much worse, a surgeon saw him and opened a vein in the right arm; his left arm at the time was so stiff that he could neither flex nor extend it.

March 18. Admitted in the following condition:—He was able with assistance to walk a short distance into his ward; he complained, just as he did yesterday, of pain in nearly all the joints, especially the elbows and ankles: both are slightly swollen, and the feet are oedematous; he was very thirsty, and perspiring very profusely; there were a few small pustules on the right side of the face and the right thigh. He was treated as for rheumatism.

19. Thought himself somewhat better than yesterday.

20. Has had severe purging, attributed to a pill of one grain of extract of colchicum. To take chalk mixture and milk diet.

21. He was slightly delirious in the night; his tongue is dry, and he is very thirsty; his pulse is quick and feeble; the left eyelid is oedematous, and there is an erysipelatous blush about the temporal and orbital regions; complains of much pain in the limbs whenever they are in the least degree moved.

22. Has had a very restless night, repeatedly making attempts to get out of bed; is bathed in sweat, which has a disagreeable smell; is ex-

tremely thirsty, and has much difficulty in swallowing.

23. Has had another very restless night; the pustules are now very numerous; those on the face, head, and neck are surrounded with a dusky ring; a profuse discharge from the left nostril was observed early this morning; the left eye cannot be exposed on account of the oedematous state of the eyelid, and beneath it there appears to be a tenacious layer of mucus; he moans loudly whenever the limbs are in any degree shifted; there are no enlarged glands in the axilla, nor red streaks in the course of the absorbents; he whines, speaks incoherently, and in a whisper when questioned; passes his evacuations unconsciously in bed.

24. He lies in a comatose state; there is still profuse discharge from the left nostril; there are several large bullæ and pustules on both arms; the pustules on the chest are symmetrically arranged; there are none on the abdomen; there is one large pustule on the glans penis; the scrotum is oedematous and swollen; the pustules on the lower extremities are arranged with more symmetry than those on the upper. He died at ten A.M., twenty days after the date of the first tokens of any disease.

Examination of the Body Twelve Hours afterwards.—The bullæ and pustules are pretty equally arranged over the body; when cut into they appear to be a little better than skin deep, and the surrounding adipose tissue looks quite healthy; the parotid, submaxillary, and sublingual glands on both sides were healthy; there was much serum effused into the surrounding cellular tissue in the vicinity of these glands and under the platysma; the scalp was thickly studded with pustules, and about half an inch in thickness; there were numerous vascular patches on the pericranium, corresponding precisely to the large bullæ on the integument; the brain and its membranes were quite healthy; the left eyeball was examined from the skull by breaking up the orbital plate of the frontal bone; it and the contents of the orbit were quite healthy; there was a large deposit at the outer angle of the orbit, in consistence and in colour not unlike inspissated pus, or softened tubercle; deposits of the same character and of various sizes were found in great number in the muscles of the neck, especially the superficial layers, the deltoid and pectoral muscles, and those of the arms, thighs, and legs; there was also a great quantity deposited amongst the flexors of the right forearm and left upper arm, but no deposit in any of the joints; there was a similar collection of matter on the inner side of the right ankle, burrowing a good way up the leg amongst the flexors of the foot; the joint was healthy; there was a large patch of the mucous membrane of the left tonsil, and of the same side of the pharynx, deeply ulcerated; the mucous membrane of the epiglottis and larynx was also ulcerated, and in the trachea there were numerous white vesicles; the bronchial tubes were clogged up with viscid mucus, and in the root of the right lung there were several oval-shaped deposits about the size of musket-shot; the rest of the lung was healthy; the heart was healthy, its right cavities filled with firm coagula, and the left cavities contracted and empty; the mucous membrane of the stomach and intestines was healthy, as well as the mesenteric glands; the Schneiderian membrane was not examined for fear of disfiguring the face; the periosteum in the upper and lower extremities was examined, and found healthy; the liver, spleen, kidneys, supra-renal capsules, and bladder healthy.

The foregoing history clearly indicates that the patient's illness was acute glanders. A question naturally arises, how was the invasion brought about?—was the morbid poison spontaneously generated in the blood, or was it communicated from the horses under his care? The latter supposition seems the most probable mode of transmission, though unfortunately we have not been able to arrive at positive data concerning this; all we know is, that, during his absence from home, he had led a very dissipated kind of life,

and was very intemperate in his habits. It is not at all unlikely but that he was badly housed, perhaps sleeping upon filthy litter in a shed or a stable. We carefully examined the face and hands for any abrasions, and especially those fingers most requisite for tailoring, but could find no marks of inoculation. The unequivocal character of the symptoms, the puriform discharge from the nostril, almost pathognomonic of glanders, left no doubt as to the nature of the disease. A natural repugnance to meddle needlessly with the morbid element deterred us from subjecting animals to its operation, especially as the transmissibility of the disease from horse to man has been fully established.

WESTMINSTER HOSPITAL.

Reported by HENRY BUTLER, Esq., M.R.C.S., House-Surgeon.

CASE 1.—RETENTION OF URINE CONSEQUENT UPON OLD NEGLECTED STRICTURE OF THE URETHRA, WITH ENLARGEMENT OF THE PROSTATE.

Frederick Symons, a porter, aged sixty, was admitted into Northumberland Ward, under the care of Mr. Phillips, Jan. 4. He was suffering from retention of urine.

He states that he has been suffering for twenty years from a stricture of the urethra, which has occasioned, several times, attacks of retention of urine. He has never been under a regular course of treatment till within three years of the present time, when he was a patient of this hospital, and was discharged completely relieved, No. 9 catheter being passed without any difficulty. For the two succeeding years he neglected to attend at the hospital as he was directed, and the stricture relapsed into its previous condition.

When he presented himself, though the bladder was distended, the symptoms were not very urgent. Attempts were made to relieve him by passing a catheter; but most severe and persistent spasms induced us to desist until the present excitement subsided. He was ordered to have a hot bath, warm fomentations to the pubes and hypogastrium, and to take *ol. ricini*, $\mathfrak{ss}$; *tr. opii*, *m. xl*.

Jan. 5. He has passed a very restless night, and has an anxious expression. No urine was passed during the night; the desire to micturate is most pressing; the bladder is much distended, forming a tumour reaching nearly to the umbilicus; it is clearly defined on the abdomen, and feels very tense. The stricture is nearly impassable from the violence of the spasms; the prostate is enlarged; the skin dry and cold; tongue brown; urinous odour from surface, and great prostration. A catgut bougie of the smallest diameter was passed, at Mr. Phillips' suggestion, into the bladder without any difficulty, and retained there, and he was directed to try and pass his water by the side of it. In the course of six hours three pints of urine had dribbled out by the side of the bougie, relieving the patient entirely from the distress. At 10 P.M. the catgut bougie was removed, and replaced by an elastic gum catheter (No. 2.), which was passed without any great degree of opposition, and the rest of the urine evacuated. It was remarkably ammoniacal, and a large proportion of mucus, thick and tenacious like birdlime, preceded the flow of urine.

6. He obtained a good night's rest, and the bowels were unloaded with castor oil. The peg was taken out occasionally from the catheter, and the urine allowed to flow. He is comfortable, but suffering from a little collapse. Pulse 90, weak. Brandy $\mathfrak{ss}$, every four hours.

7. He is still improving; the skin is cool and moist; there is a little soreness of the urethra; some pus on the catheter on its removal; the urine is losing the ammoniacal odour, and does not contain so much mucus; there is a little diarrhoea and tenesmus; the catheter was now removed, and only introduced morning and evening. To take *ol. ricini*, $\mathfrak{ss}$; *Tr. opii*, $\mathfrak{ss}$, statim.

8. The diarrhoea and tenesmus have ceased on the removal of the catheter. He has passed

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some urine, but in a small stream, and micturition gives rise to great pain and scalding. The urethra was very sore on passing the catheter.

From this date he progressed towards recovery without any untoward symptom, regaining his power rather slowly; but he improved daily, and the calibre of the catheter was regularly increased. It was necessary to use a prostate catheter, of small calibre, on account of the enlargement of the prostate coincident with stricture of the canal.

By the end of the month the man was perfectly convalescent, and a prostate catheter (No. 9) was passed with the greatest facility.

CASE 2.—O. F., aged forty-nine, a porter, was admitted into the Westminster Hospital in a state of collapse following retention of urine. He states that he has been the subject of stricture for twelve or thirteen years, and occasionally suffered from partial retention, but, on the bladder becoming much distended, the urine has dribbled away, relieving him from any great amount of distress. His occupation frequently obliged him to retain his urine for many hours, and on one of these occasions he fell down, and was much shaken by the fall. A small cut on the forehead was the only perceptible injury.

On his arrival at home he found himself unable to pass any urine, though his efforts were very energetic, and the desire to void his urine was incessant. A medical man was called in, and, after the warm bath, opiate, &c., had been administered, a catheter was passed into the bladder, and it was emptied. Four pints of urine passed through the catheter; the catheter was retained for some hours, and then removed; but the bladder did not regain its power. The man became very low, and recourse was again had to catheterism.

On the fifth day after the first seizure the man was admitted into the Westminster Hospital in a condition of great prostration. The bladder had not acted for six or seven hours. A stricture was found anterior to the prostatic portion of urethra, and, on examination per rectum, the prostate itself was much enlarged.

A silver catheter (No. 1) with a large curve was introduced, and about 3vj. of very ammoniacal urine flowed out. Brandy, hot beef-tea, and ammonia were administered, but the powers of life were not increased. Jactitation of the muscles, and a condition closely resembling the last stage of delirium tremens, rapidly supervened, and the man gradually sunk ten hours after admission.

Autopsy Twenty Hours after Death.—A fine, well-made muscular man. The subcutaneous tissue was loaded with fat; on making a section into the abdomen, a large quantity of serous, straw-coloured fluid escaped; the viscera were generally healthy, with the exception of the bladder and kidneys; the kidneys were both enlarged, the right kidney weighing seven ounces, the left seven ounces and a half; they were generally much congested, and the pelvis of both were enlarged; the calibre of the ureters was not perceptibly increased; the bladder was contracted and contained no urine, its muscular coat was much hypertrophied, and the mucous membrane corrugated; there were some patches of inflammatory redness; the prostate was much enlarged, especially the middle lobe, which formed a triangular elevation in the urethra; about a quarter of an inch anterior to the verumontanum the canal was much constricted.

The circumstances of these two cases support the opinion given by Sir B. Brodie, in his work on "Urinary Diseases," in which he points out the evil consequences likely to occur from the shock on the nervous system induced by evacuating at once the contents of the bladder, when much distended by the retention of urine. In the first case the evacuation was very gradual, the urine having been six hours in dribbling away, by the side of the bougie.

Dr. Miller has been appointed by the Queen successor to Dr. Syme in the Chair of Clinical Surgery to the University of Edinburgh.

Practical Observations on Midwifery, and the Diseases incident to the Puerperal State. By ALFRED H. MCLENTOCK, M.D., F.R.C.S.I., &c.; and S. L. HARDY, M.D., F.R.C.S.I., &c. Dublin: Hodges and Smith, Grafton-street. Pp. 368. 1848.

The Dublin Lying-in Hospital is an institution which affords ample means for practical instructions in midwifery; and the late master, Dr. C. Johnson, during the time of his governorship, permitted his assistants to publish the records of the hospital during the time they were connected with it. It is to the credit of our authors that they did not permit so excellent an opportunity to pass unimproved, and the result of their labours is the book now before us.

The report embraces a period of three years, from Jan. 1, 1842, to Jan. 1, 1845; during which time 6634 women were delivered of 6703 children; 2125 of them were primiparae. The deaths amounted to 65, giving an average of 1 in 102; 25 of them were primiparae. Taking from these eleven whose deaths occurred from diseases not strictly puerperal, and four who were found to be in a dying state on admission, and the average of deaths will be about 1 in 132. From the records kept in the hospital of the number of children each patient had, and their sex, we find it was 20,680, exclusive of abortions; and of these 11,052 were boys, and 9648 were girls. The total number of males born in the hospital during the three years was 8561, of whom 198 were born dead and 62 putrid. The number of female infants amounted to 3161, of whom 127 were born dead and 80 putrid. Of the whole number 108 were premature—62 boys, of whom 9 were born dead and 15 putrid; 56 girls, of whom 9 were born dead and 22 putrid. Of the 106 premature births, 17 presented with the breech, 12 presented footling, and 9 with the arm; in all 38, being nearly 1 in 3; whereas, at the full period, the frequency of prematuration is only about 1 in 30.

To constitute natural labour, the three conditions given by Demman are considered necessary—that the head present, that the labour be terminated within twenty-four hours, and that delivery be completed without any artificial assistance. At the commencement of this section some excellent observations are made respecting the use of the binder, which we quote: "When exactness is required, it may be well to have the binder made by measure, taking for its width the distance between the true ribs and the trochanter, and for its length the circumference of the hips, with the addition of a few inches to allow for overlapping. In applying it, the degree of tightness ought to be moderate and uniform throughout, so as to exert an equable pressure on the abdomen, from the epigastrium to the pubes. When put on in this manner the binder is not only a source of comfort to the patient, but proves positively beneficial, by compressing the uterus, thereby lessening any disposition to relaxation; and by preventing that feeling of debility and faintness (occasioned by the sudden evacuation of the uterus) which always tends to diminish the activity of uterine contractions. It is not to be inferred from this, however, that the binder should be used as a substitute for the pressure of the hand in cases of extreme inertia; by no means; but its presence does not much interfere with our grasping the uterus, and, if it should do so, the hand may readily be passed underneath, and our object be thus obtained."

The support of the perineum is not to be given too soon, as officious interference is apt to produce inflammation; the period recommended being that when the increasing thinness of the part, and the extreme tension of the *foveolæ*, indicate the delivery near at hand.

After-pains do not often require much interference, but, should it be necessary to allay them, two or three grains of calomel, with ten grains of Dover's powder, or a full anodyne, may be given at bedtime; and on the following morning three

drachms of castor oil, with the same quantity of spirits of turpentine. If the pains are troublesome in the daytime a turpentine fomentation is recommended as a means of procuring relief, and of arresting any tendency to inflammatory action.

When there is a disposition to suppurate, the application of the *charbon* to the breast is delayed in the hospital till the inflammation has subsided. The distended and painful state of the breast then resulting from the distension of milk is to be relieved by friction with warm oil; and, if there should be any suppuration, repeated doses of tartar emetic are given, and the breasts freely opened. If the suppuration should not remove the tumor, and hard state of the breasts, benefit is derived from enveloping them with a piece of soft linen, on which is placed a cerate composed of wax and olive-oil melted together, and in the centre a hole is cut for the nipple. Of the remedies for engorgement at the hospital, tincture of opium has been found an excellent stringent, but it is only excruciating. A solution of pure opium is also recommended, or a lotion composed of lactate of soda, prepared alkali, spirit of wine, and rosewater, alternated with an emulsion in which Peruvian balsam, honey, white wax, and oil of almonds are the ingredients. These are found in cases of sore nipples a better composition, a weak solution of nitrate of silver, a most excellent application. The parts are bathed with it for two or three minutes, and afterwards dilute citrine ointment applied.

In *metritis*, where suppuration seems inevitable, the plan of treatment adopted was to keep the part constantly poulticed till the matter approached very near the surface, and then to use the lancet. The opening was always made freely, and as near the outside of the areola as possible, so as to prevent retraction of the nipple. After some days, when the ordinary inflammatory action has subsided, warm spirit dressings, one pint of spirit to six or eight of water, are applied, which promote the healing of the part by causing the abscess to contract, and by removing that relaxed condition which poulticing produces in the granulations and adjacent integuments. Afterwards the breast is strapped with adhesive plaster in the same way as is practised in hernia humoralis. The section on natural labour is concluded with cases illustrative of uterine phlebitis, puerperal mania, and phlegmasia dolens, &c. In reference to the former disease, the authors remark that they do not recollect having ever seen an example coming on in the second week after delivery, when the patient has passed through the first seven days without any unfavourable symptom.

In reference to *toxic labour*, it is remarked that, when the first stage was unusually prolonged, the uterus was a rigid, unyielding condition of the os uteri. The cases occurred exclusively among primiparae, and more commonly among those in whom the membranes had ruptured at an early period of the labour. Where the os uteri was rigid and undilatable, tartarized antimony, venesection, and the warm bath were employed, taking care, in the first instance, to have the bowels freely opened. Delay in the second stage was found to have, in general, produced uterine inertia, or a disproportion between the foetal head and the pelvis, or these two causes combined. In cases of uterine inertia the ergot of rye was administered in the following manner:—If a drachm of fresh powder was infused in half a small cup full of boiling water for ten or fifteen minutes, when it was strained; to the strained infusion were added ten or fifteen grains more of the powder, with some sugar (to make it palatable); this constituted the ordinary dose, and it was repeated in about twenty-five minutes, if thought requisite; a third dose was given. If the ergot acted at all, it was found to do so within fifteen minutes after its administration. It was also remarked that, when given at an advanced period of difficult labour, when the pains had nearly ceased, and the discharge had become fetid and olive-coloured, the drug rarely exercised the desired influence.

The ergot was observed to exercise on various occasions a depressing influence on the maternal circulation, slowing the pulse twenty or thirty beats in a minute; and in some instances the effect lasted for two or three days.

The value of the stethoscope enabling to determine the position of the foetus was found to be very great, and was in diagnosis, however, dependent almost entirely upon the results of comparison of observations, and not on any solitary use of the instrument.

The rectum was frequently substituted for the stethoscope in instrumental delivery. The time and position of the foetus were in strict accordance with the directions of Denman; but in further steps of the operation it was used more as an extractor than a lever.

The short straight forceps were most commonly used; and the conditions considered indispensable to render them applicable were, that the child should be alive; that the head should have remained stationary, within reach of the forceps, for six hours at least; that the membranes be ruptured, and the os uteri fully dilated; that the head of the child be so circumstanced that the os can be distinctly felt without the use of force; that the soft parts be without signs of inflammation.

The authors make the following excellent propositions when treating of difficult parturition:—1. That, in the vast majority of instances, the death of the foetus during the progress of a tedious labour can be positively ascertained by the aid of the stethoscope.

2. That, of all the perforations for difficult labour, the number of cases in which we were not fully assured of the child's death before undertaking the operation does not altogether exceed three.

3. That, after it was found that the child was perished in the course of a laborious labour, it was not the practice of the hospital to wait for the full development of bad symptoms before using instruments, as nothing could have been thereby gained, and the patient's life might have been compromised by such culpable procrastination.

The total number of tedious and difficult labours amounted to 259. Of these 173 were delivered without instruments. Of this number 30 took ergot to overcome inertia in the second stage of labour, and only 10 out of 30 children were born alive.

In 52 instances delivery was effected by the perforator and crotchet, in 18 by the forceps, and in 10 by the vectis or lever. In 88 cases the principal delay was in the first stage; in 119 in the second stage; and in 52 cases both stages were protracted. Twenty-two women died out of 259, and 19 of these cases were primiparae.

Of the children 154 were boys, of whom 83 were born alive; 105 were girls, of whom 56 were born alive.

Of preterm presentations, no cases were seen but those of the upper and lower extremities. It was sometimes found in breech presentations that, during the first and early part of the second stage, the presenting part was the anterior superior spine of the ileum, and not the nates, as is usually the case.

A good deal of perplexity the authors have known to occur from the examiner not having been prepared for such an occurrence, and the presentation has even been mistaken for the upper extremity. In one third of the breech and footling cases, the child entered the pelvis with the face looking towards the mother's abdomen; yet in no instance was it delivered face to the pubis, and in very few was it requisite to give any assistance.

The total number of preterm presentations amounted to 227, 101 of which were breech, exclusive of twin cases. Of the 101 children who presented with the breech, 37 were born dead, 21 of which were putrid; 24 were premature, 16 of which were stillborn and 13 putrid.

Of the 16 premature children born alive, one was at the sixth month, three at the seventh, and two at the eighth month. Two of the living premature children were boys, and four girls. Nine of the premature stillborn children were males.

The entire number of dead-born children, 23 were males, 64 children were born alive, of which 36 were boys. Of the 101 breech cases, 56 were males, and 45 females. Three of the mothers died.

There were 38 stillborn infants, exclusive of the twins, which presented with the feet, and which were 23 in number. Of the 38 children, 18 were dead-born, and 13 putrid; 14 of the 38 were premature, of which 1 was born alive, 2 dead, and 11 putrid; 6 of the premature children were boys. Of the 20 living children, 6 were boys; and of the entire number, 13 were boys, and 25 girls. One woman died.

There were 26 presentations of the shoulder or arm, including twin children, which were six in number. In 19 cases version was performed, and 14 of the children born alive. In four cases delivery was effected by evisceration. Of the 26 children, 12 were dead-born, 6 putrid, and 8 premature; 13 were males, and the same number females. In three cases the shoulder was low in the pelvis when the patient was admitted. Two women died.

Under the section of complex labours we have treated of, hemorrhage, convulsions, ruptures of the uterus, plurality of children, and funis presentations. In cases of accidental hemorrhage, which has occurred without any assignable external injury or shock of any kind, positive diagnosis has been made by the use of the stethoscope, ascertaining (as Neglé noticed) through its means the site of the placenta.

In hemorrhage and partial presentation of the placenta, when the membranes could be felt at the os, they were ruptured when the discharge was great and could not be controlled by ordinary means. If this did not produce uterine contraction sufficient to restrain the hemorrhage, friction over the uterus, stimulating enemata, and ergot of rye were employed; the latter was not used when there were symptoms of depression of the vital energies.

The general rule of practice in placenta praevia was to introduce the hand and deliver by turning; this proceeding being restricted to those cases where there was a complete or nearly complete implantation of the placenta over the os, or where rupturing the membranes proved ineffectual in arresting the hemorrhage. Plugging the vagina was only resorted to where the entire os was covered by the placenta, and whilst it was in such a state as to obstruct the entrance of the hand. For plugging, a soft silk pocket handkerchief was used, first dipped in sweet oil, and then one corner of it was carried up to the os uteri by the fingers of the right hand; the remainder was then slowly and regularly introduced in such a manner as to fill the upper part of the vagina first. The plug was not allowed to remain longer than twenty-four hours. Opium is spoken highly of, under certain circumstances, in checking hemorrhage, but its power of checking uterine action renders the sphere of its utility very limited. In losses of blood, after delivery the admirable effect of opium is principally seen in sustaining the powers of life. Forty-seven cases of hemorrhage before delivery occurred—in 29 it was of the accidental form, and in 8 it arose from partial or complete attachment of the placenta over the os uteri. In 6 of these the edge of the placenta was only over the os, while in 3 it was completely covered. In 3 the delivery was effected by natural efforts, in 1 by the forceps, and in 4 by turning. Three women died—1 from exhaustion, and 2 from phlebitis; 2 of them had been delivered naturally, and 1 with the forceps. In 14 instances the membranes were ruptured artificially, and delivery effected by the unassisted efforts of nature; in 13, loss of blood was restrained by other means, such as cold, ergot, stimulating enemata; in 1, delivery was effected by the forceps, and in 1 by the perforator and crotchet. Eighteen children were born alive, 9 dead, and 2 putrid. Four women died.

Hemorrhage after the birth of the child occurred in 56 cases; between the birth of the child and expulsion of the placenta in 21; and in 3 it continued after the extraction of the after-birth. In 10 cases the bleed-

ing was very profuse; in 4 cases the bleeding occurred immediately after the birth of the child. In 20 cases the placenta had to be extracted by introducing the hand into the uterus; and 5 of the women died—1 of exhaustion, and 4 of uterine phlebitis. In 25 cases the hemorrhage occurred subsequent to the expulsion of the placenta; in 8 the loss was severe. Two women died—1 from the effects of the hemorrhage, and the other from uterine phlebitis. Twenty-eight cases occurred in which the hand had to be introduced for the removal of the placenta. In 16 cases the retention arose from want of proper uterine action; in 11 from morbid adhesion; in 1 from hour-glass contraction. In 19 cases there was more or less hemorrhage, and in 4 instances delivery was forced; 20 of the children were born alive, 5 dead, and 4 putrid; 1 was a twin case; 13 of the children were boys, of whom 11 were born alive; and 16 were girls, of whom 9 were born alive. Ten of the 28 women died—1 of exhaustion, and 9 of puerperal fever: of these 9, uterine phlebitis existed in 6.

In puerperal convulsions, copious bleeding from the arm was practised, and a mercurial purgative given, cold applied, and tartar emetic exhibited. The urine in this particular affection was noticed by our authors to be albuminous. In some cases it was found necessary to bleed two or three times, so that very many ounces were abstracted; 13 cases occurred—10 of which were first pregnancies, and 3 second; two of the latter had had convulsions in their first labours, and in the third case an interval of ten years had taken place since the birth of her first child. In 10 cases the convulsions came on before delivery, and in 2 they continued after delivery; in 3 the attack did not begin till after delivery; 6 of the children were males, and 7 females. Of those born alive, 3 were boys and 4 girls. Six women were delivered naturally, 4 by the crotchet, 2 by the forceps, and 1 by the vectis. Three died.

The circumstances which may be regarded as harbingers of rupture of the uterus are the following:—1. The former history of the woman's labours, when, in consequence of difficulty, there may be suspected deficiency of space in the hard passages. 2. Morbid lesions, either previously existing or produced by inflammation, indicated by a fixed local pain in the uterus for some length of time during pregnancy, and up to the time of labour. 3. During labour, constant and violent uterine action after the rupture of the membranes, without advancement of the foetal head. 4. Crampy pain in the lower part of the abdomen, with tenderness over a particular spot. 5. Cramps in the legs accompanying the violent uterine action.—The symptoms of rupture of the uterus during labour are very well marked. The following are the principal:—1. A sudden and acute pain in some part of the uterus, different from labour-pain, or a sensation of something giving way. This has in rare cases been accompanied by an audible noise. 2. Vomiting of the ingested part, and afterwards of a brown, coffee-coloured liquid. 3. Debility and prostration. 4. Distended and painful state of the abdomen. 5. Sudden cessation of labour-pains. 6. Discharge of blood from the vagina. 7. Recession of the presenting part. 8. Limbs of the child discernible in the abdomen. 9. Speedy death of the child, which can be ascertained by the stethoscope. Nine cases of laceration occurred during the period of three years, to which the report extends, and they all proved fatal. Two of the women were delivered by the natural efforts; one by the forceps; two by the perforator and crotchet, and four by turning. Eight children were boys, all born dead, and one putrid; one child, a girl, was born alive. In four cases the accident occurred before the patients were brought to the hospital. One woman died nine hours after the accident; one in fifteen, and one in sixteen hours; two died on the second day, two on the third, one on the fourth, and one on the fifth day.

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ing was very profuse; in 4 cases the bleeding occurred immediately after the birth of the child. In 20 cases the placenta had to be extracted by introducing the hand into the uterus; and 5 of the women died—1 of exhaustion, and 4 of uterine phlebitis. In 25 cases the hemorrhage occurred subsequent to the expulsion of the placenta; in 8 the loss was severe. Two women died—1 from the effects of the hemorrhage, and the other from uterine phlebitis. Twenty-eight cases occurred in which the hand had to be introduced for the removal of the placenta. In 16 cases the retention arose from want of proper uterine action; in 11 from morbid adhesion; in 1 from hour-glass contraction. In 19 cases there was more or less hemorrhage, and in 4 instances delivery was forced; 20 of the children were born alive, 5 dead, and 4 putrid; 1 was a twin case; 13 of the children were boys, of whom 11 were born alive; and 16 were girls, of whom 9 were born alive. Ten of the 28 women died—1 of exhaustion, and 9 of puerperal fever: of these 9, uterine phlebitis existed in 6.

In puerperal convulsions, copious bleeding from the arm was practised, and a mercurial purgative given, cold applied, and tartar emetic exhibited. The urine in this particular affection was noticed by our authors to be albuminous. In some cases it was found necessary to bleed two or three times, so that very many ounces were abstracted; 13 cases occurred—10 of which were first pregnancies, and 3 second; two of the latter had had convulsions in their first labours, and in the third case an interval of ten years had taken place since the birth of her first child. In 10 cases the convulsions came on before delivery, and in 2 they continued after delivery; in 3 the attack did not begin till after delivery; 6 of the children were males, and 7 females. Of those born alive, 3 were boys and 4 girls. Six women were delivered naturally, 4 by the crotchet, 2 by the forceps, and 1 by the vectis. Three died.

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after delivery, and the other of uterine phlebitis. Of the 100 children, 171 were born alive, 86 first born, 86 second born. Of the entire number of children, 111 were boys, of whom 58 were first born, and 53 second born; 79 were girls, of whom 42 were first born, and 42 second born; 101 boys were born alive, 52 first born and 49 second born; 70 girls were born alive, 33 first born and 37 second born; 10 boys were born dead, 6 first born and 4 second born; 9 girls were born dead, 4 first born and 5 second born; four of these were expelled in a putrid condition. One triplet was only occurred.

In thirty-seven cases of prolapse of the cord were noted. In the case of twins, the funis descended below the presenting part of each fetus.

The work concludes with a chapter on ophthalmia neonatorum, and on the management of stillborn children.

We have felt great pleasure in reading this excellent work. It is replete with information, is well written, and gives evident proofs of great experience and close observation.

THE MEDICAL TIMES.

SATURDAY, APRIL 22, 1848.

MEDICAL REFORM.

This fertile field of disappointed hopes and purposeless strife is as fully occupied in this year of continental revolution and war as in any epoch within our remembrance. Excision seems to have multiplied in the very proportion of its hopelessness. We have before us a Charter for the College of Physicians, and another for the new Incorporation of General Practitioners; we have also the scheme of a new act of Parliament by the representatives of the profession, and of a Registration Bill by somebody holding out a less comfortable relationship; and, in addition to all these circumstances, more portentous than propitious, we have a parliamentary committee inquiring into our complaints, and seeking after our remedies—in other words, making a standard musty bank direction, a diagnosis after the physis has been so abundantly prescribed. Surely never was there a session when so much was doing, and certainly never was there a session in which less will be done. The very abundance of doing is the frustration of action: our means are over-talked into a gallimatias, and over-done into a nullity. Between Grey on one side and Black on the other—between professional committees here and parliamentary committees there—we stand, like Gil Blas, patient between the two pugilistic doctors, or some unfortunate client ruined by lawyers in their anxiety to do him full justice. We are ruined with over-help, and have only reached the extremity of misfortune in the multiplicity of our friends.

In this last and additional calamity—part of which we have certainly not deserved, but some men's aid comes in the proportion in which it is repelled—it is difficult to decide what should be said, or what done. But, as in other embarrassing cases in medicine, the best policy is, probably, to adopt the expectant system. With time the complication will disentangle itself, and the fermenting mass get clarified. There is no such remedy as nonsense and quackery, and the pretensions of unprincipled and officious men, as a little quiet delay. As they flourish but in moments of excitement and hurry, they perish as certainly in periods of calm and deliberation. Let the profession hold its present position of observant, but almost indifferent, spectatorship,

and the medico-political atmosphere will soon clear and brighten, and offer to us in certain perspective the path that should be trod and followed.

THE POOR-LAW.

The aims and purposes of the Poor-law Medical Committee form a subject not to be lost sight of for a single hour; and no exertion of country practitioners should be spared which may aid that desirable result. Poor-law medicine is one of those questions which may be carried piecemeal, and which, if ever secured—free from combination—will be secured—at first at all events—by instalments. Some of the worst cases have been already adjusted; others are receiving those preliminary attentions which will produce a similar result; and, if the public mind be kept alive to the grievances whose existence all sane men now acknowledge, improvements will be forced on boards of guardians the most reluctant, and medical men get justice.

In saying this we do not despair of a comprehensive, and not very remote, revision on equitable principles of the whole system of medical relief. On the contrary, we believe that it is probable, imminent, inevitable. In the House of Commons Mr. Buller avowed a strong feeling that this department of the public service should be set on a different—on a National—footing; and in the very important and protracted interview which "The Committee" had with him on Tuesday, he seemed to admit that this feeling had so far strengthened as almost to have ripened into a conviction. It remains with medical officers to complete the conversion. In the same spirit and with the same zeal as they have aroused a favourable feeling, let them sustain it. Let every instance of doctor-injustice or pauper-injury arising out of the present system be forwarded to the Committee, in order that it may reach the public and, under opportune circumstances, the Government. The good impression made by us must be preserved, and in the excellence of our case there never can be a lack of eligible materials. We are incontestably in the right—for our own well-being, if the phrase may be allowed us, too much so—and, with a little common sense and activity, we shall continue to retain all those sympathies we won in the first place, and which are every day telling in one way or another in our favour.

In the present state of public business it is, of course, not to be expected that that reorganization which we have declared to be inevitable can take place immediately; but the interval, even when not spent in strengthening and supporting the Minister's purpose, may be directed to improvements which will not be without their advantages even after the larger change. In answer to the Committee's strong protest against the present system of "books," Mr. Buller said, "Send me your suggestions for an improvement, and, if good, I will adopt them." Here, then, is one—no contemptible—saving of time and labour, which may at once be effected if the profession will elaborate for the Minister some system—no difficult matter—which, while more compendious, shall be at least as efficient and complete. The Committee will, of course, undertake the labour, but, in the meantime, it might be no small assistance if medical officers who, labouring under the grievance, have bethought themselves of a remedy, would forward to it their suggestions.

In fine, in reference to individual cases of more

than usual injustice, as to a change of the whole system there is abundant reason for hopefulness, and, to the man most prudent in his investment of time or money, there exists abundant justification for his giving the Committee his best and most assiduous assistance.

ON MEDICAL EDUCATION.

[FROM A CORRESPONDENT.]

"Homo alt artes, omnesque incedunt ad studia gloria; jacetque ea semper quæ apud quosque improbatæ, Cuius in Tus. Disp."

Amid the various subjects which the growing intelligence of the age has brought forth into public discussion, few are passed over so slightly as the subject of medical education; and yet fewer still there are which deserve such paramount attention. Throughout every clime, wherever any portion of the great human family "live, move, and have their being," the healing art claims the highest niche in the household temple, and in that proportion should rank the importance of the steps in its initiation.

Why, in this boasted time of our advanced civilization, this neglect should have occurred, it is needless here to inquire. Even within late years we know that the narrow spirit of jealousy engendered by the various medical corporate bodies has done much to retard and keep down medical education. Money laid out in lectures, and not knowledge acquired by diligence, was made the test of successful study with the pupil; interest, and not intellect, was the road to professorships and offices of honour and emolument in the councils of the various colleges. Students became practitioners by little more than the purchase of their licence; and thus a combination of avarice and selfish ambition prostrated the energies of those who had higher aspirations, and degraded the initiatory rites of a scientific profession to the level of a mere parchment traffic. There were at times great efforts made to shake off this bondage; but the influence of a few weighed as nothing against the chartered strength of corporate powers; and so the spiral has gone on to the present day.

Pre-eminent in its utility and in the philanthropy of its members, as the medical profession has ever been, it is not easy to discover whether the neglect of which we have spoken is to be attributed solely to some particular section of its members, or to the perverse indolence (aided occasionally by the antiquated prejudices) of the whole. But it is as clear as noonday that it is a duty incumbent, not on the profession alone, but also on the public, to be interested in the promotion of an object fraught with so much public interest. Had incorporated colleges never existed, the attainment of a high degree of education in our profession was an object of interest to all; and the endowment of such institutions, instead of removing from the public or the Legislature, possibly increases the responsibility of looking after the health and well-being of the people. We are all responsible to God for the life he has given us to be tended and cherished, for the duties he imposes, as well as for our own happiness; and, if we rashly throw that life into the hands of ignorant men, it is our own neglect and folly, not their ignorance, we have to blame for the consequences. "A well-educated medical man," as Sir H. Marsh says, "is a blessing; but an ill-educated one is a curse." Other sciences may bring more glowing fame to their possessors, but the steady lights which burn on our altars—mercy, charity, benevolence, and religious hope—show the divine attributes which

ard the birthright, and every region of the globe knows and feels them. It takes grandeur where others find but meanness, and vindicates moral greatness out of physical horrors—by the dying bed of the destitute—in the deadly contagion of the hospital—in the harrowing sufferings of the operating theatre. "The hero and the despot," eloquently observes Dr. Graves, "may extend a sovereignty over distant regions—may exert an unlimited control over millions of vassals—may dispense honour and rewards, or inflict punishment and death; they may, like Alexander, grope in the narrow limits of a conquered world, and sigh for other scenes of glory—but they cannot chase away pain; they cannot bid the burning thirst to cease, or bring back repose to the sleepless; they cannot impart feeling or motion to the paralyzed, or sight to the blind; and, above all, they cannot imitate that almost godlike function of the healing art, by which man is enabled to recall to his fellow-man, reason long banished, and restore to society the hapless victim of insanity."

The time on which all this individual usefulness depends is the season of youth, when impressions effected on the mind are ineffaceable, when we can see visibly and watch the progressive advancement of the mental powers—when there is the spirit to will and the force to execute, the buoyancy that mocks at sorrow, and the energy of mind that defies fatigue. The writer excellently remarks that, "one wicked or impious thought, uttered in a careless spirit, may fall upon the youthful mind, like a drop of water upon polished steel, staining it with a rust which no scouring can efface." And if, in addition to such accidents, neglect be allowed to strengthen natural divarication, that which might else have flourished in excess of usefulness is converted into a rank and noxious waste.

But, to attain our aims, we are not to depend alone on the Legislature or the public. It is the medical profession itself which must be the grand lever whereon to move the reform. All private jealousies and unworthy bickerings should be flung to the wind. It is not in a moment that a change so vast and so important can be effected. The routine habits of years cannot be abolished in a day; nor can those be substituted for them be other than of gradual birth. No hothouse forcing will make them spring up into vigorous and healthful life; they must take a firm hold in the soil before they can yield the promised fruits. Great changes in the moral world, like great discoveries in philosophy and science, are of tedious growth: they require to be cherished with care, and to be supported by steady perseverance.

To the public, the Legislature, and the profession, the following are objects of inquiry:—

First.—What preliminary education, moral and intellectual, is most suitable?

Second.—What kind of education is most suitable, preparatory to undertaking the practice of our profession?

Third.—What are the best means of rendering this education available to the student?

The scholastic systems, as they are styled, of the present day, instead of furnishing encouragement to the studious, offer much positive discouragement. Philosophy, which, as Goldsmith observes, "though a very good horse in a stable, is but a lamentable jade on a journey," is substituted for solid practical knowledge; and the universal ambition to know everything ends in the deplorable result,

that nothing is known well. "It is the age of diffusion and smatter," says McCullagh; "the mania for universality is at its zenith. The test of good education has been made to consist, not in what a man thoroughly knows, but in the number of things he can make people believe he is not utterly ignorant of. General knowledge, as it stands now, is little more than a patchwork cloak for muffling our ignorance in. Every one knows, or pretends to know, a little chemistry and a little botany, a little Latin, something of French, and to possess some general notions of history:—general balderdash! And then we have literary appliances to suit the fashion of the day: multitudes of summaries, abridgments, Pinnock catechisms, and so forth,—tools for the hapless memory of enslaved childhood to work with in its panopticon prison."

The injury which has been thus done by these railroad processes of keeping up with the boasted march of intellect deserves special attention. We would not be understood as decrying the universal thirst for information, so characteristic of the age we live in; but the extent to which the absurd notion of making every youth a philosopher is carried is productive of very serious evils. The remarks of Moore on this subject are worth remembering; he says:—"There is little doubt that, to any youth of talent and ambition, the plan of instruction pursued in the great schools of this country, wholly inadequate as it is to the intellectual wants of the age, presents an alternative of evil not a little embarrassing. Difficult, nay, utterly impossible, as he will find it, to combine a competent acquisition of useful knowledge with that round of antiquated studies which a pursuit of scholastic honours requires, he must either, by devoting the whole of his attention and ambition to the latter object, remain ignorant on most of those subjects upon which mind grapples with mind in life, or by adopting, as many distinguished persons have done, the contrary system, consent to pass for a dunce or an idler in the school, in order to afford himself even a chance of attaining eminence in the world." Truly this is a pitiable alternative for aspiring minds; and certain it is that, when young men are compelled to get through an absolute quantity of science and classics within a prescribed period, they cannot acquire else than a confused notion of them. Where the aim of education is not a full expansion of the intellectual power, but a dull, monotonous inculcation of formulae, the consequence will be that the faculties of the individual will be contracted and diverted from their legitimate course; and that which, under a proper mode of culture, would have been symmetrical and strong, becomes, by a system of mismanagement, deformed and weak.

These preliminary remarks made, we shall in our next touch on some of the limits within which we would confine studies preparatory to a medical course.

MR. STANLEY AND THE NEW ARRANGEMENT.

SOME mistakes having been made as to the purport of certain evidence given by Mr. Stanley before the parliamentary committee, it is, perhaps, desirable to say that there is no doubt that, in the arrangement made by the Committee acting on behalf of the Colleges and the General Practitioner, it was (and is) clearly understood that the new incorporation should have the full right to

examine candidates for its diploma in anatomy and surgery.

Though a mistake of Mr. Stanley furnishes apparent grounds to a contrary supposition, the parties who have given currency to it know that they were endeavouring to raise alarms on false pretences (part of a customary stock in trade).

THE POOR-LAW COMMITTEE.

A LARGE deputation from this body had a long interview of the most satisfactory kind, on Tuesday last, with Mr. C. Buller. The details will be published in the medical journals of the next week.

ONE of the most convincing illustrations of the extent and burdensome character of the grievances to which the poor-law surgeon is subject may be found in the readiness of gentlemen, to whom time and application are of the first importance, to sacrifice both in an opposition which those wrongs have rendered imperative. Since the memorable meeting of the Convention, many gentlemen of ability have taken up the pen to expose and denounce the flagrant injustice of the present administration of medical relief under the existing poor-law system, and their number receives a worthy accession by the publication of the pamphlet of Mr. C. F. Lord, of Hampstead. There needed not a stronger condemnation of the present mode of administering poor-law medical relief than that the writer of such a letter as that just addressed to Mr. C. Buller, the President of the Board of Poor-law Commissioners, should be subject to the humiliations and injustices bound up with that system. Characterized by great force, a perfect mastery of the subject, and its classic style, exhibiting both gentlemanly feeling and scholarship, his letter must bespeak a large share of public attention, and impress the reader with the justice and dignity of his cause. The production of a member of the Convention Committee, we regard it as another indication of the unabated interest felt by every member in the great work to which he has placed his hand.

MEDICAL REFORM.

[To the Editor of the Medical Times.]

SIR,—Allow me a short space in your columns for a few comments relative to the above topic remaining *in statu quo*. We have now arrived almost at the close of another parliamentary session, and here we are located, in reference to reform, as we were years ago. Many valuable suggestions have been offered by your able correspondents for the furtherance of the object; but it being beset with so many difficulties, and finding barriers without end opposing them in their exertions, their well-directed attention has been completely baffled in arriving at anything like a satisfactory conclusion as to the best mode for framing a bill on the subject of future medical legislation, or, at all events, such a one as would meet with universal approval; indeed, in the present undecided state of the profession it seems almost next to an impossibility that any scheme, however well constructed for its accomplishment, should succeed. The problem, however, is easily solved when we reflect how extremely diversified are the views entertained on the subject by the great bulk of the profession. All admit the necessity for reform; that there is a something required no one will for a moment hesitate to acknowledge, but what that something is we are still at a loss to decide. Disastrously opposed, therefore, as we are almost to a man, we need no longer wonder or feel surprised that nothing has been done. Surely, if we don't know ourselves what it is that we really stand in need of, it is scarcely to be expected that the Secretary of State can form even an idea as to what is really required. It is an old adage that unity is strength, and, to accomplish anything like victory, we must one and all give a listen-

ing, sympathizing ear to the often-mooted question, viz., what is it we require in the way of reform?

I am disposed to leave the question, feeling comparatively indifferent about it, and fully persuaded that by reforming ourselves, we can do equally as much, if not more, good in many things than by any legislative interference. I allude now more particularly, to gentlemen in practice, those who adopt the degrading system of low charges, which has not only a tendency to make people dissatisfied with a fair and just demand for services done, but has the further tendency to lower the profession considerably in public estimation. Wishing to see medical men who feel anxious to have this subject settled fraternize more in the cause,

I am, Sir, your obedient servant,
Ipswich, March 4. OCTAVIAN ROYLE, M.D.

THE EXTRA-URBEM LICENTIATES AND THE COLLEGE OF PHYSICIANS.

[To the Editor of the Medical Times.]

SIR,—It appears that it is contemplated in Clause 5 of the intended charter of the College of Physicians not to allow graduates in medicine later than a certain date (yet to be fixed) to procure the associateship of the college without undergoing another examination; and I would urge upon you the necessity of using your best efforts to prevent this retrospective legislation. Such a clause would operate very unfairly upon very many highly qualified members of the profession, and I sincerely believe would be injurious to the college itself.

It may be very proper to refuse admission to the college to such as have purchased their diplomas through the medium of agents, or without residence or examination; but to compel the *bonâ fide* physician, the graduate of any British university, to undergo an examination at the College of Physicians, simply because he happened to have graduated after a certain date upon which they may fix, would be an act of injustice to him.

Such a clause would act injuriously both in reference to the profession generally, and the College of Physicians in particular. It would fail to bring about that uniformity of registration which it is so desirable to establish, and which the main features of the proposed charter, and of the principles for a proposed medical bill, are calculated to effect, with this exception. It will be immaterial to many practising physicians whether they shall be registered as physicians or not; they are in good practice, known to be highly educated and qualified men, both by the public and the profession, and they will not submit to another examination at the College of Physicians. Is it probable that a man who had practised many years as a general practitioner, and, thinking it desirable to take his M.D. degree, had proceeded to a Scotch university (because, under such circumstances, he is shut out from other universities), would submit to another examination at the College of Physicians, in order that he may be registered as a physician? Is it probable, again, that a man who had undergone three most stringent examinations in the University of London for the M.B. and M.D. degrees would submit to another examination at the College of Physicians? I think not. Then what will be the result? That there will be a goodly number of physicians in town and country, gentlemen practising as physicians, but not belonging to the College of Physicians, and not registered as physicians. Nor will it end here; for this state of things will undoubtedly have a considerable influence on many of the future graduates in medicine, who will be too ready to avail themselves of such an excuse for avoiding an additional examination, and the payment of an additional fee, for what will clearly be an unnecessary and useless title. This would seem to be the natural working of a retrospective clause like Clause 5 as it now stands, and you will do good service by assisting to get it removed. Let every physician who had qualified himself by graduating in any recognised university before the day in which the charter shall be granted be at liberty to become an associate, without examination, of the College of Physicians, and it will be found that very few, if any, will omit to avail themselves of that opportunity to belong to a college which may then boast of being really, as well as nominally, the College of Physicians of England.

I beg to state that I have no personal interest in the matter, and that it is solely from a desire that the liberal proceedings of the College of Physicians should not be in the least thwarted by an unjust retrospective clause like the present that I have troubled you with these hasty observations, and sought your co-operation in the removal of it.

I am, Sir, your obedient servant.

April 13.

MEDICUS.

RETIREMENT OF PROFESSOR COOPER FROM THE CHAIR OF SURGERY AT UNIVERSITY COLLEGE.

We last week announced the resignation of Mr. Cooper. The following is the substance of his farewell address to the surgical class:—

After having occupied this chair of surgery for the long space of seventeen years, I shall, in a few days, tender to the council my resignation of it. This determination was forced upon me nearly three months since—not entirely by considerations of my health, nor by any inability to continue these lectures, had only the same degree of assistance been conceded to me which was allowed in Mr. Liston's lifetime. It is needless to trouble you with all the little details relating to this matter. Suffice it to say, that my resolution was founded upon the impossibility of any agreement between me and two of my colleagues (the two who almost rule the medical end of this institution) on certain points affecting the claims of gentlemen brought up at this school, not to be forgotten in the distribution of its patronage; and also involving, as it appears to me and a large body in the profession, the character of the college itself.

This medical school has now been in operation twenty-three years; and, amongst the vast number of gentlemen who have been educated at it, there are some of the most promising and best-informed men in the profession—highly qualified to perform any medical or surgical duty, however difficult. If this be true, the plan of sending for strangers to fill professional offices in this place is not only unnecessary and unfair, but a serious discouragement to those who strive hard to gain the highest honours in the school. I have, therefore, expressed, on several occasions, the strongest disapprobation of this system. I speak as plainly now as I would have done to the council itself, had the occasion presented itself.

Gentlemen, having incidentally mentioned the name of Professor Liston, I might appear deficient in a proper regard for his sterling and original merit, if I were to neglect this opportunity of publicly expressing the high estimation in which his surpassing abilities in operative and practical surgery were held by me; how sincerely I deplore the loss of my late colleague, and the apprehension in my mind that it will be long before another Liston will appear in this or any other medical school of the kingdom.

In taking leave of you, with my best wishes for your prosperity, I have one favour to ask, which is, that you will allow me to go home quietly, and not assemble and shout at the college gate on any account whatsoever. I shall esteem you the more for dispensing with this and every other mob-like proceeding, to which there are several objections. The poor patients in the hospital might be disturbed by your vociferations; and, in these Chartist times, a false alarm might readily be caused in the neighbourhood, so as to bring out very unnecessarily some of the newly-sworn special constables. But, supposing not a single human being were to be frightened, my horses, I fear, might not know what to make of the business.

KINGSTON ASSIZES.—APRIL 1.

Doe on the demise of Clark v. Tatom.

AT WHAT AGE DOES MENSTRUATION CEASE?
SINGULAR QUESTION OF IDENTITY.

In this case, which was an action of ejectment, the identity of a female rested in some degree upon the period of life at which the menses ceased. The plaintiff, Clark, claimed an estate through his wife, to whom he was married in 1794. They had three children, but, in consequence of disagreement, separated in 1809. The wife, it was alleged, died in 1843, and the defendant, Tatom, took possession of some property belonging to her. The husband now sought to recover this property. One witness deposed that she knew Mrs. Clark, and that she was about seventy years old when she died. This would

have made her age at marriage twenty-one. Another witness, who provided her funeral, put on her coffin-lid, by the direction of defendant, the age of fifty-five; and stated that he should have considered her to have been about that age, or not more than two or three years older. If this were true, the deceased Mrs. Clark must have been married when she was six years old! This witness afterwards said that there was another Mrs. Clark still living at Norwood (the place where deceased resided), who appeared to be between fifty and sixty years old. This was an unfortunate admission, because, taking the age of the surviving Mrs. Clark at fifty-five, she must also have been married at the age of six years. The unlucky witness, therefore, proved that the plaintiff either married in 1794 a girl of six years of age, or that neither the surviving nor the deceased Mrs. Clark could have been his wife, when the evidence clearly showed that he must have been married to one or the other.

In this stage of confusion in which matters were left by the undertaker, medical evidence was called, in order to prove the non-identity of the deceased female with the lady whom the plaintiff married in 1794.

"Dr. Laurie, a physician who was in practice at Norwood in 1841, deposed that he had attended Mrs. Clark (the deceased); and at that time she appeared to be about fifty years old. The witness then detailed the circumstances under which he was called upon to attend the deceased, referring to a particular change in the female constitution which, he said, rarely occurred to them so late as the age of fifty, the general period being forty-four.

"Cross-examined: He judged of her age from the colour of her hair and other circumstances. He saw nothing to induce him to believe that she was more than fifty years old when he attended upon her.

"Dr. Alison, another physician, gave similar testimony."

If the evidence adduced by the plaintiff were correct, and the medical opinion in accordance with medical experience and doctrine, it followed that the woman, who was not more than fifty in 1841, must have been married to her husband, the plaintiff, when she was three years old! Thus the case was rendered a little more complex than it had been left by the undertaker.

It was well observed by the Lord Chief Justice that the case was full of difficulties. According to the testimony of a most respectable witness (Mrs. Hudson) the plaintiff's case was completely established, for she swore positively that the Mrs. Clark who died at Norwood in 1843 was the wife of the plaintiff; but on the other hand the medical testimony, which appeared very clear and decisive, rendered it equally impossible that she could have been the same person. The jury found for the plaintiff.

WESTERN MEDICAL AND SURGICAL SOCIETY—44, SLOANE-STREET.

The second annual meeting of this society was held on Friday, the 7th instant, at the large room in the Cadogan-gardens, Sloane-street. There was a strong muster of members and visitors on the occasion. The chair was taken by the President, Sir James Clark, Bart., at eight o'clock P.M. precisely. The report of the council was first read, from which we learn that the society is progressing favourably; that the library contains between three and four hundred volumes; and that the funds were in a satisfactory condition, the income of the society for the past year being £71. 18s. 7d., the expenditure £51. 15s. 9d., leaving a balance in the treasurer's hands of £20. 2s. 10d.

The following members were then elected to fill the various offices in the society for the ensuing year:—

President.—Sir Benjamin C. Brodie, Bart.
Vice-Presidents.—Dr. Mantell, Mr. Dickinson, Dr. Millingen, and Mr. Gaskell.
Treasurer.—Mr. Woolley.

Secretary.—Mr. Seaton.
 Council.—Dr. Aldis, Mr. Barnes, Mr. Ince, Mr. Keen, Mr. Mackintosh, Mr. Moffat, Mr. Muller, Dr. Pettigrew, Mr. Phillips, Mr. Pollard, Mr. Symonds, and Mr. Whitmore.

Audience.—Mr. Bates and Mr. Whittier.
 The formal business being concluded, Dr. Mantall (of Chester-square), one of the vice-presidents of the society, delivered a highly interesting and eloquent lecture, illustrated by diagrams and drawings on the structure and vital functions of the insensate and other microscopic animals.

The lecture, which was delivered throughout in a strain of most fervid and graceful eloquence, was listened to with marked attention, and the lecturer, at the conclusion, was enthusiastically applauded.

On the motion of Sir James Clark, thanks were given to Dr. Mantall, and the society adjourned at ten o'clock till the first Friday in May.

GOSSIP OF THE WEEK

WAR-OFFICE, April 14.—Hospital Staff.—Assistant Surgeon George Roche Smith, to be Staff-Surgeon of the Second Chas., vice William Griffiths, who retires upon half-pay.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted members on April 14:—R. Woodman, T. F. Lloyd, R. Hoggan, T. E. Goldsmith, J. S. Lister, F. W. P. W. T. T. Burdway, G. W. Marshall, and W. Webb.

ROYAL SOCIETY.—Gentlemen admitted members on Thursday, April 13:—Thomas James, Esq., of Thame, Oxon; Benjamin Bull, Esq., of Epsom; Charles Worth Pearce, Esq., of Epsom; Henry Treman, Esq., of Epsom; Thomas Alcock, Esq., of Epsom; William Thomas Holme Burrow, Esq., of Epsom; Joseph Thomas Symes, Esq., of Epsom; William Birds Wall, Esq., of Epsom.

THE ROYAL SOCIETY.—The last conversation of the members of the Royal Society under the presidency of the Marquis of Northampton took place on Saturday evening, at his lordship's residence on the Terrace, Piccadilly. The meeting was very numerously attended. With this meeting closes the presidency of the noble marquis. Among the noblemen mentioned as likely to succeed to the vacant office are the Duke of Northumberland, the Earl Rosse, Lord Wrottesley, and the Marquis of Westminster.

SECTION OF MEDICAL MEN TO SEATS IN THE NATIONAL ASSEMBLY.—An association of the profession has been formed in Paris for the purpose of securing the election of those medical men who appear fitted for seats in the National Assembly. As clubs and committees, professional and political, are all prepared with lists of candidates, it is proposed that the influence of the Medical Association should be extended to the non-professional candidates, and that these should be selected according to their merits. The editor of the *Union Médicale* states that four physicians are already on his list, and the names of about thirty candidates are waiting for selection. Among the medical candidates for the honor of a seat in the National Assembly are the following:—M. le Docteur Alquier, ex-Professor of the Val de Grâce; Dr. Pinel, Dr. Roussel, M. Aubert Roche, and Professor Trousseau. The twelve district medical societies of Paris have agreed that the number of medical candidates, to whom the profession would give their entire support, should be four, viz., MM. Guyot, Boissland, Recurt, and Buchez.

DEFERMENT OF QUARANTINE FROM EGYPT AND SYRIA.—By a resolution of the Board of Health, passed at Malta 18th March, 1848, ships of war and steamers arriving from Egypt or Syria, having on board a surgeon, and provided with a bill of health, will be admitted to pratique after twelve days have elapsed from the time of leaving port, with the understanding that seven days of which are to be performed in this port. In cases where the voyage has been per-

formed in less than five days, the quarantine in port shall be for as many days more, besides the seven days above mentioned, as are required to complete the twelve days, including the voyage. Merchant vessels carrying a clean bill of health, without any susceptible article on board, shall perform seven clear days in port, whatever may be the length of their voyage. Vessels carrying susceptible articles shall perform ten days' quarantine in port, to be reckoned from the day on which such goods are landed in the Lazaretto. Susceptible goods shall undergo a quarantine of twelve days in the Lazaretto. Passengers landed in the Lazaretto shall perform the same quarantine to which the ships whereupon they have taken passage shall be subject to. Vessels carrying pilgrims, and the pilgrims themselves, shall perform a quarantine of twelve clear days in port. Arrivals from the regency of Tripoli will enjoy the same modifications as those vessels coming from Egypt or Syria.—*Malta Mail*, March 24.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.—This society was formed in the year 1788, by Dr. Thomas Denman, Dr. Richard Denison, Dr. Andrew Douglas, Dr. John Sims, Dr. John Squire, Mr. William Chamberlain, and Mr. Thomas Randall, with the object of establishing a fund for relief of those widows and orphans of deceased members who might need and be deserving of assistance. It unites the advantages of a provident with those of a benevolent society. It is provident, as the members may through it protect their families from destitution; and it is benevolent, as its benefits are conferred on those who are left in indigent circumstances. All duly qualified members of the profession, residing within the limits of the society, are eligible for proposal, and the mode of admission is by ballot. The society's affairs are managed by a president, twelve vice-presidents, three treasurers, and twenty-four directors, who are elected by the members annually, and whose services are gratuitous. The society has been greatly assisted by legacies and contributions from members and others, and has especially to acknowledge the gracious patronage of various members of the Royal Family. The permanent efficiency of the society depends on the maintenance of a due proportion between the available income and the claims made on the funds. Computations have been made by experienced actuaries on all points susceptible of calculation by way of average. The proportion of members whose families may become claimants for relief scarcely admits of calculation; but the experience of more than fifty years has proved the wisdom and benevolence with which the society was planned, and the prudence and efficiency with which its affairs have been conducted. The society is enrolled among friendly societies; the capital stock, converted into sterling money, is invested in the Bank of England at compound interest, and amounts to more than £45,000. Eighty widows and thirty-seven children have been relieved since 1793. Thirty-one widows and twenty children are now receiving relief, which amounts to more than £1400 per annum.

ABOLITION OF FEES ON FRENCH DIPLOMAS.—A deputation from the Parisian Medical Schools has had an interview with the Provisional Government, for the purpose of demanding the abolition of all fees for examinations, diplomas, &c. It is alleged that these fees are fixed on too high a scale, considering the expense incurred for medical education. The deputation was favourably received.

UNIVERSITY REFORM.—The following is the copy of a memorial to the First Lord of the Treasury, now in course of signature in both universities:—"The memorial of the undersigned graduates sheweth—That the present system of the ancient English universities has not advanced, and is not calculated to advance, the interests of religious and useful learning to an extent commensurate with the great resources and high position of those bodies. That the constitution of the Universities of Oxford and Cambridge,

and of the colleges (now inseparably connected with their academical system), is such as to be a great measure to preclude them from introducing those changes which are necessary for increasing their usefulness and efficacy. That under these circumstances, believing that the aid of the Crown is the only available remedy for the above-mentioned defects, your memorialists pray that your lordship will advise her Majesty to issue her royal commission of inquiry into the best methods of securing the improvement of the undergraduates of Oxford and Cambridge. A meeting of the memorialists, it is understood, will be held in London in May.

THE STUDENTS OF UNIVERSITY COLLEGE AND MR. SYME.—The students of the above college, to the number of nearly 200, have lately presented to Mr. Syme a congratulatory address on the occasion of his settlement amongst them as professor of clinical surgery.

SANITARY REFORM.—*Meeting of Clergy.*—On Friday last, the 14th inst., a meeting was held in the parish vestry of St. Christ Church, Spitalfields, for the promotion of sanitary improvement, and was numerously attended by the clergy of the large and populous parishes of Bethnal-green, Bow, Bromley, St. George-in-the-East, Limehouse, St. Luke, Poplar, Shadwell, Shoreditch, Spitalfields, Stepney, Wapping, and Whitechapel. In the absence of Sir Edward N. Buxton, who was unexpectedly called away by more pressing parliamentary duties, the Rev. W. Stone, rector of Spitalfields, was placed in the chair. The numerous clergy assembled, from their experience in some of the most populous and necessitous parishes in the metropolis, concurred in deploring the extreme inadequacy of all existing legislation of a sanitary kind, and in urging the necessity of one more likely to be effective, by giving greater powers to local administrative bodies, and making these bodies immediately responsible for the exercise of those powers to the Legislature. They expressed regret that either public bodies or individuals should shrink of opposing the sanitary measures now submitted to Parliament by the Government, and passed several resolutions, by which they appointed a Central Sanitary Committee for the east of London, composed of the incumbents and one layman of each of the thirteen parishes above named, and engaged to promote the formation of sanitary committees and sub-committees in each parish and district, which should periodically inspect their sanitary condition under heads of inquiry prepared for the purpose, and report upon it at periodical meetings of the committee, communicate upon it, as might from time to time seem desirable, to the Sanitary Commission or the new Consolidated Commission of Metropolitan Sewers, and promote petitions in favour of the measures contemplated by Government among all their parishes, and, not least, among the labouring classes of them. It was determined to publish the resolutions in three of the London newspapers; and an earnest hope was felt by all present that this meeting of clergy would be followed by others elsewhere, and would lead to the systematic organization of a similar machinery for bringing sanitary improvement to every district and every home throughout the kingdom.

A THOROUGH-FACED SPION.—A person of the name of Caldwell, who affixes to his name the words "Lieut.-Col. R.R.I.C.," and dates from the "English Club," at Rome, in an impertinent letter directed to the *Daily News*, by way of an apology for the insolent doings of some vulgar persons who compose that club, gives us the following racy specimen of toadyism and snobbery:—"I am but an individual, and am no ways responsible either for the club or its by-laws. They are a private society of English gentlemen, and they have made such by-laws as they thought fit, and they will hold to them. One is to exclude professional men and bankers, not as men of business, but as men of business in Rome, where we are associated not for business but for pleasure. I have no particular dislike to doctors. When any of them is duly authenticated

as coming in the train of a nobleman or wealthy gentleman, I always pay them such attentions as their relations warrant; otherwise I never trouble my head about them. Prince Torlonia is admitted among us, not as a man of business, but as a prince and a gentleman, to whom we all stand more or less indebted in social respects. We could not avoid it, in fact." Pretty cool all this, and yet will it be believed that this club snob is after all a jackdaw in borrowed plumes—for no Indian officer has a right to sport his titles west of the Cape. These are the persons that bring the name of Englishmen into contempt for insolence and pride, amongst foreign nations.

FRENCH MEDICAL ELECTIONS.—The medical profession of Paris have unsuccessfully made the request that the surgeon of the citizen troops should not be elected by the medical men and the officers of the different legions conjointly, but by the former alone.

BUST OF MR. GREEN.—Mr. Malerbi, of Charles-street, Hatton-garden, has just published a small bust of Professor J. H. Green.

NEW HOSPITAL IN PARIS.—The Hôpital Louis Philippe, now Hôpital de la République, is nearly completed.

OBITUARY.—On March 31, of fever, George Mahon, M.D., medical officer of the Byrecourt Dispensary.—Lately, aged 82, M. Pierre Joseph Romain Casenave, surgeon-major of the National Guard, Paris, &c.—Lately, of fever, Edward M'Grath, M.D., assistant-physician to the work-house, Scarfiff.

MORTALITY TABLE.

For the Week ending Saturday, April 8, 1848.

Causes of Death.	Total.	Average of 5 Springs.
ALL CAUSES.....	1047	943
SPECIFIED CAUSES...	1046	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	275	176
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat.....	48	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	107	122
Diseases of the Lungs, and of the other Organs of Respiration.....	181	129
Diseases of the Heart and Blood-vessels.....	32	33
Diseases of the Stomach, Liver, and other organs of Digestion.....	62	62
Diseases of the Kidneys, &c. Childbirth, Diseases of the Uterus, &c.....	11	10
	8	12
Rheumatism, Diseases of the Bones, Joints, &c. ...	7	9
Diseases of the Skin, Cellular Tissue, &c.	6	1
Old Age.....	34	55
Violence, Privation, Cold, and Intemperance.....	31	29

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. 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 Carfrae.

TO CORRESPONDENTS.

"H. B."—"Louis Philippe on Virility, &c." offers suggestions identified so much with a prurient obscenity and so little with a respectable science, as to be unsuited for comment in decent columns.

"H."—"The paper has been received.

"Dr. Knox's paper will be continued in our next.

"R. D."—"We are much obliged by the very flattering offer, which we decline.

"A Surgeon."—"The inquiry, 'Who cut off the head of Thistlewood?' should be sent to some other journal. Apply to the editor of the *Sunday Times* or the *Dispatch*.

"H. B. (a Pupil)" had better address himself to the secretary (Dr. Streeten), at Worcester.

"Mr. C. T."—"I will receive a Chart on becoming an annual subscriber on the usual terms. 2. By a post-office order.

"Obstetric," who has taken the trouble to address us about what he designates the plagiarisms of a Dr. T. Smith, takes too severe a view of that person's contributions. The public knowing that his remarks comprise a systematic compilation, the writer justly feels that a formal acknowledgment of his obligations is as unnecessary as it would be troublesome. Besides, it would be opposed to the recognised practice of the Marshall Hall school of authors, to whose "discoveries" we are much indebted for our present knowledge of the ancient authors.

"A Young Medical Pupil."—"The indentures must be transferred, or the Apothecaries' Company will not admit to an examination.

"Reprehensor."—"The offer is accepted; brevity, however, must be studied.

"Hygiene."—"Temperance societies have, without doubt, effected much good; we cannot, however, open our pages to a consideration of the benefits of total abstinence hygienically considered.

"An Old Friend."—"The supply at present far exceeds our limits.

"Patronus."—"The tables would occupy too much space, and would, moreover, not afford all the information on the subject 'at a glance.'

"A Medical Assistant" writes us—"Much has been said and written concerning the oppression of certain classes; there is not a class of men, however, more oppressed than medical assistants. In the situation I now occupy, I am expected to be in the shop from eight in the morning till ten at night, during the greater part of which time I am busily engaged. I am, moreover, frequently called out of my bed at night to attend midwifery cases, and I receive as a salary the splendid sum of £30 per annum. Can you devise any means for ameliorating our condition?" The assistants should meet and discuss their grievances amongst themselves. Without unity there is no strength.

"Cautious."—"We cannot recommend the society, as we know nothing of it.

"L. G., Hackney."—"The adjournment of the trial does not affect the fee of the medical witness.

"A Hospital Surgeon" shall receive a private communication.

"A General Practitioner, Leeds," remarks that, "from the high price of leeches, it would be desirable if some more efficient means than those now employed for their preservation could be discovered. I have found that the best vessel to keep them in is a tub, the internal surface of which has been reduced to charcoal, and the bottom covered with sand and moss. I renew the water every day."

"Dubitans."—"There is no doubt that transfusion has been successfully employed in cases of uterine hemorrhage. The necessary apparatus may be obtained of any respectable surgical-instrument-maker.

"Mr. Fincham."—"Some parts of the manuscript are illegible. Write again with a little more care.

"An Unfortunate Member of the Profession."—"We fear the plan will not succeed.

"Dr. G. Harrison."—"Yes.

"Mr. Rudge."—"The society will not prosecute; it will only give advice gratis.

"A Scotch surgeon" asks "If the London Apothecaries' Court of Examiners might not be composed of persons possessing no knowledge of medical science?" Yes; the court, however, has for a long time been composed of gentlemen holding the double qualification, and of repute as general practitioners in the metropolis.

"Chirurgus."—"The propositions and arguments on the question to which they relate want originality.

"A Dublin Apothecary."—"The English Apothecaries' licence is necessary in order to become eligible for the appointment.

"Fair Play."—"The connection which exists between some physicians and druggists is; not to be defended, as our correspondent supposes, on the plea that a physician may have greater confidence in the accuracy and integrity of one druggist than another. Such a connection is derogatory to the members of an honourable profession, and a fraud upon the public.

"A Surgical Pupil" is mistaken. The process of ulceration does not consist in erosion; pus is a bland fluid possessing no solvent power over the substances of the body.

"Quiz."—"Not the same.

"Junius."—"An advertisement might be tried.

"Amicus."—"We should be glad of an early communication, everything is of importance in such a case.

"Medicus, Glasgow."—"The extra-urban licentiates of the College of Physicians are actively engaged in revising the new charter. We will forward privately the desired information.

"Mr. Tevesham."—"Apply to the secretary of the College of Surgeons.

"A Cambridge Student."—"A person can be admitted a Licentiate of the London College of Physicians without graduation. Such licentiate is now eligible for the fel-

lowship. He is also allowed the title of M.D. 2. There are three examinations by the president and censors, conducted either in Latin or English, at the pleasure of the examiners.

"Delta."—"The Bath United Hospital contains about a hundred beds, and is recognised by the College of Surgeons. The house-surgeon, we believe, pays a small sum on his appointment.

"A Sanitary Reformer."—"There is little prospect of the bill being dropped, though it is experiencing considerable opposition.

"Adolescens."—"The fourth nerve is supposed to be the motor nerve of the superior oblique muscle, as it receives no other. Experiments have afforded no satisfactory results as regards its functions.

"Pathologist."—"The circumstance observed by our correspondent in the case of a man who was killed by a blow from one of the vanes of a windmill is not uncommon. There are few bodies which, when opened, do not exhibit the solvent powers of the gastric juice, the stomach at the large end being commonly in some degree digested. In some instances the diaphragm has been dissolved quite through by the contents of the stomach escaping.

"An Author."—"We cannot comply with the proposition.

"Dr. Benson."—"The numbers shall be forwarded as requested.

"A Constant Reader, Birmingham."—"The name is not to be found in the 'Directory.'

"A Surgeon in General Practice."—"Cases cannot be inserted unless duly authenticated.

"A Parent."—"Lectures delivered in the Edinburgh schools of medicine will be received by the London medical corporations. The Scotch schools may be cheaper, but they are not better than the English.

"Querist."—"In a gunshot wound inflicted after death no blood is effused, unless the ball happen to strike a vein.

"P. B."—"The Library of the Linnean Society is open to the public every Monday, Tuesday, and Thursday; and the Museum on Wednesday and Friday, from twelve to four o'clock.

"Aliaque."—"The deception will not succeed.

"Chemicus."—"The institution possesses a good laboratory and a copious library.

"Homo."—"The subject is unsuitable for a medical journal.

"Mr. Unwin."—"Communication received.

"M.D. F.R.S."—"The statements are interesting. We will publish if permitted.

"H. R."—"Mr. Yearley.

"Dr. S. A. Bardsley, Manchester."—"Communication received.

"Fateroster."—"We do not know that the company allows it, but it frequently done.

"Mr. Alexander Stooks, Liverpool."—"The case received.

"Mr. Thomas Hunt, St. Day, Cornwall."—"On Compound Fracture of the Leg," received.

"Mr. E. Seaton, 44, Sloane-square."—"Report received.

"Philomathes."—"2. Hippocrates understood that the existence of fluids in the chest might sometimes be ascertained by applying the ear to that region. 3. M. Double, in 1817, recommended the application of the ear to the thoracic region as an excellent means of diagnosis; and two years afterwards Laennec published his celebrated treatise on Mediate Auscultation. 4. Yes. 5. 1818.

"Dr. T. H. Barker, Bedford."—"Communication received.

"Agathos."—"1. Mr. Briggs, late surgeon to the Lock Hospital. 2. Whitehead's.

"Dr. R. B. Reid."—"The request shall be complied with.

"A Dublin Surgeon."—"Yes.

"An Irish M.D."—"On the Necessity of Professional Unity" received.

"H. T. D."—"The prescriptions of the medical man were no doubt judicious, and his directions ought to be observed.

"A shower-bath is useful.

"Mr. W. G. Walton."—"Chellus," edited by South, and "Druitt's Surgery."

"A Subscriber, London," is thanked for his suggestions.

"Mr. Thos. Brown, Castle Donnington."—"A Case from Private Practice" received.

"P. S."—"The Editor will oblige me by answering the following queries in his next impression:—1. Can an ex-officio guarantor, i.e., a magistrate, act as medical officer in the union in which he resides? 2. Can he do so in a union in which he does not reside? 3. Can his partner receive the appointment?

Letters and Communications have also been received from

Celsus; H.; Dr. Knox; R. D.; A Surgeon; H. B., a Pupil; Mr. C. T.; Obstetric; A Young Medical Pupil; Reprehensor; Hygiene; An Old Friend; Patronus; A Medical Assistant; Cautious; L. G., Hackney; Psychologist; A Hospital Surgeon; A General Practitioner, Leeds; Dubitans; Mr. Fincham; An Unfortunate Member of the Profession; Dr. G. Harrison; Mr. Rudge; A Scotch Surgeon; Chirurgus; A Dublin Apothecary; Fair Play; A Surgical Pupil; Quiz; Junius; Amicus; Medicus, Glasgow; A Cambridge Student; Mr. Tevesham; Delta; A Sanitary Reformer; Adolescens; Pathologist; An Author; Dr. Benson; A Constant Reader; A Surgeon in General Practice; A Parent; Querist; P. B.; Aliaque; Chemicus; Homo; Mr. Unwin; M.D., F.R.S.; H. R.; Dr. S. A. Bardsley, Manchester; Fateroster; Mr. Alexander Stooks, Liverpool; Mr. Thomas Hunt, St. Day, Cornwall; Mr. E. Seaton, No. 41, Sloane-square; Philomathes; Dr. T. H. Barker, Bedford; Agathos; Dr. R. B. Reid; A Dublin Surgeon; An Irish M.D.; H. T. D.; Mr. W. G. Walton; A Subscriber, London; Mr. Thos. Brown, Castle Donnington; P. S.; Mr. Brown, Chichester; Mr. Jenkins, Gosport; Mr. Drummond, Brighton; Mr. Stuart, Dunee; Mr. Smith, Crawley; Mr. Freeman, Sexmundham; Mr. Pilworth, Maryborough; Dr. Moses, St. Asaph; Mr. Clarkson, Whitby; Mr. Fookes, Stralbridge; Mr. Crestani, Chobent; Mr. Allcott, Batley; Mr. Braddon, Upton-on-Severn; Mr. McChayne, Dumfries; Mr. Jeffrey, Heavitree; Dr. Ellis, Dublin; Mr. Ball, Burslem; Dr. Seward, Cahirconlish; Mr. Windsor, Manchester, &c. &c.

No. 448. SUMMARY. APRIL 20.

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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 XII.

ON WOUNDS AND INJURIES OF THE CHEST.

Consequences of traumatic inflammation of the chest; effusion; condition of the lungs and pleura; mode of cure when an operation is performed early; use of auscultation in such cases, or when a ball is rolling about on the diaphragm; cases by Gerard and Dupuytren; M. Baudens on the encysting of balls, or splinters of bone, within the chest; M. Baudens on the withdrawal of fluids from the chest by a syringe; cases by M. Baudens; necessary to have a dependent opening; danger of puncturing the abdomen; experiments at the College of Surgeons and Charing-cross Hospital; results of these experiments; anatomy of the parts concerned in the operation; mode of operating. Wounds of the diaphragm: cases by Paré, Sennertus, Hollerius, Guillemeau, Chevreau, and Mr. Guthrie; Baron Percy's cases of rupture of the diaphragm; Baron Percy on the diagnostic signs of rupture of the diaphragm; case of Capt. Prevost; cases by Mr. Guthrie; M. Baudens' case; case of Sergeant Barry; Dupuytren's case; Mr. Robinson's case; case after the battle of Sobraon; Baron Larrey's case; M. Baudens' cases; symptoms of wound of the diaphragm.

I have noticed in Lecture IV., on empyema, the symptoms accompanying the formation of matter in the pleura; in Lectures V. and VI. I have enumerated the morbid appearances which are discoverable after death, and the operations to be performed in ordinary cases for the relief of the sufferers. The last lecture contains several very important cases, highly interesting on all points, whether ending in death or recovery. In Case 129, that of General Sir Robert Crawford, the ball had just impulse enough to penetrate the wall of the chest, and fall down on the diaphragm, causing death by the inflammation which ensued, followed by effusion. Case 181 shows a ball rolling about on the diaphragm removed by cutting out a portion of the rib; and Case 21 is an excellent example of a small ball descending, by ulceration through the lung, by its own weight, until it fell on the diaphragm. Cases

118, 119, 121, 125, 126, 127, 128, 130, are instances of balls either falling or being about to fall into the cavity of the chest, or being gradually dislodged from the bodies of the vertebrae, or the inside of the ribs, by the suppurative process, which, after having loosened, at last permitted them, under some sudden or peculiar movement, to slip out and fall on the diaphragm into the angle formed by it and the last ribs and spinal column; where they have been sometimes found surrounded by purulent matter, or enveloped by coagulated lymph or false membranes, the result of long-continued disease.

It has been shown in several places, that the first important effect of inflammation in these cases is effusion, followed by the formation of matter, which compresses the lung against the spine and back of the chest, or other part to which it may be attached, until it becomes nearly impermeable; whilst the lymph or fibrine deposited on and around its pleural covering binds it down, and affix it so firmly to the adjacent parts as to prevent its expansion to any extent, even if the pressure of the surrounding matter should be entirely removed. The pleura lining the chest becomes thickened, sometimes to more than an inch in extent, and Nature makes some efforts, which are usually unavailing, to relieve herself by an external opening. The thickened pleura becomes honeycombed by ulceration, which extends deeply to the ribs, portions of which as well as of the vertebrae may become carious, separate, and fall into the chest; and at last, if the patient should live so long, an external swelling indicates the approach of the matter to the surface, which may in this way be discharged for the moment, the opening remaining as a drain for the matter, which ultimately exhausts and destroys the patient.

If a cure should be effected in such a case at an earlier period, by a favourable opening being made into the cavity of the chest, and the gradual draining off of the matter secreted, the lung can rarely again expand, although perfectly permeable to air, if bound down by its lately formed investing pseudo-membranes; and a cure can only be effected by the elevation of the diaphragm, which may ascend as high as the fifth rib, by the bulging of the mediastinum into the affected cavity, by its drawing along with it the heart, and by a change in the form and character of the ribs, by the flattening of one and the protrusion of the other, occasioning a certain degree of deformity of the side, by which the almost utter obliteration of the affected cavity is accomplished; the lung of the opposite side supporting life by its augmented and puerile respiration. Under such circumstances it must be obvious that these evils can only be prevented by an early operation capable of giving a ready exit to the matter secreted, and to any foreign substances which may have fallen into the cavity of the chest.

The use of the ear or of the stethoscope, which was unknown until after the termination of the Peninsular war, has materially simplified the manner of obtaining information in injuries of the chest; and I have little doubt that the presence of a ball rolling about on the diaphragm can be ascertained by its means at an early period, so as to admit of an operation being undertaken with confidence for its removal; whilst the knowledge acquired by auscultation and percussion, of the filling of the chest by fluid, whether serous, bloody, or purulent, is incontestably demonstrated by them. The presence of a ball, or of any other foreign body, decides the question, I apprehend, as to the place where the opening into the chest should be made; and on this point the information derived from the practice of the French surgeons in Algeria is important.

CASE 134.—A captain of grenadiers, forty years of age, was wounded at the siege of Barcelona by five balls in the chest, three on the left and two on the right side. He was blooded twelve times during the first four days. On the eleventh day, the sloughs having separated, he spat blood in quantities, and was bled again seven times in three days. On the thirteenth day the spitting

of blood had ceased. On the eighteenth a slough was removed from one of the wounds, and the finger introduced into the cavity of the pleura. During the next ten days similar sloughs were withdrawn daily from both sides of the chest. When the sloughs ceased to be separated, the discharge became simply purulent, the upper wounds healed, and one fistulous opening remained on each side. On the fifty-second day the patient complained of pain in the right side, about the second and third false ribs, which part was swollen, and ultimately formed an abscess, which was opened, and a pint of blackish fetid matter discharged. Gerard, therefore, introduced his finger into the opening, felt, he believed, the peritoneum, and the diaphragm, in which there appeared to be an opening. On withdrawing his finger he discovered the ball situated between the peritoneum and the transversalis muscle, and extracted it; he then passed a sound through the opening in the diaphragm into the chest. The cure was completed in seventy-one days.—(Gerard in Percy, page 231.)

CASE 135, by MM. Marx and Paillard, from Dupuytren.—Captain Hesse, late of the 18th Hussars, who had been under the care of Mr. Guthrie, after the battle of Waterloo, for a wound of the right elbow, which arm he could not use, was struck in a duel by a pistol-ball, which entered the left side and lodged. He fell, and suffered great pain in the breast, the clavicle, and back of that side, but did not spit blood. These symptoms were relieved by the loss of from eight to ten pounds of blood during the first four days, when his friends thought him better, but he himself said he felt the ball move in his chest. On the fourth day he awoke from a distressing dream, shivering, and in great pain, suffered from paralysis of the left side of the face, and died in four hours, in inexpressible anguish. The ball was found, on dissection, to have grooved the inside of the upper part of the sternum, breaking the head of the right clavicle, and splitting the bone in its length. Some portions of his clothes had been carried thus far by the ball, which then injured the inferior part of the brachial plexus of nerves. The ball was then reflected, and fell into the chest, where it was found lying in about ten or twelve ounces of blood, partly fluid, partly coagulated.

Auscultation does not seem to have been had recourse to, and no effective means were taken for the relief of the patient, save bleeding.

The practice of surgery on this point did not improve from Gerard and Percy to Dupuytren.

M. Baudens, whose labours I refer to with great approbation, says, in his "Clinique des Plaies d'Armes à Feu," Paris, 1836, that he has seen splinters of bone, and even a ball, surrounded by a cyst formed by the pseudo-membranes of inflammation, cut off from the general cavity, and confined in the angular space formed behind between the rib, the diaphragm, and the spine. He mentions three cases of this kind, which must, nevertheless, be very rare, and is desirous of considering the observation of a ball, or of splinters of bone, encysted in this manner as his own—as well as the proposal to remove them, or any other foreign body, by an operation in the interspace between the eleventh and twelfth ribs near the spine.

He reintroduced the method of drawing up matter from within the chest by a sucking syringe or pump, not used occasionally, as recommended by Sabatier and others even before him, but retained permanently on the part. This proceeding may have been of some use in certain cases, nevertheless, I do not place any reliance upon it; unless accompanied by a dependent opening, through which the retained matters may readily escape, when most likely the sucking pump will not be of any great utility.

CASE 136.—In a wound of the chest, between the second and third ribs, M. Baudens introduced a *sonde à dard*, such as is used in the high operation for the stone, and made it project behind between the eleventh and twelfth ribs. He cut down upon this, and extracted a ball and some splinters of the rib. The wound thus made was

then closed, the upper wound was sucked dry daily by a pump, and the patient recovered in forty days.

A very brilliant result of modern surgery, but which would not have taken place if there had not been a dependent opening for the complete discharge of the matter secreted.

CASE 137.—An artilleryman, twenty-two years of age, was wounded on the 12th of October, 1833, at Bougie, in Algeria, by a ball, which entered the right side of the chest, about an inch from the sternum, fracturing the third rib, and passed out behind, three fingers distant from the spinous process of the sixth dorsal vertebra. He was sent to Algiers fourteen days afterwards, suffering from acute pleuro-pneumonia, the entrance of the ball giving exit to an abundant and fetid suppuration. On the 1st of November the wound in the back was healed; that in front gave vent to large quantities of matter, and the finger, on being introduced into it, discovered two loose splinters of bone, which were removed. In order to abstract from the chest the retained matter, M. Baudens had recourse to a small pump, which he affixed to the wound by the aid of a large gum-elastic canula, which not only sucked up all the matter, but actually caused the ribs to be drawn inwards. This was used for five days, and some pieces of cloth were drawn out with the matter, and even a fly, which had got inside by accident. The wound was then closed, but matter re-formed in two days, and two quarts of offensive pus were withdrawn by the pump, used as before. Eight days afterwards the patient died. The third rib was broken in front, the sixth behind; some splinters pointing inwards, and retaining between them a piece of leathern belt. The lung, traversed in its middle part, showed the track of the ball lined by a smooth black membrane containing pus. The pleura was in places half an inch thick, spotted with gangrenous points, and containing a large quantity of very offensive matter.

If, instead of pumping out the chest, the posterior wound had been reopened, the sufferer might, I apprehend, have had a better chance.—G.

CASE 138.—A., 54th Regiment, was brought to the hospital at Algiers on the 22nd of October, 1833, wounded eleven days before by a ball, which, having broken the right clavicle, was lost in the chest, without any sign of effusion having taken place, and he appeared to be going on well, until suddenly he complained of pain about the middle of the sixth rib, which could not be removed by the means employed, and was accompanied by a great discharge from the wound. On the 10th of November he died. The clavicle and first rib were fractured, and an abscess had formed behind this part the size of a hen's egg, containing several splinters which had stuck in, and afterwards been separated from the lung. The ball had passed from above downwards and outwards, forming a sinus, which terminated at the middle of the sixth rib, to which this part of the lung was attached; the posterior three-fourths of this canal were closed, the anterior fourth contained two splinters of bone, one of which was about to fall into the abscess in front. The sixth rib was broken, although it had not been perceived during life, and a small digital cavity was formed at this part in it by the ball, surrounded by portions of lymph floating loosely from its edges; from this the ball had been detached, and had given rise to the inflammation which destroyed him. The ball had fallen on the diaphragm, where it was lying loose surrounded by a quantity of purulent matter.

M. Baudens says himself, and rightly, that the operation of opening into the chest should have been performed in the eleventh intercostal space, and that the wound in front should have been enlarged.

CASE 139.—M. Baudens relates another case, in his eleventh observation, in which the posterior wound, situated near the angle of the tenth rib, had healed; the anterior one, half an inch below the clavicle, giving issue to an abundant and weakening suppuration. The lung above this was permeable to air, but the respiratory murmur

could not be heard below it. To draw off this offensive fluid, he adapted an empty caoutchouc bag to a gum-elastic canula, which he affixed against the office of the wound, and then sucked out six pints in five days. Some days later the wound behind reopened, and a piece of bone was discharged from it.

It is possible that this reopening, which was as good as an operation for empyema, aided materially in the recovery of the patient. Two years afterwards the man was seen in good health.

The desire to have as dependent an opening in the chest as possible has been manifested by all surgeons of experience in these injuries, and the interspaces between the ninth and tenth, and between the tenth and eleventh ribs, have been often selected for this purpose; but as the operation was done at, or as nearly as possible in the middle third of the chest, with the trocar, the abdomen was as often opened as the thorax, and death was frequently caused by the operation, even if it would not have been occasioned by the disease. To prevent or to avoid this evil, M. Baudens advises its being performed at three fingers' distance from the spine, by incision, and he says he has frequently done it with success, although he does not give any circumstantial directions as to the operative method to be pursued, to which I, therefore, turned my attention, and caused several experiments and dissections to be made in the workroom of the College of Surgeons, in which Mr. Stanley, Mr. Arnott, and Mr. Quekett took great interest, and also at the Charing-cross Hospital, by Mr. Hancock and by Mr. Canton, with a similar result; viz. :—

1. That a trocar and canula pushed in between the eleventh and twelfth ribs, in a diagonal direction upwards, and on a line with the angle of the rib generally, will in the dead body invariably enter the cavity of the chest without injuring the diaphragm.

2. That the same operation performed on the living body would, in all probability, if done at the moment of expiration, first enter the thorax, then pierce the diaphragm, and thus open into the cavity of the abdomen—a difference in result to be explained by reference to the anatomy and physiology of the parts concerned, and showing that the operation, when required on man, should always be done by incision, and not by puncture with the trocar and canula.

On examining the lower part of the chest from within, after removing the pleura, the diaphragm is seen forming the boundary between the thorax and the abdomen, commencing from the transverse process of the first lumbar vertebra, and forming an arch under which the upper part of the psoas muscle passes (the ligamentum arcuatum proprium). From this part extends another aponeurotic arch along the lower border, and to the end of the last rib, called the false ligamentum arcuatum (ligamentum cintré du diaphragme of Cruveilhier), which is nothing more than the upper edge of the anterior layer of the aponeurosis of the transversalis muscle folded upon itself in all its extent. The diaphragm is afterwards attached to the lower border of the twelfth, and in succession to the eleventh, tenth, ninth, eighth, seventh, and sometimes to the sixth ribs, counting from below upwards. The external intercostal muscles are distinctly seen between the ribs, extending from the spine until they meet and are concealed by the fibres of the internal intercostal muscles, near the angles of the ribs. The vessels and nerves, after passing on the external intercostal muscles, subsequently run between the two.

The lower intercostal arteries arise from the aorta on each side, and before they enter the space between the ribs give off a branch passing backwards to the vertebral canal and the posterior muscles of the spine. The eleventh and twelfth intercostal arteries, covered at first by the pillar of the diaphragm, ascend on leaving the vertebrae to reach the under edges of the ribs, and are accompanied by a vein and nerve. The tenth intercostal artery, and those immediately

above it, run almost horizontally and beneath the mid space of the ribs, as far as their angles, at which part a small artery is commonly given off, which descends from the main trunk at an acute angle to the rib below, and may be injured in opening into the chest, and be, perhaps, mistaken, in operating, for the intercostal artery itself. From the angles each artery runs in a groove in the under edge of the rib as far as the anterior third, when they all become very much diminished in size, and, leaving the groove, pass in the middle of the intercostal space until lost in their different anastomoses with the branches of the epigastric, phrenic, lumbar, and circumflex iliac arteries.

In making an opening into the chest between the tenth and eleventh, or between the eleventh and twelfth ribs, the artery will not be injured, provided the opening be made below the middle of the intercostal space, which is wider between the eleventh and twelfth ribs than between those above it. The vein is situated above the artery, and proceeds to the vena azygos major on the right, and to the smaller azygos vein on the left side.

The intercostal nerves are the anterior branches of the dorsal nerves, and lie below the arteries under the pleura upon the external intercostal muscle, until they approach the angles of the ribs, where they enter between the layers of the intercostal muscles.

It is worthy of observation, that the pleura is necessarily continued over the inside of the twelfth rib, to line the different attachments of the diaphragm, and that an incision may always be made into the chest above this point, if done carefully.

On removing the integuments of the back, covering the muscles and the lower ribs, the broad expanse of the latissimus dorsi is brought into view, extending from the ilium end spine upwards and outwards, and covering all the parts of importance beneath, in the operation to be described. On the removal of the lower part of this muscle, the sacrus posterior inferior is seen, of a somewhat quadrilateral form, arising by a thin aponeurosis, common to it, and to the latissimus dorsi, from the spinous processes of the three superior lumbar vertebrae and two inferior dorsal, and proceeding upwards and outwards to be inserted, by four flat tendinous digitations, into the four lower ribs.

If this muscle be separated from its origins and turned outwards, or divided in the middle, and its two portions reflected, the posterior spinal or long muscles, running in and filling up the groove or hollow of the side of the spine, will now be distinctly seen, constituting what the French call the fillet, and composed chiefly of the sacro-lumbalis, and the longissimus dorsi muscles—sometimes considered as a whole, under the name of erector spinae, or the sacro-spinal muscle. This, which forms a thick mass over the beginning of the tenth, eleventh, and twelfth ribs, is not to be divided or interfered with, beyond a very few, at most, of its external fibres; the opening into the chest about to be made should begin at its external edge, and go through the external intercostal muscle, which is now exposed on a plane below it.

The eleventh and twelfth ribs, unlike all those which precede them, except the first, have only one surface of articulation with the corresponding vertebra, to which they are attached, instead of two facets articulating, one with the body of the vertebra above, the other with that below. They form, and particularly the twelfth, a very acute angle with the spine than the others, which gives to them their greater degree of obliquity; whilst the freedom of their cartilaginous extremities enables the twelfth particularly to be depressed or separated by a moderate force from the rib above to a greater extent than any other part, by which means a foreign body of larger size may be removed from between them more readily than elsewhere.

Operation.—The eleventh and twelfth ribs, having been distinctly traced, and the possibility of their descent from the spine having been

clearly made out; the patient being, if possible, placed on a stool, with the upper part of the chest supported by a pillow on a table before him; an incision should be made, over the intercostal space between these ribs, three inches long, and slightly curved, through the integument down to the latissimus dorsi muscle; and the mass of long spinal muscles is usually detached in which, and can in general be seen, the incision should commence two inches from between the spinous processes of the eleventh and twelfth vertebrae, and be continued obliquely as diagonally downwards in the course of the interspace between these ribs. The latissimus dorsi and the serratus posterior inferior muscles being divided first at the upper part where they meet the longissimus dorsi, or the long spinal muscular mass alluded to, its edge becomes apparent, and from this point the latissimus and the serratus are to be further divided downwards. The external intercostal muscle being thus exposed, its fibres should be scratched through or separated in the middle of the interspace between the ribs, which can now be seen as well as felt, so as to admit of a director being introduced below the muscle, on which it may be carefully cut through, as well as any fibres of the internal intercostal muscle, which may extend as far as the wound thus made. The pleura will be then exposed, and, if the cavity of the chest contain fluid in any quantity, it can scarcely fail to project in such a manner as to convey to the finger the assurance of its being beneath. An opening may now be carefully made into it, at the upper part of the incision close to the external vertical fibres of the spinal mass of muscles, at the moment of inspiration; and on the existence of fluid being ascertained by its discharge, the opening should be enlarged, a director having been previously introduced under the pleura, as far as may be thought necessary for the admission of the finger or any instrument which may be required.

The patient is desired to draw a full breath at the moment of puncturing the pleura, in order that the diaphragm may descend as low as possible; for, if these should not be any fluid in the chest, the diaphragm, in ascending during expiration, might be applied to the inside of the pleura lining the chest as high even as the fifth rib, coming from above, and might easily be divided with the pleura, if great care were not taken at this part of the operation, or if a trocar and canula were incautiously thrust in at such a moment. Whenever the smallest instrument of this kind is used, even in an explorative operation, it should only be introduced during the process of inspiration.

The preparations alluded to, as illustrative of these several points, are to be seen in the Museum of the College of Surgeons: one shows the rather rare anomaly of only eleven ribs; there is another of equal rarity in the College Museum, showing thirteen. In another experiment, in which a ball and about a pint of fluid were introduced into the chest, between the first and second ribs, it was subsequently found that a lengthened adhesion existed between the lung and the fifth rib, on which, as on a diaphragm, the ball and fluid rested—a fact which in the living body would have been distinctly pointed out by auscultation and percussion. In such a case the operation for the removal of the ball must be done above the rib to which the pleura may be attached.

WARRICK, April 25.—64th Foot: Assistant-Surgeon. William Henry Short, from the 38th Foot, to be Assistant-Surgeon, vice Purdon, who resigns.

ANATOMICAL HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practice, on Thursday, April 20:—Thomas Alderson, Shetley, Suffolk; Michael Cokhurst, Bristol; James Kidd Dow, Islington; Charles Hazen Gamble, Barnstable, Devon; Thomas Hildesheim, North, Leam, near Manchester; Henry Thomas Spence, Long-ham, Dorsetshire.

ORIGINAL CONTRIBUTIONS.

SOME REMARKS ON THE TREATMENT OF GUNSHOT AND OTHER WOUNDS OF THE THORAX AND EXTREMITIES.

By Dr. KNOX.

(Continued from page 477.)

II. Perhaps my readers will next accompany me to a different field, of a very different character, no doubt—the frontiers of the colony of the Cape and Caffraria. Many severe cases of wounds occurred here, and as at sea, in the cases above described, the surgeon had no assistance generally from any professional brother. I shall confine myself chiefly to a few cases of wounds of the chest.

The Caffre frontier extended from the north of the Groote Visch Rivière, or Great Fish River, as I presume it is now called, to the Bavians Rivière, a station to the north of that most beautiful range of mountains whence the Koonap and Kat rivers take their origin; the distance was at least 140 miles. Along this extended and totally indefensible frontier, the troops were stationed in detachments, at varying distances from five or six miles to twenty, and even thirty or forty. If an accident occurred at any of these posts or stations, I had to be sent for by an express; hence a delay, sometimes of many hours, or even of an entire day or night, before I saw the case. This was, however, unavoidable. The first case I shall speak of occurred at the station called Grote Wilhelm Prinselows, close to the Kaibaberg.

A small patrol party had been, as usual, sent out after sunset to scour the roads and see that no stray Caffres were wandering about in quest of cattle. They encountered some persons in a mi-osa forest, not far from the post. A sort of scuffle took place; and shots were exchanged. The party returned with one man badly wounded as was thought by the Caffres, but my own opinion was that, in the confusion, he had been struck by a musket-ball fired off by one of his own party. However this may be, I received early in the morning a report from the officer in command requiring my presence at that station without delay. The report was to this effect: that a private of the 72nd Regiment had been wounded whilst on patrol; that a musket-ball had entered the right side of the chest, passed through it, and had come out at the back; and, finally, that the man was in a highly dangerous state. This was the report I received. My readers will naturally suppose that I lost no time in riding to Grote Wilhelm. The distance was about thirty miles. On examining the wounded man, I called the attention of the officer in command to the following facts:—1. That the wound was on the left side, and not on the right, as was stated in his letter to me; 2. That it had not penetrated the chest, but, entering not far from the breast-bone, had passed under the skin for about four or five inches, and then made its exit at the side, and not through the back; 3. That the wound was not dangerous, nor was the soldier unnecessarily alarmed, or in a dangerous state. With a candour becoming an officer and a gentleman, the officer in command admitted at once the extreme incorrectness of his report to me, which he had written at the dictation of the non-commissioned officer, without himself inquiring into the case.

Results.—It may be laid down as a general rule that the less gunshot wounds are interfered with the better. Musket-balls, it is true, ought to be removed if possible, but they cannot always be discovered; and they are found occasionally in very odd places. Colonel Barton, who commanded at Ostend during the short but eventful enterprise of 1815, told me that he was wounded in Spain, and, having procured the aid of a surgeon, the medical man proceeded to probe, and dilate, and incise, until the colonel, losing patience, asked him what he was looking for? "The ball, to be sure," replied the surgeon. The colonel's reply was brief—two words: "Why did

you not tell me that sooner; the ball is in my waistcoat pocket." I like generally to tell a patient what I intend doing. I have known some useful information picked up in this way. To return to my patient: For a short time he was feverish, but never strongly so; the wound suppurated; some small portions of his dress escaped with the discharges, or were removed. He easily recovered, for this wound was at no time a dangerous one, notwithstanding its dangerous look. The opening at the side closed first, showing that the ball had entered from the front.

As the track of the wound was immediately over the heart, I had some doubts as to the propriety of applying to this wound the cold-water cure: a mode of treating most wounds and severe bruises incomparably superior to all others. I have always thought that this method of treating wounds and bruises has never yet been rightly understood, or at least not practised in our civil hospitals. I may be wrong, but this is my impression from what I have seen. The following case illustrative of the freedom with which cold water may be applied to wounds, and of the good effects following such a mode of treatment, I venture to submit to my readers, although it be not one of wounded thorax.

At the same station (Prinselows) where the case described above had occurred, a patrol party returned hastily one evening in consequence of one of the party having accidentally fired a musket-ball through his hand. His account of the affair was this: Passing through a part of the forest of Bush, not far from the station, the party rested for a brief space; his hand was placed on the muzzle of the gun; a twig touched by his foot had reached and drawn the trigger; the contents of the gun (a ball cartridge) were driven through his hand. The whole affair was supposed by the officer in command to be intentional. The accident occurred at night, and I reached the station early next day. The ball had passed directly through the palm of the hand, breaking into fragments as it escaped on the back of the hand the metacarpal bones of the middle and ring fingers; portions of these bones of some size might be seen quite exposed on the surface. On examining the wound my first idea was to remove two pretty large fragments of the middle metacarpal bone which were quite exposed, but on touching them I found that they adhered strongly by soft parts to the surrounding structures, and so I resolved to let them alone; moreover, they might not be the only parts destined ultimately to come away as secondary sequestra. On consulting with the commanding officer whether I could have a sufficient number of orderlies to carry out a practice by which I felt certain the hand might be saved, and the soldier retained in the service, he informed me that to effect this he would place the detachment (sixty men) at my service. This was the practice I adopted:—The arm and hand were laid out of bed on a cushion, and loosely enveloped in linen; this was drenched or made quite wet with cold water, bucketfuls of which were directed to be drawn frequently from the adjoining cool stream, and not to be kept for any length of time in the barrack-room; with this cold water the linen covering the arm was directed to be kept constantly wet for three days and three nights, without the least interruption. Orderlies, relieved regularly every hour in the same way as sentries, were appointed for this duty, and the officer in command issued an order that he would try any of the orderlies by a court-martial who neglected his duty for an instant. It was also directed that the arm should never be for an instant withdrawn from its exposed position, or covered with the bedclothes. I remained at the post until next morning, in order to see how the case went on, when another express calling me away to some distant station, I did not again see the case until the close of the third day and night from the receipt of the wound. Both apertures were closing; the exposed metacarpal bones were no longer to be seen; there was no supuration that I could perceive, and the slough at the entrance, or in the palm, was exceedingly

small, confined to a mere ring. The wound was now dressed with simple cerate, and the arm put in a sling. In about three weeks he had entirely recovered, and soon after resumed his ordinary duties.

Reflecting on such cases—for I have seen several, and shall relate two others illustrative of this mode of treatment—and comparing the results with what I had seen and knew of an opposite mode of treatment, I confess that a sort of misgiving arose in my mind, whether the practice of surgery had on all occasions been of essential benefit to the wounded, and more especially as regarded the question of speedy and primary amputations of the limbs. We read in the *first* edition, if my memory be correct (for I quote from memory), of a work "On Gunshot Wounds," by the distinguished practical surgeon who now favours the *Medical Times* with the results of his great experience in gunshot and other wounds of the chest, that in the Peninsular war it was the practice of the British (and I fear also of the French) surgeon to amputate all hands injured as in the case just narrated, as they never did any good, and generally came to amputation at last, or, if preserved, were at least of no use to the person! The men, however, were not discharged from the service, but employed as scavengers and servants (helots), to do all the drudgery and dirty work of the camp and barracks! The reader may imagine as easily, perhaps, as I can, how many fine fellows were mutilated by such a practice, and how many useful limbs were wholly lost to their country. It was not held to be enough at that time to withdraw from the cultivation of the soil, from trade and commerce, arts and science, thousands of brave and excellent men; but when an unhappy man wished to escape from the most dreadful of all conditions—the being condemned to live in a barrack-room, and cut the throats of people with whom he had had no cause of quarrel for sixpence a day—and so deliberately fired a ball through his hand, in comes the surgeon and whips off his arm, cutting against time to show his dexterity! Verily, compulsory soldiery is a dreadful thing, and it is odd that mankind suffer it for an instant; nor is there anything more extraordinary in human history than the maintenance for a week, for a day, of the conscript laws of France by the present republican Government. Let but the public voice demand their instant repeal, and European wars must cease. The Frenchmen who desire of their own accord to seek "the tented field" are a mere handful compared to those who would prefer remaining at home quietly cultivating their fields and enjoying the blessings of domestic life. I hope that the passage I have just written may meet the sight of my most esteemed friend and first patron, the illustrious M. Arago, who first introduced me to the French Academy. Conscript laws and pressgangs are quite synonymous—savagery by land; revolting, brutal, beastly tyranny by sea.

But it sometimes happens that superior address outwits the best of surgeons and inspectors of hospitals—a fact which the following case will illustrate:—

About the year 1823 or 1824 I was requested to visit a tradesman, a printer's pressman (a tradesman, I believe, requiring very considerable muscular force of arm), an industrious, sober, and steady man, with a wife and family. To my regret I found I could be of little or no use to him. He was about the age of thirty-eight or thirty-nine, probably older; but, be this as it may, he was deeply affected with pulmonary consumption, and died some time afterwards. One day, whilst reckoning the pulsations at the wrist to judge of the effects of some remedies prescribed, I observed a rounded cicatrix a little above the wrist-joint. On remarking this to him he made me acquainted with his history. He had been a soldier; had served in the Peninsula, and been wounded in the arm with a musket-ball. Judging from the cicatrix, it appeared to me that the ball had penetrated a little

to the inner side of the flexor radii, and, passing through in the midst of the great flexor tendons, had escaped on the back of the forearm, but without breaking any bones. He lost, of course, the use of the hand, and took care never to recover it. The man was a great favourite with his officers, and the surgeons took all possible care of him. From what I could learn, greater efforts could not have been made to restore the use of this soldier's hand if he had been a field officer; but all these efforts proved unavailing, as they were not the "fitting remedy." At last this appeared in the shape of a free discharge, a certificate of good character, and a pension; once more in his native land and at home, he recovered immediately the use of his hand, and worked for many years as a printer's pressman. Military surgeons must not always be disheartened at the want of success occasionally following their best efforts.

That a musket-ball should pass through the arm, amongst the flexor tendons on one side, and extensors on the other, the median and other nerves escaping unhurt, will not excite any surprise in the minds of those military surgeons who have seen service. I know not how the above case had been treated, but it had been treated judiciously; the surgeon, clearly, had been no admirer of hot poultices, nor of hot, steam, or vapour baths, such as I have seen used in civil hospitals, the surgeon all the time fancying that he was employing the cold-water cure! I have seen this delusion going on at least a hundred times. Before I return to wounds of the thorax, I shall take the liberty of mentioning a few more cases in proof of the superiority of cold water, as an evaporating lotion, to every other mode of treatment in wounds and bruises; and then I promise to return to wounds of the thorax, and shall then endeavour to show that there is a physiological element in the history of such wounds which the distinguished author of these lectures has not attended to, or not observed.

CASE.—When stationed at Rodevaal, on the Great Fish River, my esteemed friend Surgeon L., in charge at that time of the troops stationed at head-quarters, and of the detachment, as well as of the regimental hospitals, wrote me that he would expect me on such a day in Graham's Town (a distance of about seventy miles), to assist him in two amputations of the forearm. The cases were these—A very fine young fellow, a soldier in the Royal African Regiment of Infantry, had received a gunshot wound in the hand nearly three weeks before we saw him together in consultation. The wound had been treated in the usual way, that is by hot poultices, to bring away sloughs of parts, which would in all probability never have run into sloughs, unless so favoured by the surgeon. The fore finger had been destroyed by the shot; the middle finger was so deeply implicated, fractured, and suppurating that it seemed impossible to save it; the palm of the hand (metacarpal segment of the hand) rent open and suppurating profoundly; he had hectic symptoms daily, but as yet had not suffered much loss of flesh. I represented to my most esteemed friend and earliest patron that the loss of the hand would be a serious loss to this poor young man—an amiable and good person, torn from his friends originally perhaps by the infernal game-laws, and so banished from home and friends by the accursed contrivances of a savage despotism established by law; that the condition of the hand was no doubt very bad, but not desperate; that by careful and judicious treatment we might save the wrist and at least two fingers and thumb, and that this as an instrument would be of great value to him in after life; and, finally, as it was the left hand, he might even remain in the corps if he so inclined. My most valued friend acceded at once to my proposal, and requested me to take whatever steps I thought fit. He naturally threw the case on my own responsibility. The treatment was very simple. As there was not a day or hour to be lost, I directed the poultices to be entirely removed. The hand and arm, nearly to the elbow,

were carefully sponged and cleared of all filth (I mean the poultices), and of purulent fluids as far as they could be got at; next carefully examined for some small sequestra which were easily removed. Young surgeons who may read this will find it advantageous in future life to do all these little operations themselves, leaving as little as possible to orderlies and assistants—that is, if they are anxious to have it done well done; so on this maxim I attended the above case. If the personal pronoun be not much used in the history of this and the subsequent cases, I am extremely desirous that the young surgeon understand that as few of the details of treatment as possible were left to orderlies or assistants. The ablest assistant may not understand your views; the merest orderly, being a man, may happen to think for himself. English soldiers seldom do, but still it occurs sometimes. After carefully cleaning the hand and arm, which I have reason to think had not been done for some time, my next care was to sponge every part for half an hour with dilute spirits and water; raise and place it on a firm pillow; envelop each part in a fine linen rag, giving to the whole a moderate support, and a fine linen bandage or wrapper loosely laid around the hand and forearm, but still enclosing it, enveloped all. This I wet with the same mixture of spirits and water, leaving directions that it should never be suffered to dry up until we again saw the patient. The improvement was most rapid; in a few days he was walking about. I persuaded Mr. L. to change the ward in which he slept, and not to allow any purulent matter to collect. Without any new attacks of inflammation, &c. &c., he ultimately recovered, saving a large portion of the hand.

CASE.—The other case attended to was of an entirely different character, yet its history may be of use to some. The patient was a soldier of seemingly an enfeebled and naturally had constitution; the right hand was in a great part covered with irritable foul sores, some of them penetrating amongst the tendons; an erysipelatous inflammation, all dark and almost livid, was spread over the back of the hand and several fingers, upwards also over the wrist; the middle finger was deeply broken up by foul sloughing sores, and the osseous phalanges were evidently carious throughout. My friend now asked me what I proposed doing for such a hand as that? Now, admitting the apparent specific and malignant character of the sores and surrounding inflammation, I did not see how the case was to be benefited by amputation, and I told my friend so. The treatment I proposed was to remove the middle finger; to dress the sores with a lotion of nitrate of silver twice a day; to keep that lotion applied to the whole hand for some time; to touch the worst parts with lunar caustic; to change the ward of the patient and to keep him as much as possible in the open air, treating him with full diet, and in all other respects as a soldier not sick, but hurt. The hand to be carefully cleaned at least twice a day, and seen to at least twice a day. To this treatment my friend offered the following objections:—The man's constitution was broken up (I think on the western coast of Africa, Sierra Leone, the Gambia, &c.); the sores were extremely irritable, and they bled so alarmingly when touched with a knife, or even roughly, that he cautioned me not to think of operating; for himself he would not touch the hand with a knife on any account whatever after what he had seen, but kindly added that I might have my own way by taking the responsibility on my own shoulders. I was never afraid of responsibility, and immediately removed the finger in this way. Aware of the hemorrhagic tendency of the sores, I passed a slightly curved probe-pointed bistoury by an opening at the middle phalanx upwards towards the metacarpo-phalangeal joint, calculating from what I felt that the thoroughly rotten finger was attached, properly speaking, to the hand merely by the lateral and anterior ligaments. This idea proved the correct one. The ligaments were very cautiously divided, and the three bones withdrawn from a sheath, as it were,

of sloughing dark mass I had no disposition to touch. Nitrate of silver was then used as described above, and the case ultimately recovered, the hand being preserved.

CASE.—At a post called Kriegers, on the confines of Caffraria, a dangerous station at that time, and quite open to attack on all sides, we had a small detachment of troops, under the command of a junior officer. This gentleman had the misfortune to quarrel with a Dutch farmer, who, taking advantage of the presence of the troops as a safeguard for his flocks and herds, located himself close to the soldiers' huts. A sentinel was placed, by the officer's orders, on the cattle place, but the farmer insisted on entering "the kraal," or enclosure, to bring out some of his cattle; the sentinel had received orders to suffer no one to pass; so, in the scuffle, the bayonet of the soldier was run through and through the farmer, entering close to the inner edge of the deltoid muscle, about an inch and a half below the collar-bone, and passing out at the back close to the axillary margin of the scapula. No hemorrhage followed. The bayonet, I think, must have passed between the convex surface of the thorax and the great vessels, glancing, perhaps, from off the surface of the second rib. But, however this may be, Mynheer Vandyke, though a young man, full of flesh and blood, was prudent and careful; he followed strictly my advice, which was very simple. My own station was about three or four miles from Kriegers Post; but I informed him that, should any pain or other dangerous symptom arise, I would visit him at an instant notice, night or day. This quieted him. Linen rags dipped in cold water, to which had been added a few drops of Goulard's extract, were applied over the shoulder, lower part of the neck, and upper part of the chest. Directing him to avoid a current of air, I yet recommended him to seek the free air as much as possible. Absolute rest and the most temperate diet were recommended, and strictly adhered to. He recovered without a single bad symptom. Had he fallen into the hands of my old and esteemed friend Baron Larrey, judging from what I so often witnessed in his practice at the Gros Oailloux and elsewhere, we should, I fear, have had the orifices of both wounds *débridés*, scarified with tolerably deep incisions all around like the spokes of a wheel, cupping-glasses, &c. That my patient would have been as safe, or even safer, in the illustrious baron's hands—(illustrious by his great qualities, noble services, and good actions, and not because he happened to be a court flunkey)—I do not in the least doubt. All I claim is the having saved him a good deal of unnecessary suffering.

But, if the French practice be occasionally too active in the matters of bayonet thrusts and *coups de sabre*, there is another practice equally to be condemned. I shall venture to call it the *laissez faire* practice, which, I believe, answers admirably in political matters, but is essentially pernicious and to be condemned in matters of surgery. To obey orders is the first requisite of a soldier; it is usually added, "to obey all lawful orders." This loophole will not excuse a man from firing on his brother in case of meeting him in popular *émeute*, as at Berlin, where human nature, no longer able to bear with the savage legal despot, rises in arms against him. Nevertheless, it is a kind of loophole for some, but a very poor one. I am reminded of this by the above case. It was *against orders* for the surgeon to be absent from his post on any pretence whatever, excepting when called away *on duty* to some other station. It was *against orders*, then, for me to leave the post of Roodevaal to visit this Dutch farmer, who was merely a civilian, and whom I was not called on to attend. That there was no other surgeon within twenty miles of the spot, civil or military, made no difference. The reader will readily imagine that, when sent for by Vandyke from Krieger Post, I went *instantly*. The accident was in the meantime reported to head-quarters, and an order was sent up from Graham's Town, *two days afterwards*; that the

officer commanding the frontier directed me to proceed without delay to the post of Krieger to see to the case of a civilian who had been wounded; and that I was hereby relieved from any blame for leaving my post whilst on this duty. The whole affair was a solemn farce, as all such orders are opposed to the great dictates of humanity.

CASE.—The disturbed state of Albany and of the adjoining district or province of Unterhagen required, at certain times, that an escort, strong or weak according to circumstances, should be sent with all waggons travelling between Algoa Bay and Graham's Town; more especially if these waggons were on Government service. Accordingly, a corporal and three men were directed to proceed from the Bay, as it was called, to Graham's Town, escorting one or more waggons; I forget or, in fact, took no notice of their number. These men were coloured men, of the Hottentot race, and belonged to the Cape Regiment of Infantry. On reaching Unterhagen, their first day's march, the party entered the guard-room by one door at the moment another party, coming the opposite way, entered by the opposite door. They might be apart about thirty feet. Of the party arriving from the direction of Graham's Town, one, taking his musket from his shoulder, struck the butt on the ground with the muzzle sloping towards the roof at a moderate angle; the gun went off; the ball with which it was loaded struck a large spike nail in the rafters, and, descending nearly at the angle at which it ascended, entered the forearm of one of the men arriving from Algoa Bay; penetrated through his clothes, and buried itself in the mass of the supinator longus and radial extensors of the right arm. The corporal in charge applied immediately to a surgeon. A search was made for the ball, but unsuccessfully, the surgeon doubting altogether that any ball had entered the arm; if so, he said, it would come out again in due time; so, wrapping the arm up in a bandage and lint, he recommended the man to proceed to head quarters, Graham's Town, where there was a general hospital, and he was sure to be attended to. The distance marched by this man in this state must have been fully 70 miles; I think it was more. On reaching Graham's Town, instead of proceeding to the hospital, about a mile distant, the corporal thought it best to bring the wounded man directly to me; and, as my servants had orders never to delay an instant in informing me of an accident or urgent message, they did what they had often done before, awoke me, informing me at the same time that the wounded man was at the door.

Whilst the wounded man undid the dressings and exposed the wound, I learned the before-mentioned particulars from his comrade. The appearance of the wound when exposed, told me its whole history, and that the ball or a portion of his dress was in it. Ragged and jagged on its edges, it had assumed a greenish colour; the arm was swollen and inflamed, but not remarkably so. The probe assured me that a hard body lay about an inch from the surface, which must be the ball, and after again touching it with the long forceps, introduced to the profession by Baron Percy, I with some difficulty raised up one extremity of the ball, and so extracted it. Its shape tallied exactly with the description given of the accident; on reaching the nail in the roof, it had been cut nearly but not quite into two equal portions, which still adhered to each other. In this way, and being so directed and weakened in its impetus, it broke no bones, nor did any other mischief, further than reaching the radius on which it lay. A poultice for twelve hours cleaned the wound, restored healthy granulations, and the wound did well under clean rags and simple cerate. The *laissez faire* practice of my surgical friend at the Bay always does mischief in such cases. It is better to be too active than to do nothing. The first of all surgeons that ever lived (for such I esteem Mr. John Bell to have been) has explained all this in works which are or ought to be classical.

CASE.—I did not see the following case; it

was told me graphically by one of the actors. A soldier, in the prime of life and youth and health, was discharging his musket, probably overloaded; it burst in his hands, and seriously injured the left. Fingers, no doubt, were blown away, the palm and thumb torn up; but I did not see it, and so shall not attempt to describe it from memory. A surgeon was sent for from a neighbouring post (the case occurred, on the Caffre frontier). This worthy man was of the olden school in all things; he prescribed for the patient a good bottle of port wine, which was drunk immediately; and he sent for his surgical instruments. I will not say whether the wounded hand had been looked at or not. I have no doubt it was bled enough, and to have applied cold water to such, or to any case whatever, would have sounded to this surgeon's ears as strangely as if you had proposed to heal the wound by the royal touch.

PROGRESS OF MEDICAL SCIENCE.

ACADEMY OF MEDICINE.

Meetings of April 11 and 18; Professor ROYER COLLAUD in the Chair.

A NEW INSTRUMENT FOR CRANIOTOMY. BY DR. BRÉMOND, JUN.—M. Capuron reported upon a new instrument proposed by Dr. Brémont for this operation. Any description we could give would convey but an imperfect idea of its nature; but it possesses, according to the learned reporter, various advantages. It can, in the first place, be applied to any part of the head, even to the palate; its use is not fatiguing to the operator, nor is it in any way perilous to the mother. The report was, therefore, favourable to the inventor.

THEORETICAL AND PRACTICAL RESEARCHES ON PURGATIVES. BY M. MIALHE.

In the history of the various purgatives, the author endeavours to establish that the action of the greater number is due to chemical combinations and decompositions. He believes it is proved that it is proportioned to the solubility and the coagulating powers of each drug; also to endosmosis; to the secondary chemical reactions which take place in the system under the influence of acids, of alkalis, of chlorides, &c.; and in proportion with a certain degree of mechanical irritation occasioned by the contact of insoluble substances.

According to the author, this classification allows us to account for the preference which experience teaches us to give in peculiar maladies to certain medicines; he distinguishes purgatives in two classes, viz., general and special. The former exercise their action upon all parts of the digestive tube; the latter affect only a limited portion of the same organ.

He again subdivides purgative drugs into five sorts:—

1. Soluble and coagulating substances which combine directly with our tissues, and irritate them powerfully, *e. g.*, corrosive sublimate, nitrate of silver, croton oil.
2. Soluble but not coagulating medicines, acting by endosmosis as well as by sapidity, such as the citrate and sulphate of magnesia, the sulphate and phosphate of soda, Rochelle salts, manna.
3. Soluble and not coagulating drugs, which act only in consequence of their sapidity, by which mucous secretions are sympathetically increased—for instance, colchicum and colocynth.
4. Substances naturally insoluble, but which may become soluble when admitted into our system—for instance, calomel and resins.
5. Insoluble bodies which can neither be modified nor absorbed, and which cause mere mechanical irritation.

THE CLIMATE OF AFRICA. BY M. BOUDIN.—Since the year 1880, Algeria has cost France upwards of £600,000, and the lives of more than 100,000 men. The army, raised to that number, annually loses from disease 7000 soldiers; and, after efforts which have lasted eighteen years, Algeria

does not contain 10,000 agriculturists. The produce of the soil is quite insufficient to the support of the European population: the price of corn grown on the spot being nearly double that of corn imported from Odessa. In France the tables of mortality show in a twelvemonth an average of 24 deaths in 1000; in Algiers the number reaches 36 in 1000; in Blidah, 66 in 1000; and in El-Arouch, 141 in 1000. These facts militate strongly in favour of the frequent renewal of the troops.

ETIOLOGY OF TUBERCLES. By Dr. WANNER.—In a paper published some ten years since, the author had already emitted the opinion that tubercular matter was chiefly due to the absorption of calcareous substances. Having heard it stated that consumption was unknown in the province of Salagne (dép. du Lot-et-Cher), M. Wanner repaired to that country, where he resided fifteen months; and his researches proved to him the correctness of the report. In a certain portion of the province there exist neither consumptive, scrofulous, nor calculous patients. In that region the soil is composed of silex and alum to a depth of 80 metres. The vegetable earth is very shallow, and contains no traces of lime. From these and other facts the author concludes that tubercles are due to the calcareous principles contained in the food or in the drinks.

TREATMENT OF PNEUMONIA BY THE INTERNAL ADMINISTRATION OF CANTHARIDES IN LARGE DOSES.

The "Annales de Thérapeutique" publish extracts from a memoir, by Dr. Mendini of Verona, on the hyposthenic influence of this medicine in diseases of an inflammatory nature: twenty cases of pneumonia are brought forward in illustration. The medicine was exhibited in the following manner:—15 or 18 grains of the pulv. lyttae being boiled in O. xij. of water, the same quantity of emulsion of almonds is added, and the entire was taken in the course of twenty-four hours. Under the influence of the medicine the pulse constantly fell, and the thoracic symptoms gradually gave way. Such, at least, is the assertion of Dr. Mendini, which the "Annales" seem to consider correct. In the twenty cases, of which ten are published with very insufficient details, we find, however, that repeated venesection was used in every instance, and to a very considerable amount; we can, therefore, fairly remain in doubt as to the alleged hyposthenic action of the drug. The following case is an instance:—

B. G., aged forty-six, of a venous (?) constitution, subject to frequent inflammations of the chest, was since five days labouring under marked dyspnoea, difficulty in lying on the side, pain in the left mammary region; cough, bloody sputa, and high fever were also present. He was bled eight times, the blood being constantly covered with a fibrinous coating; and every day emulsions, with eight, ten, and twelve grains of kermes, were exhibited. Afterwards the patient took in one day fifteen grains of cantharides, and was troubled with severe dysuria. The dose was increased to eighteen grains, and the feverishness decreased and the expectoration lost its specific appearance. Two more doses were exhibited, and the patient recovered rapidly.

Now this case, to which the others are precisely similar, does not by any means satisfy us. The patient was bled eight times, and took during three days large doses of antimony—a treatment which is often successful in the most severe cases of pneumonia. Cases of this kind do not seem to us a sufficient demonstration; and for the present, at least, we can have only slight confidence in the supposed virtues of the cantharides.

POLYDIPSIA.—A woman, aged thirty-seven, habitually enjoying good health, was suddenly seized, some six months since, with headache, loss of appetite, dyspepsia, and excessive thirst, which was not even assuaged by the immense quantities of fluid (twenty quarts in one night) which she was in the habit of drinking. The urinary secretion corresponded in quantity with the amount of drink. The patient was admitted into

M. Rayer's wards, and the urine examined chemically; its specific gravity was very little more than that of distilled water—a circumstance which removed all idea of diabetes, and even of albuminous nephritis. Nitric acid and heat produced no deposit; boiled and treated by caustic potash, the urine presented no peculiar colour. The pulse was natural, and all functions regular, with the exception of the renal secretions and the presence of dyspepsia. Camphor was exhibited every day in doses of twelve grains, in pills. The medicine was continued for nearly two months, when the symptoms were completely removed.

D. MCCARTHY, D.M.P.

REVIEWS.

Letters to a Mother on the Management of Herself and Children in Health and Disease, embracing the Subjects of Pregnancy, Childbirth, Nursing, Food, Exercise, Bathing, Clothing, &c. By J. T. CONQUEST, M.D., F.L.S., &c. London: Longman and Co. Pp. 337. 1848.

It is rarely that books written on medical subjects for the use of the public are intended or calculated to accomplish much good. Persons who venture upon this line of authorship have, in general, no other object in view than to puff themselves into notoriety, and their productions are disguised quack advertisements. The members of the profession have, in consequence, viewed with suspicion any attempts to treat medical subjects in a popular manner, and the task is not an easy one for an author to accomplish without being chargeable with the guilt of selfishness. It is creditable to Dr. Conquest, however, that his little book addressed to English matrons is open well, calculated to be useful to them, and contains nothing to which his professional brethren can properly object. The instructions which are given have reference more especially to the prevention of disease rather than its treatment, the author feeling "the impossibility of teaching any one undisciplined in the school of medicine to distinguish as cure disease, which can only be done by those who, by education and experience, have acquired a deep and extensive acquaintance with the laws which regulate life, founded on an intimacy with the structure and functions of the human frame."

The author has a section on chloroform, and speaks in high terms of it as an anæsthetic agent in midwifery practice. His object in introducing it to the notice of "mothers" is evidently to prepare them to submit to its operation "in the hour of Nature's sorrow," whenever the accoucheur may deem it necessary to advise its employment. Dr. Conquest not only speaks of it in high terms as having the power of removing the pangs of childbirth, but also of promoting the expulsive powers of the uterus; and, being himself convinced of its value, he is anxious to remove from the softer sex all prejudice against its use. The manner in which the attempt has been made to obviate religious objections is not altogether such as we approve, and such, we think, as will carry very little weight with those entertaining this kind of prejudice. "A large class of objectors," says our author, "are those who consider the endurance of pain during delivery essential to the fulfilment of the primeval curse consequent to the temptation of our first mother; but, if such will consult any eminent Hebrew scholar, they will find that the original passage in Gen. iii. 16, should be translated: 'I will greatly multiply the sorrow of thy conception, and in toil (or labour, or work) thou shalt bring forth children.'" Now, to this translation we decidedly object, as neither in accordance with the Hebrew original, nor with the most ancient versions of the Bible, the Septuagint, and Latin Vulgate. The doctor evidently lays stress upon the word *etere*, which signifies dolor, labor, molestia, idolum, simulacrum. The signification labor, however, is used metonymically in Proverbs v. 10; and to translate the passage of

Genesis cited above in the way proposed is to warp the signification to suit a particular purpose. Anæsthetic agents require no defence in this way; and the text above, according to the English version, affords no grounds for casting them aside in obstetrical practice.

THE MEDICAL TIMES.

SATURDAY, APRIL 29, 1848.

SURGERY IN THE NINETEENTH CENTURY.

WHAT is surgery in 1848? What is British surgery in 1848? What, above all, in 1848, is British hospital surgery? These are interesting questions answered for us by a contemporary, with illustrations neither doubtful nor unimportant.

In that semi-animated thoroughfare known as Gray's-inn-lane the eye of the stranger is arrested by a building whose imposing exterior recalls to the classical student much that he has read about the walls of Egyptian Thebes, especially of their brass. The most modern of our London hospitals, supported by a princely income, often reaching £3000 per annum, and free, by the very circumstances of its foundation, from the cliques, the family influence, and close management which have been the standing grievances of Guy's, St. Thomas's, and the other respectable hospitals; it is the institution where all that "exalted surgical skill and genius" of which during thirty years we have heard so much must have taken refuge and found a welcome. Recalling the title of the institution—"The Royal Free Hospital"—and the name of its surgeon on duty, — we feel at once that such an hospital must be the scene of great triumphs in surgery, towards which the eyes of scientific Europe may justly turn for those teachings and practices that illustrate the most advanced surgery of the day.

Turning, therefore, to its official records with the pride and satisfaction they must naturally inspire in every British-born surgeon, we subjoin, for the admiration of our readers and the use of grateful posterity, a full reprint of one of two most remarkable recent achievements in operative surgery. Brought before the profession in the authorised bulletin we reproduce, and offered up to popular worship by the advertisement often published:—

"[Advertisement.]—Operative Surgery.—Amputation at the shoulder-joint in a patient aged seventy-one, successfully performed under the influence of ether by Thomas Wakley, Esq., surgeon to the Royal Free Hospital. Also amputation of the arm in a man aged seventy-five, under the influence of ether, successfully performed by Thomas Wakley, Esq. Perfect recovery of both patients. These cases exhibit the most extraordinary proofs of the safety and value of the use of ether vapour in operative surgery. The *Lancet* of — last, — contains full reports of these highly interesting cases."

we may confidently take both cases for surgical triumphs, admirable not only in themselves, but even relatively to that model hospital which they aid to immortalize.

The patient reader, having perused the reprint we have subjoined, will probably agree with us that it offers us the most singular case of "aneurism" and "FUNGUS HÆMATODIS" on surgical record. How excellent—how attractive is the heading! What a field for wonder and expectation does it open to us! What a rapid vicissitude of events!—events as unexpected and contrasting as the figures in a phantasmagoria, or scenes in

a succession of dissolving views. First come sanguineous collections arising from the opening of unimportant arteries, possessed by the genius of the artist into diffused aneurism of the whole limb! We reflect on how an aneurism so extensive is to be diagnosed and treated, and lo!—the scene shifts—the great artery of the arm is tied in a miserably wasted old man, and all the grand contingencies of wide-spread sloughing are brought into clear and certain perspective! Expectation is not long baffled. The "new" feature, sloughing of the muscles, makes its entrance, the narrator encountering it with an amiable surprise, and we have scarcely decided on how this sloughing has originated, when, presto, the scene shifts, and a malignant and incurable disease (fungus hematodes) takes possession of the contested arm—to the utter rout and discomfiture of everything in the way of modern pathology taught or known in Paris, Berlin, Dublin, or Vienna! But this model achievement of our model hospital, in the model year 1848, is too important to be treated thus generally. What, then, are its details?

Morris Mahoney, a patient of seventy-five years of age, enters the Free Hospital on the 4th of September, having previously failed to derive any benefit from those operative "muffs," Lawrence and Stanley, who are at the head of the rather "slow" concern called St. Bartholomew's. Foiled here, the poor man of course betook himself to the smart young gentleman at the head of the "Free"—the last hope of despairing patients—the *dernier resort* of the incurable of all other hospitals. A slight injury of the wrist, sustained five months previously, had produced no little inconvenience, but after a fortnight he had returned to his work as usual. Subsequently, however, from some unknown cause the arm began to swell, on the ulnar side, a swelling, which the parish surgeon increased. Blood, it is said, was profusely poured from each time, showing in the clearest manner that the surgeon had opened some branches of the ulnar artery. The treatment adopted in St. Bartholomew's is not recorded, but we find that, on the day of his admission to "the Free," the arm had swelled to double its proper size, and that there was no pulsation in the ulnar artery. At this stage of the case the surgeon *en chef* takes it for granted that he has an aneurism. Seemingly acquainted with some surgery known forty years ago, and estimating at a cheap rate the subsequent labours of Hodgson, the Dublin surgeons, and modern teachers, he aspires at once to the daring celebrity of placing a ligature on a great artery, and, leaving the ulnar to its fate, proceeds forthwith to the brachial!

This was certainly rather dashing surgery. We had thought and hoped that this mistaking of wounded arteries for aneurisms was a vice not of this century but the last. After the labours of Scarpa—so bright, so luminous—after the splendid monographs published by the French Academy of Medicine—after what may now be termed the cosmopolitan experience of the schools of Edinburgh, Dublin, and London—we owe some amazement at the fact that the revolving circle of human error should present to us to-day in a London hospital the old mistake so long exploded in all others! For the patients of the Free Hospital science for the present century has tolled in vain! In their favour there seems to be a "restoration" of the blunders that have abominated in all other localities.

Instead, then, of following the wound made

by the parish surgeon, extending his incision, sponging out the fluid blood (if blood) which was gradually and slowly filling the arm, dissecting the muscles, and, as ultimately happened, laying bare the bones themselves, and thus ascertaining what really had happened, the surgeon *en chef* will have it that this wounded artery is an aneurism, and, as it is as easy as *distilling* to achieve the ligature of the brachial, he ties that great arterial trunk. The great deed done, the ligature, so far removed from the seat of mischief, failed, as every surgeon must have foreseen, to influence the hemorrhage from the ulnar branches, and, apart from the surgical distinction he had unconsciously conferred, the poor patient was not the better for his heroism—if anything, the worse, for he lost by it an extra chance or two of recovery. In an emaciated and irritable old man of seventy-five, a ligature cannot be put on the arterial trunk of a limb without the greatest hazard of that limb's falling into gangrene. Even in the young, healthy, and active, the operation is not without occasional danger. Every surgeon who has had experience in popliteal aneurism knows that a ligature on the femoral artery is but too often attended by the loss of limb and life through sloughing. When the brachial artery has been punctured by the operator even at the bend of the elbow, and a vein simultaneously opens whereby the blood can communicate with the nervous system, it is known that a ligature cannot be put on the brachial artery without endangering the loss of life. Indeed, no practical surgeon now talks of tying the brachial in a wounded artery of the wrist, or even if the wound take place at the bend of the elbow; for it is a well-established fact that to tie the brachial artery a little higher up exposes the patient to repeated attacks of hemorrhage—to repeated surgical operations, and sometimes, as is mournfully illustrated in the present case, to loss of limb or life.

Let us recollect, also, that on Sept. 4 the exploring needle showed that florid blood filled the sheath of the forearm. If this be a fact, on what pretence could an operation be delayed till Sept. 13, nothing in the interval being done for the arm and wound? An expression indeed bearing on treatment does occur well worth both record and comment—"He was ordered to try gentle bandaging and the application of cold." Who applied the bandaging? Was it the patient, house-surgeon, or the surgeon *en chef*? Was he left during nine days to the mere chances of bandaging for a limb filled with florid blood? Or was the bandage applied by the surgeon, or indeed by anyone? Hardly. Curious as is the surgery of "The Free," there was none bold enough to apply a "gentle bandage" to a limb so situated, in the hope of arresting a deep-seated hemorrhage, coming from an unknown source, or, if any source was conjectured, a source so formidable as the ulnar artery!

Having now, with all the deference due to the model hospital, used our illustration and pointed our moral, that these ligature operations though simple in themselves, are never to be engaged in without the most discriminating and deliberate consideration, we shall proceed, with equal humility and respect, to consider some of the effects that rapidly followed to this poor man—the victim certainly of a hard destiny. The great result—sloughing of the limb—which was to be looked on as inevitable took place faithfully and punctually, this first fruit of the great surgical achievement presenting itself on the 16th, and at the point of the unlucky puncture made

by the parish surgeon. To describe what followed would be but to register what any surgeon would have predicted at the operation.

The swelling of the arm continues, with a dry and red tongue; that which the surgeon *en chef* mistook (amusingly) for an ecchymosis "proves to be a slough also;" sinking of the vital powers takes place, with a small pulse, fever, fetid discharges from the arm, sloughing of the muscles. All these symptoms created, if not treated, *consumption* (the suppuration and chloride of lime and carrot poultices), are events flowing from the antecedents just as naturally as cause and effect under any chain of necessary causation. If externally we have nothing better, than carrot poultices, internally the provision is better—two bottles daily of Guinnee's stout, and wine, and chops, and eggs—just to show, probably, how temptingly well an operation-dile patient will fare within those walls that frowned refusals—deaths—a few months since, on the consumptive wretches vainly imploring admission to its many vacant tables and unoccupied beds.

On Oct. 2 the sloughing process had gone as deep as it could without traversing the whole of the limb: it had laid bare both bones and the interosseous membrane, showing further those phenomena described (by the surgeon *en chef*) as "healthy granulations" springing up from the edges of the excoriation, and which beyond a doubt were merely the red surface of exposed muscles. The hemorrhage, of course, continues, and a fungous growth (simultaneously with the "healthy granulations") appearing at the bottom of the excoriation, the foul and bleeding sore is at once set down as fungus hematodes.

That state had now arrived to which every step yet taken had necessarily conducted, viz., a hopeless state of the limb. Amputation is proposed and agreed to: the limb is removed by flap operation, above the elbow-joint, on the 14th of October—either, as an important part of this tale in *some*, being of course duly exhibited, as in the first operation. On the 20th Nov. the man has a shrivelled and attenuated form, and on the 24th Nov. we find the following curt and comprehensive report:—"Discharged, quite well." No dissection of the forearm is given, not history of the pathology or appearances; and the reader is left with the pleasing idea, that fungus hematodes in the Royal Free Hospital is now a curable disease. Consumption—a case not so propitious there hitherto—will come next; and the good public smitten at once by the marvellous nature of its cures, and the kin mode of handing them to publicity, will be very apt to commit the injustice of fancying that Professor Holloway's ointment is in surreptitious use through the wards of the model hospital. There can surely be no other scientific explanation of its recent miraculous marvels.

Our first model case must, so far, then be confessed somewhat unfortunate. There was no justification for the ligature, as every student of a year's study will now admit. Bad even with greater proximity of the wounded part, it was extravagantly wrong when that injury affected the forearm within an inch of the wrist-joint, and in the seat of arteries known since Hunter's time as peculiarly exposed to secondary hemorrhage, and requiring for their successful treatment a wholly opposite course. We are sorry to weary a reader of average information with these elementary truths, but something must be pardoned to our interest for the surgeons and inmates of "The Free," to whom rudimentary science is of considerable importance.

To sum up, we have at once, error in diagnosis and error in treatment. First, wounded artery mistaken for aneurism; red muscle exposed mistaken for healthy granulation; initiatory sloughing mistaken for ecchymosis; ill-conditioned granulating growth mistaken for fungus hæmatodes; and fungus hæmatodes mistaken for a curable disease. And then, in treatment, we have the wounded artery not exposed; time unnecessarily lost, thereby entailing the dissection of the muscles of the forearm in their sheaths by the effused fluid; the well-known caution neglected as to the treatment of wounded small arteries around the wrist by careful pressure from bandaging, and a special attention to the local circumstances as they arise; the main trunk of the limb tied (with proximate fungus hæmatodes!) at a part so remote as to render it hopeless that the ligature would command the hemorrhage of the ulnar; in fine, two capital operations unwisely necessitated at the greatest possible risk of life in both, with the certitude of loss of limb in one!

Case the second we will dispose of briefly, for

we have criticized it in advance. Like case the first, it is an advertisement given as a contribution to science. We dare say an arm may be taken off at the shoulder-joint in the Royal Free Hospital, when it trusts itself there; and, if the fact were doubted, the advertisement serves a useful purpose, if people will believe it. But what of it, after all? What is the feat at its best but a dissecting-room trick easily acquired, requiring but small manual dexterity, and still less anatomical or practical knowledge? But even in so simple a case apparently, and so easily told, the useful facts are for some reason withheld. An aged person is admitted on the 3rd of November, for a large malignant tumour and open sore on the back of the arm—a case, according to the reporter, of fungus hæmatodes of some standing. Passing by two showy drawings of the arm and tumour on dissection, we are told that the largest flap was taken from the deltoid; now, the sketch before us forbids the possibility of doing so, unless it had been merely from the anterior portion of the muscle, for the tumour is

drawn as occupying the outer and back part of the arm nearly to the acromion process. The subsequent stages of the operation are not so much as attended to; and in respect of the tumour itself, no hint is given of its appearance when cut into after the removal of the arm; how connected; if involving the nerves, the artery and veins. We must, however, do the case full justice. If the scientific interest be small, the personal is great: a modest hint being given that the patient had previously (with no advantage of course) consulted a *nameless distinguished surgeon*.

So much for two "extraordinary" cases, in which, according to the popular advertisement in the daily papers, there was, strange to say, "perfect recovery." A third "extraordinary" case stands before us on our table awaiting from us its editorial sentence. It shall not wait long, for it also illustrates our initiatory inquiry, What is surgery in 1848? What is *British* surgery in 1848? What, above all, in 1848, is British hospital surgery?

ROYAL FREE HOSPITAL.

Diffused aneurism occupying the entire forearm; ligature of the brachial artery; sloughing of the muscles, &c., of the forearm, terminating in fungus hæmatodes; amputation of the arm; safety of using the ether in an almost moribund condition of the patient; complete recovery.

Reported by WEDDEN COOKE, Esq., Resident Surgeon.

Morris Mahoney, aged seventy-five, an emaciated Irishman, was admitted Sept. 4, 1847, under the care of Mr. Thomas Wakley. Five months previously he had been knocked down by a cart; his hand was forcibly turned backwards upon the forearm, producing at the time considerable pain. After a day or two he felt but little inconvenience, and worked as usual. At the expiration of two months the ulnar side of the wrist began to swell, and, continuing to do so for a week, he became a patient in St. Bartholomew's Hospital. He remained there three weeks, and the swelling continued to increase. Subsequently he placed himself under the care of his parish surgeon, who twice lanced the arm: blood was profusely poured out each time, the swelling increased, and extended up the forearm, but did not proceed beyond the fascia of the biceps.

Sept. 4. He now complains of most excruciating pain in the forearm; it is at least twice as large as the other forearm; the surface is redder than natural, and the superficial veins are greatly distended; there is pulsation in the brachial and radial arteries, but none in the ulnar; the sense of fluctuation from the wrist to the bend of the elbow is very distinct; the swelling does not encroach upon the arm; it is entirely confined beneath the fascia bicipitis. The last opening made by the lancet, before he came to the hospital, is not closed, but discharges occasionally a small quantity of blood, and the part surrounding the opening is elevated in a conical manner. Upon the introduction of an exploring needle, florid blood escaped. The old man, although irritable, and wasted from suffering, with bluish gums and lips, and a red, rather dry tongue, has all his important organs—heart, lungs, liver, and kidneys—in a healthy condition. The secretions are regular and natural. He was ordered to try gentle bandaging and the application of cold, with some full doses of opium to relieve the pain, from which he experienced great comfort. The swelling, however, continued to increase, the arm being larger, by three lines, in eight days after his admission; it was therefore deemed advisable, on a consultation amongst the medical officers, to tie the brachial artery; thus treating the case as one of diffused aneurism. Mr. Wakley performed this operation on the 13th of September. The artery was perfectly isolated, the ligature made fast, and the pulsation of the radial artery ceased. The ether was successfully employed during the operation.

14. He had an opiate last night, and slept at intervals, but complained of pain; the heat of the arm is undiminished; the veins, which were previously distended and dark-coloured, are now apparently empty, forming, as it were, canals between the muscles; the arm is enveloped in cotton wool; very little constitutional disturbance; appetite good; bowels open; skin moist. Ordered beef-tea during the day, and a grain of morphine at night.

15. Slept soundly for fourteen hours; tongue dry in centre, somewhat brown; the whole of the forearm is of a deep-red colour; complains of pain; says his hand is cold, but it does not feel so; the forearm is hotter than before the operation; pulse 96, small, compressible; secretions natural. Repeat the morphine at bedtime.

16. Pulse 90, of good power; tongue moist, very red at edges, furred in the centre; slept well at night; the lancet-wound made before he came into the hospital has become sloughy; there is a small quantity of ragged pale cellular tissue protruding from it; the arm is very warm, and its colour less dark. Repeat the morphine.

17. Was in pain, and slept badly last night; pulse 90; tongue still red and furred; appetite good; the wound made in tying the artery is healing. Ordered one grain and a half of morphine at bedtime; meat and porter; and cold lotion to the arm.

18. Slept well during the night; pulse 90, soft; rather weak; tongue dry in the centre, and rather brown; the arm is increasing in size; the livid appearance is less; the integument at the upper part is recovering its natural hue; at the inner side of the forearm, near the wrist, there is a small patch of ecchymosis; there is much less pain. Ordered beef-tea, meat, and two pints of porter; and repeat the morphine.

19. Tongue is now dry, and very red; his appetite is excellent; had a good night, and is quite easy.

20. The wound made by the lancet is sloughing, and the ecchymosis near the wrist proves to be a slough also; the rest of the arm is of natural hue and temperature.

21. Appetite not so good; is depressed, and complains of pain. Ordered six ounces of port wine.

22. Is much improved; slept well, and is nearly free from pain; sloughing process going on rapidly.

23. Pulse 96, small; tongue dry and red in the centre, moist at the edges; the bellies and tendons of the flexor muscles are exposed and protruding, but the skin at the edges of the slough is healthy; the discharge is slight, of a sanious character, and not peculiarly fetid; the morphine was not given last night, and in consequence he was very restless. Ordered bark and acid; port wine, porter, beef-tea, and mutton chop; repeat the morphine.

24. This morning a portion of the sloughing muscles came away; increased discharge of the same character; pulse 84, much more power; tongue less dry; eats and drinks well; slept soundly all night. Wash the arm with solution of chloride of lime, and apply carrot poultices.

27. The ligature of the artery came away this morning; the greater part of the flexor muscles has sloughed away. Mr. Wakley removed the tendons with the scissors; there is a good deal of sero-sanguineous fluid discharged in the poultices; some dark clots may be observed clinging to the ulna, which is exposed; the tongue has now become moist, clean, and less morbidly red; appetite good; takes two bottles of Guinness's stout, besides wine, two chops, and two eggs, daily; secretions still regular and natural; sleeps well; is in no pain; countenance cheerful, and spirits good; pulse ranges from 80 to 100; the skin around the part sloughed has a healthy hue, and is granulating at the edges; there is now more action.

30. Sat up yesterday for a short time.

Oct. 2. The sloughing process appears to have ceased; the excavation is very deep, completely exposing the inner sides of both bones, and the interosseous membrane; granulations are springing up from the edges of the excavation; sleeps now without the morphine.

5. Some venous hemorrhage has occurred occasionally since last report; a small, spongy growth has made its appearance, lying upon, and partly covering, the ulna; continues to take his food, and sleeps well.

8. The spongy growth has increased, bleeds upon being touched, and especially when washed. There have been three hemorrhages, since the 5th, of about three ounces each time, which have reduced him considerably. He, however, continues to take food, and sleeps well. To apply cold vinegar and water, and continue the stimulating diet. The blood discharged, upon examination under the microscope, exhibited no caudate cells—nothing but pus and blood-globules. It was, however, considered that the disease could not be other than fungus hæmatodes; that the hemorrhages, although small, were exhausting the patient; and that consequently the only chance of saving his life was by removing the arm. He, however, refused to consent.

12. The repeated hemorrhages have reduced him to so low and perilous a condition that the intention of amputating the arm is abandoned; happily, he still continues to take food and stimulants.

13. He now lies in an almost moribund state, and it is considered that his death will inevitably take place in the course of a few hours.

14. Has rallied to some extent. In the afternoon he confessed to his priest, and took leave of his children, as though certain of death. But after "confession" he expressed a wish to have the operation performed. Although the case appeared to be utterly hopeless, Mr. Wakley immediately consented to operate, and stated that he should administer the ether, as, from what he had witnessed of its sustaining power in some other instances of extreme debility, he expected benefit from it, in addition to protecting the patient from the shock of the operation. The ether having been inhaled for about a minute, Mr. Wakley amputated the arm. He preferred the flap operation, as it enabled him to cut below the point where the brachial artery had been previously tied. By adopting this precaution, he hoped to limit the loss of blood to a very small quantity. Although there were several small arteries which required ligatures, not two ounces of blood were lost in the operation. The patient did not feel pain until after the operation and dressings had been quite completed. Having taken, at intervals, some brandy, ammonia, and opium, he passed the evening and night quietly, and obtained some sleep.

15. Very slight oozing of blood; quite relieved from all pain; pulse 96, rather hard, and small; tongue dry and red; took an egg and some tea this morning. To have beef-tea, and fish for dinner.

16. Slept well last night without an opiate; is cheerful, and takes nourishment well; pulse is now soft, 96.

17. Stump dressed, healing by first intention; is troubled with hicough this morning. Ordered four ounces of wine.

18. Hicough continues; slept well; bowels regular. Ordered an ether draught, and to continue the wine.

19. No hicough to-day; going on well.

23. The tongue, which from the commencement had been remarkably red and glazed, is now assuming a natural appearance; the stump discharges healthy pus; he is still extremely feeble, but is much improved in his looks. The ligatures came away to-day without the least hemorrhage; he is taking four ounces of port wine and two chops daily, besides an egg for his breakfast.

27. He has very little pain; it is sometimes necessary to give a small dose of opium at night; he sits up now every day for an hour or two; stump healing.

30. Complains of more pain at the inner part of the arm than usual; there is some thickening and tenderness in the course of the vessels, with considerable discharge of rather thin pus from the inner side of the stump; tongue clean; sleeps well; appetite good; some oedema of the legs.

Nov. 8. The attack of phlebitis has been very slight; discharge now healthy and thick, and tenderness in course of vessels gone; the secretions are all natural.

15. Complains sometimes of pain in the stump, which disturbs his rest; he gains strength slowly; the oedema of the legs has disappeared; he can now walk about the ward, tottering. Ordered an opiate at night when necessary.

20. Stump healed; he now walks with a steady gait; the blueness of the lips has given place to a more healthy hue, and the anxious countenance to a smile of cheerful ease and gratitude; the tongue, which was so peculiarly red for a long time, is now quite that of a healthy man, whilst his shrivelled and attenuated form is beginning to show signs that the balance between deposit and absorption is in his favour.

24. Discharged quite well.

ON MEDICAL EDUCATION.

[FROM A CORRESPONDENT.]

"Honos alit artes, omnesque incenduntur studia gloriâ:
jacentque ea semper quæ apud quosque improbantur."—
CICERO in *Tusc. Disp.*

(Continued from page 497.)

SOME persons are of opinion that too much of the time which should be devoted to the acquisition of practical knowledge, or to the proper cultivation of our own language—so often and so shamefully neglected—is now bestowed upon classical education. But it must be remembered that this knowledge is necessary in the details of our profession, and must ever be considered to maintain a high position as constituting an integral part of a sound and scientific education. It seems unnecessary to say more on that subject here, as the rudiments of more than one language will have been generally surmounted before young men decide on adopting any profession, and such parental culture completed as will have impressed distinctly on their minds the unerring principles of morality and religion.

The exercise of the two mental faculties—observation and reasoning—is of incalculable value to the medical student. They are intimately connected with all his subsequent pursuits, and must form the groundwork of his professional knowledge. "Education," says Dr. James Johnson, "is partly made up of abstract, partly of practical, science. As philosophers we ought to cultivate the former; as physicians and surgeons we must apply, and should be familiar with, the latter. The mass of students are neither calculated nor intended for mere speculative men. They require that practical knowledge without which they can neither feel nor inspire confidence, and which is as indispensable for the safety of their patients as for their own success." It is only by awakening those faculties to which I have alluded that practical knowledge can be turned to good account; and, to render this more effectual, the early study of metaphysics requires attention. I cannot avoid looking on this branch of science other than as the most ennobling of pursuits. Through it we obtain a knowledge of the faculties, powers, and operations of our own immortal souls; the investigation, as far as we possess the power, of the nature of our own intellectual being; the distinguishing characteristics of mind and matter; their connection with each other; the phenomena which we daily exhibit to ourselves of sensation, perception, memory, comparison, and the adaptation of means to the end. These comprise the great principles for which the power of reasoning was conferred upon us—a power which, as Dr. Black observes, "if we do not exercise, we are bigots; if we cannot, we are fools; if we dare not, we are slaves." Study of this nature possesses peculiar interest for medical men, connected so nearly as it is with our duty and destiny as immortal beings, with the question of the freedom or necessity of human actions, our responsibility for our conduct, and our anticipations for futurity.

Together with this, the necessity of ethical instruction stands prominent. It is important not only as a discipline of the intellect, but as a means of moral improvement. By it is cultivated that faculty in man which teaches him to distinguish good from evil—which makes one course of action the subject of self-approbation or of self-reproach on the one hand, and shows the tendencies of human desires to produce misery on the other. It is the investigation of a universal law, by which all moral beings are bound to the throne of God—a law which no power but the

infinite can abrogate or annul. The foundations of morality are eminently calculated to train the mind to strength and acuteness, but they require to be fortified by study and investigation; for the law which rules them, although plainly written, requires the lamp of knowledge to make it legible to the mind and influential in its authority on the conduct. The deplorable negligence of the cultivation of this principle has left room for animadversion on our profession. Only a few years back Lord Brougham stated in the House of Lords, that "the moral weight attached to the opinions of medical men was of much importance, and required to be examined into; that no punishment ought to be commuted on the responsibility of a medical man; that it was quite monstrous such a practice could be pursued at all, for it was well known with what facility medical certificates could be obtained." These remarks afford subject for serious reflection indeed; and if, as thus confidently asserted by such an eminent authority, this depravity exists among any members of our profession, it should warn us that the best method of removing such an evil is by early inculcation of right principles at a time when fraud, falsehood, and injustice are most abhorrent to the youthful mind. The love of truth and living sense of duty are born with us, to be developed by education; they enter into the inmost recesses of our nature; they bear on all our hopes and expectations; they open the eyes of the soul to the great purposes of life; and by experience they teach us that there is a moral mirror in the heart of man which reflects the images of things around him, and by which every change that comes over Nature's face is mingled sweetly, though too often unnoticed, with the thoughts and feelings called forth by other impressions.

Many may urge that these matters are too purely of an abstract and philosophical nature, and too frequently unattainable by the majority of pupils. Such objections cannot hold good, if they are considered essentially requisite preparatory to entering on the severe, precise, and elevated studies connected with the medical profession. They are perfectly attainable through every classical and scientific teacher; and whoever looks on, as too difficult, knowledge so necessary—nay, so indispensable—has not a mind calculated to acquire a sound knowledge of any scientific art. There are many reasons why they should be included in preliminary studies: firstly, because of their inestimable value as a mental preparation; secondly, because the constant application which their successful study requires will exclude the idle and the stupid from the ranks of the profession; and thirdly, because their early acquirement will afterwards prevent the attention being distracted by devotion to these, amid the bustle of practical pursuits.

I must here candidly confess that I am not one of those who think there is a royal road to science by the charm of a university education. I have known many persons possessing moderate abilities who never passed a single university examination, and who, nevertheless, had a sounder and more extensive knowledge of science and classics than any university man of the same standing. Nor would I for a moment hesitate to place in competition those taught in private schools and under private teachers with those redundant in university honours, and to assert that, of all amongst them who have risen to

eminence in the world, the universities have furnished the smaller portion. The spirit of monopoly which rears its giant head in all our universities should make us look upon them with distrust; and, until they imitate the example set to them by other countries—more liberal and generous in this at least—I, for one, would never advise a friend of mine to put a foot within their precincts, or receive a single lesson from any professor in their great halls. "Whatever the defects of American universities may be," observes Mr. Dickens, "they disseminate no prejudices; rear no bigots; dig up the buried ashes of no old superstitions; never interpose between the people and their improvement; exclude no man because of his religious opinions; above all, in their whole course of study and instruction, recognise a world, and a very broad one too, lying beyond the college walls." How would every man, happy of the honour and glory of his country, feel his heart beat happier and with higher aspirations, did he see the time arrive when this picture would contrast less vividly than it does now, with those institutions which every nation looks upon as guardians of the treasures of her genius, as citadels of her intellectual power, impregnable and ever-enduring!

A collegiate course of classics, at least, is indispensable to all medical students; but this, we know, can be obtained out of a university as well as in one, the fees of which are in many instances insuperable barriers to students whose talents may be of the highest order, but who may labour under the disadvantage of "limited means." How far this should extend may not properly be discussed here; the limits and details of such a thing pertain rather to a plan of educational reform, than to any paper of which the object is to point out the *kind* of education and instruction best calculated to give a high position to our profession.

Before quitting the subject of preparatory education, I cannot avoid observing how painful it is to reflect that in the culture of our own language, used in the daily business of our lives, and whereof a correct knowledge is so easily attainable, medical men are often proportionably negligent and deficient. The power of writing, reading, or even speaking well is one possessed less frequently than we should desire to acknowledge; and the circumstances under which professional men are often placed through life render a deficiency in these respects, to one who labours under it, most disagreeable and embarrassing. Above all things, this should be impressed distinctly on the mind, that, without a solid English education, the most perfect system of medical studies will not make them men of business, as all professional men must of necessity be in the present age.

WHAT HAVE MEDICAL CORPORATIONS DONE FOR THE PROFESSION?

THE age in which we live is remarkable for the changes which have been effected in institutions venerable from their antiquity. The various nations of Europe have been animated by a spirit of investigation which has induced them to examine the modes of government under which they live, and to pass a verdict upon their merits. Moved by the same spirit, the members of the medical profession in England have arraigned at the bar of public opinion those corporations which exercise authority over them. A variety of circumstances have conspired to awaken them to this effort, but one especially

has animated them with perseverance, viz., the oppressions which the majority of medical practitioners have for a long time suffered. Their lamentations have waxed louder and louder, and under the pressure of difficulties they have been disposed to pass some severe censures on medical corporations. The inquiry has been made again and again, Of what use are these as they are at present constituted? and we propose in this article to examine the question so far as concerns the London triumvirate.

In glancing over the history of these worthies, we find that they have been remarkable for a propensity to reflect on each other, and by overt acts have unwittingly condemned themselves. Let us examine, in the first place, the conduct of the College of Physicians. For years it slumbered under the shadow of its own supposed greatness, and symptoms of life were only manifested when there was a prospect of promoting its own interests. To science and to the profession its existence was no boon, for it neither patronized the one nor protected the other. For years it confined within a narrow circle the honours and emoluments at its disposal, and, with a strange infatuation, frowned with contempt upon its most talented licentiates who were unable to enter the college portals by way of Oxford or Cambridge. The cap and gown of these two venerable seats of learning possessed a talismanic power in Warwick-lane; before them the college gates spontaneously opened, and by their influence the most exalted stations were easily obtained in this temple of science. The ungowned candidates for the licence, however, were compelled to undergo the ordeal of an examination before they could be even admitted into the outer court; and so unfair was this often conducted that some of the most worthy men were often branded with the stigma of ignorance, and sent back to their studies. The list of rejected candidates will for years to come reflect disgrace upon the corporation, which was more concerned to have within its pale men possessing academical honours than those having medical skill. In the palmy days of snobbery and sneaking, quackery flourished within the precincts of this ancient college. There were to be found, either amongst the fellows or licentiates, mesmerists, hydropathists, homœopaths, worm-doctors, water-doctors, &c.; and the authorities either winked at their doings or used but feeble efforts to check them. Even to this day the corporation is contaminated by quacks, and all that is done to deter them from their proceedings is to threaten them with expulsion, which occasionally has been carried into execution.

The college, feeling its own weakness, a short time ago applied to the Government for a new charter, a draught of which we laid before our readers about a fortnight since. Under the operation of the present charter two classes of licentiates have existed—the *permissi extra-urbem*, and the *permissi intra-urbem*. In clause 4 of the new charter it is proposed "That each of the present extra-licentiates shall be admitted an associate of the corporation on the production to the censors of testimonials of character and professional qualification which shall be satisfactory to them, and on passing such examinations before them as shall be regarded by, and shall be satisfactory to, the censors, and on his paying to the corporation a fee of £25, exclusive of the stamp duty." Now it is evident, by a reference to the act of Henry VIII., that

the two classes of licentiates are equally ancient, and have equal privileges within their appointed districts. It is equally certain that the extra-licentiates did not obtain permission to practise as physicians without having passed the examinations required by the college, and paid the stipulated fees. What, then, are we to think of this licensing body, first to grant authority to certain persons to act as physicians, after being examined "by the most cunning and expert of the faculty in London," and then tacitly to declare that their examination was mere fudge, the interests of the public and the college requiring *permissi extra-urbem* should again be further examined, and a larger amount of money demanded of them, before they can be admitted "associates of the college"? It has thus offered a gratuitous insult to itself in endeavouring to perpetrate an act of injustice upon its licentiates. What confidence, we ask, is to be placed in a corporation which has authority to license persons to act as physicians—which exercises this authority—and then demands of the Government new powers by which it may be able to call certain of its licentiates before them to undergo another examination, or else be disfranchised, as the first was not a proper one? What trust ought the public to put in such a corporation? We deeply sympathize with those gentlemen against whom this clause was intended to operate, and we sincerely hope that they will not be backward in vindicating their honour and maintaining their privileges.

We notice, secondly, the conduct of the College of Surgeons. With this institution the great body of the profession has more especially to do, as the majority of general practitioners in England and Wales has received from it a diploma of membership. But what has this corporation ever done to promote the best interests of those who have obtained this document? We are compelled to answer—nothing. It has existed for the advantage of the few to the injury of the many—it has conferred membership without privileges, and it has declared that its diploma is no test of professional ability in the possessor beyond the "ordinary exigencies of surgery." It insists that it is a college of pure surgeons, and, therefore, strenuously opposes all efforts for the enfranchisement of its members. It would be a difficult matter to discover any great boon that this college has ever conferred, either on the profession or the public; for, according to its own showing, it bestows upon the one no honours, and upon the other no protection. And yet this corporation determines to maintain its hold upon the purses of general practitioners; for it will be a party to no measure of reform where it is not allowed to vend its diploma in the same way and for the same price as it does at the present moment. If the college is to become what it ought to be, it must undergo a great change.

Finally, we have, as an English medical corporation, the Apothecaries' Society. And what advantage to the profession has this ever been? That it has been guilty of many sins, both of omission and commission, like its aristocratic neighbours is certain; but we must, at the same time admit that this *trading company* has proved itself a friend to medical education. It has resisted the efforts of the Lincoln's-inn establishment to lower the status of the general practitioner, and it has prevented it also from lowering the standard of his professional education. This company, however, though, furnished with

power to put down uneducated practitioners by an act of Parliament, has been exceedingly remiss in defending its licentiates against their encroachments. With an income, from the sale of diplomas, more than adequate to follow up vigorously needful prosecutions, it has pleaded poverty as an excuse for a neglect of an imperative duty. The licentiates have, in consequence, been left to fight their own battles, and to incur the opprobrium and responsibility of informers, whenever they have considered it necessary to institute prosecutions against quacks. Under such circumstances, we cannot wonder that they are, in too many instances, permitted to proceed in their iniquitous career unchecked; and lawful practitioners with some show of reason charge the Society with a betrayal of their interests.

Is it, then, a matter of surprise that the profession should have been long desirous of an efficient measure of medical reform? It has been—like Sinbad with the Man of the Sea on his back which he was for a long time unable to shake off—saddled with corporations which have made it groan beneath their weight. Relief seems yet at a distance, but it may come through the medium of a new incorporation. The outline of the proposed charter is certainly not all that the profession requires, yet by a little effort there is no doubt that greater privileges may yet be secured. It will, certainly, with its defects, be better adapted to the wants and wishes of the profession than the Apothecaries' Society; and, through the medium of a college in which the energies of the great body of medical practitioners can be consolidated, the work of redemption may at length be completed.

THE CROYDON CASE.

We have received a list of subscriptions already entered into to aid Mr. Bottomley and Dr. Berncastle in any step they may conceive proper, to justify themselves against the misconduct of the guardians of the Croydon Union. We are happy to observe this gratifying proof of the feeling evinced by the profession on what amounts to a general outrage; and in our next number we shall publish the list with any new accessions it may receive in the meanwhile.

THE POOR-LAW MEDICAL COMMITTEE.

We are anxious to direct attention to the report of the interview with Mr. Buller in another column—and especially to the resolutions recorded in that report as having been agreed to by the committee.

ASIATIC CHOLERA.

THE Registrar-General, in this week's return, narrates a death occurring from this formidable malady in the East-end of London, after five days' illness. There will, probably, on further investigation, be found some mistake in this statement; but, coming from such high authority, there is enough in it to justify this brief notice, in order that the attention of practitioners may be awakened in this direction, if the report should, unfortunately, prove correct.

MEDICAL PORTRAITS.

MR. STONE, of the College of Surgeons, has enriched the pictorial collection which he has undertaken to publish by two lithographs of our distinguished contributors, Dr. Todd and Mr. South. Privileged to bear testimony to the fidelity of the likenesses, and the felicitous skill of the artist, we cannot do a better thing than advise the readers of the *Medical Times* to testify their sense of the obligations they owe, and especially of those they are to owe, to these honoured

ornaments of our profession, by adding forthwith the two engravings to the number of "their household gods." It is to such men as South, Todd, Rigby, and Fergusson—the subjects of these sketches—that we owe whatever standing the profession maintains for erudition, high talent, and true gentlemanly feeling.

IMPORTANT INTERVIEW WITH CHAS. BULLER, ESQ., M.P.

A deputation from the Committee of Poor-law Medical Officers waited, on Tuesday, the 18th inst., by appointment, on Mr. Buller, the president of the Poor-law Commission. The deputation consisted of Dr. Burton, of Walsall; Dr. Barnett, Mr. Bottomley, Mr. Liddle, Mr. Lobb, Mr. Vallance, Mr. Lord, Mr. Ross, and Mr. T. P. Healey, the honorary secretary.

Dr. Burton, after introducing the deputation, read the resolutions agreed on by the committee, as suggestions for the remedy of the grievances now complained of by poor-law medical officers. They are as follows:—

- "1. That, in the opinion of the committee, it is essential that the payment of medical officers should be by a fixed salary, exclusive of fees for midwifery and important surgical cases.
- "2. That the amount of salary might justly be fixed, either by an estimate of the average of cases attended during a series of past years, considered in connection with the area of the medical district, or by the payment of a certain sum per head on the population, corrected by the consideration of the relative density and poverty of the district.
- "3. That, making every allowance for the difference which must exist in the remuneration of private and public practice, it would not be just that the salary should be based on a less amount than 6s. 6d. per case, with the charge varying with the area.
- "4. That medical officers of workhouses should be paid a separate salary, based on the average number of inmates, at not less than 7s. to 10s. per head.
- "5. That it is just and proper, and conducive to the interests of the poor, that an extra payment should be made, as at present, for midwifery and for important surgical cases; and that it appears to the committee advisable that the fees should be paid for cases occurring in workhouses, as well as in outdoor cases.
- "6. That to the cases of surgery requiring payment enumerated in the general order of the poor-law commissioners should be added—
Fractures of the clavicle;
Fractures of the skull;
Retention of urine, when requiring repeated introduction of the catheter;
Severe burns and scalds;
And that £3 be paid for compound fracture of the arm.
- "7. That the payments allowed for midwifery and surgical cases under the general order of the poor-law commissioners are satisfactory in amount.
- "8. That in order to remove difficulties in the way of a more equitable payment of medical officers, and considering that half the union medical expenses are already paid from the Consolidated Fund, it is highly desirable that the whole expenses of the medical attendance on the poor should be removed from unions to the Consolidated Fund.
- "9. That it is expedient that there be a director-general of the poor-law medical department appointed by Government, and exercising supervision over poor-law medical practice, in the manner of the other public services.
- "10. That it is expedient that there should be inspectors-general of poor-law medical practice appointed by Government, and acting under the orders of the director general.
- "11. That the inspectors-general, acting each in a district assigned to them, should examine the infirmaries of workhouses, inspect the reports of the medical officers, inquire into cases

of alleged negligence, &c. &c., and that matters of disputed payment should be referred to them.

- "12. That the medical officers of unions should be appointed by boards of guardians as at present, subject to the approval of the director-general; that their qualification should be as at present ordered, but that all future modifications of the qualifications should be made by the director-general.
- "13. That the appointments of all medical officers should be permanent, that is, to endure until they die, resign, or are dismissed for some valid cause.
- "14. That the forms of books or reports should be approved by the director-general, and should be as short and simple as is consistent with the requirements of the public service.
- "15. That the access of the paupers to the medical officers should be made as ready as a due distinction between those who require parochial attendance, and those who do not, will admit. That in doubtful cases where illness exists, and there appears to be temporary destitution only, the board may grant medical relief by way of loan; that in such cases a fee of _____ be paid by the board of guardians to the medical officer."

Dr. Burton then impressed on the president, that the grievances thus proposed to be remedied must be both numerous and oppressive, or the board would never have heard of so important a meeting as the Convention, or of so established an organization as that represented by the committee. The boards of guardians were potent, and medical men, for many reasons, wished to stand well with them. In so many gentlemen thus coming forward, therefore, publicly to perform a disagreeable and unpopular duty, there was proof evident that the cause impelling them was no ordinary one. The workhouse attended by Dr. Burton afforded no bad exemplification: though he was better paid and treated than most persons similarly situated, his yearly stipend barely covered the expense of the drugs and other medical appliances, and the last year it had even failed to do this; and he suggested the mischief that might arise where, from the pecuniary circumstances of the surgeon, or other causes, it would appear to him a less hardship to place the loss on the paupers, or indirectly on the ratepayers, rather than bear it longer himself.

Mr. Buller admitted that the higher cost of good medicines might act as an inducement, with some, to use them as little as possible; and he was directing his attention to that point as a great difficulty in the question.

Mr. Vallance showed that any system of drug depôts under the commission would be too expensive to succeed—a fact proved by recent unsuccessful attempts. He then enlarged on the general question of medical relief, and its hardships, especially on the non-permanency of appointments, and pointed out particularly the absurd and harassing way in which union surgeons, as exemplified in his own case, were obliged to keep their books; he had himself ten sheets of close-ruled columns, containing each nearly thirty names, to fill up every week—work enough for a copying clerk, and deserving to be paid at the rate of the surgeon's entire salary.

Mr. Buller suggested that if so, and the committee would favour him with matured recommendations for a change, he would gladly consider them, and, if he approved of them, would adopt them. As to what had been said on the permanency of officers and the appointment of inspectors, he had already in Parliament expressed his opinion, though he confessed that the frequent change of guardians was a point worthy of further attention, in connection with permanent appointments of medical officers.

Mr. Vallance then called Mr. Buller's attention to an advertisement which appeared in one of the provincial papers, requiring a medical officer for the Cleobury Mortimer Union, who would be required to undertake the entire duties of the office, under the prohibition of not en-

gaging in private practice, for a salary of £180 per annum, which would include payments for midwifery cases, whether common or difficult; all fractures, amputations, and vaccination, the union supplying drugs, leeches, trusses, and all surgical apparatus whatever.

Mr. Buller avowed that the advertisement was published with his knowledge and sanction; that the plan proposed in it was not wholly new, and that he was inclined to look at it without disfavour, at all events as an experiment. Great abuse occasionally occurred under the present system, in consequence of some medical men ordering wine and brandy, instead of prescribing tonics; indeed, he was informed by one of the inspectors, that this course had in some instances been resorted to in cases of syphilis and gonorrhoea—maladies to which such treatment, he was told, was not quite suited.

Mr. Ross suggested that these were effects not unlikely under a ridiculously low system of remuneration, and that they evidenced the necessity of medical inspectors. He went at some length into these two questions, and was supported by Mr. Liddle, Mr. Lobb, and Mr. Lord, who insisted particularly that medical men should be responsible more to the commissioners, and less to the board of guardians.

Mr. Buller feared that the deputation took the same view of the Consolidated Fund that was fashionable in the House of Commons. It was unfortunately not so inexhaustible as it was fancied, and in the present day was less so than usual. He confessed, however, that he entertained the inclination already avowed by him in the House of Commons, to consider medical relief a question distinct from the ordinary poor-law administration, and one which should be put on a separate and more comprehensive footing, securing efficient treatment to the poor on the one hand, and fair, if moderate, payment to the medical officer on the other. During the sitting of Parliament he was obliged more especially to direct his attention to those matters which more or less might be brought before it in connection with the poor-laws; but immediately after the sitting of Parliament it was his intention to take up the whole question of poor-law medical relief, with the hope of adjusting what he already felt was the most difficult part of all his responsibilities.

It was then impressed on Mr. Buller that, as there appeared on other general questions to be little difference of opinion between himself and the deputation, it was of great importance that he should reconsider the opinion he had given on permanency of appointments. The qualifications of medical officers were doubly tested—by the College of Surgeons and the Society of Apothecaries; if incompetent or negligent, coroners' juries would be too ready to publish the proofs; these were guarantees possessed by no other officers of unions, although the others were permanent officers; besides, the frequent changes of guardians, amounting to a new set of masters, ignorant of all that had been done and said and explained before, and some of them, perhaps, personal opponents, made the appointment during pleasure a source of constant annoyance and vexation to the independent officer anxious to do his duty to the poor fully.

It was further remarked that, as there was yet some time to the breaking up of Parliament, it would be most desirable that the committee should be allowed to bring before him, in the interval, any cases of peculiarly striking hardship, that some of the worse parts of the present system might be got rid of as soon as possible.

Mr. Buller replied that he should be at all times very happy to receive from the committee any such communications; that he would not fail to give them his best attention, and that he should be obliged by any information the committee would favour him with on the subject of their interview.

After some further conversation, in which Mr. Buller repeated his impression as to the policy of a distinct organization of medical relief, the deputation, through their chairman, expressed

their thanks for the marked courtesy with which he had heard their representations during a very protracted interview, and withdrew.

GOSSIP OF THE WEEK.

LIVERPOOL.—It is proposed here, that a society be formed, called the Liverpool Medical Protective Society, having for object the promotion of the general and social interests, and the maintenance of the respectability, of the medical profession.

OIL-CAKES AS HUMAN FOOD, BY DR. PLUSKAL.—The poor in Austria have been led, by the scarcity of food, to use rape oil-cake as a substitute for bread stuffs. It was used mixed with two-thirds of wheat flour, and made into dumplings. Three cases are given where this produced symptoms of gastric disturbance, with vertigo and fainting. — *Österreichische Wochenschrift*, No. 13.

NAVAL APPOINTMENTS.—Robert Grahame, surgeon, to the Bellerophon.—Surgeon: R. T. C. Scott (1841), late of the Talbot, appointed to the Hastings, 72, flag of Rear-Admiral Sir Francis Collier.

OBITUARY.—On the 11th inst., at Glasgow, James Henderson, Esq., M.D., late of Clyth, in the county of Caithness.—On the 11th inst., at 30, Cumberland-street, Edinburgh, Alex. J. Pilmer, Esq., surgeon, R.N.—On the 14th inst., at Teignmouth, Devon, John Spens, Esq., M.D.

MORTALITY TABLE.

For the Week ending Saturday, April 22, 1848.

Causes of Death.	Total.	Average of 5 Springs.
ALL CAUSES.....	991	943
SPECIFIED CAUSES...	988	939
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	262	176
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat.....	36	50
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	101	122
Diseases of the Lungs, and of the other Organs of Respiration.....	185	129
Diseases of the Heart and Blood-vessels.....	25	33
Diseases of the Stomach, Liver, and other organs of Digestion.....	52	62
Diseases of the Kidneys, &c. Childbirth, Diseases of the Uterus, &c.	11	12
Rheumatism, Diseases of the Bones, Joints, &c.	8	9
Diseases of the Skin, Cellular Tissue, &c.	1	1
Old Age.....	45	55
Violence, Privation, Cold, and Intemperance.....	9	29

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 Carfax.

TO CORRESPONDENTS.

THE INDEX throws over to next week several communications—as also part of Mr. Wardrop's work.

In our next number—the first of a new volume—we shall commence the publication of a new series on the Philosophy (including the psychological relations) of the Hand.

"An Army Surgeon" may, without fear, engage in general practice, having been professionally employed prior to 1815.

"A Student, King's College."—The responsibility of giving advice on the subjects mentioned by our correspondent would be too great; and we, therefore, feel it our duty to decline doing so.

"Mr. Craven."—All the numbers of the last volume may be obtained by application at our office, or through any respectable bookseller. The *Medical Times* is always published in time for Friday's post; the occasional irregularity may be obviated by sending direct to our office.

"A Young Practitioner."—The clinical lectures of Dr. Willsheire, now publishing in our columns, will give the required information better than any book on infantile diseases with which we are acquainted.

"Specs."—We see no prospect of any medical bill passing this session.

"Mr. Richards's" suggestions will be attended to.

"Blue Jacket."—1. We decline prescribing through the columns of the *Medical Times*. 2. We know nothing of the virtues of the medicine referred to. The proprietor is an arrant quack.

"Beta."—Apply at the War-office.

"Physiologist."—The fact has been long known and lamented, that the vaccine virus has lost much of its protective power, and that, at the best, it affords but a temporary security against small-pox. A note addressed to the secretary of the National Vaccine Establishment will receive prompt attention.

"A Licentiate and Reformer."—We can offer no opinion on the probable duration of the Apothecaries' Company as a licensing medical corporation.

"Sydenham."—The method of administering sulphate of quinine in coffee, to deprive it of its bitterness, has been suggested, because it has been supposed by some that its virtues have been injured. M. Devoucoux, however, maintains that the medicine is equally efficient. This accords with our own experience.

"Lithotomist."—The "Remarks on the Method of Dissolving Calculi in the Bladder by Electricity," cannot be inserted unless authenticated. We shall feel obliged by our correspondent forwarding his name and address.

"Moxa" is too strong for our pages.

"L. A. C."—1. Our correspondent's qualifications will do for the College of Physicians. 2. The fees are £56. 17s. for the intra-urban licence, including the Government stamp; the fellow pays in addition £55. 1s. The extra licence costs £17. 9s.

"M. D."—Zinc sulphate is recommended on the authority of Dr. Gr. Vés.

"An Edinburgh Surgeon."—A prosecution can be sustained, as the college can confer no power to practise medicine in England.

"Paul Pry."—The Giessen diploma cannot be obtained without examination. The trickery of Dr. Bond and Co. will not now succeed.

"A Glasgow Surgeon."—The museum and library are open to persons not members of the college, on their obtaining a recommendation from a member.

"P. ychologist."—Dr. Conolly had better be consulted.

"Mr. J. C. Bedford" should apply to the secretary of the Apothecaries' Society.

"A Medical Assistant."—The school is recognised both by Hall and College.

"M. G."—It is easier to collect lymph in a state of purity than chyle.

"Homo."—The apprentice is bound to serve his time, or the indentures need not be given up. Without these the Apothecaries' licence cannot be obtained.

"Chirurgus."—The treatment of aneurism by compression continues to be successfully employed. We should think from the description that the case is one in which it might be tried.

"Onicron."—We cannot recommend the medical galvanist.

"Sharp."—The fee is a honorary one.

"Amicus."—1. No fees are demanded from students in the Parisian hospitals. 2. The English corporations will not receive the certificate.

"F. D., Cheltenham."—Under the microscope the fluid is found to be composed of small white globules, floating in another fluid which coagulates with heat.

"Senex."—It rests with the Lord Chancellor, who fixes the scale of fees.

"J. L., Bedford," would impose upon us a difficult task. "The Catalogue of Medical Books," recently published by Mr. Highley, would, perhaps, be useful.

"Mr. Mizon."—Ice may easily be formed by mixing equal parts of nitrate of potash and hydrochlorate of ammonia, adding rather less water than is sufficient to dissolve the two salts. It may, perhaps, be necessary to place the water to be frozen in a fresh supply of the salts after it has been cooled down by the first mixture.

"A Constant needle, Maidstone."—There is no difference between morphia and morphine, except that the latter is French and the former English.

"Medical Apprentice."—1. The principle of Marsh's apparatus is the production of hydrogen, which reduces the arsenic, if any be present, in the suspected fluid, and the reproduction of the arsenic in a metallic state, by burning the arsenuretted hydrogen gas, and condensing the reduced arsenic on a plate of porcelain or glass. 2. The numbers shall be forwarded.

"J. A. X."—The last edition of the U.S. Pharmacopœia was, we believe, published in 1842.

"G. G., Chelsea."—Yes.

"Mentor."—The communication is considered confidential. "Medicus."—Yes; and the regulations extend to those prior to the period mentioned.

"An Old Student of University College."—We will insert the communication received if our correspondent would kindly furnish us with his name in confidence. The statements are of a personal nature, and it would be improper to publish them without the guarantee we ask.

"A Naval Surgeon" informs us it is not true that Sir W. Burnett is opposed to a change being made in the position of assistant-surgeons of the navy.

"Argus."—The licentiate of the Apothecaries' Company is a "duly-qualified medical practitioner."

"Edinburghensis."—The paper is not suited to our columns.

"A British M.D."—The registrar of the college has stated that the clause of the act is not to have a retrospective operation. We would advise our correspondent to communicate with the authorities at the college.

"Quid Nunc" asks the question, "Has Professor Cooper been urged to resign his chair in University College by the Council of the College of Surgeons?"

"J. D., Walthamstow."—The medical examination at Oxford takes place in the second week of full Trinity term, commencing usually on the second Tuesday after Trinity Sunday.

"Mr. O. W. Barrald, Queen's Hospital, Birmingham."—The communications will be acceptable.

"H. H."—The communication has been received; pressure of matter has hitherto prevented its publication.

"A Constant Subscriber, Bristol."—A surgeon in practice prior to 1815 is not now an illegal practitioner.

"Mr. Buchanan, Hull."—Communication received.

"J. M. G." who gives us his name and address, wishes to know whether or not the penis is the continuation of the backbone? We rather think not.

"Mr. Jaynes, Fleet-street."—The expression is incorrect, as there is a wide difference between a nerve and a tendon.

"Mr. Nathaniel Ward, Finsbury-place South."—Communication received.

"H. P. J., Agar-wash."—Communication received.

"P. S."—The want of temper and the want of "figure" go together. It is a very plausible, but, under the circumstances, very excusable "affair."

"P. S."—To the first question, No. To the second, Yes.

"P. M., Stafford."—There is a special exemption in his case by law.

"A Surgeon, Manchester," is eligible for the appointment.

"Medicus" is too exacting on a contemporary. At all events, we cannot take up the grievance.

"A Pupil."—The text-book on the subject is undoubtedly that of Dr. Rigby.

"Tracheotomy."—We hope to publish the case by Mr. J. Thompson in an early number.

"Argus."—We are compelled, by editorial and irresistible necessity, sometimes to hold the proceedings of the person named; but we are glad to avoid the repulsive subject where possible. Hence we decline the paper.

"Chirurgus Juvenis."—In our next, if possible.

"An Old Pupil."—The intrigues at the University College Hospital seem curious enough to ask a public investigation. We should feel favoured if sent copies of the documents.

"Senex" can obtain the information he requires at Somerset House. The returns of newspaper stamps by the House were vehemently opposed by the "unauthentic member" named.

"Mr. Ward's" communication has been received.

"H. P. F." will find the best answer we can give him in the resolutions printed in the report of the interview with Mr. Buller. To go further would be to compromise an important responsibility.

"Anatomical Sculpture."—Our readers fond of the fine arts will thank us for directing their attention to a work which, wonderful for the genius of the artist, is still more so for the anatomical fidelity it displays—the *Genoa Crucifix* in Regent-street. The work of an obscure monk without artistic education, it is so remarkable a production as to be not without its interest in a psychological point of view.

Letters and Communications have also been received from An Army Surgeon; A Student, King's College; Mr. Craven; A Young Practitioner; Specs; Mr. Richards; Blue Jacket; Beta; Physiologist; A Licentiate and Reformer; Sydenham; Lithotomist; Moxa; L. A. C.; M. D.; An Edinburgh Surgeon; Paul Pry; A Glasgow Surgeon; Psychologist; Mr. J. C. Bedford; A Medical Assistant; M. G.; Homo; Chirurgus; Senex; J. L. Bedford; Mr. Amicus; F. D., Cheltenham; Senex; J. L. Bedford; Mr. Mizon; A Constant Reader, Maidstone; A Medical Apprentice; J. A. X.; G. G., Chelsea; Mentor; Medicus; An Old Student of University College; A Naval Surgeon; Argus; Edinburghensis; A British M.D.; Quid Nunc; J. D., Walthamstow; Mr. O. W. Barrald; H. H.; A Constant Subscriber, Bristol; Mr. Buchanan, Hull; J. M. G.; Mr. Jaynes, Fleet-street; Mr. Nathaniel Ward, Finsbury-place South; H. P. J.; Chirurgus Juvenis; H.; P. S.; P. M., Stafford; A Surgeon; An Old Pupil; Senex; A Pupil; Tracheotomy; Argus; An Anatomical Sculpture; Dr. Edger; Mr. Ward; H. P. F.; Anatomical Sculpture; Mr. Cox, Brough; Dr. Gregg, Cork; Mr. Roe, Eccles; Mr. Cox, Aldersnaton; Mr. Young, Lewes; Mr. Sweeney, Clonmell; Mr. Brownlow, Banbridge; Dr. Sheehan, Buttevant; Mr. Langlais, St. Lawrence; Dr. Lees, Ashton-under-Lyne; Mr. Wallace, East Rainton; Mr. Kenay, Halifax; Mr. Hallett, Devonport; Dr. Pope, Somerset; Mr. Bewly, Dublin; Mr. Williams, South Brent; Mr. Hadden, Sedgley, &c. &c.

