

MORTALITY TABLE.

For the Week ending Saturday, March 25, 1848.

Causes of Death.	Total.	Average of 5 Winters.
ALL CAUSES.....	1099	1107
SPECIFIED CAUSES...	1096	1102
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	280	184
SPOADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat.....	53	59
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	117	138
Diseases of the Lungs, and of the other Organs of Respiration.....	186	225
Diseases of the Heart and Blood-vessels.....	28	39
Diseases of the Stomach, Liver, and other organs of Digestion.....	56	62
Diseases of the Kidneys, &c.	9	9
Childbirth, Diseases of the Uterus, &c.	13	13
Rheumatism, Diseases of the Bones, Joints, &c. ...	5	8
Diseases of the Skin, Cellular Tissue, &c.	..	1
Old Age.....	46	79
Violence, Privation, Cold, and Intemperance.....	34	31

NOTICE.

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

The subscription for the stamped edition of the *Medical Times* is 16s. 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.

At the last moment we find that, through an increase of subscribers, we remain a few short in our supply of Charts. Gentlemen, hence overlooked, will receive Charts with their next number.

"S. B."—The registration would be both as surgeon and physician. There is, however, but the slightest shade of a chance of any bill this session.

The letter signed "Jack Ketch" is quite inadmissible. The letter to "Lord Morpeth" is in type.

"H. B."—We suppose that the taint is hereditary and uncontrollable. The statement of details may be useful, but scarcely requires publication in our columns.

"Mr. Evan Thomas, Cumberland Infirmary, Carlisle," is thanked for his offer, which will be acceptable. The request shall be attended to.

"Bibliograph, London," is thanked for his suggestion.

"A Pupil."—We cannot interpose.

"S. H. D.'s" communication has been received and acknowledged; and if our correspondent had access to our table he would look on the delay he complains of with less severity. Our correspondents count by hundreds weekly rather than units; and we endeavour to consult the convenience of all.

"Medical Apprentice."—No provincial hospital containing fewer than 100 beds is recognised by the College. We know nothing of the one referred to.

"An Obstetrician."—The credit is due to Major and Kerragradue. The instrument scientifically used affords more indications of value in the treatment of labours than our correspondent surmises.

"Mr. Hamilton."—The mistake was our correspondent's.

"A Reader and Contributor."—The delay has arisen unavoidably. The communication has not been forgotten.

"Germanicus."—The University of Heidelberg is governed on liberal principles. Poor students are admitted to the

lectures without paying fees. Those persons who have not undergone the necessary preliminary education, or desire to follow only a particular science, are not inscribed among the students, but are termed "licentiates," and attend the lectures as such. We do not recommend, however, foreign studies, except in addition to a previous course at home.

"O. P. Q."—The lectures will be received by the examiners of the College of Surgeons.

"Dr. J. D'Oyly."—1. We must decline the recommendation. 2. The work is published by Hodges and Smith, Grafton-street, Dublin.

"Mr. Garland."—We cannot comply with the request.

"Agricola."—Liebig states the weight per individual at about 3 lb. per diem. The other question should be submitted nearer home.

"A Regular Reader."—A communication was forwarded, and the numbers sent.

"A Student, St. George's."—The lectures are not concluded.

"Iota."—We have seen the statement: it cannot be relied on.

"A Student of the Classics."—The learned differ. It is considered that the Latin author borrowed it from Hippocrates, and that it means a secretion from the mucous membrane of the intestines.

"P. P., Portsmouth."—We shall be glad to read the promised communication.

"Omicon" is inadmissible.

"M. D."—1. The qualification will be recognised. 2. As a physician.

"A Poor Surgeon."—The amount of annuities which will be granted are calculated upon the payment of the annual sum of a guinea; but, if the society should be encouraged, the amount of annuities will be increased.

"A Reformer."—Our correspondent's fears are groundless. The profession has sufficient power to prevent the threatened danger. We decline publishing the letter.

"A Practitioner with Two Tails" writes us that medical men ought to place no confidence in either of the two London Colleges. "They have," he remarks, "proved no friends either to science or to the profession, and it is not likely that they will now settle the question of medical reform without an especial regard to their own interests."

"Mr. Ridley."—In the dairy *Times* of last Friday week.

"P."—The debt cannot be recovered in the County Court.

"Amator Scientie."—"Noad's Lectures on Electricity."

"M. A."—The manuscript is under review.

"Auditor."—The report would occupy too much of our space.

"Hygiene."—The opposition which the bill is likely to receive will be defeated. The subject of the enclosure has been discussed in "The Health of Towns" Magazine—an excellent work.

"Amicus."—The publication of the letter would expose us to an action.

"An Extra-Licentiate."—The original statute is felt by the officers of the College of Physicians to be a blot in the charter which they are anxious to wipe out. Our correspondent should address the president without delay.

"An Edinburgh Surgeon."—It would be necessary to obtain the Apothecaries' licence. The indentures would be received, though the master was not in possession of the company's certificate.

"Esculapius."—A member of the College, according to the present arrangement, will be able to register as a surgeon, but, should he supply medicine to his patients, he must enrol in the Royal College of General Practitioners, and register as a surgeon and general practitioner.

"A Club Surgeon."—This evil can only be remedied by the medical gentlemen in the neighbourhood coming to some arrangement among themselves. The letter we cannot publish.

"Homo."—It is equal to about two ounces and a half avoirdupois.

"A Three Years' Subscriber."—The fault lies with the bookseller through whom the numbers are forwarded.

"Anatomist."—The fact is noticed in "Hassall's Microscopic Anatomy."

"Ajax."—1. There is no prospect of the bill passing into a law. 2. The Master of the Apothecaries' Company should be applied to.

"M. R. C. S."—The diagnosis is attended with difficulty: why not call in a brother practitioner?

"Frank."—The work is not yet completed.

"B. W."—Gluten is a substance which will effectually decompose the poison.

"Mr. King."—The numbers are out of print.

"Lex."—We cannot engage to arbitrate.

"A Medical Assistant."—Any shipbroker will give the desired information. A diploma would be necessary to practise in any of the English colonies.

"T. C. D."—The address has been received.

"M. D., a Subscriber."—The preparation may be relied upon. It is about half the price of the sulphate.

"E. Moss" wishes to know the composition of the blue, red, and yellow colours in chemists' show-bottles.

"M. M."—The duties are onerous and ill paid for. The double qualification is required.

"Chirurgus Londinensis."—The hospital contains 140 beds. The daily deliveries average six or seven, and require three or four pupils to be constantly on duty. The fee for an in-door pupil is £21, including lectures for six months. An externe for the same time pays ten guineas.

"Civis."—Five years' service before he is eligible to the rank of regimental surgeon, and of staff-surgeon of the second class.

"B. N." would oblige us by forwarding his address.

"A General Practitioner, Chelsea," writes us, "The druggists in my neighbourhood, many of them, make so scruple whatever of violating the Apothecaries' Act by visiting patients, when requested, at their own homes, and charging them for the medicines sent. I know of a druggist who has recently retired from practice with a good fortune, who for some years exercised all the functions of the general practitioner, with the exception of attending midwifery cases. This man set up for himself in 1830, without having been apprenticed to a druggist. He was twice threatened by the Company with a prosecution for illegal practice, but he took no notice of the threats. Reform is needed, for we have now no protection."

"Not a Foreign M. D."—They are permitted, but have no authority.

"Dr. Nichol Crook, Durham,"—Communication received.

"Dr. Berncastle's" note has been received.

We have received no less than five letters in one day, asking questions requiring both time, attention, and some study, to answer. The postage of none of these letters was pre-paid. This is, of course, the only notice we can take of them.

"A Constant Reader, Castletown, Isle of Man."—No.

"W. C. C., Edinburgh."—A. cannot be compelled to pay the sum.

"A Devonshire Student."—If the Students' Number of the *Medical Times* is consulted, there will be found all the information sought in the four first questions. To question 5, No.

"Mr. A. W. Close, Manchester."—The requests shall be attended to.

"Mr. S. M. Curl."—Communication received.

"P. S."—There was no part of Wardrop published last week.

"A Subscriber."—Our number of Charts is limited. It is a gift which might have been spared without injury, and may be obtained in the usual way. "Is thine eye evil because mine is good?"

"Q."—We cannot notice political insanity except shown on medical matters.

"Wear."—Should the new Medical Bill become law, persons who have been in practice a few years without any qualification will not be allowed to register equally with a member of the College of a few years' standing.

Letters and Communications have also been received from S. B.; H. B.; Mr. Evan Thomas, Cumberland Infirmary, Carlisle; Bibliograph, London; A Pupil; S. H. D.; Medical Apprentice; An Obstetrician; Mr. Hamilton; A Reader and Contributor; Germanicus; O. P. Q.; Dr. J. D'Oyly; Mr. Garland; Agricola; A Regular Reader; A Student, St. George's; Iota; A Student of the Classics; P. P., Portsmouth; Omicon; M. D.; A Poor Surgeon; A Reformer; A Practitioner with Two Tails; Mr. Ridley; P.; Amator Scientie; M. A.; Hygiene; Amicus; An Extra-Licentiate; An Edinburgh Surgeon; Esculapius; A Club Surgeon; Homo; A Three Years' Subscriber; Anatomist; Ajax; M. B. C. S.; Frank; B. W.; Mr. King; Lex; A Medical Assistant; T. C. D.; M. D.; E. Moss; M. M.; Chirurgus Londinensis; R. N.; A General Practitioner, Chelsea; Not a Foreign M. D.; Dr. Nichol Crook, Durham; Dr. Berncastle; A Constant Reader, Castletown, Isle of Man; W. C. C., Edinburgh; A Devonshire Student; Mr. A. W. Close, Manchester; Mr. S. M. Curl; P. S.; A Subscriber; Q.; Wear; A Physician; Philo; A Dash; A Cambridge Student; An Old Member of the Profession; M. D., a Subscriber; Pharmacia; Scotus; Dr. Calvert; A Medical Student; Mr. James Braid, St. Peter's-square, Manchester; A Third Year's Student; Mr. F. Smith Garlick, Halifax; Dr. Brown, Belgrave-house; Mr. H. Hastings, Stoken Church; Mr. Thos. Brown, Castle Donington; Mr. G. Hepworth, M.R.C.S. and L.A.C.; R. P. C.; Echo Veritate on Medical Reform; Justitia; C., Edinburgh; Amicus Justitiae; Veritas; A Constant Reader; Mr. F. C. Howard, Linton; Dr. Moses, St. Asaph; Dr. Fleming, Ballieborough; Mr. Trueman, Durham; Mr. Wilson, Glasgow; Mr. Fowle, Harbury; Dr. Thompson, Berwick-on-Tweed; Mr. Boulton, Usk; Mr. Brady, Harrow; Mr. Overton, Bawtry; Mr. King, Stratton; Mr. Patten, Keyingham; Dr. Christie, Newmachan; Dr. Flynn, Clonmel; Dr. Inglis, Halifax; Mr. Potheary, Manelaw; Mr. Sleven, Longford; Mr. Watling, Leominster; Mr. Boxall, Wisborough-green; Mr. Coad, Yealton; Mr. Buckley, Rochdale; Mr. Cumming, St. Leonard's; Dr. Connolly, Waterford; Mr. Morrison, Aberdeen; Mr. Hood, Morpeth; Dr. West, Darenty; Mr. Hollis, Yarmouth; Mr. King, Camelford; Dr. Davis, Outerpool; Mr. Cartwright, Teignmouth; Mr. Stookes, Liverpoole; Mr. Manthorpe, Colchester; Mr. Murgerside, Uxbridge; Mr. Joy, Maidstone; Dr. Brown, Ballagh; Dr. M. Keag, Coleraine; Mr. Bishop, Kirkcaldy; Mr. Thomas, Llandoverly; Mr. Higgins, Ludlow, &c. &c.

No. 445.

SUMMARY.

APRIL 8.

ORIGINAL LECTURES—

Lectures on some of the more Important Points in Surgery, by G. J. GUTHRIE, Esq.; read by Mr. HANCOCK—Lecture VIII. On Wounds and Injuries of the Chest..... 453

PROGRESS OF MEDICAL SCIENCE—

Treatment of Asiatic Cholera 458
Treatment of Fistula in Ano 458
History of the Cholera observed at Constantinople during the Winter of 1847-8, by M. Monneret, Professor Agrégé of the Faculty of Paris 458
Inoculation of Medicines..... 459

NISCELLANEA	459
Definition of Yellow Fever	459
Treatment of Pneumonia.....	460
Vesico-Vaginal Fistula remedied by Caustic	460
Delirium Tremens induced by the Inordinate Use of Tobacco	460
Rupture of the Uterus occurring during Labour	460
Progress of German Medical Science, by Dr. BUSHNAN	460
Royal Medical and Chirurgical Society	461
Royal Medico-Botanical Society	462
LEADERS—	
Medical Men and Modern Society.....	463
The Poor-Law Convention	464
The Irish Medical Profession and the Government	464

Poor-Law Reform	465
The Projected Charter of the Royal College of Physicians, London	466
Memorial to the Home Secretary	466
Memorial from the Medical Officers of the Cheltenham Union to Dr. Berncastle	466
Poor-law Medical Remuneration	466
Life-Assurance Offices, and Fees to Medical Men—Correspondence between W. Bonthron, Esq., Surgeon, Crail, and the Manager of the Standard Life-Assurance Company, Edinburgh	466
Sound Visible	467
GOSSIP OF THE WEEK.....	467
MORTALITY TABLE	468
TO CORRESPONDENTS	468

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 IX.

ON WOUNDS AND INJURIES OF THE CHEST.

Penetrating wounds of the chest; stab by a triangular sword, small knife, or other weapon; symptoms and treatment; examination of the wound by probes not generally admissible; Dr. Mayer's case of penetrating wound made with a knife, and retention of part of the knife in the wound for some days; the question of closure of the external wound; Paré's opinion, illustrated by cases; Wurtz's opinion; sucking the wound, its advantages and dangers; La Motte's cases of penetrating wounds; Ravaton, Dionis, and Larrey on the closure of the external wound; effects of sucking the wound; position in incised wounds of the chest; case of bayonet wound in the chest; treatment of incised wounds of some extent; use of the suture through the skin only; consequences of such wounds; existence of alarm or shock immediately consequent on the wound; treatment of the reaction; inflammation of the pleura; wounds of both cavities of the chest usually regarded as mortal; cases; Mr. Keate's successful case of sword-thrust through the chest; fatal case of pistol-shot wound involving both cavities; two important points in the treatment of large and direct incised wounds of the chest; Mr. Heuson's mode of proceeding; closure of the wound confirmed by later writers; effects of the closure of the wound; effusion into the cavity the natural result of inflammation which has passed the stage of adhesion; two cases in which closure of the external wound was successfully practised; the non-closure of the wound endangers the extension of inflammation to the whole cavity of the pleura, with subsequent effusion; cases by Mr. Stanley and Dr. Foltz; indications of effusion; cases; hemorrhage from penetrating wounds of the chest; difference of opinion as to the treatment when the hemorrhage is severe; the proper treatment to be pursued; reopening the wound to evacuate the effusion when the hemorrhage has ceased; when the inflammation has passed the adhesive process, and effusion has taken place, the sooner a free discharge is effected the better; treatment to arrest the hemorrhage, other than closing the wound; cases by Dionis, Le Dran, and Mr. Guthrie; Valentin on the treatment of hemorrhage in such cases; Pechlin's case; commented on by Valentin; Valentin on the ecchymosis indicative of the effusion of blood into the chest; Saucerotte's case; Larrey's cases; general conclusions.

The simplest injury, perforating the wall of the chest, is a stab by a triangular sword, or small knife, or other weapon, which may or may not

abrade the surface of the lung, and which is usually attended by little pain, although it often gives rise to considerable alarm. It might be supposed that a very slight injury of the lung would be followed by some expectoration of blood, but this does not always take place, and, although its presence may be considered demonstrative of the fact, its absence is no proof of the contrary; for a considerable injury from a stab and from a musket-ball may be inflicted, with scarcely, and sometimes even without, any sign of blood in the matter expectorated. If the pleurae are in their natural state, a small quantity of air may enter the chest, but the opening will require to be direct, and tolerably large, before the lung will separate or shrink from the wall on this account; and, if adhesions should have been previously formed between the pleurae, they will be for the advantage of the sufferer. In all these cases, the closure of the parts by a compress on the removal of the weapon, together with the effusion of blood into the cellular membrane, although to a small extent, are sufficient to obviate further mischief; and if proper care be taken to prevent and subdue inflammation, if it should extend beyond the bounds of healthy action, the patient will soon get well.

In a simple incised wound, injuring the lung, perhaps extensively, as supposed from the bleeding from the mouth, no examination by probes or other instruments need or ought to be made, as a general rule; but the wound should be immediately closed, after the external parts have been sufficiently examined to satisfy the surgeon that no portion of the offending instrument is broken off and sticking in.

CASE 55.—Julian Busse, seventeen years of age, having fallen on the ice, was brought to Dr. Mayer, in 1801, in an apparently dying state, with a very small wound in the left side of the chest, corresponding to the interval between the seventh and eighth ribs. The lad thought it was made by a sharp-pointed knife he had in his pocket, the handle of which alone could be found. After some days, as the symptoms of inflammation increased, a closer investigation was made, and something hard felt in the situation of the little wound, which being laid open, showed the broken blade, which, was extracted by means of a strong pair of forceps. The wound thus opened discharged a quantity of matter for a long time; symptoms of phthisis supervened, matter was coughed up, and the patient escaped, after a length of time, with difficulty.—(Dr. Mayer, "Tractatus de Vulneribus Pectoris Penetrantibus," p. xxvii., Petropoli, 1823.)

If the blade had been withdrawn in the first instance, the wound in the lung and the pleura would, in all probability, under proper care, have healed without passing into the suppurative stage.

It has been a question, from the earliest periods of the middle ages, whether this should or should not be done, as may be seen in the writings of Guy de Chauliac, born about the year 1300, and of John de Vigo, in 1460. Paré, 1510, describes his practice in two successive cases. In the first, the soldier had one wound out of three which

penetrated the cavity of the right side of the chest the width of five fingers, which Paré says had been indiscreetly sewn up, because the surgeon had not seen whether it penetrated the cavity or not. Being called to the case next day, he found the patient could hardly speak or breathe, suffering great pain at the wounds, coughing and spitting blood, with considerable fever. He, therefore, reopened the wound, had the patient held up by the legs and turned on the wounded side, that the effused contents of the chest might be evacuated; after which he daily washed out the chest, first with bitters, and afterwards with mild injections, leaving a canula in the wound, and in due time the patient recovered.

In the second case, in a German gentleman living in the Rue Saint Denis, who had had a tent placed in his chest the day before for a wound he had received, Paré withdrew the tent because nothing had been poured out into the cavity, and closed the wound, the patient getting well; and he protests that a similar result had followed such treatment in many other cases. His precise direction is to keep the wound open two or three days, to see if effusion of blood took place, and if none occurred the wound was then to be closed.

Wurtz, in 1576, however, laid it down as a general rule, that all wounds penetrating the cavity of the chest should be closed by suture—a proceeding he objected to in most wounds in other parts of the body; his advice does not, however, appear to have been followed.

The advantages derived from the closure of such wounds led to the practice of sucking them by the mouths of irregular practitioners, generally the drum-major of the regiment, when the patient was a soldier; and the consequences, although in some instances apparently miraculous, were in others quite as unfortunate.

La Motte, who was practising as far back as 1696, says, page 18 of "The Complete Treatise of Surgery," that he saw two soldiers, who, he did not doubt, had been run through the body, and who, after being sucked, recovered so as to be able to walk about the streets next day; and he honestly adds, that if the suckers would confine their practice to proper cases—to those in which there was no particular bleeding—that their method would be better than those more purely chirurgical and scientific. The suckers merely washed their mouths with a little wine from time to time, and when they had done they applied chewed paper to the wounds. They did not, however, omit to mutter some words, supposed to be cabalistic, and which gave offence to the clergy, who would not administer the last sacrament to the wounded so practised upon; but La Motte says it was not necessary to understand magic, whether white or black, to be able to practise so simple an art.

CASE 56.—La Motte was called in May, 1696, to a soldier, who, being wounded by a sword between the fifth and sixth ribs near the sternum, had been sucked by the sucker of his regiment. As he had not spit blood, La Motte thought that the great difficulty of breathing under which he laboured arose from an extravasation of blood

within the chest; he, therefore, passed a hollow sound through the wound into the cavity, and drew off a pint and a half of blood, which gave him great relief; as the oppression returned, he repeated this operation, with the same result, but not to the same extent. It was done every day for ten days, when the discharge, although still reddish, became serous. This gradually diminished, and he was cured in a month.

It is very likely that the lung was scarcely hurt in this case, but it is possible that an intercostal or internal mammary, or some other vessel within the chest, was injured, giving rise to the bleeding.

CASE 57.—In his 217th Observation, La Motte says he was called in July, 1697, to a grenadier, wounded nearly in a similar manner, and sucked after the most approved fashion. About to die of suffocation, La Motte drew off the extravasated blood, and saved his life. This he was obliged to do again next day, the discharge continuing for four days. This man recovered sooner than the other.

CASE 58.—218 of La Motte—remarkable for the size of the wound from a sword, which entered the chest, near the armpit, from which the patient lost a quantity of blood, as well as by the mouth, and was nearly suffocated. La Motte removed some twenty ounces of red blood from the chest by his hollow sound; dilated the external parts, &c. The next day he drew off a similar quantity, and repeated it for five days, after which it gradually became purulent. At the end of a month, four ounces only of a very offensive pus were discharged daily, and this with difficulty. La Motte found out, very luckily, that the best way of removing it was by making the man speak. He, therefore, set him to say his prayers, until the cavity of the chest was emptied by the motion, this course probably being aided by position. La Motte adds, that he knew his prayers very well for a dragoon.

Ravaton follows La Motte, in his approval of this practice in simple cases. Dionis affirms that continued bleeding is the only good reason for not closing a wound in the chest by the ordinary surgical means. Baron Larrey has zealously supported this practice, and is said to have re-introduced it into France, where it had possibly fallen into disuse; although I am not aware that any other practice was pursued in England during the last fifty years; and as to the sucking, I confess my belief that, in proper cases, it is the best method of proceeding.

That bleeding should take place into the cavity of the chest from the lung is indisputable, but little or no blood will escape through so small a wound; and its flowing from a very small wound will be a presumptive, if not a conclusive, proof that some artery external to the pleura has been wounded. Sucking, under ordinary circumstances, of a small wound unattended by bleeding, does good by attracting the natural fluids to the parts, and thus causing them to swell, so as to be placed in apposition in the most advantageous manner for their reunion. Sucking, in all probability, has little or no influence on the inside of the chest; and punctured wounds of small size may, therefore, be sucked chirurgically, instead of washed, if any one is willing to do it; after which, a bit of gold-beater's skin, or dry lint, is to be placed upon it, supported by a compress covered by adhesive plaster; these dressings should not be removed for several days, unless symptoms arise indicating mischief within the chest requiring particular assistance.

In all cases of incised wounds of the chest, the patient should lie on the wounded part, as a general rule, if he can conveniently bear it; not for the purpose of allowing any effused blood or fluid to flow out, unless some particular reason requires this precaution of keeping the wound open; but to allow the pleura covering the lung to be as closely applied as may be to the pleura lining the wall of the chest, with the hope that the adhesive process may take place between those parts, and by this means cut off the wound from the general cavity of the pleura.

CASE 59.—A grenadier of the 29th Regiment

was stabbed by a bayonet, on the heights of Rolica, in 1808, in the right side of the chest. The triangular wound was small; and it did not appear, on measuring a French bayonet, that it had gone in beyond three inches. He spit a little blood, which soon stopped, and he did not suffer any pain worthy of complaint. A compress and piece of adhesive plaster were applied, and allowed to remain on for several days. He recovered after one good bleeding and a little starvation, without any bad symptoms, and suffered no inconvenience afterwards.

It is probable that in this case the lung never receded, and that the cut parts united by the adhesive process, the pleura pulmonalis adhering to the pleura costalis.

Incised wounds of greater extent ought never to be examined by probe or finger; no disturbance of any kind should be permitted, unless the cartilage or bone be injured; and the external parts should be brought together as closely as possible, so as to facilitate in every way their union, and the processes which it is desirable should go on within. The external parts, or skin and cellular membrane, can rarely be kept in perfect and continued apposition without sutures; and the method of proceeding I recommend is to sew up the wound in the skin with a needle and fine silken thread, in a continuous manner, including absolutely nothing but so much of the cut edges as will retain the thread; a small piece of gold-beater's skin, or lint, should then be laid over the stitches, and retained by a compress and adhesive plaster.

In a simple case of this kind little or nothing is effused into the cavity, or secreted from the membranes of the chest, which will interfere with the process which may have happily begun, and which it is desirable should be aided by the absolute quiescence of the patient, to whom no medicine should be given which may render any movement of the body necessary. It was formerly supposed that the greatest object to be attained was the prevention of inflammation; and a man was no sooner stabbed by his opponent than he was blooded by his surgeon, regardless of the necessity which existed for the presence of a certain amount of inflammation in order to enable nature to carry on those processes which are essential for the restoration of the injured parts. This inflammation should be allowed to commence without interference, and to continue in a moderate degree until the object shall be effected. It should only be interrupted or subdued when it is supposed to be about to exceed that degree which experience has pointed out as likely to be useful.

When the most courageous persons are wounded in parts which are usually considered essential to life, there is more or less alarm or shock created by the injury; although it has been gravely argued that a man does not always know when he is actually shot or run through the body. I have not met with such cases; and consider a continued state of anxiety and depression after an accident of this kind a disagreeable accompaniment of the injury, during which little should be done beyond quieting the apprehensions of the patient, and leaving him to rest, if possible, after the absolutely necessary applications have been made. If a gradual improvement take place, if the pulse rise, if the patient resume more of his natural appearance, and that state of commencing excitement which is denominated reaction follow, some hopes may then be entertained. The general symptoms, as long as they continue within ordinary bounds, are of little importance; the local ones, significative of action commencing in the injured part, are, however, to be carefully watched. They are those of inflammation of the pleura, and it may be of the lung. This inflammation begins slowly, and a day or even more may elapse before it is well marked; and, when persons have died within the first few hours from such injuries, the pleura has often shown but little sign of inflammatory action. Auscultation should always be resorted to from the moment of injury, and constantly used throughout the treatment; although the patient should not be moved

from off the wounded part. Whenever it is concluded that adhesion between the two pleura has failed to take place, this direction ceases to have the same importance; but until this period no food whatever should be allowed, and thirst should be allayed by small quantities of water.

A punctured, incised, or gunshot wound, going fairly through both cavities of the chest, is usually believed to be quickly, if not immediately, mortal; an opinion which will in general be found to be correct with respect to wounds made by musket-balls, although it is certainly not the case with regard to punctured wounds, and does not always occur in those made by small or pistol balls.

CASE 60.—Sergeant-Major Richards, of the 29th Regiment, received thirteen sword or bayonet wounds, and other injuries, on the heights of Rolica, on the 17th of August, 1808, one particularly through each side of the chest, between the ribs, as if the small sword or bayonet had made a deep and, consequently, a triangular wound of larger size than usual. He had distinguished himself greatly in covering the body of his commanding officer, and was thus beaten down before the British column could rally and recover its ground. He was an object of particular attention to me, for the few minutes he lived after I saw him; he had coughed up a little blood, and died gasping, as if suffocated, the chest labouring on each side to do its work in vain. His commanding officer, Lieut.-Colonel the Hon. George Lake, lay dead by his side, killed instantaneously by a musket-ball, which passed from the upper part of the left through the right side of the chest.

CASE 61, by Mr. Keate.—A French gentleman fencing with an Englishman in July, 1834, received a blow under the right axilla in a very violent lunge, whereby the button of the foil was broken off, and the foil itself passed into and through the back part of the thorax, the point coming out between the sixth and seventh ribs on the left side, near the angles. There was but little bleeding. The chief symptoms were those of great inflammation of the contents of the cavity, which gave way to full and repeated bleeding from the arm, with perfect rest and almost starvation. He recovered very favourably, and was quite well in about eight weeks. He remains well, and is following his profession as a teacher of fencing, I believe, at this moment, in Paris.

CASE 62.—Lieut. O. was wounded, in 1814, by a pistol-ball at twelve o'clock, which entered, as was afterwards ascertained, a little above the nipple of the right breast; fractured the third rib; passed through the right lung near its root; entered the posterior mediastinum; took away a portion of the oesophagus, about the size of a shilling, from its anterior part, where the trachea lies upon it, but without wounding the latter; it then penetrated the substance of the left lung; fractured the fourth rib, and lodged in the integuments below the left axilla, whence it was afterwards removed. He was largely bled and taken to his quarters. His countenance was pale; lips livid; pulse small; breathing hurried and difficult, and he complained more of a sense of suffocation than pain. Emphysema had a little puffed up the left side of the chest and neck, and at every expiration the air rushed through the wound with a force sufficient to blow out a candle; his voice was not at all impaired. At about ten o'clock in the evening he breathed his last. On opening his body the ball was found to have traversed the chest as before described; a large quantity of fluid blood was extravasated into each cavity of the thorax.

I have seen several cases in which, from the apparent course of the balls, it seemed probable that both sides of the chest had been penetrated. At Brussels, for instance, in one soldier a ball had entered to the left of the sternum, and came out, passing under that bone, on the upper and fore part of the chest. The right side of the chest was certainly penetrated, but I was by no means certain as to the left; nor, in another case, in which a ball assuredly passed from side to side under the sternum, was it manifest that the right

side was actually opened into. Nevertheless, as when have survived for some hours, at least, after both cavities have been penetrated by small musket-balls; and some appear to have recovered, it must be admitted that a wound, and particularly a punctured wound, through both sides of the chest is not necessarily fatal.

When an incised wound or stab into the chest is large and direct, injuring the lung, two very important points usually demand immediate attention. The first is to relieve the oppressed state of the breathing; the second, to suppress the bleeding, if profuse.

Mr. Hewson, in his paper on emphysema, published in the third volume of "The Medical Observations and Inquiries" for 1767, has stated that in large penetrating wounds of the chest, with injury of the lung, the patient has breathed most easily when the external wound has been covered, and has been hardly able to breathe when it was opened, which he attributed to the air getting into the cavity of the thorax in inspiration, instead of entering the lungs by the trachea. Later experience has confirmed this fact, as well as that advanced by Le Dran, that the closure of the wound was the most efficacious means of arresting hemorrhage from the lung. The result of the closure of the wound in the first case is, that adhesion may take place, and under proper management the inflammatory action within the chest may terminate; but, if the inflammatory symptoms continue, adhesion does not take place, and the secretion and effusion of a quantity of serous fluid are the consequence. This secretion of fluid is the natural consequence of inflammation which has passed the stage of adhesion, whether the injury of the chest has occurred from a stab or from a gunshot. It is the leading fact in the treatment of these injuries, and has hitherto been disregarded by writers on this subject, but on the proper management of which, in many instances, a successful result principally depends. If the closure of the wound leads to the establishment of the breathing, and the inflammatory means employed (and they must be of the most rigorous nature as regards abstinence and general and local bleeding) to the cessation of all violent inflammatory symptoms in the course of a few days, adhesion has most likely taken place, or is about to take place, in the neighbourhood of the wound; and the patient will, in all probability, recover without much further suffering.

CASE 65.—A soldier of the 9th Regiment was wounded at Balaclava, in 1855, by the point of a sword in the left side, which penetrated the chest, making a wound somewhat more than an inch long, which gaped, and through which air passed freely, accompanied by a very little frothy blood, when he was sent up on an ambulance being made to cough, leaving no doubt of the lung having been injured, and which appeared to be retained against the wall of the chest. As the edges of the wound could not be accurately kept in apposition by adhesive plaster, I inserted two sutures through the skin, and thus brought them together; and the man was desired to lie on the injured side, with the hope that adhesion might take place, as there appeared to be no effusion into the cavity, probably from the pleura having adhered from previous inflammation. This man was freely bled on each of the two days following the receipt of the wound, in consequence of pain and other signs of inflammation coming on; after that he gradually recovered.

CASE 66.—A French soldier was brought into the village after the battle of Vimiera, on the 21st of August, 1808, who had been wounded by a pointed sword in the right side of the chest. He said he had lost a good deal of blood; was very pale; pulse small; extremities cold; breathing hurried and oppressed; had spit up some blood. On removing the handkerchief, a gaping wound, an inch and a half long, presented itself, through which, if a pair of forceps were passed, and a little separated, the cavity of the chest could be seen, the lung having receded. The wound did not bleed. As adhesive plasters would not keep the edges of the skin in perfect contact if he at-

tempted to move, they were sewn together, and after the application of a compress he was much relieved. The next day all the symptoms were much alleviated, and I was, subsequently, informed that after the supervention of some inflammatory symptoms, which were steadily subdued, he was forwarded to Lisbon for embarkation for France, in a fair state of recovery.

It was the successful results of these cases which led me afterwards to close all such wounds in the first instance, with the hope of preventing thereby the extension of the inflammation—which must of necessity be set up in the part—to the whole sac of the pleura, which in many instances it succeeds in doing; and that which was done from apparent necessity, rather than scientifically adopted, became with me a rule of practice, which may be laid down as a principle to be followed in similar cases. When persons thus wounded are neglected in the first instance, the wound remains open; the inflammation may not afterwards be effectively subdued; and the cavity of the pleura passes into a state of supuration, after all the symptoms have taken place of acute pleuritis or pleuro-pneumonia; but these symptoms may also occur even if the wound appears to close, and must be treated accordingly.

CASE 65, by Mr. Stanley.—I was summoned to a young medical man, who, a few hours previously, had passed through the left side of his chest a double-edged amputating knife, of the usual size employed for amputation of the thigh in adults, by the circular incisions. The knife entered just below the nipple, and passed out of the chest an inch and a half from the left side of the spinous process of the third dorsal vertebra. Considerable emphysema ensued around both wounds in the walls of the chest, and for several days a small quantity of blood was mixed with the sputum.

Not a bad symptom of any kind followed, no dyspnoea, disturbance of the circulation, nor other ill consequence. He was very freely bled three times, when the state of the pulse appeared to indicate it. He took nothing but toast and water for five days, when he was pronounced well. He recovered his usual health without further intervention.

CASE 66, by Dr. Foltz, of the American navy.—A young man from the Ohio, a servant of Lieutenant Ganzevoort, was admitted with a wound of the right lung from a blow with a Spanish knife. The weapon passed over the edge of the scapula, entering the thorax between the first and second ribs from behind. He ran to the first door and fell senseless, expectorating large quantities of blood. Our first object was to induce syncope, which was readily effected by allowing the blood to flow freely from the wound. The *anæmia* animal being complete, there followed for the time an arrest of the hemorrhage. The intercostal artery was not divided, but, judging from the copious hemorrhage, the knife must have penetrated deeply into the substance of the lung. The edges of the wound were brought into apposition by a deep interrupted suture, compress, and bandage. The patient was ordered to be kept perfectly quiet, and not even permitted to speak, and two grains of the acetate of lead were ordered every two hours. The patient was almost completely exhausted in consequence of the loss of blood, by which only the internal bleeding was arrested. On the following morning it was found that the function of the right lung, in consequence of the internal effusion of blood, had been almost entirely suspended, respiration being carried on by the lung of the opposite side. The bowels were opened by an enema; the acetate of lead was still continued at greater intervals; and cooling acidulated drinks were given in small quantities.

Third day. Some expectoration of blood during the night; complaints of pain and soreness in the right chest; but the external wound is healing by the first intention. Seidlitz powders ordered every two hours, until the bowels be moved, also an infusion of sem. lini, acidulated, for a common drink, with perfect rest.

The temperature of the apartment was kept as high as the patient could endure without inconvenience, and in so doing we had no reference to the thermometer, which, for the three weeks immediately succeeding the accident, never fell below seventy degrees, and usually stood near seventy-six. To this high temperature we attribute, in a great degree, the recovery of this patient from a most formidable wound; and the efficacy of this treatment we have since had ample opportunity of testing in various cases. Indeed no means with which we are acquainted promotes union so rapidly in lesions of all the tissues, including even fractures of the large bones, as a high temperature.

Fifth day. The surface of the wound has completely united, but there is evidence of incipient emphysema; the subjacent parts are elevated and puffed, the lower costs of the scapula project, and there is daily an expectoration of blood, which gradually diminishes in quantity. On the removal of the suture, the newly cicatrized wound opened readily, allowing a quantity of air and serum to make their escape. Ol. ricini ʒj., which operated freely.

Seventh day. The patient is much more comfortable since the wound commenced discharging. There is a constant oozing of serum mixed with small bubbles of air; the tumefaction under the scapula is much reduced; the right side and shoulder are much discoloured from ecchymosis; respiration has become more natural, and is unaccompanied with pain.

Tenth day. This morning there is a slight return of hemorrhage from the lungs; ordered the acetate of lead to be resumed, and an enema to be administered.

Fourteenth day. The discharge of serum and air from the wound has daily diminished in quantity; the respiration has become easy, the patient being now able to breathe in the horizontal position, having been heretofore obliged to remain with his chest almost erect; a more nutritious diet allowed.

Nineteenth day. The wound has again united; free expectoration; respiration is daily improving, in proportion to the absorption of the effused blood. Eight weeks after the receipt of the wound, the patient was returned to duty on board ship.

Dr. Foltz thinks the happy termination of this case must be attributed to the syncope from the loss of blood, immediately after the injury was received, and, perhaps, to the beneficial effects of the high temperature preserved throughout the treatment.

If the union of a large incised or other wound by the adhesive process does not take place, a bloody-serous fluid oozes out from under the dressings, if the oppression of breathing should not render it necessary to remove them; and the patient is relieved by the discharge which takes place, and which after a time, as the case proceeds towards recovery, will become less in quantity and more purulent in quality. If it should terminate in empyema, the principles of treatment are clear.

If the union of the divided parts should take place externally, and the general as well as local symptoms become more urgent, there can be little doubt of a collection of some kind having taken place, and it is now that auscultation and percussion, if it can be borne, become of the greatest importance. From the moment the wound is closed, and whilst the patient is awake, the stethoscope and the ear become the most important guides—the only ones, in fact, to be depended upon as to what is going on within the chest. The case is one of pleuritis, perhaps of pleuro-pneumonia, and hence the reason I have entered more fully on the symptoms and treatment of these complaints than might be considered to appertain to the province of surgery. It was because I knew that the fluid thus effused should be evacuated by the very small trocar and canula, as soon as its existence in sufficient quantity to compress the lung has been ascertained by the stethoscope or the ear, that I dwelt on their use; and to the lectures which treat upon these points

the surgeon must now turn for the desired information. This effusion of a bloody serous fluid comes on, after a penetrating injury, from the third until the seventh or ninth day, by which time the cavity of the pleura will, in all probability, be filled; and puncturing the chest between the sixth and seventh ribs, at the point of election, must be resorted to for its evacuation.

CASE 67.—A soldier of the 3rd Division of Infantry, whilst under the command of Sir James Kempt, was wounded at Waterloo by a straight sword or sabre, which penetrated the left side of the chest. He fell, and lost a considerable quantity of blood from the mouth as well as from the wound, and was supposed to be dying. On showing some signs of life, the wound was covered by a part of his shirt, and on his arrival at the Elizabeth Hospital, in Brussels, four days afterwards, it was closed. On the ninth day, when my attention was drawn to him, he was sitting up in great distress, from difficulty of breathing, his hand pressed upon the wounded part, the cicatrix of which was red, swollen, and projecting. I recommended the assistant-surgeon in charge to open this with an abscess lancet, which he did, giving vent to a very large quantity of bloody and purulent matter, to the great relief of the patient for several days, although he did not ultimately recover.

CASE 68.—In another and very similar case, in the same hospital, my attention was drawn to the patient in consequence of the wounded part having yielded by ulceration on the night of the eleventh day, the purulent discharge having been great. This man was also lost, principally from want of care in the first instance, and from too long delay in obtaining that relief which his case required, the necessity for which I have endeavoured to enforce.

CASE 69.—A piquet of Portuguese infantry being surprised by a sudden rush of French cavalry from the town, during the first unsuccessful siege of Badajoz, previously to the battle of Albuhera, were nearly all sabred. Those who survived were brought to me. They had all received several wounds, and among them were two who had been run through one side of the chest, and one through both sides, which last died a few minutes after I saw him. The other two seemed to be nearly in a similar situation from loss of blood by the mouth and from the wounds. These were immediately closed by stitches, compresses, and adhesive plasters. A little hot brandy and water was given to each, and they were laid aside without hope of recovery, whilst attention was paid in turn to the others. They did not, however, die; the breathing became more easy, the distress less, the pulse more distinct; reaction after a time took place. The next morning, the siege being abandoned, they were removed to Elvas, where I heard they arrived safely in two days, apparently doing well.

The advantages derived from the closure of the wounds in these cases was manifest. It relieved the breathing, and caused the hemorrhage to cease, aided, in all probability, by the exhausted state of the patients. I considered the relief to the breathing to have been at the moment the most essential point gained; the wounds of entrance being near two inches long, and the free admission of air quite unopposed, the lung had receded from the opening.

In the *Lancet* for July, 1825, page 94, there is the case of a person wounded by falling on a spike, which penetrated the thorax, between the third and fourth ribs. The lung receded to the distance of six inches. The wound was kept open, and the patient died next day—in all probability from its having been so done.

The important question of hemorrhage remains for consideration in cases of incised wounds admitting of being accurately closed, which gunshot wounds will not generally do. In many instances the quantity of blood effused is trifling, and in others, although greater, it is absorbed without gravitating to the diaphragm, or being productive of evil. In a third class of cases the quantity extravasated is larger than is likely to be absorbed, although it does not flow in an incon-

venient or dangerous manner through the wound, and may ultimately become coagulated, and adherent to the diaphragm and spine in the angle between them, when the patient lies long on his back. In the worst or most alarming cases, the discharge is and has been so great that its suppression offers the only chance for the continuance of life. It is between these two last cases only that a difference of opinion has existed as to the treatment to be pursued, and it may be shortly stated. One party desiring that the effused blood, if moderate in quantity, should be allowed to discharge itself, the wound being kept open; the other, that under all circumstances, whether the quantity of blood poured out be small or great, the wound should be closed, and the result awaited. The right course, perhaps, will be, and it is the one I recommend, to remove all the blood which can be evacuated by position, provided it can be done without danger to the patient, before the wound is closed. A man under any of these circumstances must lose a quantity of blood before he recovers, and it is better not to allow it to fill the chest, if it can be prevented; but as the bleeding vessel in the lung cannot readily be got at if seen, and if got at cannot be secured by ligature with advantage, the only means left, if the bleeding continue, is to close the wound, and allow the cavity of the pleura to be filled, until the lung shall be sufficiently compressed to cause the hemorrhage to cease, if the person should survive so long. The closure of the wound is sometimes sufficient, by preventing the admission of air, to arrest the apparently departing life of the sufferer, and to give almost immediate relief. The decubitus should be in that position, under such circumstances, which may be most comfortable to the patient. The first object is to save life; after that, if time be given, the next will be to relieve the loaded cavity; but what time may be required by nature to render the suppression of the bleeding permanent has not yet been clearly ascertained. Baron Larrey has supposed nine days, before the lapse of which time he thinks no attempt ought to be made to evacuate any part of it, or of the serous fluid which may be intermingled with it. On this point I venture to differ in opinion. After the wound has been closed, and the patient has so far recovered that reaction has begun to take place, it may be concluded that the bleeding has ceased. The chest should then be most carefully auscultated from day to day, so that its respiratory state may be known, particularly that indicating the increase of effusion, which would then be serous. This will not take place until after the third and not, perhaps, before the fifth or sixth day, in any considerable quantity; the wound should then be reopened, or another opening made at the most convenient place for the evacuation of the effused blood and serum. It is probable that the wound of the vessel in the lung which furnished the blood will be as safely closed in five days as in nine, whilst it is of great importance that this organ should be early relieved from pressure, that it should be allowed to expand, and not be bound down by false membranes, which will be the case if the compressing fluid be not removed, and the inflammatory symptoms subdued. There is no object to be gained but the suppression of the hemorrhage, by retaining the blood and serum poured out within the chest; the probability of a return of the bleeding is not great after an early opening has been made, although much mischief will inevitably follow the effused fluids remaining too long.

Repeated observation has shown that in sabre wounds penetrating the chest and lung, which have not united, and from which no excessive hemorrhage has occurred, a great discharge of serous fluid usually takes place from the cavity, which, gradually diminishing, becomes purulent, and at last ceases, without the function of the lung being destroyed; whilst, if the wound had been early closed, and the fluid collected too long retained, the function of the lung will be impaired, and a counter-opening, which will be necessary for the relief of the resulting emphysema,

may be unavailing. I am distinctly, therefore, of opinion, that whenever the adhesive process between the pleura has failed, and great effusion has taken place, the sooner it is discharged the better. To ascertain the proper time for doing this, when the wound is not open, requires great care and unremitting attention in the use of the stethoscope.

In addition to the closure of the wound, it is desirable to arrest the hemorrhage by other means, if possible, such as the abstraction of blood from the arm, to the utmost extent it may be considered the patient can bear; the administration of the acetate of lead with opium, or the mineral acids; and the external use of cold or iced water, if it can be borne. If there be reason to believe that a rib or ribs have been injured, that any extraneous body is enclosed in the wound, or, from its appearance, that it will certainly reopen, an incision should be made in the part injured, for the purpose of giving the necessary assistance. The cure, however, will not only be assisted, but mainly effected, by procuring a depending opening. This may in some cases be accomplished by means of the small trocar and canula introduced as low down as auscultation and percussion will authorize; and the introduction of this instrument will give the desired information on one hand, and do little or no harm on the other. It is so important in cases in which any foreign substance or solid body may be supposed to be loose in the cavity, that the opening should be but little above the plane of the diaphragm, that much care and attention should be devoted to this point, and some risk, even, incurred.

CASE 70.—Dionis, in his "Operations of Surgery," p. 418, relates the case of a soldier wounded by a sword in the breast, under the right nipple, whose chest had filled with blood by the time he was brought to him. He dilated the wound sufficiently to allow the blood to flow readily from it, and directed the patient to lie on the wound all night, so as to allow the blood to drain out. Finding the cavity empty next morning, he closed the wound, and the man rejoined the army, cured, in one month.

Dionis adds, that bleeding from it is the only reason for not closing a wound in the chest as quickly as possible, and he is exceedingly zealous for making a counter-opening in a convenient place, when the wound is not favourably situated for the evacuation of the effused blood.

Le Dran, in his "Treatise or Reflections on Gunshot Wounds," published in 1742, at Amsterdam, was aware of the inutility of everything, except the means adopted by nature, for the suppression of hemorrhage from a wounded lung, and advises, therefore, that the wound should be closed, in order that the bleeding might be arrested by the pressure of the blood effused, saying that the blood thus effused should only be evacuated when the oppression in breathing is insupportable, and then only in sufficient quantity to give relief, but not to favour, if possible, by the removal of the pressure, the recurrence of the hemorrhage. After a time, he adds, the whole may be evacuated, when the discharge will be purulent.

CASE 71.—A soldier of the 3rd Regiment of Infantry was wounded by a lance at the battle of Albuhera, in the left side, between the fifth and sixth ribs, and was thrown down, bleeding from the mouth and from the wound, which was afterwards closed by his comrades, by confining upon it a piece of his shirt folded up for the purpose. Brought to the hospital, at the village of Valverde, he appeared to be dying ten days afterwards, from difficulty of breathing. On examining the wound, which was slightly emphysematous and ecchymosed, a little coagulated blood was removed from it, and, on enlarging the opening in the integuments, a quantity, partly fluid, partly coagulated, issued from the cavity of the chest. The wound was kept open to allow the discharge of a considerable quantity of reddish watery fluid, which, after a few days, became purulent. At the end of three weeks I sent him to Elvas doing well, and with but little discharge from the wound.

CASE 72.—A heavy dragoon, of the German Legion, was wounded at the battle of Salamanca, by a sword, which penetrated the cavity of the right side of the chest, between the sixth and seventh ribs; he fell from his horse, and lost a considerable quantity of blood from the mouth and from the wound, which last was stopped by pressure made upon the external opening. Brought to me at the field hospital next day, I found that he had recovered from the immediate effects of the injury and loss of blood, although greatly oppressed by difficulty of breathing. On examining the wound, a black coagulum was seen filling up the orifice, the cellular membrane around being considerably ecchymosed, and little doubt existed that the oppression was caused by blood effused into the cavity. On removing the coagulum, and separating the edges of the wound by a director, several ounces of blood, half fluid, half coagulated, were readily evacuated, this object being assisted by turning the patient, so as to make the external opening, which was enlarged, quite dependent. When the discharge had ceased, the lung was seen in contact with the external opening of the wound, having expanded as the pressure of the blood was removed from it. As no fresh blood issued, it was evident that the bleeding from the lung had ceased. The wound was now closed simply, by lint, compress, and adhesive plaster, without bandage; he was largely bled, and placed upon his wounded side on the ground, as comfortably as circumstances would permit, and in some degree relieved from the oppression in breathing. Two days after, the wound discharged freely a reddish-coloured watery fluid, evidently from the cavity of the chest, the exit of which was aided by keeping the wound generally dependent. This continued for several days, gradually becoming less in quantity, and purulent; and under careful management he was able to go to the rear, nearly well, by the end of October.

CASE 73.—A French cavalry soldier was wounded at Waterloo, by a sword thrust into the right side of the chest, between the fifth and sixth ribs; the wound bled largely, and he also spat up a great deal of blood. The bleeding from the wound was stopped by binding various articles of dress upon it, and he remained five days on the field of battle. On his arrival in the hospital at Brussels, he was bled, and treated systematically for several days. The wound had closed, but the oppression in breathing increased; and I saw at once, from the smoothness of the chest, the filling up of the intercostal spaces, and the bulging of the cicatrix, that the chest was full of fluid, and recommended an incision to be made into it, through which three or four pints of bloody fluid were evacuated, to the great relief of the patient, who nevertheless ultimately died.

Valentin, whose "*Recherches Critiques sur la Chirurgie Moderne*," published at Amsterdam in 1772, to which I have already alluded, and which have frequently been noticed by writers on injuries of the chest, has not received the credit due to him from any of them. He was among the first to declare that all wounds of the chest should be immediately closed, for the purpose of suppressing hemorrhage; that a counter-opening should be made, if necessary, and made early, for the evacuation of the effused blood; and that in such cases the effusion of a quantity of blood would be known by an ecchymosis formed over the angles of the ribs. The recommendations of Baron Larrey, and those of others, as well as my own, add nothing to what he had already said; they have only enforced what had been neglected. He supported his opinions by impugning the practice of Pechlin, often quoted as Pechlinus, in a particular case, which had been recognised as one so exceedingly successful as to induce Baron Haller to give it a place in his collection of remarkable cases, and it was considered as a model to be followed in future.

CASE 74.—A student was wounded by a sword on the 4th of May, 1679, between the fifth and sixth ribs. Pechlin, finding him in a faint and almost dying state, gave him a cordial, and, as no

blood flowed from the wound, a tent was introduced. Four hours afterwards, the oppression and pain being increased, the tent was removed, and twelve ounces of frothy red blood were evacuated. The tent was reintroduced. There was neither cough nor spitting of blood. The 5th of May, twenty-eight ounces were let out at twice. On the 6th he was bled; twelve ounces of blood were removed by the wound, and a piece of bougie introduced. 7th. Fever; cough; dyspnoea; oppression; thirteen ounces of blood removed in the morning; at six in the evening a small astringent injection into the chest. On the 8th, the fifth day from the accident, four ounces of blood were evacuated. On the 9th, fourteen ounces, and in the evening twelve ounces more, and frothy, were discharged from the wound with great difficulty. Between this and the 20th, 140 ounces of blood were evacuated, the discharge being for the last ten days also purulent, and at last four ounces of pus only. From the 20th to the 30th, pus only was discharged; the patient then began to recover, and by the 31st of July he was cured.

Valentin, commenting on the treatment pursued in this case, declares that the repeated hemorrhages, and other bad symptoms, depended more on the tents introduced by the surgeon, on the dressing, and on the means employed, than on the nature of the mischief done to the parts; and that if, instead of keeping the wound open by a tent, they had allowed it to close, and had made a counter-opening in the chest at the place of election when the symptoms of effusion appeared to require it, the patient would have escaped with much less suffering. He then relates the following case from Smetius in support of his opinion. A soldier received a wound between the sixth and seventh ribs below the nipple, which, at the end of nine months, became fistulous, and placed him in the greatest danger, until he put himself under the care of John Walardin, one of the ablest surgeons of his time, who decided on making an opening into the chest below the wound. This he did, and, having broken down an adhesion between the lung and the wall of the chest, he evacuated a pint of matter, and removed the same quantity every day for four days. After the fifth day he injected a mild lotion, and the patient soon recovered.

On the subject of the ecchymosis, which he considers to be a pathognomonic sign of effusion of blood within the chest, he says, "It is very dissimilar to that which occurs after a blow or wound, and which takes place shortly after the accident, beginning around the wound if there be one, and extending from it. The patient also complains of pain when the bruised part is pressed by the fingers. These characters are not observed in the ecchymosis, the sign of effusion, which always takes place near the angles of the lower or false ribs, descending towards the loins. Its colour is identical with that which appears on the abdomen of persons some time after death—a bright violet (*violet très éclairci*). It appears about ten days after the receipt of the injury, sometimes later." The same sort of thing, he thinks, takes place when the cavity of the chest is filled with pus, but this oedematous swelling is without discoloration.

Sabatier, in his "*Médecine Opératoire*," 1822, edited by Sanson and Bégin, comments upon the opinion of Valentin, and relates the following case, communicated to him by M. Saucerotte the elder:—A carbiner was wounded by a sword on the right side of the chest, below the tendon of the great pectoral muscle, and appeared to be going on satisfactorily until the fifth day, when he complained of general uneasiness, difficulty of respiration, and inability to lie on the left or opposite side; he also suffered great pain in the upper part of the shoulder and region of the liver. These symptoms increased until the ninth day, when he could only obtain relief by leaning towards his right on a chair placed across the bed. This assemblage of symptoms induced M. Saucerotte to believe that a considerable quantity

of blood was effused into the cavity of the chest; but, as the ecchymosis of Valentin did not appear, he delayed making an incision, and the man died the same night. An incision having been made into the dead body, allowed the evacuation of a quart of putrid blood.

This ecchymosis appears to be at all events a late symptom, not occurring before the first ten days, and not always to be depended upon; it should in general be anticipated by an opening into the chest, auscultation and percussion now offering, at an earlier period, more certain diagnostic signs of the existence of the extravasated blood than the ecchymosis.

CASE 75. by Baron Larrey, "*Mémoire sur les Plaies, &c., Académie Royale de Médecine*," tome 1, p. 242.—A. C., twenty-six years of age, was wounded by a sword which entered the chest a little to the outside, and below the right nipple, the point passing out to the bottom in the armpit between the third and fourth ribs, and dividing the latissimus dorsi muscle near its insertion into the humerus. He lost a considerable quantity of blood, and was supposed to be dying. The next morning, on enlarging the wound, the fingers passed easily into the cavity of the chest. The intercostal artery was supposed to have been wounded, but the hemorrhage had ceased. From the wound in the lung, however, a quantity of red frothy blood still continued to ooze. The cut edges of the wound were brought together by compress and bandage; the chest, belly, and limbs, were well rubbed with hot camphorated oil, and enveloped in flannel. In the evening he could speak, and there could be little doubt that the internal hemorrhage had ceased. On the night of the second day, symptoms of inflammation having declared themselves, the patient was largely bled, and slightly cupped with points, over the hypochondrium; he expectorated during the night a quantity of black blood. Respiration was less laborious, the pulse soft; the wound had nearly united; on the fourth day he ate some bread and meat, contrary to orders; was immediately taken ill, and threw up by the aid of some nauseating drink what he had swallowed. In a short time afterwards he became greatly oppressed, lost his speech, could scarcely breathe, and appeared about to die of suffocation. The wounded side of the chest was distended, and the pulse could not be felt. It was supposed that the hemorrhage had been reproduced by the vomiting. The chest was dry-cupped and iced, acid drink given until the morning of the fifth day, when an opening was made into the cavity of the chest, between the eighth and ninth ribs behind, and about ten pints of fluid evacuated of the colour of wine lees mixed with clots of blood; the cavity of the pleura being carefully emptied by the aid of a gum-elastic catheter, after which a small band of oiled linen was introduced, and the wound dressed in the ordinary way. On the sixth day, an elastic tube being introduced, a pint of bloody serous fluid was discharged. The wound was dressed twice a day. The tent was retained in the wound for ten days; the discharge then became purulent, and came freely from the wound, which remained open. After many disasters, after every appearance of phthisis, of consecutive diarrhoea, &c., the patient gradually recovered at the end of ten months. Eight years afterwards the right or wounded side of the chest was found to be less by one-half than the left. The ribs had lost a great part of their curvature, the shoulder was lower, the trunk bent to that side, the heart turned to the right, and its pulsations were felt opposite the cartilages of the eighth and ninth ribs. The left side of the chest was enlarged in a corresponding degree, and respiration was effected by this lung only. The arm of the affected side was atrophied; but the health under all these changes was good.

It may be remarked on this case that there can be little doubt that the vomiting which took place on the fourth day gave rise to effusion into the cavity of the pleura, and not to a renewal of the bleeding, as was supposed by the baron; for,

if it had been blood which had been poured out, he would not have evacuated next day ten pints of a serous bloody fluid, that effusion being the consequence of inflammation taking place rapidly—a result in these cases always to be expected, and for which the surgeon should be prepared. The falling in of the chest was the consequence of the inability of the lung to expand.

CASE 76.—Baron Larrey has also related the case of a soldier, twenty-two years of age, who, being wounded on the right side of the chest by a sword, had on the third day the ecchymosis of Valentin, and the other symptoms of extravasation. On the night of the 6th a severe paroxysm of fever took place, followed by a copious critical fetid sweat, after which the signs of effusion diminished, and the man recovered at the end of three months. The extravasation of a large quantity of blood may in this case be doubted, although the ecchymosis was present.

The baron has so effectively supported the views promulgated by Valentin, but which had been previously practised by La Motte and Ravaton, that the introduction of the practice has been attributed to him, but which, as I have shown, is an error; for, although the precepts of Valentin may have been forgotten in France, they were in existence; but the baron has the merit of having revived and confirmed them. In pursuing the same course, long before I had seen any of his works, I was not aware that I was acting out of the ordinary course of things, with the trivial exception of sewing up the skin of the wound by the continuous suture instead of trusting to a compress and bandage.

In order to be explicit on points so important as those of which I have treated, I have thought it right to lay down certain general conclusions, subject to general deviations:—

1. All incised or penetrating wounds of the chest should be closed as quickly as possible, by a continuous suture through the skin only, and a compress supported by adhesive plasters, the patient being afterwards placed on the wounded side.

2. If blood flows freely from a small opening, the wound should be enlarged, so as to show whether it does or does not flow from within the cavity. If it evidently proceed from a vessel external to the cavity, that vessel must be secured by torsion or by ligature.

3. If blood flow from within the chest, in a manner likely to endanger life, the wound should be instantly closed; but as the loss of a reasonable quantity of blood in such cases, say from two to three pounds, will be beneficial rather than otherwise, this closure may be delayed until syncope takes place, or until a further loss of blood appears inadvisable.

4. If the wound in the chest have ceased to bleed, although a quantity of blood is manifestly effused into the cavity of the pleura, the wound may be left open, although covered, for a few hours, if the effused or extravasated blood should seem likely to be evacuated from it, when aided by position; but as soon as this evacuation appears to have been effected, or cannot be accomplished, the wound should be closed. It must be borne in mind that the extravasation which does take place is usually less than is generally supposed—a point which auscultation and percussion will hereafter in all probability disclose.

5. If auscultation and percussion should indicate that the cavity of the pleura is full of blood, and the oppression of breathing and the distress are so great as to place the life of the patient in immediate danger, the wound, although recent, should be reopened, as in cases 66, 67, and 72.

6. As soon as the presence of even a serous fluid in the chest is ascertained to be in sufficient quantity to compress the lung against the spine, and time has been allowed for the closure of the vessel from which blood originally flowed, a counter-opening should be made in the place of election for its evacuation by the trocar and canula, which may be afterwards enlarged, unless the reopening of the wound should be thought preferable, which will not be the case unless it should be low in the chest,

PROGRESS OF MEDICAL SCIENCE.

TREATMENT OF ASIATIC CHOLERA.

The following remarks on the subject are extracted from a paper by M. Bally, whose name is attached to the most important and extensive searches of the French school, and whose long career has been devoted to the study of epidemic maladies; his first appearance in the medical world was marked by the observation of the yellow fever at San Domingo, where the army, sent by the republic to that island, was devastated by the scourge. At a later period, M. Bally again had an opportunity of witnessing a fearful attack of this disease in Spain. M. Bally collected carefully all the cases of cholera which were admitted into his wards at the Hôtel Dieu during the epidemic of 1832, and he at present publishes the results of his meditations on the subject:—

1. The serum of the blood escapes from the digestive tube, and the brain, deprived of its habitual amount of stimulus, accomplishes its functions with great difficulty.

2. The eye is dried up from the arrest of the lachrymal secretions. The conjunctiva loses its brilliancy, and the nasal cavities are desiccated.

3. The mechanical part of respiration continues, but the vital and chemical functions of hematosis is in a great measure interrupted; hence the absence of oxydation of the blood, the disappearance of the scarlet colour, and of the cessation of production of animal heat.

11. The functions of the liver are interrupted. The gland retains even the quantity of bile previously secreted. The disease does not, therefore, deserve the name of "cholera."

12. It is more proper to call it "lymphatic cholera," or "hydro-cholera," i.e., discharge of serum from the intestines.

13. The permeability of the integument is abolished, and also its function of exhalation; hence contact with the skin of a patient cannot communicate the disease.

The bladder is empty, the renal secretion having ceased. The mouth is parched; the salivary glands do not perform their function; hence an unquenchable thirst.

17. Digestion is annihilated.

19. But the intestine is endowed by the disease with new properties—with new functions.

20. The intestine becomes the only active organ.

21. Its secretion consists in the fluid portion of the blood. This opinion is not that of Professor Andral, but the difference of opinion may arise from the experiments of the professor having exclusively borne upon sporadic cases.

25. No efficient method of treatment has yet been adopted, and it is not the fault of medical practitioners: the cause of the intractability of treatment residing in the abolition of the absorbing powers of the intestine.

26. In countries where no treatment was employed, one half of the patients recovered; and in the countries where the patients were submitted to the most rational methods, one half died, often more, seldom less.

38. A poison circulates in the blood; an antidote must be sought for. That antidote cannot penetrate into the system through the intestinal surface; it must be, therefore, introduced through the respiratory organs, with the assistance of some of those marvellous anæsthetic agents which modern science has placed at our disposal.

—*Journal des Connaiss. Méd. Ch.*

TREATMENT OF FISTULA IN ANO.—(*Médec.*)—The innovation which M. Huguier proposes in the performance of this operation consists in the suppression of the wooden gorget usually employed, and the substitution of a speculum in its stead. After the incision of the rectum the operator, guided by ocular inspection, can with facility investigate the condition of the parts. If the intestine is detached above the fistular orifice, it becomes easy to divide it with a pair of scissors; if several fistular passages exist, the speculum permits their easy detection, and their incision

can be performed with far greater readiness than in the operation hitherto adopted. Indeed the advantages obtained by the use of the speculum in this surgical process are so evident that it is needless to insist upon the value of M. Huguier's discovery. The speculum should be formed of two valves, hinged to each other on one of their edges, and free on the other: a very slight mechanism permits these two valves to open, and their interval is directed towards the diseased part of the rectum in such a manner as to expose it completely to view, and to render it more and more easy to divide with the knife. Four cases have already been operated successfully by this method.

HISTORY OF THE CHOLERA OBSERVED AT CONSTANTINOPLE DURING THE WINTER OF 1847-48. By M. Monneret, Professor of Hygiene at the Faculty of Paris.

When I left France, in November, 1847, the epidemic had been arrested at Tradisond, situated on the oriental shores of the Black Sea; this city had suffered cruelly. The disease had not extended beyond Kerson, also on the Black Sea, a little to the westward of Tradisond. On Oct. 24 it appeared at Constantinople without showing itself in the cities intermediate between that capital and Kerson.

When I arrived in Constantinople, at the beginning of December, the cholera morbus had attained a considerable degree of intensity; the soldiers were first affected, and, a few days later, the sailors of the Turkish fleet, which had recently entered the harbour. On the 1st of January cases occurred, on board some of the ships; patients were removed to a temporary hospital belonging to the naval service, and in the first 248 patients were admitted into the hospital, and 73 died. Towards the same period, 12 soldiers had been received into the military hospitals, and of these 83 cases proved fatal. It would be difficult to state accurately the precise proportion of the other inhabitants who were affected, but I am inclined to think that, on stating that altogether 3500 cases occurred, I am not far from the truth. My observations have been made in the military and naval hospitals; they have led me to the recognition of several differences between the cholera of Constantinople and the Parisian epidemic of 1832. I now state these resemblances before the academy.

The comparison of the cases observed at Constantinople points out three distinct forms of the disease. The first is constituted by cholera complicating other maladies, the second is cholera, and the third, different from Indian cholera. The symptoms, progress, and duration of each of these forms require a separate description.

Cholera as a Complication.—It would seem that in the incipient stage of the epidemic the specific influence was so weak that it was incapable of producing cholera unless assisted by some other affection, acting as a predisposing cause. It was, therefore, in patients already labouring under other disease that I first observed the development of cholera morbus. Occasionally it showed itself during the progress of some acute malady, such as pneumonia, bronchitis, pleurisy, simple or ulcerous colitis, dysentery; or during some chronic affection, phthisis, diarrhoea, or disease of the heart. In such cases the following symptoms were present:—Vomiting and diarrhoea, generally of bilious or serous matter, and, in some few cases of the special characteristic, fleecy evacuations. Vomiting was not constant, and in some cases even constipation was observed; the tongue was pale, moist, and cold; the abdomen soft, and generally tender on pressure, particularly at the epigastrium. The face was altered; the conjunctiva of the eye vacant; the intelligence calm, but absent.

I carefully studied in the patients affected with this form of cholera the three phenomena called algor, cyanosis, and cramp. The face, hands, and feet, often the abdominal walls, were the seat of cyanosis and cold, which seldom

invaded the entire body, and were usually less marked than in Asiatic cholera. I have seen them occasionally persist, during five or six days, with some modifications induced by treatment. In others the blue colour was replaced by a brick-tinged red hue. The pulse, weak and seldom insensible, resumed in some degree its strength when reaction appeared; this reaction was not readily established, and followed the progress of the primary disease which cholera had complicated. I have, for instance, in several patients affected with pneumonia, seen the cyanosis rapidly arrested under the influence of antiphlogistic treatment when the pulmonary inflammation subsided. In other cases I have noticed repeated diminutions and increases of cyanosis, according to the fluctuations of the primary affluency, and, finally, too prolonged cyanosis was sometimes followed by an adynamic state, which gradually augmented, and brought about fatal termination. It is thus that most patients died; others, in small numbers, were seized with tetanic convulsions, and expired during phenomena of contraction, which seemed accompanied by congestion of the cerebro-spinal cord. The urinary secretion was suppressed. Cramps were uncommon in that form of cholera which we now refer to. The agitation of the patient was due to the intense abdominal sufferings.

Febrile patients affected with this cholera contracted the double malady which they laboured under; the mortality was, therefore, very great. It is difficult very difficult to assign to such cases its share in the fatal issue; it may, however, with some probability, be admitted that the choleric symptoms above described were in themselves insufficient to occasion death. Patients of robust constitution, and suffering from acute disease, recovered in larger proportions than the remainder.

Second Form, or Cholera.—This form was much more frequent than Indian cholera, and showed itself towards the end of December amongst the sailors. In proportion as the disease extended to a greater number of individuals, its effects seemed to grow weaker, and the attacks of mild cholera became more frequent. The greater number of sailors who at a later period suffered from Asiatic cholera, or from fatal cholera, belonged to the Turkish squadron, which had entered the harbour of Constantinople on the 1st of December, after a three months' cruise in the Archipelago. They were subject to diarrhoea, indigestion, caused by bad food, to nostalgia, and other morbid causes, which we will notice. Under these unfavourable conditions, cholera, having existed for one or two weeks, was replaced by an attack of slight or fatal cholera. The symptoms of this cholera, altogether similar to those observed at Paris, require no peculiar description.

Third Form—Atactic Cholera.—Its symptoms had, in their intensity, duration, and association, some special characters deserving of attention. The cyanosis, often intense, and similar to that observed in the most violent cholera, was almost always partial, and limited to the feet, face, hands, and forearms; it often ceased in twenty-four or thirty hours, without the patient being therefore out of danger. The skin of the cyanosed parts was viscid and wrinkled; as if moistened with water; the nails were often blue. The apparent refrigeration of the hands and feet afforded a contrast with the results of thermometric observation. In ten patients I examined the temperature at the axilla, and, if the thermometer was left a sufficient time, the mercury rose to 36° (96°), and less frequently to 37° (98°). Under the influence of therapeutic agents capable of restoring heat the refrigeration speedily ceased; during several days, however, the calorification of the subject remained weak and uncertain until convalescence was properly established. I have assured myself that in many patients who lapsed into the adynamic state, although cyanosis never disappeared altogether, the skin remained hot and burning to the last. Cramps were observed in about one-fourth of

the cases: the tongue was moist and cold, but never blue. During the adynamic period it was red towards the apex, dry, viscid, and smooth; thirst was incessant, vomiting not frequent, and the rejected matter bilious, often fleecy and resembling rice-water. The abdomen often had the appearance special to Asiatic cholera; but what, in my opinion, constitutes an important difference is, that in many subjects the belly was, on the contrary, voluminous, swollen, distended with gas, serous in the course of the large intestines, and tender on pressure in the epigastric and umbilical regions. These abdominal symptoms were present in so many subjects affected with violent cholera, that they might be considered as characteristic, and required a special mode of treatment.

In all cases in which I sought for the symptom, I met with intestinal "gargouillement" (enterophony). The number of evacuations was not considerable, if compared with those of Indian cholera: in twenty-four hours the patients had seldom more than eight or ten motions. The matter was bilious or serous, sometimes fleecy and characteristic.

In bad cases the urine was almost invariably suppressed during several days; the respiration was frequent and laborious; some patients complained of considerable pain in the diaphragmatic insertions. During the period of reaction the pulse seldom exceeded 72; it rose to 106, and even 120, in the adynamic state.

After maceration the blood formed a black mass, which incaseated the serum; the clot was soft, fragile, and presented no trace whatever of a fibrous crust. In general, unless phlebotomy was performed during the first hours of the seizure, the blood flowed readily and even in stream from the venous orifice.

In mild cases, reaction was promptly established, and, if it was complete, convalescence soon set in; if, on the contrary, the cyanosis persisted, or diminished only in a slight degree, an adynamic condition was the result. This state, usually fatal, was marked by red patches on the face and hands, and difficulty of recovering heat; stupor or drowsiness, dulness of the eyes, convulsive closure of the lids, and dryness of the lips were also present. On the skin were observed no stains or typhoid eruption; epistaxis was not noticed; the spleen retained its natural size; and I have often at this period detected in both lungs sibilous or snoring rhonchi.

The extreme frequency of this adynamic state, which replaced the symptoms of cholera, and even of simple cholera, caused much anxiety to the physicians of the naval hospitals, who entertained fears of an early appearance of typhus in the narrow wards encumbered with a too large number of patients.

From the above description of the forms of the cholera at Constantinople, it follows that all the symptoms by which that malady is characterized were united in the greater proportion of the patients; these symptoms individually were, however, neither so intense nor so constant as in the cholera of 1832—the cyanosis, the refrigeration, and, more especially, the cramps being less violent.

Another important difference between the two epidemics consists in the predominance of abdominal symptoms, and the easy substitution of a generally fatal adynamic condition to cyanosis.

It would be hard to state what may have been the general mortality in Constantinople. One half of the soldiers, and rather less than one third of the sailors, affected were carried off by the disease.

(To be continued.)

INOCULATION OF MEDICINES.—Dr. Lafargue proposes, for the introduction of drugs into the system, a method which had not hitherto been thought of, viz., inoculation.

1. *Narcotics.*—If a lancet, loaded at its point with a salt of morphia reduced to a paste by the addition of some water, be introduced horizontally under the epidermis, a slight swelling and trifling congestion immediately occur, accom-

panied by a sense of heat and some pruritus. The morphia is evidently absorbed in a very short space of time, headache, yawning, and dryness of the mouth making their appearance. This method applies particularly to neuralgia of the face and scalp, and causes neither pain nor scars. Inoculation gives instant relief from toothache (inoculation of the gum), from the pains which follow herpes zoster, &c.

2. *Solaneæ.*—The extracts of belladonna and hyoscyamus are too weak to be of much avail when introduced by inoculation with the lancet; but if numerous punctures be made upon any part of the integument, and a thick solution of these extracts is applied, the absorption is active and efficient.

3. *Strychnia.*—When this substance is introduced into the system by inoculation, its effects are very prompt: it relieves partial paralysis, and has been successful in rebellious chorea when inoculated along the spine.

4. *Veratrine* calms rapidly facial neuralgia and obstinate headache.

5. *Croton oil and tartar emetic* have also been employed in the same manner for the purpose of producing revulsion.

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

Definition of Yellow Fever.—Dr. Bartlett's of the Transylvania University, U.S.), definition of yellow fever is as follows:—It is an acute affection; occurring at all ages, but much more frequently during the middle and active period of life than either earlier or later; attacking, in a large majority of instances, persons who are not permanent residents in the places where it prevails,—sometimes extending, however, especially in localities where it is of rare occurrence, to such residents; rarely occurring twice in the same person; much more common in the white than the negro race; generally milder in its character amongst children and women than amongst men; confined to certain geographical localities, and especially to commercial seaports in hot climates; prevailing most extensively during the latter part of the hot season; often epidemic, but sometimes sporadic in its appearance; not capable of transmission from one person to another in a pure atmosphere; depending for its essential cause upon a poison of terrestrial origin, the nature and composition of which are entirely unknown; which poison may be shut up in small and close apartment, in clothes, bedding, and so on, and transported from one place to another, and which is destroyed by a freezing temperature; sudden in its access; commencing with an initiatory chill, ordinarily of moderate severity and of short duration, the latter accompanied with acute and violent pains in the head, back, and limbs, or immediately followed by them; then by a red suffusion of the eyes, moderate heat of the skin, and moderate acceleration of the pulse, loss of appetite, and thirst; a moist, white, villous tongue, with rosy tip and edges; these febrile phenomena diminishing in activity, and mostly disappearing, in from twenty to thirty-six hours; the first stage of the disease, thus characterized, passing in mild cases into convalescence, but in grave cases being followed, after an interval of apparent but deceptive amelioration, by nausea and vomiting, the matter ejected from the stomach in cases that are to terminate fatally resembling coffee-grounds; black or dark-coloured stools; epigastric distress, general restlessness, and jactitation; sighing respiration; hiccup; a yellow colour of the skin; coldness of the extremities, gradually extending to the trunk; and finally, by death; the mind usually remaining free, but apathetic and indifferent, up to the close of life; which symptoms differ very widely in their degree of severity, and especially in their number and combination, in different cases, thus giving rise to different varieties and grades of the disease; which symptoms, furthermore, may either subside and disappear in the course of a few days from the time of their commencement, or may terminate with death between the third and seventh day of the disease. The bodies of patients exhibiting, on examination after death,

in most cases, a yellow or buff colour of the liver, with dryness of its tissue; black spots or masses more or less numerous in the lungs; softness and flabbiness of the substance of the heart, and, in nearly all cases, unusual thinness and fluidity of the blood; and redness, mamellation, changes in the thickness, and softening—one or more—of the mucous membrane of the stomach; this organ and the intestines usually containing a considerable quantity of a very dark or black fluid or semi-fluid matter; which disease differs essentially from all others in its causes, its symptoms, and its lesions, and is only to a moderate extent, at least in its graver forms, under the control of art.

Treatment of Pneumonia.—Dr. George W. Bal-four, in a paper read before the Medico-Chirurgical Society of Edinburgh, gives the following account of the treatment for pneumonia pursued by Dr. Skoda in the General Hospital, Vienna:—Leeches, cupping glasses, and blisters are never employed, and general bleeding only where the fever runs high, and the dyspnoea is great, previous to hepatisation. After this has occurred, the abstraction of blood is regarded as injurious, diminishing the chance of a speedy and complete absorption of the exudation. If dyspnoea or cyanosis be occasioned by a secretion of tough mucus, an emetic is given. The general treatment consists in giving a scruple of extractum ginseng, ext. glycyrrhizae, or some other equally innocuous extract; from ten to twenty grains of nitre, or latterly a quarter of a grain of corrosive sublimate, by way of attempting to reduce the plasticity of the blood. These remedies are dissolved in from six to eight ounces of water, and given often warm, in the course of the day. From six to eight grains of Dover's powder are occasionally employed, or a grain or two of opium is given, according to the amount of pain and irritation present. Many patients are treated wholly without opium. All have a thick warm cloth laid over the chest. The temperature of the wards is about 60° F., summer and winter; and, though well aired during the former season, they are close and ill ventilated during the latter. The diet is in conformity with the habits of the people, and not more rigid than in other hospitals. This method of treatment has been pursued for three years, and the results have been most satisfactory.

Vesico-Vaginal Fistula Remedied by Caustic.—Dr. Elan W. Harris, of Elm Wood, Cape Girardeau county, Mobile, states the case of a married lady, aged thirty years, who laboured under the infirmity of vesico-vaginal fistula. Her garments were constantly wet; the vaginal cavity, labia, and thighs bathed with urine, in an erysipelatous condition, and exquisitely tender. The complaint had existed for five years, and occurred seven or eight days after a tedious first labour and violently severe manipulations of her midwife. In addition to the soreness caused by the irritation of the urine, she suffered violent pain in the bladder, which often prevented sleep whole nights; she sometimes passed urine in the natural way for a day or two at a time, but always with great pain; and if, during her monthly periods, the urine is discharged through the urethra, it is mixed with the catamenial fluid, just as it is when the urine passes through the fistula and vagina. The parts being too sore to attempt any exploration, recumbency, aperients, fomentation, and tepid lotions were enjoined. In a few days, her condition being much improved, the finger was introduced into the vagina, the walls of which felt hard and irregular, presenting to the finger the sensation of sinistries. No os tincor or neck of the womb could be felt. The vaginal speculum was now carefully inserted into the vagina, which terminated in a round sack-like cavity, without anything like the neck of a womb projecting into it. Instead of an os tincor, a small opening was found large enough to admit a silver probe which entered the uterus; about three quarters of an inch from this aperture, in the anterior wall of the vagina, was found an oblique fistulous opening into the bladder (five lines in extent),

through which the urine could be seen flowing. The bladder was then sounded, and a calculus discovered. On the second day after the examination, a long delicate pair of forceps was introduced through the meatus urinarius, with a bistoury at hand to make the proper incision, if found to be necessary for the extraction of the stone. By gently and gradually opening the chaps of the forceps, the urethra was sufficiently dilated in about twelve minutes (with very little pain) to take hold of the stone. In endeavouring to get a firm grasp, this was crushed to pieces; the fragments were removed with the forceps and syringe, at a sitting of a few minutes each day for five days, when no more could be found. Some of the particles passed through the fistula and were washed out of the vagina with a syringe. There were four drachms and six grains of gravel saved, and there was fully as much lost. No unpleasant symptom occurred, and she was permitted to walk about, expressing great gratification on account of freedom from pain. The incontinence was still annoying, and on the sixth day after the removal of the last of the gravel, the speculum was again introduced, and a piece of solid lunar caustic, made fast by a thread in the same forceps used for extracting the stone, was carried up through the speculum into the vesico-vaginal opening, and rubbed on the edges and angle of the wound, until they were completely cauterized. A tube was firmly fixed in the bladder to conduct the urine into a vessel placed below, and emollient injections daily used. On the third day there were tenderness and pain in the pelvic region, fever and bilious vomiting. The catheter was removed, and by the use of the lancet, an emetic, and fomentations, those symptoms were relieved. The catheter was then replaced and not removed until the eighth day, when it was found that she could retain the urine and pass it *per vias naturales*. The patient has menstruated three times since the operation without difficulty or pain, but the menstrual fluid passes from the bladder mingled with the urine, showing the existence of utero-vesical fistula. Fears are entertained that particles of the menstrual fluid retained in the bladder may form the nucleus of another stone.

Delirium Tremens induced by the Inordinate Use of Tobacco.—Dr. Wm. A. Gordon, of Harrisburg, relates the case of a man, aged seventy-one, who had been smoking tobacco to great excess for a number of years. At length he resolved to abandon the use of it altogether. The day on which he formed this resolution he smoked, in quick succession, nine cigars, which was followed by considerable nausea and giddiness for three days. These symptoms then passed off, and his health for a short time seemed better than usual; but after this brief interval he fell into a lethargic state, from which he was with difficulty aroused. This condition was succeeded by the symptoms of a true delirium tremens. He was wakeful, agitated, talkative, and alarmed at imaginary objects around his bed. His pulse was about eighty-five a minute, full, but soft; countenance dejected, with a wild confused look; skin cold and moist; bowels constipated; tongue moist and slightly coated. Two phenomena in connection with it are worthy of notice. 1. The patient previous to this attack had been hard of hearing. While labouring under it his hearing became excellent. 2. He had also laboured under some difficulty of speech for a number of years, owing to what seemed a partial paralysis of the tongue. When the derangement of the cerebral system came on, he recovered the use of his tongue and was able to speak distinctly and rapidly.

Rupture of the Uterus occurring during Labour.—A woman, aged thirty-seven, of muscular make and very choleric temper, had been in labour for six or eight hours, on the 1st of February, when at about four P.M., on getting on to the bed, she was seized with a tremendous pain, with which the waters were discharged, and a loud cracking sound was heard. She complained of great suffering at the umbilical region, and grasped this

with both her hands. Labour-pains ceased, and she became ghastly and cold, so that her friends believed her in the act of dying. After a long period, however, they determined to call in advice, and about six hours after the accident Dr. Prassart saw her. He found her exhibiting extreme prostration and intense tenderness of the abdomen, through the parietes of which the parts of the child were plainly felt. She was easily delivered of a dead child by means of the forceps, and a large discharge of blood followed. The size and position of the aperture could not be discovered, but the hand passed at once into the cavity of the abdomen, whence was the placenta removed, and large coils of intestines were found passing into the uterus. The woman after this seemed almost lifeless, and her friends were informed that she could not live the night. The patient was left four days to herself, when the physician was again called to visit her. There was now found severe inflammatory action of the womb and abdomen set up, accompanied by great prostration of strength. We need not follow the case in its remaining details; it presents an example of the occasional wonderful power which Nature employs in coping with the direct extremities of disease. The physician, from his infrequent visits (alternate days), and the sagacious character of his treatment, may be considered as having delivered it over into her hands, the result being, that in four weeks the woman was enabled to leave her bed. She continued for some time after her recovery to be tormented with occasional severe pains, but in the course of the following year natural menstruation was re-established.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By Dr. BUSHNAN.

(Continued from page 571.)

5. ON THE DEVELOPMENT OF THE GRAAFIAN VESICLE.—The progress of the development of the Graafian vesicle and the ovula of the mammalia not being sufficiently evidenced by the investigations of Valentin, Barry, and Bischoff, Werner Steinlin has made new researches into these processes of the animal economy. The results of his observations, in some respects, establish the opinions of former writers, while in others they differ from them. According to Werner Steinlin, the developments of the folliculus and ovulum are to be described as follows:—The vesicles or follicles of Graaf, or the ovi-capsules which contain the ovula of mammals and the human subject, are formed by cells of 0.006"—0.009" diameter, including nuclei of 0.003"—0.006". At a later period cellular fibres are to be seen intermixed with these. The cells occupying the space between the fibres are intermixed with larger cells of 0.009"—0.013" diameter, with microscopic granules, and from two to four nucleoli, or second nuclei—the "tochterzellen" of the Germans—showing that the multiplication of the primary cells of the ovarium is owing to endogenous generation. In minute slices we perceive that in some parts there is an opaque and globular accumulation of these primary cells; and, by compression, that each of these contains in its centre a large transparent cell of 0.009"—0.013", with a distinctly visible nucleus and nucleolus. Each of these accumulations is afterwards enveloped by a clear structureless membrane, 0.004"—0.006" thick—the primordial follicle corresponding to the ovisacs of Barry—which becomes the foundation of the further development of the follicle. On the exterior surface of this a layer of fibres is formed by the development of the above-described primary cells into cellular fibres. This layer constitutes the tunica propria of the follicle. On the interior surface the included cells, much increased in number by endogenous generation, form an epithelium—the membrana granulosa of the follicle; while the follicle, enlarging its size, is filled with a transparent fluid, in which the central cell—the vesicular germine-

follicle is suspended. This is soon surrounded with particles of fat, which are afterwards included in a structureless membrane—the zona pellucida, or chorion—at first very thin, but gradually acquiring its usual thickness. It is at this time that the ovulum, now formed, becomes included in the mass of the membrana granulosa; at the same time the membrane of the primordial follicle vanishes, and the membrana granulosa comes in contiguity with the membrana propria of the follicle.

By Steinlin's researches on cows, pigs, dogs, cats, and rabbits, it is also proved that this formation of the follicles takes place not only in the fetus, but in the adult, principally at the menstrual period or rut. No occasion offered to examine the bodies of healthy menstrual women. In the macula germaniva of the developed ovulum of the arachnida, the nucleolus, no more perceptible in the developed ovulum of the mammalia, was still distinctly visible. ("Mittheilungen der Naturforschenden Gesellschaft," 1847, pp. 156–168.)

6. OZONE THE CAUSE OF CATARRHAL DISEASES.—Some time ago Professor Schönbein, of Basel, discovered a new chemical preparation which he called ozone, but the properties of which have not yet been sufficiently investigated. Delavigne and Berzelius are of opinion that it is a modification of oxygen, while Schönbein thinks it is a high oxidation of hydrogen. In the decomposition of water, ozone is formed on the (+) (positive) pole of a voltaic battery; it is also obtained by phosphorus in contact with humid air, and by electricity streaming into the air from points. It has a very strong smell, and, when inspired, it affects the mucous membrane of the respiratory organs in the same way as chlorine and bromine, and almost always produces very severe catarrhal affections. It is decomposed or oxidated by organic matter, and by hydrosulphuric acid. It decomposes the hydiolate of potass, separating the iodine. By the continual discharges of electricity into the atmosphere, a certain quantity of ozone must always be produced; and this, in summer time, if not in too large quantities, is always decomposed by the organic matter everywhere occurring. But not so in the winter, especially in the time of snow, when much electricity is discharged into the atmosphere, and little organic matter remains uncovered. And it is in the winter especially that catarrhal affections are most common. Schönbein, therefore, concludes very ingeniously, and, since we can almost always produce catarrh by breathing ozone, not improbably, that the cause of these affections as epidemics is ozone produced by electricity and existing undecomposed in the atmosphere. Last winter several catarrhal epidemics prevailed in Basel, and then Schönbein proved that, at the periods when these were at their height, the greatest quantity of ozone existed in the atmosphere. The experiments can readily be repeated, since the presence of ozone in the atmosphere is easily demonstrated by its power of decomposing the hydiolate of potass, and by the blue colour which iodine gives to starch. For this purpose starch is to be made into a paste with hydiolate of potass, and then spread upon a sheet of paper and suspended in the air. The greater the quantity of ozone contained in the atmosphere, the sooner the double decomposition takes place, and the paper becomes, in consequence, of a blue colour. The subject is one of much interest, and offers a tempting field for investigation and discussion. (Hensl und Pfeuffer, Zeitschrift für Rationale Medizin, p. 176.)

7. CARCINOMATOUS AFFECTIONS OF THE SPINE.—Dr. Bühler has lately described three cases of this incurable but interesting and very important disease, of which there are few records, and of those which have been recorded all are doubtful, except the four cases by Mr. Cesar Hawkins, in "The Med. Chir. Transactions" of 1841. Dr. Bühler's cases are remarkable, inasmuch that the affection presented itself apparently as a primary disease of the vertebrae, as in one of Mr. Hawkins's, in whose three other cases carcinoma

had already been developed in the mammae or testes. Dr. Bühler's first case occurred in an actor, a remarkably fine and well-built young man of twenty-seven years of age. The second was that of a man of sixty-nine, who from his youth had been scoliotic, or humpbacked, in consequence of a fall. The third was a woman of forty-two, who asserted she had had no previous illness. The first case was admitted to the hospital for paraplegia of the legs; the two other cases were sent in from the country as chronic rheumatism, for which they were at first, and unsuccessfully, treated. All three exhibited in the progress of the disease the greatest similarity of symptoms, the most prominent of which were excessive pains which yielded to no remedy; these were at first confined to the back, but soon they extended to other parts of the body, and never ceased. At times they were most severe, particularly during the night, depriving the patient of all sleep. Pressure upon the spinous processes and neighbouring soft parts, and any motion of the body, materially increased the sufferings; the most easy posture was half recumbent, in which the patients generally remained. There were frequent spasmodic twitches, sometimes in one group of muscles, sometimes in another; clonic spasms of the legs and starting of the whole body, accompanied with severe pain, but without any disturbance of the sensorium. The respiration was generally quickened, and sometimes genuine asthmatic dyspnoea, with great constriction of the chest, took place. Other groups of muscles were at times attacked with tonic spasms; thus the thighs were drawn up upon the abdomen, the muscles of which were frequently violently contracted. Constipation and retention of urine existed; at least, however, the sphincters became paralyzed, and then both feces and urine passed involuntarily. According to the higher or lower seat of the disease, the upper or lower extremities were paralyzed, and sensibility partly or wholly extinguished. Occasionally formication and numbness were complained of; and motion, either voluntary or otherwise, always occasioned great pain. No scoliotic change in the form of the spine was observed, except in the young man, in whom the curvature became greater than natural; nor was the usual carcinomatous expression of countenance present, until near the end, when general cachexia was developed, and other organs participated in the disease. The progress was slow, death ensuing from the sixth to the ninth month. On dissection, the vertebrae were found softened, infiltrated by carcinoma, or wholly destroyed, and the whole spine more or less affected. The bones of the pelvis, femur, and sternum were also involved, and evidences of disease were found in the brain, lungs, pleurae, liver, kidneys, and several lymphatic glands. ("Ueber Wirbeltuberkulose in einer bisher noch nicht beachteten form, und über den Krebs der Wirbelsäule von Dr. Heinrich Bühler." 1847.)

8. LAWS REGULATING THE LABOUR OF CHILDREN IN FACTORIES ON THE CONTINENT.—Intimately connected with the progress of medical science are the laws which regulate the labour of children in factories; and perhaps it may be interesting to the readers of the *Medical Times*, particularly to those practising in the manufacturing districts, to learn how these matters are regulated in neighbouring countries. In France it is not yet decided how many hours a day children of seven, eight, ten, and twelve years of age are to work. The subject, however, has been under discussion, and the Count d'Aragout proposed to the Chambers that children from eight to twelve years old shall be permitted to labour only six hours daily. This, he said, was the utmost that, physically or morally, could be obtained from such children.

In Prussia, by a law of the 9th March, and an order of council of the 6th April, 1839, no child under nine years is allowed to labour in a factory; indeed, no child who has not been during three years at school, or who cannot produce a certificate from the constituted authority that he

is sufficiently educated, can be admitted into a factory before he is sixteen years of age, except, indeed, where there is a school in the establishment; and under sixteen years of age labour is restricted to ten hours a day; it is not allowed to be commenced before five o'clock in the morning, nor is it to be continued after nine at night. On Sundays and *fete* days it is altogether prohibited. And those who have not been confirmed cannot be employed in factories during the hours the Protestant minister or Catholic priest has set apart for their religious instruction.

In the Grand Duchy of Baden children who are at school—and all are compelled to go to school—are not allowed to labour in factories, except where a school is connected with the establishment; and under eleven years children are not allowed to attend factory schools under any circumstances whatsoever; neither can any child enter them at any age who has not taken his first and second degree, or step, in the "*école primaires*." Labour and instruction, taken together, are not permitted to exceed twelve hours a day. Labour is forbidden before five in the morning and after nine at night; also on Sundays and *fete* days.

In Switzerland there is no general federal law on the subject. In many cantons, also, there is no law regulating the labour of children, and the obligation of attending the schools in a great degree renders it unnecessary. Thus, in Bâle-ville children are obliged to frequent the schools until twelve years of age; in Bâle-campagne until eleven years of age; and until this obligation ceases none can be admitted into factories. In Zurich the labour of children is regulated by a law of the 16th June, 1837. In order to understand this it will be necessary to premise that, by a law of the 28th Sept., 1832, the canton of Zurich constituted two orders, or classes, of primary instruction—the lower school, "*école inférieure*," where children from six to twelve years old are to attend daily; and the upper school, "*école supérieure*," where they receive lessons six hours per week—that is, for one hour daily, and which they are obliged to attend from twelve to fifteen years of age; and, leaving this, they are further obliged, until the day of their confirmation, to attend others for religious instruction and for singing. The law, then, of the 15th June, 1837, declares that no child shall be admitted into a factory before he has passed through the lower school, which supposes him to have reached his twelfth year; and, after having passed this, no child is allowed to work in a factory unless the proprietor undertakes that he shall attend the high school, the school for religious instruction, and the singing school. Under sixteen none are allowed to work more than fourteen hours a day, inclusive of two hours at the school. It is also forbidden to labour at night or on *fete* days.

The canton of Argovie has no law to regulate labour, but there exists a very severe one respecting primary instruction, very analogous to that of Zurich, and which imposes even greater restrictions upon the employment of young persons in factories.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

A CASE OF VERY EXTENSIVE GELATINIFORM CANCER OF THE PERITONEUM, INVOLVING THE LYMPHATIC GLANDS OF THE ABDOMEN AND THE OVARIES, AND SIMULATING ASCITES.

By Edward Ballard, M.D. Lond., Physician to the St. Pancras Royal General Dispensary.

A married woman, aged fifty-five years, became a patient under Dr. Ballard's care, at the St. Pancras Royal Dispensary, on January 17 last. She stated that for twenty-seven years she had been subject to more or less severe epigastric pain. Between the ages of forty-five and fifty-two years she had suffered from an almost constant and very debilitating menorrhagia. At that time, also, there was an increase in the epigastric pain, which was occasionally relieved

by an aperient, with the evacuation of mucus and membranous shreds, and a tumour was discovered beneath the margin of the ribs on the right side. In June, 1846, she slipped from some steps; a prolapsus of the womb followed, and she wore a pessary for three months. At this time the uterus ceased to prolapse, but she noticed the abdomen begin to enlarge, first at its lowest part; and she perceived a tumour in the hypogastrium, which, with that before detected, disappeared as the abdomen generally increased in size. About Michaelmas, in the same year, she struck her abdomen violently against a post, since which accident all her symptoms had been aggravated, the enlargement continuing to increase. She began to vomit a few months previously to her admission at the dispensary. On being visited, she presented the appearance of a person labouring under some severe organic disease, and was considerably emaciated. The abdomen was greatly enlarged, dull on percussion generally, and fluctuating most distinctly; it encroached very much upon the limits of the thoracic cavity. The umbilicus was remarkable in being stretched and flattened out, and not prominent, as is customary in ascites. The case was believed to be one of ascites, arising from cancerous disease about the larger divisions of the portal vein and under part of the liver; fibrous tumour of the uterus was detected, and encysted ovarian disease believed to be likewise present. She was tapped on the 24th, but only a teaspoonful of clear jelly passed from the trocar, and she died on the 26th. On examination of the body, the peritoneal cavity was discovered to be full of a firm and very tenacious gelatinous matter, emitting a very sickly odour. A large ruptured ovarian cyst, containing a similar matter, occupied the lower part of the abdomen, and there were several smaller cysts about the inlet of the pelvis. The whole peritoneal surface of the abdominal wall and diaphragm was infiltrated with colloid cancer, as also was a considerable part of the peritoneal coat of the liver and spleen. There was a large tumour lying upon the right side, which was formed by the omentum and mesocolic glands converted into colloid; and the mesenteric glands, with those about the under surface of the liver, were similarly affected. This diseased mass was connected below with a fibrous tumour of the uterus. All the gelatinous products, wherever found, presented the characteristic cells of cancer. (These appearances were illustrated by preparations and drawings.) In commenting upon the case, the author introduced his remarks by observing that, although colloid cancer of the peritoneum was not of very unfrequent occurrence, he had failed in his search after a case at all approaching it as regards extent, and he had been unable to discover another recorded instance in which colloid matter had been found free within the cavity of the abdomen. He believed that the disease had commenced in the mesocolic glands, from which it had spread upwards over the liver and spleen to the abdominal wall, and downwards to the omentum and ovaria; and that the general effusion of colloid into the peritoneal cavity had taken place subsequently to the rupture of the ovarian cyst from the blow which the patient had received upon the abdomen. These opinions were supported by considerations deduced from the appearances after death, and from the clinical history of the case. Admitting the insufficiency of the grounds on which M. Cruveilhier maintained the malignant nature of all encysted ovarian disease, the author, nevertheless, suggested that the opposite view of their nature would be found no less fallacious, holding that some forms at least deserved to be classed among cancerous growths, and alluding to the discovery of cancer cells in his own case, and in one which is recorded as having occurred in the practice of Dr. F. Bird. He regarded the present case as establishing the possible existence of three forms of colloid cancer:—1st, the ordinary locular form; 2nd, the encysted (so named by Cruveilhier); and 3rd, a free or uninclosed form. He stated his belief that, in this instance, the

plasma in which the free colloid was formed was only thrown out from such parts of the peritoneal surface as were in a state of disease. The paper concluded by drawing the attention of the society to two of the signs presented on physical examination of the abdomen: one was the perfection of the fluctuation, and the other was the unusual condition of the umbilicus, which the author suggested might assist in the formation of a more accurate diagnosis, should a similar case ever again occur.

CASES OF UNUNITED FRACTURE SUCCESSFULLY TREATED.

By William Bunsfield Page, Surgeon to the Cumberland Infirmary.

The first case narrated by the author was that of a young man, whose radius and ulna had been fractured thirty-four weeks before the operation of excising the fractured extremities of the bones was had recourse to. He had suffered from other fractures at the same time, which had united soundly. The injured forearm was an inch and a half shorter than the sound one; the fracture of the bones was oblique, and the shortening resulted from overlapping of the extremities. The seat of fracture was exposed by incisions over either bone on the posterior aspect of the forearm, and, a curved director being passed beneath each fragment in succession, they were removed by means of a small Hey's saw, and with the assistance of cutting forceps. The forearm was then immovably fixed in an angular splint, in a position between pronation and supination. At the end of ten weeks, union was complete; and after the lapse of six months the patient had almost entirely recovered the original use and strength of his arm. The second case was one of ununited fracture of the tibia and fibula. In this instance the cause of non-union appeared to have been the want of entire and sufficiently prolonged rest, which was accordingly resorted to for two months, but without a satisfactory result. The author then inserted two setons, one over the outer, the other over the inner, surface of the fractured bone; but the threads were removed in ten days, in consequence of the inflammation that ensued. In two months more, union was complete. In the third case the injury was likewise a fracture of both bones of the leg. Mal-treatment caused protrusion of the tibia, a portion of which was removed with a saw at the end of two months; and this operation was followed by repeated exfoliation from both tibia and fibula. In this way nine months elapsed before there was any attempt at union, when the patient came under the author's notice. His first care was to heal the wounds, and next to keep the limb at perfect rest for three months. Union was then complete. The fourth case was an illustration of non-union from want of proper nutriment. When this necessary adjunct to surgical assistance was supplied, the patient, a female, speedily recovered. In the fifth and last case, non-union of fractured tibia and fibula was accounted for by syphilitic taint in the system, which was corrected by the specific influence of mercury, and then union took place. The author concluded with some general remarks on the causes of non-union of fractured bones, as illustrated in the preceding cases, and by remarking that the serious operation of resection of the fractured ends is admissible only in a limited class of cases, such as that narrated in his paper.

ROYAL MEDICO-BOTANICAL SOCIETY.

March 16.

Dr. J. C. COOKS in the Chair.

Dr. Snow delivered a lecture on "Chloroform and other Narcotic Vapours."

He said that he considered the introduction of the use of ether vapour for the prevention of pain second only to the discovery of vaccination in the direct benefits it conferred on mankind, and in the advantages it would confer on medical science second only to the discovery of the circulation of the blood. Chloroform was in some respects an improvement over ether, which,

however, was the great discovery. He described the physiological effects of chloroform, dividing them into five degrees, and said that the description was applicable to ether and some other vapours. The pulse was more or less accelerated during inhalation of ether, chloroform or other, and was not diminished in power when the effects of the vapour were not carried too far, unless sickness was induced, which it was apt to be if the inhalation took place soon after a meal, and the insensibility was deep. It was not easy to lay down any rules with respect to the pupil, but the sensibility of the edge of the eyelids afforded a very good sign; when this was abolished the tonic might be used without causing a shock, but it was not always necessary to wait for this symptom.

He mentioned some cases in which ether and chloroform had enabled the surgeon to reduce old dislocations, and to reduce strangulated hernia by the taxis when otherwise an operation would have taken place.

There was on an average less mental excitement from chloroform than from ether, but the rigidity and struggling which occasionally occurred in the third degree was certainly as frequent from the former as from the latter agent, if not more so. Chloroform was eight or nine times more powerful in its effects than the same quantity of ether; and he was now in a position to explain the reason of this. He had examined a great number of volatile liquids, and he found that the power of all of them was in a constant ratio to their solubility in water, and consequently, in the blood; that was to say, the more soluble they were the greater was the quantity required to produce a given effect. The table suspended in the room exhibited the number of these liquids in the order of their solubility, and the power of a given quantity of each of them was in the same order.

Alcohol	Soluble in 100 parts of water
Pyroxicilic spirit	proportionally
Acetone	
Acetate of oxide of methyle	16
Acetate of oxide of ethyle	15
Oxide of ethyle (sulphuric ether)	10
Nitrate of oxide of methyle	10
Iodide of ethyle	10
Chloroform	144
Bromoform	About the same
Bichloride of carbon	100
Bisulphuret of carbon	13
Benzin	Also very sparingly soluble
Metacetone	

The first column showed the quantity of liquid by measure that 100 parts of water would dissolve, the second column the quantity of vapour. There was great difficulty in ascertaining the exact solubility of the very sparingly soluble substances, but he had endeavoured to determine it by presenting them to the water in the form of vapour. Chloroform he found to be soluble in about 200 parts of water, although it had been said to require 2000. The physiological strength of the vapours he had ascertained by inhaling small quantities himself, and by placing small animals in closed but capacious glass jars with proportions of vapour determined by weighing—a mode of investigation which he believed would lead to a knowledge of the modes of operation of these vapours.

The three first substances in the table produced but little effect when inhaled; it was only the last and most volatile of them that would induce narcotism at all in a moderate time by the vapour it would give off at common temperatures. The next on the list was very soluble, and produced but little effect. The next, or acetic ether, was more powerful than less so than sulphuric ether, which in its turn was less powerful than the same quantity, by measure, of the nitrate of oxide of methyle. All the remainder were very powerful. The bichloride of carbon he had made, as mentioned in the last edition of "Turner's Chemistry," by

passing chlorine gas through chloroform in the sunshine; hydrochloric acid gas was given off. A combination of chlorine with the hydrogen, and the atoms of chlorine took its place, and a liquid, consisting of 2 carbon, 4 chlorine, was produced. "What he had made boiled at 100°; and, moreover," as stated in the work referred to, it had a specific gravity of 1.567, had a very disagreeable odour, and its vapour was heavier than air, and six times as heavy as atmospheric air. He had given it in three cases of cholera-dysentery at St. George's Hospital. It produced the same effects as chloroform, and was rather longer in producing its effects, on account of its less volatility, which might be some advantage, but not sufficient for him to recommend its general adoption. The bisulphuret of carbon, he understood, had been used in Sweden. It was very powerful. The vapour of this substance of it had made him nearly insensible; and three grains of it, put into 100 cubic inches of air, in which a bird was placed, rendered it totally insensible in less than two minutes; but it had such a fetid odour that it could not be introduced in this country, even if desirable for other respects. At the conclusion of the trial was put under the influence of ether, and a guinea-pig under the influence of chloroform, and they recovered from its effects in due time. The latter animal was placed in a jar containing 100 cubic inches of air, to which seventy-four grains of chloroform were added, and complete insensibility was induced in three minutes. Dr. Snow remarked that, if some of these circumstances had been introduced, chloroform would not have been rendered inadmissible as a large quantity, but would only have become inadmissible for the required two grains, or rather more than one cubic inch and a half of ether, to each 100 cubic inches of air, to render the effect beyond the second degree, however long it might be continued; and this accounted for failures in administering the chloroform, for, if from the facepiece not fitting, or from any other cause, the vapour became diluted below the strength, no amount of its consumption would produce the desired effect.

THE MEDICAL TIMES.

SATURDAY, APRIL 8, 1848.

MEDICAL MEN AND MODERN SOCIETY.

"This is what the happy to the unhappy owe."—Pope.

The age of the philosopher, the politician, or the Christian, as it reviews man's social condition over the globe, meets no phenomenon so worthy of study as the popular destitution of a large fraction of the world's two most civilized and richest nations—France and England—but particularly England, the more rich and civilized of the two.

In our own country medical men are, of all others, the most competent, by knowledge and habit, to bear testimony to the nature and extent of this ghastly anomaly, and, it may be, to point the way to a remedy. The million or more who last year perished of famine in Ireland knew no wretchedness but ours—a sorrow not without sacrifice as shown by many a medical obituary. The gaols, with their thickly populated compartments—the workhouses and unions with their jostling crowds of paupers—the filthy gutters—the dark cellars—the damp huts—the shuddering cabins—the unswept alleys—the new and extending institutions of our land, disclose to us, almost alone, their ceaseless scenes of penury—of filth—of crime—of disease and suffering—and death. Surrounded by

nearly all the wealth which mankind—after forty centuries' toil and talent—have been able to accumulate—and possessing in our public men an amount of knowledge which makes small that of the wisest sages of antiquity—our humble and too often condemned mission of "peace and good will" brings us in daily contact with millions whose physical and moral destitution has no parallel in history, and which, while appearing to throw discredit on the whole scheme of creation, makes civilization itself appear like its emblem, the tree in Paradise—a curse, a scandal, and a widening infamy.

If this bitter and spreading evil were of God, as it undoubtedly is of an immature enlightenment, we should bow to the stern decree as to a calamitous and mysterious fate, and our duty would be accomplished in the humble daily task of modifying or removing, as far as science in the hands of charity may, that disease and suffering of which this social misery is, of all causes, the most prolific; but as facts and reason both impress a contrary teaching, and the very maintenance of society begins to impose an opposite practice, it well becomes our peculiar position, in the advancing movement of a more developed humanity, to make that frightful anomaly—the painful subject of our peculiar knowledge—not less known to the community, in order that we may substitute for the state empiricism of petty, tardy, inefficient, and degrading appliances, the scientific remedy of complete and comprehensive prevention. The European war of our time is against the wretchedness—or, what is more dangerous, the wretched—within a state, rather than against a foolish and misunderstood hostility without; and policy and diplomacy, if to continue for "the good of the country," must have for their occupation, in the future, aims and labours in kinship with this new and paramount duty and interest of the nations.

LAMARTINE—impressed, probably, with some such views, and which his position, indeed, must too naturally suggest—has recently claimed for himself and his friends at Paris the possession of a "new Christianity which is already dividing the world into the old parties of pagan and believer." The post-politician knows, at all events, his want. The disease unfortunately stands self-confessed, and, like most claimants to a felicitous diagnosis, he imagines that he is in possession of more than half the remedy. We hope that he is not to be disappointed, but should have nursed a more sanguine expectation if the oracle had been less silent on the details of his revelation.

The new Christianity that is, indeed, to come, not to divide, but sway and better mankind, is not political, but social—not religious, but moral; its lessons will be for man, not nations; against poverty and disease, not sects or kings; and its apostles, instead of poets or politicians, medical men and their principles. It is for us—it is our place—to establish on the broad basis of physiological and hygienic truth the system of human happiness, to lay down through the physical laws of man those of individual right, and, what is the same thing, of national well-being; to speak on the great thesis with the certitude and power of incontrovertible science, with the sanction and authority given by Nature herself, and, by securing our code its just paramountcy, to vindicate anew the principle that self-love and social are the same, and that there is no happiness for one where there is no justice for all.

Of all men, who so often as we hear (and amid

so much under our eyes that is old and faulty and incommensurable and ugly and wanting) the vain cry, "Give us labour, or we starve!" Thousands are uselessly each day re-echoing around us the sound to which Paris has so recently responded by a revolution. Our inspired science, foreshadowed—nay, definitely laid down in words—what costly experience will each day too surely establish in fact. Labour is more than the condition of food: it is the condition of happiness and of human society itself. It is the law of social existence, and there is no security where it is overlooked. It is at once the natural hereditament and prerogative and happiness of man. Whatever system countenances it by unwise affluence here, or unwise penury there, is in conflict with the laws of our physical being; and, as the conflict is greater or less, so becomes the penalty paid in individual content or national security. Scientifically as well as religiously, man was made to earn his bread by the sweat of his brow, and as, of all demands made to a state formed for mutual protection, that for labour is the most righteous, so of all impositions the most impolitic is that of its denial. It is a foolish and needless consumption without supply—an enforced expenditure without income; a creation of vice, peril, and penury where nature aimed at virtue, peace, and affluence; and all this public injury for what? For individual suffering and want. There is no such thing as a social or civic right, as there is no such thing as a wise policy, if it be not that of every man at all times to an employ by which he may live and be useful. What the right of locomotion is in nature, this is in society; and a Government that fails to provide for it in these days of increasing and almost insupportable pauperism, forgets, at no trifling peril, the first object of its existence and primary aim of its policy.

If men generally saw, as our profession forces us to see, these results of idleness which, as by a fatality, afflict both social extremes, the earnestness of our language would not be misunderstood. We hear it sometimes called a mercy that one half of society knows not how the other half lives; but the bias of ignorance to the individual is so favourable to apathy and half-sanctioned wrong, that it would be true mercy, perhaps for each man to know thoroughly and feel acutely the evils that each other man is suffering. As "physio" is worse than thrown to the dogs administered to the languid, enervated victim of *ama* and inaction, scarcely is it of more service to his unconsidered opposite, the half-fed, cheerless tenant of the hovel. Disease in the poor man's bed must always be fought both by us and him at a disadvantage. In him and near him the lever of medicine finds no basis for its operations. Worthy, though abused, some of the greatest of European races, we would rally in him the weakened powers of a fine nature, and we encounter inanition and hopelessness; we would chase fever, and we find him enveloped by its fumes; we would remove bronchitis, and in every angle of his abode there are its old and renewing agencies. We witness his suffering; we note his anguish; it is shared by his wife; it extends to his children; it reacts on ourselves; in a small nation it is one of a million parallels; and our noble science, baffled in those uses which even poor-law parsimony cannot annihilate, turns upon us with the inquiry: What but labour—grateful, fertilizing labour—asked for by man's organisation, and invited by all that surrounds it, was needed to substitute for all this misery and disease, content and com-

fort and health? Yes!—Fortune, that has made us the special witnesses of England's household sufferings—a wide-spread and Promethean agony—has placed on us the peculiar duty of pointing out the augmenting bulk and peril of the calamity, and of early crying out, and with all our power, for a remedy. It is a great mission, and, despite the heartlessness of the high or the ingratitude of the low, the neglect of those governing or the ignorant heedlessness of those governed, we will ever show to it a hearty and abiding fidelity.

THE POOR-LAW CONVENTION.

It is needless to say that we continue to feel an undiminished anxiety for all the objects for which this body was set afoot; and, as far as we can conscientiously judge, no step up to this moment has been overlooked, calculated to promote its success.

For the present moment there are many reasons—some of them sufficiently obvious—to explain why no public proceedings of a very important kind can be entered upon or carried out. The Home Secretary has promised to receive a deputation on an early day, but in the present position of public affairs is unable to fix the time. Although the committee have already had numerous interviews, each of considerable importance, they, of course, suggest no proportion of value to that to be attached to this conference with one of her Majesty's Ministers, and the principal poor-law commissioner. It is sincerely hoped that the excellence of the case to be submitted to Sir George Grey will secure us many of the changes we are seeking. The deputation will be accompanied, as we believe, by representatives from the College of Physicians, the College of Surgeons, the Society of Apothecaries, and the Provincial Medical and Surgical Association. A memorial excellently worded, accompanied by the suggestions for change deliberately agreed on by the committee, is ready to be submitted to the Home Secretary; and, supported by so powerful a conjunction of influence, we anxiously expect a most favourable result from the character of Sir George Grey and Mr. Buller.

Till this interview it is, of course, impossible to publish the resolutions or memorial; and, looking to the present posture of political affairs, it is clear little can well be done till after Sir George Grey has been seen.

THE IRISH MEDICAL PROFESSION AND THE GOVERNMENT.

When the members of the Irish medical profession memorialized the Government, some months ago, touching the remuneration which was offered them for attendance upon fever cases, they received an answer from the Lord Lieutenant more curt than courtly. Considering the position and the profession of the memorialists, it was scarcely what might have been expected, as there were found amongst them men who could claim relationship with some of the first families of the country, and there were none whose education and station did not entitle them to respect. If a judgment might be formed of the estimation in which their talents, influence, and labours were estimated by the Government, from its dealings with them on the occasion referred to, we should unhesitatingly conclude that it was very low. They had been required to combat disease in some of its most severe forms, and under the most appalling circumstances; they

had been called to expose their lives to save those of their fellow-countrymen whose abject poverty had made them an easy prey to a direful pestilence; and for these arduous and dangerous duties they had been offered the insignificant sum of 6s. per day. Against this remuneration, which they considered so inadequate and degrading, the physicians and surgeons of Ireland, to the number of 1106, protested; and in their protest they employed the most respectful language, while they stated the most solemn truths. The Government not only refused to grant a more liberal salary for medical attendance on fever cases, but made known its determination in an ungracious note of four or five lines.

Since then the nations of Europe have been agitated by the most momentous political events. A tempest of popular indignation has burst over the throne of a neighbouring kingdom and laid it in ruins. Kings in some other countries have put aside the purple and the diadem, affrighted either by the dangers or the responsibilities of their station; and around the political horizon of Ireland dark clouds have gathered, which threaten to disturb the peace and order of society there. At such a period the Government expects to have the support of every well-wisher to his country, and the medical profession has appeared early at the vice-regal palace with loyal declarations. The address of the College of Surgeons, received from Lord Clarendon the following reply, which we give in full, as we have a few remarks to make upon it:—

"Mr. President and Gentlemen,—I beg you to accept my grateful acknowledgments for your address, to which I need hardly assure you that I attach the highest importance; for the circumstances in which Ireland is placed do indeed render it imperative upon all well-disposed persons fearlessly to make known their opinions. But when a body such as the College of Surgeons, representing 1000 men of high intelligence and education, but of various creeds and opinions, and whose professional duties make them acquainted with the feelings of all classes in the community, comes forward to announce its determination to support the Government in maintaining public order, society receives a fresh and most important guarantee against its enemies, who are now endeavouring to create convulsion for their own selfish ends, to seduce the people into the commission of acts which can only aggravate the sufferings with which it has been the will of Providence to afflict them, and which they have hitherto borne with such exemplary resignation.

"Although France must always have our sincerest good wishes for her prosperity and greatness, I join with you in disclaiming any desire to pronounce even an opinion upon the form of government which she may think it for her interest to adopt; and I heartily rejoice to learn from you, gentlemen, who from your position can justly claim to be exponents of the national feelings, that the attempts of certain Irishmen to induce foreign intervention in our domestic affairs meet with the disapprobation they deserve, and that the great mass of our fellow-countrymen neither desire nor would tolerate this national indignity.

"It affords me great satisfaction that you approve of the measures that it has been my duty to adopt, and which I confidently hope may be successful for maintaining the public peace, and for counteracting the attempts perseveringly made to inflame the passions of the people, already excited by suffering and incessant agitation.

"I thank you for tendering to me your assistance, which will be most valuable, and of which I gladly avail myself; for, as your peculiar pursuits afford you ample opportunities of ap-

preciating the advantages of public peace and order, I will take the liberty of requesting that, upon the poorer classes of your fellow-countrymen, with whom you come in contact, you should inculcate your own sound and loyal opinions, teaching them that their true interests command obedience to the law, and that they will always be the first and severest sufferers from listening to the advice of false friends, who seek to turn them from the paths of industry, and to render them disorderly and disaffected.

The first thing that arrests our attention in the Lord Lieutenant's reply is the compliment which is paid to the high intelligence and education of the members of the Irish medical profession. In the former memorial to which reference is made, the gentlemen who signed it modestly adverted to this subject, to establish their claims for increased remuneration. This, however, availed them nothing, nor was it noticed in the official document which followed. It would be a work of supererogation to attempt to prove that which the Government here admits; but it appears to us a most singular circumstance that gentlemen of acknowledged "high intelligence and education" should be expected to labour in the Government service for the small sum of 6s. a day. The same endowments in any other profession are considered far more valuable, though medicine is surpassed by none in the benefits which it confers on society.

There is noticed, further, the influence which the members of the profession exert on the public mind. This is to be expected from their employment, as they not only are engaged in healing the sick, but in administering consolation to the afflicted. The medical attendant is usually considered the friend of the family, whether rich or poor; to him are confided secrets, and from him is sought advice. His influence, therefore, over that circle in which he moves must be great; and in a country politically agitated, as Ireland is, it might, if improperly employed, be a source of much embarrassment to the Government. To deny him, therefore, a fair remuneration for his services is not only unjust but impolitic; and, finally, the Lord Lieutenant adverts to the labours of Irish medical men amongst the poor and afflicted. He does this to exhort the members of the profession, not only to employ their talents to heal the sick, but their influence to direct the ignorant; and we trust and believe they will not be backward in attending to his request. Ireland has been, and is, afflicted most grievously by fever, and the duties and dangers of medical practitioners have been thus vastly augmented. It was in consequence of this that they asked of the Government a remuneration somewhat in accordance with the risk incurred by "coming in contact with the poorer classes of their fellow-countrymen." Five shillings a day is but a poor return for the employment of medical skill, the expenditure of time, and the exposure of life. We have within the last few days received a letter from a gentleman who signs himself "An Irish M.D.," in which he says:—

"Typhus fever continues its ravages amongst us. Last week has consigned two more of our body to the tomb—Dr. Cranfield, of Ennisceorthy, and Dr. Baird, of Monast Mellick—both leaving widows, and both men in the prime of life. And yet the public are told by Sir P. Crampton and Dr. Corrigan we are well paid at 6s. per day! I will give you a scene in which I was unfortunately a principal performer. Some time since fever prevailed in my district to a fearful extent; I was obliged to be continually on horseback visiting amongst the wretched sufferers. One day

occasion I came to a hovel containing eight in family: seven out of the eight were down in fever; the only one up was the mother. On entering this pesthouse, and asking the woman what was the matter, her reply was, 'They are all down in the room.' The room, as she termed it, was an apartment measuring 7 feet by 12. On entering this place I found them all down indeed; they were all bedded, as you would bed st. many pigs, on the cold ground, with a few inches of straw under them; their covering little more than their body-clothes. I was obliged to step over them one by one to examine them, and get to the father, who was most inside of all; he was in the last stage of typhus, and died the following day (I wish I had the pleasure of Sir Philip's company on the occasion, that he might see what was to be done for 5s.). In three days after this I was laid on my own bed, delirious and in fever, where I remained for three weeks hanging over the grave, as I was told, for I was insensible the greater part of the time. The priest who visited this family was also struck down, and had a narrow escape. And still we are told by members of our own profession, medical men are well paid at 5s. per day! Let those men ask the widows and orphans, were not their husbands and fathers' lives worth more than 5s. per day?"

Such are the labours, dangers, and rewards of Irish medical practitioners, who are acknowledged by the Lord Lieutenant to be gentlemen of high intelligence and education. Who can help contrasting the reception of their two addresses—one making a measure of justice for themselves, the other expressing attachment to the Government? The former was considered scarcely worthy of an answer; the latter elicited from his Excellency expressions of the highest approbation. As the talents, self-devotion, and patriotism of medical men are now acknowledged by the Government, we trust the next thing that it will do will be to increase their salaries for attendance upon fever cases. Past sufferings and present devotedness should plead on their behalf; and we are sure that the country will not murmur at a little increased expenditure to reward valuable services.

POOR-LAW REFORM.

The Home Secretary, we are glad to learn, has consented to receive a deputation from the Medical-relief Committee, and the deputation will, we understand, be supported by representatives from the Colleges of Physicians and Surgeons, the Society of Apothecaries, and from the Provincial Medical and Surgical Association. With the facts and documents in the possession of the committee, we cannot doubt that their representations must gain the attention of the right honourable baronet; and it is scarcely to be conceived that, with his eyes opened to the workings of the present system; to the contumely and neglect with which the just remonstrances of the medical officers have hitherto almost invariably been treated; to the efficient manner in which for the most part, as far as the manifold imperfections of the arrangements would admit of, they have fulfilled their engagements; to the anxious and laborious nature of their duties; to the dangers frequently encountered in the discharge of them, and to the wretchedly inadequate salaries with which their services are recompensed,—it is scarcely to be conceived that, with these circumstances brought fairly before him, a gentleman of character, such as Sir George Grey undoubtedly is, can refuse to redress the grievances so deeply felt by a meritorious body of public servants like the union medical officers.

In one point of view the defeat of Lord Ashley's resolutions may, indeed, work well for the medical department of poor-law relief; the necessity for some medical inspection seems to have been admitted by Mr. Buller; and should the further examination of the question by the Go-

vernment authorities tend to deepen the impression, so as ultimately to place this department under the supervision of a qualified medical commissioner, releasing at the same time assistant-commissioners, boards of guardians, relieving officers, *et id genus omne*, from the superintendence and management of duties, the faithful discharge of which they can neither appreciate nor understand, good will ultimately work out of evil, and Lord Ashley, though now not successful, may yet witness the fulfilment of his benevolent intentions, in the consequent benefit of the sick poor on even a more extended scale than he had before felt himself warranted in anticipating.—*Provincial Medical and Surgical Journal.*

THE PROJECTED CHARTER OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON.

After the preamble it is proposed—

1. That the corporation shall henceforth be styled "The Royal College of Physicians in England."

2. That it shall consist of fellows and associates, including a president and council, four vice-presidents, four censors, a treasurer, and a registrar.

3. That all the present licentiates of the corporation shall be associates.

4. 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 examination before them as shall be required by, and shall be satisfactory to, the censors, and on his paying to the corporation a fee of £25, exclusive of the stamp duty.

5. That every person now practising as a physician in England or Wales, and who shall have taken the degree of doctor in medicine at any university in the United Kingdom of Great Britain and Ireland, after regular examination (previously to the 1st day of January, —), and who shall have attained the age of thirty years, and who shall not be engaged in the practice of pharmacy, shall, at any time within twelve calendar months from the acceptance of these letters patent by the corporation, in the manner mentioned in the act of Parliament hereinbefore stated to have been passed in the present year, be admitted an associate of the corporation, without any examination, on the production to the censors of his diploma, and of such testimonials of character and professional qualifications as shall be satisfactory to the censors; and on his proving himself to be of age, and on his assuring the censors that he is not engaged in pharmacy, and on his paying to the corporation a fee of £25, exclusive of the stamp duty.

6. That any person who, after examination, shall have taken a degree in medicine at any university in the United Kingdom of Great Britain and Ireland, or from any foreign university, to be from time to time recognised by the corporation, and who shall have attained the age of twenty-six years, and shall not be engaged in the practice of pharmacy, and shall have gone through such course of studies, and who shall have passed examination before the censors, and complied with such other regulations as are or shall be required by the by-laws of the corporation, shall be entitled to become an associate without being subject to any other election.

7. That there shall be 200 fellows, and that such number shall be hereafter regulated in such manner as hereinafter stated.

8. That the present fellows shall continue to be fellows, and that previously to the 25th day of June, —, a meeting, or several meetings, of the fellows and associates shall be holden, at which so many fellows as will make up the number to 200 shall be elected, and that such fellows shall be elected out of the list of associates who are hereby admitted, or shall hereafter be admitted, associates, all of whom shall be eligible to be fellows; and that, on the 25th day of June, —, and on the same day in every subsequent

year, (except when the same shall fall on a Sunday, and then on the 26th day of June), a meeting shall be holden of the fellows and associates, for filling up vacancies which shall have occurred in the fellowship since the last election of fellows, so as to make up the number of fellows to 200; and that if on the day of holding any such meeting the number of fellows and associates shall exceed the number of fellows and associates on the 5th day of June, —, then so many additional fellows shall be elected at such meeting as will make up the entire number to a number bearing the same proportion to the number of fellows and associates for the time being as the said number of 200 fellows shall have borne to the existing number of fellows and associates on the 12th day of June, —, or as near thereto as circumstances will permit, the new fellows being always elected out of the list of associates for the time being of the corporation; but no new fellow shall be elected so long as the entire number of fellows shall bear a larger proportion to the number of fellows and associates for the time being than the said number of 200 fellows shall have borne to the existing number of fellows and associates on the 25th day of June, —.

9. That the fellows and associates shall have an equal right of voting in the election of fellows; and the fellows to be elected shall be elected by ballot, either by lists or otherwise, as the corporation shall from time to time determine by their by-laws.

10. That if it shall at any time hereafter appear that any present or future fellow or associate shall have obtained admission by any fraud, false statement, or imposition, or that he shall have violated any by-law, rule, or regulation, then, and after previous notice to and hearing of such associate or fellow as under the circumstances the president and censors shall think proper, it shall be lawful for a majority of the fellows present at a meeting of the fellows to declare such fellow or associate to be expelled from the corporation; and thereupon every such associate or fellow shall cease to be an associate, or an associate and fellow, of the corporation accordingly; and all the privileges granted to such associate, or associate and fellow, shall cease and be extinguished.

11. That the present president shall continue to be president until a new president shall be actually appointed in his place; and that upon the day next after Palm Sunday in the year —, and on the same day in every subsequent year, a new president shall be elected at a meeting of the fellows; but the retiring president shall always be capable of being re-elected; and every president shall remain in office until the actual election of the new president.

12. That at the meeting of the fellows held for the election of the new president, the council shall, out of the first fifty fellows in the list of fellows, nominate some one of such fifty to be proposed to the fellows, to be by them elected president; but if the fellow so nominated shall not be elected president by a majority of the fellows present at such meeting, another fellow shall in like manner be nominated by the council, out of the first fifty fellows in the list of fellows to be proposed as aforesaid, and so on, until a president shall have been elected. The election of president shall be taken by ballot; and in case of any difference in the council, concerning their selection of a president, the president nominated by the majority shall be proposed to the fellows; and in case of an equality of votes in the council, the senior fellow so nominated shall be proposed.

13. That in case of the death or resignation of the president, a new president shall with all convenient speed be elected in his place, such election to be made in all respects in the same manner as is provided by the last preceding regulation.

14. That at any time before or at the meeting of the fellows, after the meeting of the fellows at which the president shall have been elected, the president so elected shall appoint four fellows out of the first fifty on the list of fellows, which four fellows shall be called vice-presidents, any one of

whom may act as president in the temporary absence of the president, upon his expressing a desire to such effect to any vice-president, in writing, or to the registrar; and in case of the death of the president, the first vice-president for the time being in the list of vice-presidents shall act as president until a president shall have been appointed; and the present president shall, at the meeting of the fellows next after the granting of these letters patent, appoint four vice-presidents for the purposes aforesaid.

15. That the vice-presidents shall cease to be such when a new president shall have been appointed in the place of the president by whom they were nominated.

16. That there shall be sixteen fellows on the council.

17. That the present council shall continue to be the council of the corporation until a new council shall have been actually elected in their place; and that on the 22nd day of December next, four fellows shall be elected to make up the number of the council to sixteen; and that on the 22nd day of December, —, and on the same day in every year (except when the same shall fall on a Sunday, and then on the 23rd day of December), four of the council shall go out of office, and four fellows shall be elected of the council; but the fellows going out of office shall not be re-eligible until they have been one year out of office; and the fellows to be elected shall remain in office until others shall have been actually elected in their place, and that, on the same day, other fellows shall be elected to the council, to fill up vacancies occasioned by death or resignation since the last election.

18. That the council shall be elected by the fellows out of their own body by ballot, either by list or otherwise, as shall be determined by the by-laws.

19. That, in addition to the sixteen fellows so elected, the president, censors, and treasurer shall, *ex officio*, be of the council.

20. That the present censors shall continue to be the censors until new ones shall have been actually elected in their place; and that on the day after Palm Sunday in the year —, and on the same day in every subsequent year, four new censors shall be elected; and censors going out of office shall be re-eligible; and the censors to be elected shall remain in office until other censors shall actually have been elected in their place.

21. That on the day for electing censors the council shall nominate four of the fellows to be proposed to the fellows, to be by them elected censors; but if any fellow or fellows so nominated shall not be elected a censor or censors by a majority of the fellows present at the meeting, another fellow or fellows shall be nominated at such meeting by the council, to be proposed by the fellows, and so on, until four censors shall have been elected. The election shall be taken by ballot. In case of a difference in the council concerning the nomination of censors, the censors nominated by the majority shall be proposed to the fellows; and in case of an equality of votes in the council, the president shall have a casting vote.

22. That in case of the death or resignation of either of the censors, a new censor shall be elected in his place, such election to be made in the same manner as is provided by the last regulation.

23. That the present treasurer of the corporation shall continue to be treasurer until a new treasurer shall be actually elected in his place; and that on the day after Palm Sunday in the year —, and on the same day in every subsequent year, the president shall nominate one of the fellows, to be elected by the fellows as treasurer, in the same manner as is before appointed for the election of censors by the fellows; and the treasurer shall be re-eligible. And every treasurer shall remain in office until a new treasurer shall be actually elected in his place.

24. That, in case of the death or resignation of the treasurer for the time being, a new one shall be elected in his place, such election to be made

in all respects in the same manner as is provided by the last preceding regulation.

25. That the present registrar shall continue to be the registrar until a new registrar shall be actually elected in his place, on the day after Palm Sunday in the year —, and the election to be conducted the same as for the censors.

26. That, in case of the death or resignation of the registrar, a new one shall be elected in his place, in the same manner as is provided by the last regulation.

27. That the president, council, censors, treasurer, and registrar shall be considered as remaining in office during the whole of the day on which their successors shall be elected.

28. That the corporation may, by a by-law, change the day appointed for any election to take place; and if, from any cause, any election shall not take place on the day appointed, the same shall take place on some other day appointed for that purpose.

29. That proxies shall not be allowed at any election.

The duties, powers, and privileges of the respective offices shall, except so far as the same are now varied, and subject to any variations which may be made by the corporation, continue to be the same as the duties, powers, and privileges of the same offices respectively now are.

It shall be lawful for the corporation to admit as an associate any person who shall have exceeded the age of forty years, on the production to the censors of such testimonials of professional education as shall be satisfactory to them, and on passing the usual examination; and after his admission as an associate be entitled to have and use the degree of doctor of medicine.

Dr. Hawkins has addressed a letter to Dr. Streeten, mentioning that this proposed charter is the form proposed in 1843, and that several alterations have been since suggested and adopted. The limit for graduation fixed for Jan. 1, 1842, is one of these—a later year being proposed. The new charter is yet under discussion.

MEMORIAL TO THE HOME SECRETARY.

(COPY.)

To the Right Honourable Sir George Grey, Baronet, her Majesty's Principal Secretary of State for the Home Department, Showeth,

That your memorialists, being legally qualified members of the medical profession, have read with great attention and approbation a paper entitled "Principles of a General Measure for Medical Reform," which have been unanimously agreed upon as the result of several conferences held by a committee representing the different sections of the medical profession, and which your memorialists are informed have been submitted to the head of the Home Department.

The undersigned, after due consideration, are of opinion that a legislative measure founded on those principles will be eminently conducive to the public welfare, and will be generally satisfactory to the profession itself. The undersigned, therefore, pray that her Majesty's Government will adopt these principles, and promote the completion of them in due form, as an act of the Legislature.

THOMAS SMITH, Crawley.
EDWARD BOULGER, Bletchingley.
WILLIAM HENRY SARGANT, Bletchingley.
JOHN STEELE, Reigate.
GEORGE HAMPTON, Reigate.
PETER MARTIN, Reigate.
JOSEPH SARGANT, Reigate.
THOMAS MARTIN, Reigate.

DR. BERNCASTLE.

[To the Editor of the Medical Times.]

Croydon, March 29.

SIR,—The following memorial having been forwarded to me by the union surgeons of Cheltenham, requesting me to give it publicity throughout the

profession, I shall feel obliged by your giving it an early insertion in your valuable periodical.

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

J. BERNCASTLE, M.D.

(COPY.)

"TO DR. BERNCASTLE, SURGEON TO THE CROYDON UNION.

"We, the undersigned medical officers to the Cheltenham Union, beg to offer you our sincere and heartfelt condolences on the late ill treatment you have received from the board of guardians of the Croydon Union, who, after refusing the unfortunate woman Hopkins parochial relief (and, as we consider, most unjustly), with the intention of disguising their own censurable conduct, endeavour to pass it over by throwing the onus of the blame upon you.

"On a careful review of the entire circumstances of the case, and duly considering the positive orders of the relieving officer, that you were not to consider Hopkins as a patient of the union, we cannot but agree that you were entirely free from censure, and, in fact, treated her with the greatest kindness and humanity.

"W. P. BROOKES, M.D., &c., surgeon to District No. 2.

"WILLIAM GREGORY, surgeon to District No. 3.

"WILLIAM DALTON, surgeon to District No. 4.

"FREDERICK HYATT, surgeon to District No. 1."

POOR-LAW MEDICAL REMUNERATION.

[To the Editor of the Medical Times.]

SIR,—Some months ago you were good enough to insert in the *Medical Times* a letter of mine, accompanied with an expression of hearty concurrence in the objects of the "Convention of Poor-law Surgeons," signed by the medical officers of the Loddon and Clavering, and Wangford Unions.

I have now the pleasure of stating that the board of guardians of the Loddon and Clavering Union, on the 27th ult., raised the sum to be divided among the district medical officers from £178. 6s. 4d. to £210. This act of justice, conceded in so good a spirit, deserves the thanks of the profession; and, although even now the payment is below the onerousness of our duties, it is certainly an approximation to our just claim.

I cannot but think that the publicity given to our complaints by the Convention has been useful, and will ultimately secure us an adequate remuneration. It is a universal truth that you must ask in order to receive. I beg to renew my grateful acknowledgments to that meritorious body.

I am, Sir, faithfully yours,
Bungay, April 3. NATH. B. FISHER.

LIFE-ASSURANCE OFFICES, AND FEES TO MEDICAL MEN.

[To the Editor of the Medical Times.]

Crail, March 29.

SIR,—I am glad to observe that the subject of fees for medical reports to queries by insurance companies has been brought under the notice of the profession by a correspondence in your last publication between Dr. McCulloch, 2nd Life Guards, and the secretary of the Experience Life-assurance Company.

I annex copies of a correspondence on that subject I had several years ago with the manager of the Standard Life-assurance Company, and of a "resolution adopted by the life-assurance offices of Edinburgh in reference to the payment of fees to medical practitioners." If you think the publication of the latter, with the relative correspondence, will forward the agitation for the settlement of this question, of so much importance to the profession, you are at perfect liberty to do so.

I am, Sir, your obedient servant,
W. BONTHORNE, M.D.

"Crail, April 5, 1843.

"SIR,—In compliance with your request I send herewith my report regarding the state of health of Mr. J. B., jun. I beg to intimate that I expect you will transmit a fee to me for the same.

"I am, Sir, yours respectfully,

"W. BONTHORNE.

"The Manager of the Standard Life-assurance Company, 3, George-street, Edinburgh."

"Standard Life-assurance Company's Office, 3, George-street, Edinburgh, April 16, 1843.

"SIR,—I am favoured with your certificate as

medical referee of Mr. J. B., jun., and am sorry I cannot comply with your request that I should transmit a fee. Where a party refers to his medical attendant in assuring his life, we hold that the medical gentlemen reports at his request, and he must, therefore, be the party to defray the expense. I am aware that the subject is one as to which the medical and life assurance offices are not agreed, and by perusing the enclosed you will perceive the position which this company has taken along with the other Edinburgh offices.

"I am, Sir, your most obedient servant,
"WILL. TWO. THOMSON, Manager.
"W. Bonthron, Esq., Surgeon, Crail."

"Resolution adopted by the Life-assurance Offices of Edinburgh in reference to the Payment of Fees to Medical Practitioners.—Edinburgh, March 12, 1840.

"The dissatisfaction which some medical practitioners have expressed when called upon to give separate fees to the health of their patients, without, at the same time, receiving a fee, has been frequently the subject of regret and annoyance to the Life-assurance offices.

"It has been their anxious desire to remove that dissatisfaction; and they have often met to discuss the subject, and endeavoured to discover some way of meeting the wishes of the medical profession, without endangering their own position as insurers.

"That the medical attendant of a party to be insured ought to receive some remuneration for the information given by him, the offices have no difficulty in admitting; and they have explained this to all parties making proposals to them; but unfortunately the offices can neither pay this fee, nor be the medium through which it is paid, without altering their situation; and materially affecting the character of the influence upon which the whole transaction depends.

"On the one hand, unless it were made an imperative rule (admitting of no exception), that every party, at the time of his making a proposal, should deposit the medical fee, the object desired could not be accomplished, because there can be little doubt that, if the payment were at all optional, parties would, in the great majority of cases, act as they at present do; while, on the other hand, by invariably exacting a fee, the offices would incur the risk of being considered the parties by whom the medical men were employed and paid.

"The Life-assurance offices in Edinburgh, after again most deliberately considering and discussing this subject, have unanimously come to the resolution of adhering to the principle laid down by them on October 8, 1834."

"Crail, April 22, 1843.

"SIR,—I received your letter of date 16th instant, wherein you state, where a party refers to his medical attendant in assuring his life, you hold that the medical gentlemen reports at his request, and he must, therefore, be the party to defray the expense.

"I have to intimate my belief that, if the party referred to had employed me, he would have willingly paid me, but your having been my employer, and requested even a confidential opinion, which was not to be shown to him, and which I conscientiously supplied, I hold my claim is against you; it amounts to a guinea, and, if not remitted to me, it is my intention to take steps to recover it.

"The 'resolution adopted by the life-assurance offices, Edinburgh, in reference to the payment of fees to medical practitioners,' of date 12th March, 1840, of which you sent me a copy, has surprised me a good deal, and I think ought to be brought under the notice of the medical profession, which I will attempt doing by having it published in some of the weekly medical papers. The medical profession will, I trust, follow the example of the life-assurance offices, and look after their own interests. They, in my opinion, ought to decline answering any questions till a fee is paid.

"I am, Sir, yours respectfully,

"W. BONTHRON.

"To Wm. T. Thomson, Esq.,
Standard Life-assurance Office, Edinburgh."

"MILTONKENTON, May 4, 1843.—Was at Standard Life-assurance Office, Edinburgh, with D. A. L., Esq. Had a conversation with Mr. Thomson regarding the payment of my fee, when he expressed a wish I would raise an action at law for payment of it, as it would enable the Edinburgh assurance offices to have the matter properly discussed in court. Resolved rather to wait my guinea than engage in a lawsuit with an insurance company.

"W. B."

SOUND VISIBLE.

[To the Editor of the Medical Times.]

SIR,—The following paragraph has been "going the rounds" of the newspapers, and has likewise appeared in some journals more specially devoted to scientific subjects. I think it first appeared in the *Literary Gazette*. With your permission I will make a few remarks on the subject, as it seems to me the writer has misapprehended what sound really is. The paragraph is headed "Sound Visible," and thus proceeds:—"In this age of wonders, what will the world think when we assure it that a method has been discovered and matured by which sound will be made visible to the human eye, its various forms and waves demonstrated to sight, and the power to discriminate between the tones of one musical instrument and another be as complete as to observe the action of water when disturbed by any material cause. The experiments, we believe, are likely to be, ere long, repeated in the Royal Society. The exhibition of effects on fine sand has probably led to this astonishing issue."

Now, Sir, I believe that there is no such entity as sound independent of the ear, or special sense of hearing; and what is about to be demonstrated will be the motion of those impulses or vibrations which, arriving at the ear, produce the sensation of sound, or that particular state or condition of the labyrinthine nervous development and brain which we call sound. It is easy to conceive that delicate impulses and vibrations may be made manifest to the sight by an equally delicate mechanical contrivance, and that the different tones of various instruments may be discriminated by such apparatus. But still this is not rendering "sound visible," nor is it demonstrating the effects of sound, as one of the papers containing the paragraph suggested. The effects of sound are feelings which surely cannot be made visible by any mechanical contrivance.

It is neither sound, nor the effect of sound, but a cause of sound, which may be made visible. But in what manner physical effects—namely, impulses or vibrations—merge into mental perceptions science cannot explain.

I am, Sir, your obedient servant,
St. Asaph, March 14. J. W. MOSES, M.D.

GOSSIP OF THE WEEK.

WAR-OFFICE, March 31.—44th Foot: Surgeon Daniel Armstrong, from half-pay of the 84th Foot, to be Surgeon.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted members on Friday, March 31:—J. Westwood, J. Hebdon, J. Baker, G. Walker, E. D. Silver, R. S. Ryan, C. C. Bramwell, W. P. Roberts, F. Pearson, W. R. Raby, and N. Bethune.

APOTHECARIES' HALL.—Gentlemen admitted on Thursday, March 30:—John Mussendine Camplin, Islington; John Farmery Ollard, Wisbeach; William Mubrie Fairbrother, East Dereham, Norfolk.

ST. THOMAS'S HOSPITAL.—Mr. James Dixon has been appointed assistant surgeon to this hospital, in the place of Mr. B. Travers, jun., resigned.

COX V. THE MIDLAND RAILWAY COMPANY.—This was an action of debt, brought by Mr. Sands Cox, professor of surgery at Queen's College, Birmingham, against the Midland Railway Company, to recover £50 for services performed. The defendants pleaded that they were not indebted, and on this the issue was joined. Mr. Whitehurst, Q.C., with whom was Mr. Hayes, for the plaintiff, opened the case. It was one of considerable importance, both to the medical profession and the public. The debt was incurred under the following circumstances:—It appeared that in the month of February, 1847, a poor man, named Joseph Higgins, had been at a sale near the Whitacre station, where he had purchased a table. He being a poor man, and having only a short distance to go, consented to go on a truck, and, while he was endeavouring to get on, Alcock, the guard, gave the signal for starting, and the train went on, throwing Higgins down, so that the wheels passed over him, and fractured one of his thighs. The train was instantly stopped, and Mr. Davies, of Coleshill, the surgeon to the com-

pany, was sent for, and Higgins was taken to the Railway Inn, at Whitacre. Mr. Davies' father had in the meantime been sent for, along with two other surgeons; but, the case being one of great danger and complexity, a consultation resulted in its being determined to send for an eminent hospital surgeon, and it was resolved to have Dr. Cox from Birmingham. Accordingly, it was attempted to communicate by telegraph, in order that the railway company should send anybody they pleased; but the telegraph would not work, and accordingly the mail-train was stopped, and Mr. Davies, jun., proceeded to Birmingham, and informed Mr. Needham, the company's manager, and Mr. Wakely, of the accident, and of the necessity of having Mr. Cox's services immediately. Mr. Needham approved of this course, requesting that everything possible should be done for the man; and accordingly, between two and three o'clock in the morning, Mr. Cox was got out of bed, a carriage was attached by order of the manager to a luggage-train, and about six o'clock in the morning Mr. Cox performed amputation with great success. Higgins continued in considerable danger for six or eight weeks, and during that time he was twice visited by Mr. Cox, for which he charged three guineas each visit, and he charged twenty guineas for the operation. It was to recover this sum that the present action was brought, the company refusing to liquidate the claim on the ground that they had not employed him. Higgins had raised an action to obtain compensation for the injuries he had received; but it was settled out of court, the company agreeing to pay him £150, exclusive (as it was contended) of medical attendance and inn charges, as he had not ordered them. Mr. Whitehurst remarked rather strongly on what he characterized as the shabby, mean, and most ungenerous nature of the company's procedure in refusing to liquidate this claim.—Joseph Butler, a labourer, gave evidence of the occurrence of the accident; and Messrs. Davies also were examined.—On the plaintiff's case being concluded, his lordship inquired whether the defendants (for whom were Mr. Humphrey, Q.C., and Mr. Macaulay) intended to call witnesses, and, on receiving an answer in the negative, it was suggested and agreed to that a verdict should be given for the plaintiff for £27. 6s., with leave for the defendants to move to enter a nonsuit, if the court above should be of opinion that the judge ought to have directed a nonsuit.

DAVIES AND ANOTHER V. THE MIDLAND RAILWAY COMPANY.—This was an action brought by Mr. Davies and Son, surgeons, of Coleshill, to recover a sum of £37. 8s. 6d. for professional services. The case was precisely similar to the preceding action, and arose out of the same transaction. His lordship suggested that, as it was contended for the company that no servant of theirs had authority to order medical attendance in cases of accident, they ought to make it publicly known. A verdict was taken for the amount in a similar manner.

The *Observer* of Sunday last contains a statement that rumours are in circulation in the county of Lincoln that Dr. Willis, formerly one of the physicians of George III., who died in 1825, leaving a fortune of £300,000, was poisoned. It is said that a servant of the deceased recently confessed, on his deathbed, that he poisoned the doctor.

OBITUARY.—March 29, at his residence, Edgeware-road, James Briggs, Esq., member of Council of the Royal College of Surgeons, and senior surgeon of the Lock Hospital.—March 12, in Chester, Edward Hogg, Esq., M.D., in his 66th year. Dr. Hogg formerly resided at Hendon, in Middlesex, where he was highly esteemed in his profession, and endeared to a large circle of friends by the urbanity of manner and tender sympathies for all suffering humanity within the sphere of his reach and usefulness. Subsequently he travelled over much of Europe and in Asia, made considerable antiquarian researches, and eventually gave to the world some interesting volumes, entitled "Dr. Hogg's Visit to Alexandria,

Damascus, and Jerusalem." He died, as he had lived, universally esteemed, as he is now lamented, by all who knew him—most of all by his bereaved widow, kindred, and immediate friends.—March 7, in Plymouth Grove, aged 74 years, James Davenport Hulme, Esq., M.D., of Ball Haye, in the county of Stafford.—March 4, at Cliden, county of Galway, of fever, C. Bodkin, Esq., M.R.C.S.—March 4, at Upper Merrion-street, Dublin, Percival Hunt, M.D., fellow and vice-president of the College of Physicians, Dublin.—March 9, at Upper Merrion-street, Dublin, Percival Banks, M.D.—March 18, at Dublin, aged 82, Alexander Jackson, M.D., physician to the Richmond Lunatic Asylum.—March 22, aged 40, of fever, Richard Cranfield, M.D., medical attendant of the Fever Hospital, Dispensary, and Workhouse, Enniscorthy.—Recently, at Tulla, county of Clare, of fever, James Fraser, M.D., physician to the Tulla Dispensary.

MORTALITY TABLE.

For the Week ending Saturday, April 1, 1848.

Causes of Death.	Total.	Average of 5 Winters.
ALL CAUSES.....	1294	1107
SPECIFIED CAUSES.....	1293	1103
Zymotic (or Epidemic, Endemic, and Contagious) Diseases.....	289	184
SPORADIC DISEASES.		
Dropsy, Cancer, and other Diseases of uncertain or variable Seat.....	52	59
Diseases of the Brain, Spinal Marrow, Nerves, and Senses.....	151	138
Diseases of the Lungs, and of the other Organs of Respiration.....	191	225
Diseases of the Heart and Blood-vessels.....	49	39
Diseases of the Stomach, Liver, and other organs of Digestion.....	61	62
Diseases of the Kidneys, &c.	15	9
Childbirth, Diseases of the Uterus, &c.	6	13
Rheumatism, Diseases of the Bones, Joints, &c.	8	8
Diseases of the Skin, Cellular Tissue, &c.	1	1
Old Age.....	45	79
Violence, Privation, Cold, and Intemperance.....	96	31

NOTICE.

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

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

TO CORRESPONDENTS.

- "Anti-quick."—The prescription is evidently the production of an uneducated man; the jumble of ingredients would preclude their acting with any certainty in disease. We know of no remedy for the evil.
- "Indoctus."—Spoons in general are not sufficiently accurate for measuring medicine when great care is required. A graduated measure will prevent mistakes.
- "Henry."—The tincture is not injured by keeping, though it deposits a mucilaginous sediment.
- "Dignitas."—It would be improper to discuss the matter in a medical journal.

"Mem."—The qualification will be recognised.

"An Occasional Scribe."—We cannot spare the time to make all the corrections which are needed. The manuscript is left at the office as requested.

"Justus, West-end."—A line addressed to the doctor privately would answer the end better than publishing the letter sent to us.

"Philosophos."—The work is replete with information, and is published in a cheap form.

"Guyensis."—Neither of the examining bodies in London touch upon the subject in testing the acquirements of a candidate.

"Dr. Edward Mead."—1. No. 2. By application to the secretary of the College.

"A Friend."—The resolutions were unanimously adopted by the committee.

"M. J. Leeds."—The sum we cannot exactly state; probably about £160.

"A Young Medical Practitioner."—The office is considered safe, and is one of the few which pays a fee to the surgeon, when required to certify to the state of health of a person wishing to insure.

"Chirurgus, 1828."—A printed paper containing full information will be furnished gratuitously on application at the College of Physicians.

"A Country Subscriber."—The analysis is correct.

"Galen."—The practice would be unscientific and injurious.

"Bookworm."—It is out of print, but there is a copy of it in the British Museum and the College of Surgeons.

"Adolescents."—The books are mere quack advertisements, and the list of cases is got up for a particular purpose. Obtain the opinion of an educated practitioner.

"A Constant Reader, Maidstone."—The subject should be laid before the poor-law commissioners, who have power to remedy the evil.

"A Student of Trinity College, Dublin."—Both examinations are required.

"Veritas."—Must forward his real name and address before his letter can be published.

"X. Y. Z."—The fee can be recovered in the County Court.

"A Member of the College and Hall."—1. The Charter is not yet published. 2. It is not illegal for a licentiate to take the title of surgeon.

"Novice."—The degree is respectable, but we would recommend our correspondent, as he is anxious for a title, to obtain one from a British university.

"Mr. Greenwood."—No.

"Bolus."—Some druggists make the ext. colocynth comp. from formulæ of their own, less expensive than the preparation of the "Pharmacopœia."—The specimen forwarded is not correctly prepared.

"Scotus."—The licence of the English Apothecaries' Company would be necessary for medical appointments under the poor-law. The diploma of the Edinburgh College of Surgeons will be received.

"Tyro."—Fowles' Manual is a useful work.

"Operator."—The specimen of chloroform sent appears to be genuine.

"A Five Years' Subscriber."—The occurrence of measles after puberty is not such an uncommon event as our correspondent supposes.

"A Country Surgeon."—It is impossible for us to form an opinion from mere verbal description. It may have been a fracture between the coraco-clavicular ligaments, when there is rarely any displacement of either fragment; when, however, this does occur, it is commonly confined to a slight alteration in the direction of the bone.

"A Subscriber, Cork."—Communication received.

"F. G., Bedford."—1. The powdered ergot is very liable to spoil by keeping. 2. It occasionally exerts a powerful influence on the child when it does not appear to act upon the uterus.

"Inquirer."—The system of medical education in the United States is similar to that adopted in England. A diploma, however, can be obtained by a shorter course of study, and at much less expense. We do not think that the "private preceptors" of America are similar to our English "grinders," as the former are held in considerable estimation by the profession.

"Scalpel."—Has not sufficiently dissected his subject.

"Lex Medica."—Communication received, which will be noticed next week.

"Dr. Royle, Ipswich."—on Medical Reform, received.

"Mr. Garlike" on the Use of Nitrate of Silver in Dysentery, received.

"An Old Country Apothecary prior to the Act of 1815" is "truly happy to learn, by the *Medical Times* of April 1, that the Society of Apothecaries has declined instituting any further legal proceedings against quacks of every grade. I find the company are looking after the penes, and thus leaving their dirty work of being informer to be done by their licentiates! A pretty state of things, truly! I do not think any act can annihilate quack medicines! Believe me, it will be no easy matter to obtain a fresh act of Parliament! How much longer will the company of Union-street enjoy their golden harvest?"

"A Medical Student, St. George's."—Ordinary candidates pay for the diploma of the Edinburgh College of Surgeons the sum of £7. 5s.

"M. G."—The pay of a surgeon in the East India Company's service is equal to that of a captain; of an assistant-surgeon's to that of a lieutenant.

"Paracelsus."—A solution of the colouring matter in water or alcohol is of a bright yellow colour. Sulphuric acid renders it first blue and then lilac. Nitric acid gives it a green tint.

"M. A., Chelsea."—writes us as follows, in reference to the action of prussic acid on a dog:—"Having determined to destroy a dog which I possessed, I administered to him a dram of prussic acid, purchased of a respectable chemist. In half a minute he fell down on his side, and, supposing he was nearly dead, I threw him into the Thames. Immediately he was plunged into the water he recovered sufficiently to swim to shore, and afterwards ran home. The whole of the acid he took, but I am not certain as to its exact strength. Does not this go to prove the value of cold water in cases of poisoning by prussic acid, when the patient is seen immediately after?"

"Mr. J. E. Lindsay."—The request shall be attended to.

"Spec."—Apply to the secretary of the Apothecaries' Company.

"Mr. Evan Thomas, Cumberland Infirmary, Carlisle."—Communications received.

"A Subscriber."—"Morgan's Lectures," published by Mr. Hixley, Fleet-street; "Yearley on Deafness," published by Mr. Churchill.

"Dr. Daunt, Campinas, Brazil."—Communications received.

"A Devonshire Student."—Consult the Students' Number of the *Medical Times*, where all the information required on the first four questions is given. Question 5. No.

"Mr. Thomas Allen, Spilsby."—We do not prescribe in our columns.

"Apes."—Dr. James Johnson's work.

"Mr. Sands Cox, Temple-row, Birmingham."—Communications received.

"Mr. E. B. Phillips, Hales Owen."—The corbner certainly acted very stupidly, and our correspondent ought to receive the usual fee, to which he is entitled.

"A Well-wisher to a Good Cause," convinced that no profession ranks higher in usefulness and dignity than that of medicine, is anxious that the advantage of a good liberal education, as a basis of professional knowledge, should be an indispensable requisite for the exercise of medicine in either of its divisions. He considers that every young man should be subjected to a literary and scientific test before entering upon his special education. The examination (as we understand his letter) should take place at an early period, since a three years' apprenticeship is a part of his plan. This he thinks is necessary in order to an intimate acquaintance with the properties, doses, action, &c., and to form an introduction to the more extended pursuits of the medical school. He believes that this threefold preparation would secure a supply of men who would be able to maintain the medical profession in a high position in public estimation.

"Sphinx."—We think the advertisement quite as expeditious as that of the Quackley operations.

"A Looker-on."—The Poor-law Medical Committee require no defence against attacks from such a quarter.

"Mr. F. S. Garlick" thus remarks on Lord Ashley's midwifery clause:—"It is tantamount to a declaration that the services of the medical officer shall be secured in those cases only in which a certificate from a former attendant shall have intimated that, on a prior occasion, there were circumstances of difficulty or danger. The effect of this resolution, therefore, will be to encourage the practice of midwifery by females, or other uneducated persons—a course I cannot too strongly condemn. In France women are properly educated in this branch, and may be fully competent to the management of all ordinary cases; but in this country no such education is conferred, and I feel assured that, if this clause stand as it is, poor lying-in women will be left in a deplorable condition. No person, male or female, should be permitted to meddle with what they do not understand, especially where life is concerned. No person, if we would do justice to our patient, should practise midwifery without having first acquired an accurate knowledge of anatomy—of the structure of the female in particular—and without having obtained a well-grounded understanding of the whole subject. In some instances, at least, the burden of medical relief to the poor falls with a heavy hand on the medical officer. I cannot conceive a greater injustice than that a medical officer should have to supply attendance, drugs, leeches, and all other appliances for the miserable pittance he now receives, and that, too, from the funds of a large union well able to afford adequate and befitting remuneration."

Letters and Communications have also been received from Anti-quack; Indoctus; Henry; Dignitas; Mem.; An Occasional Scribe; Justus; West-end; Philosophos; Guyensis; Dr. Ed. Mead; A Friend; M. J. Leeds; A Young Medical Practitioner; Chirurgus; A Country Subscriber; Galen; Bookworm; Adolescents; A Constant Reader, Maidstone; A Student of Trinity College, Dublin; Veritas; X. Y. Z.; A Member of the College and Hall; Novice; Mr. Greenwood; Bolus; Scotus; Tyro; Operator; A Five Years' Subscriber; A Country Surgeon; A Subscriber, Cork; F. G., Bedford; Inquirer; Scalpel; Mr. Jones, Melford; Lex Medica; Dr. Royle, Ipswich; Mr. Garlike; An Old Country Apothecary prior to the Act of 1815; A Medical Student, St. George's; M. G.; Paracelsus; M. A., Chelsea; Mr. J. E. Lindsay; Spec.; Mr. Evan Thomas, Cumberland Infirmary, Carlisle; A Subscriber; Dr. Daunt, city of Campinas, Brazil; A Devonshire Student; Mr. Thomas Allen, Spilsby; Apes; Mr. Sands Cox, Temple-row, Birmingham; Mr. E. B. Phillips, Hales Owen; A Well-wisher to a Good Cause; Sphinx; A Looker-on; Mr. F. S. Garlick; Mr. Daunt, Frodsham; Dr. Norton, Southampton; Mr. Charles, Colwyn; Dr. Todd, Dysart; Mr. Moore, West Coker; Mr. Hunt, Hatherleigh; Mr. Turton, Wolverhampton; Mr. Potts, Grantham; Dr. Tooke, Liverpool; Mr. Smith, Monkwearmouth; Dr. M. B. Gifford; Dr. James, Stonehaven, &c. &c.

No. 446.

SUMMARY.

APRIL 15.

ORIGINAL LECTURES—

Lectures on some of the more Important Points in Surgery, by G. J. GUTHRIE, Esq.; read by Mr. HANCOCK—Lecture IX. On Wounds and Injuries of the Chest. 469

Clinical Observations on some of the more frequent Diseases of Children, by W. HUGHES WILLISHIRE, M.D. Edinburgh 474

ORIGINAL CONTRIBUTIONS—

Clinical Notes, by RICHARD DE GUMBLETON DAUNT, Esq. 476

Wounds of the Thoracic Region or Chest, Supraclavical, Penetrating, or Complicated, by Dr. KNOX 477

On the Nature and Treatment of Diseases and Affections of the Hip-joint, and on the Beneficial Medicinal Effects of the Exhibition of Proteins in Cases of Caries, by W. TUSON, F.R.S., F.L.S. 477

Intermittent Fever in an Infant, communicated by S. S. Dyer, Esq. 479

Use of Chloroform in Midwifery, communicated by WM. HALLAM, Esq. 479

On Muric acid of Opium, by J. G. NICHOL, Esq. 480

PROGRESS OF MEDICAL SCIENCE—

Dystocia 480

History of the Cholera observed at Constantinople during the Winter of 1847-8, by M. Monneret, Professor Agrégé of the Faculty of Paris 480

MISCELLANEA 481

Treatment of Venere 481

Abnormal Condition of the Urinary Apparatus 481

On the Reduction of Dislocation of the Hip 481

Dreaming and its Relation to Diseases 481

Geography of Psychopathies 481

LEADER—

Medical Men and Modern Society 483

University College—Resignation of Professor Samuel Cooper 483

Poor-law Medical Relief 483

A Request for Information on the Administration of Chloroform 483

GOSSIP OF THE WEEK 483

MORTALITY TABLE 484

TO CORRESPONDENTS 484

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 X.

ON WOUNDS AND INJURIES OF THE CHEST.

Gunshot wounds of the chest, penetrating the cavity, always dangerous; Dr. Gregory's inferences erroneous, as to the results at Quebec; results after the battle of Toulouse; of Menière, at Paris, in 1830; of Hippolyte Larrey; after Waterloo; on the Sutlej; appearances of orifices of entrance and of exit; symptoms; balls said to run round; peculiarities of; cases of; balls rebound from the sternum; lodge in it; removed from the mediastinum; Mr. Stanley's case; Ravaton's; Mr. Guthrie's case; balls impacted between the ribs, with fracture of the bones; enlargement of the gunshot wounds for the extraction of the ball; case of Hali Chaux; Percy, Sorbier, and Gerard's cases; enlargement of the wound in cases of fracture of rib by musket-ball; Mr. Guthrie's case; extraction of splinters; imbedding of splinters, &c., in the lung; extraction of balls impacted between the ribs; injury of the costal cartilages; how to replace the bent portion; balls striking obliquely run round the chest; consequences of this kind of injury; Mr. Guthrie's case; character of the gunshot track through the lung, and its symptoms; beneficial effects of previous adhesions; Mr. Guthrie's cases; case of Sir Lowry Cole; of Sir Andrew Barnard; of Col. Brako; of the Duke of Richmond; of Mrs. Magness; comments on these cases; cases in which the external opening does not communicate freely with the cavity of the chest; cause of death from pistol-shot wounds in duels; effusion of red-coloured serum into the chest; case of Sir Charles Bampfylde; Mr. Guthrie's cases; M. Saharj's case; penetrating wounds followed by suppuration and recovery, with some alteration of the size and appearance of the chest; cases of the Marquis d'Harcourt, Major Gillies, Lieut. Forder, Major McGibbon, Captain Cane, &c.; Diemerbroeck's case; cases from the Indian battles; Mr. J. R. Taylor's case; Dr. Williamson's cases; case of Lieut. Colonel Dumaresq; Mr. Collins's case; General Macdonald's case of the Bombardier.

Gunshot wounds of the chest, penetrating the cavity, are always exceedingly dangerous. It has been said by one writer, and it has been repeated by others, that the late Dr. Gregory, of Edinburgh, was in the habit of stating in his lectures, that of twenty-six wounds of the thorax received at the battle of Quebec, two only proved fatal. This statement being contrary to every known fact of the kind, since that period, cannot be relied upon, and must have reference to those cases only which were received into hospital some days after the battle, and after the worst

had died. After the battle of Toulouse, on the 10th of April, 1814, one hundred and six cases of wounds of the chest in officers and soldiers, in all of whom the cavities were not opened, were received into the hospitals in the town. Between the 12th of April and the 28th of June, thirty-five died; fourteen were discharged to duty, and fifty-seven were transferred to Bordeaux, to proceed to England, some to die, some to be pensioned, but few, in all probability, to return to the service; being an ultimate loss, I have little doubt, of nearly one-half, if the fifty-seven cases sent to England could be traced. I have seen eight cases of pistol-shot, through or into the chest, in London, although all were not under my care; of these two only recovered. M. Menière, in giving an account of the wounded carried to the Hôtel Dieu, of Paris, in the three remarkable days of July, 1830, where every case was immediately taken care of, says forty cases were received into the hospital; of these twenty died, whose names and the nature of whose wounds he states; he names and states the cases of ten more, seriously wounded, who recovered, and he gives the names of seven more, in six of which the cavity of the chest was not perforated; and alludes to three wounded by small swords, who recovered; the loss being thus one-half, even if the rest happily and perfectly recovered, which may be doubted; thus showing that, with the ablest assistance the Hôtel Dieu of Paris could afford, the loss was one half. M. Hippolyte Larrey, at the hospital of Gros Caillou, lost only one in thirteen, but it is admitted that the slighter cases only went there, from its distance, the most serious being taken to the Hôtel Dieu. I lost in charge of the wounded, even at Toulouse, one in three, and I do not apprehend it will ever be much less, unless the improvements in surgical science should be more important than can be reasonably expected. After the battle of Waterloo, the loss was much greater; with the army on the Sutlej, it was so great as to be a matter deserving the most serious consideration, and I reserve this point for particular explanation.

When a musket-ball fairly passes through the cavity of the chest, the orifice of entrance is usually round, depressed, dark-coloured, and more or less bloody in the first instance; the orifice of exit is generally more of a rugged slit or tear, than a hole. The alarm is great, and the powers of life are depressed to a greater or less extent; the wounds may or may not bleed; the sufferer may spit up more or less blood; respiration may be difficult; countenance pale, extremities cold, pulse variable; all these symptoms being dependent on particular constitutions, and circumstances connected with the nature and extent of the injury inflicted.

It has been said that balls are apt to run round the body, coming out at a point opposite to that at which they entered, without penetrating the cavity of the chest; this, whenever it does take place, must be considered as a rare exception to a general rule, more talked about than seen; although it does sometimes happen, when the ball is reflected off something solid which it cannot

penetrate, such as a button, a piece of money, a rib, &c. If the ball runs under the integuments exterior to the fascia covering the intercostal muscles, it is usually marked by a tenderness in its course on touching it, and a discoloration of the skin. A ball may, however, run between two ribs for some distance, injuring the muscular structures between them, without penetrating the cavity, in which case, after the first moments of alarm have passed away, the symptoms indicative of a penetrating wound either cease or do not occur, although those of inflammation of the pleura or lung may, and often do, follow to a considerable extent.

CASE 77.—A private of the 23rd Regiment was wounded at Albuhera by a musket-ball, which struck the button of his coat, a little to the inside of the nipple of his right breast, glanced from it between the ribs, and came out nearly opposite behind, running a course about one-third round the body; some of the coat and flannel waistcoat stopped half-way, and gave rise to inflammation and swelling, requiring an incision, which revealed the exact nature of the injury.

In other cases, the presence of the balls, their subsequent extraction, and the absence of urgent symptoms demonstrated the deviations which had taken place. When the ball cannot be traced, the absence of symptoms, after the first period of alarm has subsided, will enable the surgeon to form the surest prognosis; their absence is, however, somewhat deceptive, and cannot too certainly be relied on.

A ball will occasionally rebound from the sternum, leaving merely a black mark; I have removed some without difficulty, from the spongy nature of the bone in which they had lodged, and one by the application of the trephine, ineffectually as regards saving life. Some surgeons have been fortunate enough to follow and remove them from the anterior mediastinum. I have never been able to trace them beyond the sternum, except after death. Mr. Stanley informs me there is a sternum in the museum of St. Bartholomew's Hospital, with a ball encased on the inside of it, nothing being discovered to indicate the track which it had taken. If a ball should be distinctly felt through a wound in the sternum, the broken portions of bone should be removed by the small saw or by the trephine, and the ball extracted; but this operation should not be done experimentally, or without a good foundation for it.

CASE 78.—Ravaton relates a case, page 216, of an officer wounded by a pistol-ball, which penetrated the upper and right side of the sternum, and caused great apprehension of its being lodged in the chest. The wound in the bone being small, the trepan was applied, when the wadding of the pistol and some pieces of clothes were found immediately underneath, and two ounces of blood were discharged by leaning to the right side. The patient wavered between life and death until the thirteenth day, when the ball appeared at the wound, and was removed. The wound was injected, and Ravaton thought the cavity of the chest also; but it would seem to

have been merely the mediastinum, in which a fistulous opening remained at the end of nine months, when he left the hospital.

CASE 79.—A soldier of the battalion of detachments was struck on the hill of Talavera, when driven off it by the French the evening before the battle, and came to me; the ball, having penetrated the skin, was lying between the ribs, in the intercostal space, embedded in the muscles, whence it was removed by the aid of an incision. He recovered perfectly, but not without some loss of blood.

When a ball strikes the side or back of the chest, where the ribs approach nearer to each other, it may be impacted between them, usually fracturing one or other, and causing some difficulty in its removal. These are usually considered fortunate wounds. I have extracted several such balls with successful results, although these injuries are generally followed by active pleuritic inflammation.

It has been a question whether gunshot wounds should be enlarged; and the advocates of this proceeding in all other parts of the body admit that it should be done here with caution, and to less extent than in any other place. A division of the external parts, the *débridement* of the French, answers no good purpose that I am aware of, although it does no harm beyond the pain it occasions, unless there is something to be removed; when it ceases to be a mere *débridement*, and becomes an incision for an especial purpose, absolutely necessary, in many instances, for the removal of extraneous bodies or for the evacuation of blood, &c. The principle I apprehend to be, that, when a wound from a musket-ball appears likely to have penetrated the cavity of the chest, and is too small to admit the end of the finger, it ought to be enlarged, so as to allow of its introduction as far as the ribs, in order to ascertain whether these bones have sustained any injury, or anything is lodged exterior to or within them. I only object to a man being cut simply because he has been shot, but not when done for any apparent or well-founded supposition; but these enlargements of the wound should be of no greater extent than is absolutely necessary for the purpose intended. When pieces of shell, or of swords or lances, are broken off, and partly lodged in the cavity of the thorax, which is more likely to happen when they enter through the large muscles of the back, they will require larger incisions to give room for their removal, in doing which I have found no difficulty. Remont de Vermeille, in his "Observations on Surgery," p. 126, relates the case of Hali Chaoux, a Turk, from whose back he extracted with difficulty six inches of a dagger, which had penetrated his diaphragm and kidney. Percy mentions a case in which seven inches of a small sword were broken short off, and not discovered until too late, having penetrated the chest and lung, and lodged in the fourth dorsal vertebra. Sorbier extracted the point of a small sword, which stuck in a rib. The greatest applause was, however, given of old to Gerard, surgeon-in-chief of the *Charité* in Paris, who, perceiving that a small sword, after going through a rib, was broken off close to it, thought it advisable to make an incision through the intercostal muscles into the chest, and then to introduce his fore finger, armed at the end with a thimble, with which he pressed back the point of the broken blade. It is to be presumed that M. Gerard took care to hold on by the thimble in some way or other, that it might not slip off by accident; and the whole process would in modern times be, perhaps, more honoured in the breach than in the observance; although the Baron Percy does say that it was one of those inprescriptible resources which true genius alone has the right to suggest. In a case of this kind the surface and outer edge of the bone should be removed, until the piece of steel could be firmly seized and held by a fine pair of pincers or pliers.

When a ball strikes the ribs firmly between two ribs, it is as if it were in a groove; it remove it as the rib both above and below or be more or less interested, it is fractured; fractured; this occurs

especially when the injury is in the back near the spine, where the ribs are closer to each other. The attempt should be made during inspiration, when the lower rib should be depressed, and some thin but not sharp-pointed instrument like an elevator should be gently pressed around and under the loosest edge of the ball, in order to extricate it—a proceeding which has never failed in my hands.

When a musket-ball fractures a rib, there ought to be no hesitation about the propriety of enlarging the wound, if it should not be already large enough to allow the splintered portions of bone to be removed. It is possible that, in doing this, some pieces of cloth or other matters may be extracted, which might glide into the cavity of the thorax, or stick in the lung itself.

CASE 80.—A soldier of one of the regiments on the left of the position of Talavera was brought to me, wounded by a ball in the left side of the breast, which had struck the sixth rib, going out about four inches nearer the back. As the point of the finger indicated the presence of broken bone, I enlarged the anterior wound, and then found that the ball had driven some spiculae of bone into the surface of the lung, which appeared to have been previously attached to the pleura costalis at that part. These being removed, together with a piece of coat which had been carried in with the ball, left a small, clear wound, which gradually healed up, the man accompanying me on the retreat over the bridge of Arzobispo.

In all cases in which fractured parts of a rib are driven inwards by a musket or pistol ball it is advisable to see the broken portions or ends of the rib; the additional external opening in this case does no harm, even if it be of no particular service. The wound in the pleura should not, however, be enlarged, unless for a special reason, inasmuch as the entrance of air is as much as possible to be prevented, in order to avoid its causing a compression of the lung; but this is also of comparatively little importance after the first few days, if adhesions between the parts should not have taken place.

When a ball impinges with force on the centre of one of the ribs, and passes into or through the chest, the bone is usually broken into several splinters of different lengths, some of which frequently accompany the ball in the commencement of its course, or are even carried into the substance of the lung, together with a part of the wadding of the gun, or the clothes of the patient. These should if possible be early removed, and the sharp ends of the ribs rounded off. When the ball fractures a rib on passing out of the chest, the splinters are driven outwardly.

When a ball strikes a cartilage of one of the ribs, it does not punch out a piece, as it were, but merely divides and passes through it, bending it inwards, but rarely tearing away a portion. The parts of the cartilage thus bent and turned inwards are easily drawn outwards, and replaced by the end of the finger, a bent probe, or other curved instrument.

A ball when striking obliquely, but with force, on the chest, will frequently penetrate, and then run round, between the lung and the pleura lining the wall of the chest, for a considerable distance before it makes its exit. In this case the lung may be only slightly bruised, without the pleura pulmonalis or costalis being more than ruffled. In others the lung shows a distinct track or hollow made by the ball. A shade deeper, and the ball penetrates, and forms not a hollow, but a canal. I have often had occasion to suspect injuries of the first kind. The patient in all spits blood, and the first symptoms are severe; they usually, however, subside, and are not always followed, under proper treatment, by effusion.

CASE 81.—A soldier of the battalion of detachments was brought to my hospital, after the battle of Talavera, shot by two balls, one in the abdomen, one in the chest, and died next day of inflammation of the abdomen. I examined the chest, and found that the second ball had entered between the fifth and sixth ribs on the right side

in front, and had gone out near their angles, having run between the lung and the pleura costalis, doing little more than marking both as if slightly bruised.

When the ball fairly passes through the lung, it makes a canal through it more or less bruised and bloody, and which continues for a time to bleed more or less according to the size of the vessels which are injured, thus making a wound more dangerous as it approaches the root of the lung where the vessels are largest. In the generality of cases, blood is spit up, or, if effused, it gravitates in the chest, until it rests on the diaphragm or other most depending part according to the position of the patient. If it should be in quantity, the filling up of the chest may be ascertained by percussion and by auscultation, although the wound should be closed. As the quantity of effused blood increases, the lung becomes more and more compressed, until at last the hemorrhage ceases under pressure, from the closure of the wound; and the patient is saved for the moment, unless he should die of asphyxia, from the lung of the other side being also compressed, through the bulging of the mediastinum on it. If the person wounded shall have suffered formerly from inflammation, and the lung has adhered in consequence to the wall of the thorax, at the parts where the ball enters and goes out, the cavity of the chest will not be opened, and the track only of the ball will communicate with the external parts, and the man to whom this happens may consider himself fortunate, unless the ball shall have perforated some of the large vessels, when he will continue to bleed by the mouth, the external wound being closed, and its passage outwards thus prevented. The pressure of the blood effused into the track of the ball, and which may become coagulated, will sometimes suffice, under even these circumstances, to suppress the hemorrhage which the loss of blood, the faintness of the patient, and the weakness of the circulation, under proper treatment, will materially assist in rendering permanent.

The following cases are instances of balls passing through the upper part of the chest, treated with sufficient care and attention from the first, to indicate what course these wounds will frequently take under such circumstances.

CASE 82.—General Sir G. Lowry Cole, G.C.B., was struck at the battle of Salamanca, on the 22nd of July, 1812, by a musket-ball, which entered immediately below the clavicle, fractured the first rib, and, inclining inwards, came out through the scapula behind, and, as he spit blood for three days, the upper part of the lung was shown to have been injured. The ball appeared to have passed so close to the under part of the subclavian artery that the greatest fears were entertained for its safety, more particularly as a marked difference in the size of the pulse was perceived in the left arm, which I knew did not exist before. He remained three days on the field of battle, in a Portuguese officer's tent I always carried with me, and under repeated bleedings, and the strictest antiphlogistic treatment, several splinters coming away, and a large piece of the rib and of the scapula exfoliating, he gradually recovered, so as to be able to resume the command of the fourth division in October at Madrid. The subclavian artery never resumed its power, and the radial always beat less forcibly on the left side. He perfectly recovered his health, the respiratory murmur of the lung being natural. He died in 1844, from rupture, I believe, of an aneurism of the abdominal aorta.

CASE 83.—A dragon of the King's German Legion, shot in a nearly similar manner on the same occasion, suffered more severely: the clavicle and first rib were splintered to a greater extent, and he lost a large quantity of blood by the mouth. The splinters having been removed, after enlarging both wounds for that purpose, and the inflammatory symptoms subdued, he appeared to be going on favourably for three weeks, when, having eaten some meat obtained irregularly, he suffered what seemed to be a bilious attack of vomiting and purging, attended

by fever and oppression in the chest; an ipecacuanha emetic having been given, with full effect, relieved him much; during the efforts to vomit, the wounds discharged a quantity of seropurulent fluid, which had, in all probability, been lying on the diaphragm, and a piece of the cloth of his coat, and another of bone, which had gone in with the ball, and in all likelihood had been lying with the matter at the bottom of the chest. After this he slowly recovered. Ravaton, p. 202, 1758, gives even a more remarkable case of a similar kind.

CASE 84.—Lieut.-General Sir Andrew Barnard, K.C.B., was wounded, when in command of the Rifle Brigade, at the passage of the Nivelle, on the 10th of November, 1813, by a musket-ball, which entered between the second and third ribs, in front of the right side of the chest, passed directly through the cavity and through the shoulder-blade, from under the integuments covering which it was removed. He not only felt but heard the sound of the ball as it struck him, and fell from his horse. Blood gushed from his mouth, and continued to do so until after he was completely exhausted by bleeding from the arm to the amount of two quarts. He was again bled at night, and the subsequent morning, which relieved all the material symptoms. During six weeks he suffered from difficulty of breathing and cough, and from night sweats. Some pieces of bone and cloth came away from the wounds, with a free discharge in the first instance, which gradually diminished until the wound closed. In eight weeks he was able to resume his command.

Now, thirty-four years afterwards, the lung is pervious, and the vesicular murmur can be freely heard even up to the situation of the wounds, to the internal parts of which it may be concluded the lung adheres from the sound conveyed to the ear on auscultation. His health is otherwise good, and he has since suffered little or no inconvenience from the wounds.

CASE 85, related by Colonel Broke.—Towards the close of the battle of Orthez, on the 27th of February, 1814, a musket-shot struck me between the second and third ribs on the right side, near the breast-bone. I was then on horseback, being aide-de-camp to Lieut.-General Sir Henry Clinton, commanding the sixth division. The sensation was precisely as if I had been struck a violent blow with the point of a cane, but it did not unhorse me. I was attended in a very short time by the surgeon of the 61st Regiment, when, on removing my clothes, the air and blood bubbled out from the wound as I drew my breath. The surgeon, turning me on my face, discovered the ball to be lodged under the thin part of the blade-bone. This he cut through and extracted the ball, and with it pieces of my coat, waistcoat, and shirt, which were lodged between the ribs and the blade-bone. This occurred about four p.m. I was then removed to the town of Orthez, a distance of about three miles, and in the course of the afternoon the veins of my arms were opened in, at least, seven different places, but scarcely any blood came away; breathing became, in a day or two, exceedingly painful, and I felt nearly suffocated, when, in the evening, my brother, Sir Charles Broke Vere, arrived with my friend Mr. Guthrie, who examined me, and asked how I felt; I replied that the agony of drawing breath was such that I could scarcely endure it. He then opened one of the temporal arteries, and desired that it might be allowed to bleed without interruption. He afterwards left me, to visit some other wounded men, and returned in about three hours, when I told him that I felt relieved, and had much less of the suffocating pain in breathing. He then opened the other temporal artery, directing, as before, that its bleeding should not be checked. I shortly after that dropped asleep, and, on waking, could breathe freely; and my recovery was from that time progressive, the wound in front, where the ball entered, being the first closed; but both were healed at the end of about eight weeks, and in about ten I was able to rejoin the army at Bordeaux.

July 9, 1846.

H. G. BROKE, Colonel.

He is now, 1848, in perfect health; respiratory murmur free all over the chest.

CASE 86.—The Duke of Richmond, then Earl of March, was wounded by a musket-ball at the battle of Orthez, Feb. 27, 1814; while at the head of his company, in the 52nd Light Infantry. He was standing at the moment with his right side towards the enemy. The ball entered that side of the chest, between the fourth and fifth ribs, nearly in a line with the lower edge of the scapula. His lordship fell to the ground with great violence, and was speechless for some time.

He, at a future period, stated to me that the sensation he felt at the moment was as if he had been "cut in two."

On immediate examination there was no other opening to be found but the one where the ball had entered; nor were the medical officers (two or three being very soon on the spot) able to feel the ball anywhere under the skin or under the muscles.

The wound having been dressed he was laid on a door; I was ordered to take charge of his lordship, and to remove him forthwith to the town of Orthez, about three miles from the scene of action; during which he complained of excruciating pain, extending from the wound to the top of the os ilium on the same side; the pain much aggravated by frequent and severe cough, with copious expectoration of frothy mucus and much florid blood; his respiration hurried; countenance pale.

The moving him to Orthez occupied nearly three hours; a great part of the ground being very rough and broken, the men could not well step together, and the consequent unavoidable shaking and jolting caused much pain. On his arrival in Orthez he was extremely languid, with a tendency to syncope. Pulse feeble; extremities rather cold.

Seven in the evening. After having been faint for an hour, he became hot and restless; pulse 108, and full; skin more hot; and the respiration short and more hurried. After he was placed in bed, hemorrhage from the wound to a very considerable extent, took place.—Eight ounces of blood were now taken from the arm. (Could bear no more.)

15th inst., A.M. After the bleeding he became more quiet, and had less pain; but he has again become very restless, and the pain returned with a full, hard, and frequent pulse. The wound has again discharged a very considerable quantity of blood. V.S. repeated as before.

Nine P.M. Deputy-Inspector Thomson and Staff-Surgeon Maling, in my presence, examined the wound. Mr. Maling introduced his finger (the whole length) between the ribs, into the wound, without any interruption to its progress, and without being able to reach the termination of the passage of the ball; and Dr. Thomson then passed a probe (its whole length) straight into the chest, with a similar result; thus leaving no doubt on the minds of all present that the ball had passed directly into the posterior part of the chest, and consequently causing much serious apprehension for the fate of the patient; more especially as, on a farther search for the ball by all present, its place of lodgment could nowhere be detected.

The principal medical officer reported, I believe, to the Duke of Wellington, that, "if the Earl of March were King of England, there was little or no probability of his being saved."

Midnight. The blood last taken is very buffy, and there has again been an immense discharge of blood, &c., from the wound; the sheets, mattresses, &c., are saturated with it; and on the floor, under the bed, there is a large pool of blood which had soaked through the bedding. Pulse 114, low and full; frequent cough, and expectoration as before; violent pain and great restlessness. Rept. V.S.

Rem.—Perhaps enough has now been stated to show the nature of the wound; and any further detailed statement of his lordship's sufferings, or the treatment of his case, would be unnecessary. On the latter point, however, it may be mentioned that, exclusive of the general treatment,

he was bled seven times between the evening of the 27th of February and the morning of the 2nd of March; the cough, expectoration, breathing, pain, &c., being much relieved by each bleeding.

A. HAIN, M.D.

I saw the Earl of March on the same day as Colonel Broke, and suggested that no further efforts should be made to find the ball, whilst the treatment adopted should be steadily pursued. In 1846, I pointed out the ball under the edge of the base of the scapula, where I had always supposed it to be, it having approached nearer to the surface. His grace is now in good health, and the chest well formed, sounds clearly and soundly in every part, even at the point injured.

G. J. G.

That the inflammation of the pleura in the preceding cases did not extend over the whole surface of the membrane will, perhaps, be conceded, or, if it did, there is every probability that it ended in resolution rather than in an effusion of fluid, and the formation of matter and of false membranes agglutinating the pleura to each other: a result which does not follow in the generality of such cases, the pleura only adhering in the vicinity of the wounds. The size of the opening may also have allowed the evacuation of the extravasated blood and the fluids which might have been secreted, and may thereby, perhaps, have prevented further mischief.

The ball, in passing through the lung, in these cases, destroyed the life of that part only which it touched, and, although air would pass out at the time, this effect would not be of long continuance; and as the wounds were kept covered, if not quite closed, the lung did not and does not collapse or recede from the wall of the chest, but quickly recovers its state of expansion, however impaired it may be at the moment by the injury. The track made by the ball gradually suppurates and heals, leaving merely a small depression or cicatrix, on the surface attached around or in part to the wall of the chest by adhesion. The track through the lung may be readily seen, in such cases, after death, with moderate care in the dissection of the part, although during life it interferes so little with the respiratory murmur as not to be observable, unless by its greater distinctness from the thinness of the intervening parts.

CASE 88.—Mrs. Magnus was wounded by a small pistol-ball, which entered on the right side from behind, between the seventh and eighth ribs just under the arm when hanging down, and passed out in front over the cartilage of the sixth rib, more than an inch from the pit of the stomach. She had not spit blood, and the ear declared the lung to be pervious to air at the wounded part, which induced me to think that the ball might not have penetrated the cavity, although it might have injured the pleura. I abstained, therefore, from feeling or enlarging the wound, lest I might make that penetrating which was actually not so. As she suffered great pain when I saw her, twenty-four hours after the injury, the breathing being oppressed, Mr. Adams bled her into a hand-basin, until I found she was about to faint. She lost nearly thirty ounces of blood, but her symptoms were quite relieved, so as to render any other bleeding during her treatment unnecessary. At the end of the third day, she spat a very little blood after removal in a carriage to another lodging, and then gradually recovered. After four different stethoscopic investigations, I came to the conclusion that the ball had not struck the lung in the first instance, although it adhered to the pleura costalis, by which adhesion the patient was saved from much mischief, as the lung in all probability suffered from some abrasion or ulceration at that point, which gave rise to the expectorated blood.

The five first cases are instances of wounds of the upper part of the lung, which are in general more dangerous than those of the lower part, from the vessels being larger, and from the greater difficulty with which any extravasated blood or fluids can escape. They also prove that, when blood is poured out in small quantity, it may be absorbed; what that quantity may be is doubtful,

but auscultation will now render that more simple which was formerly very doubtful.

These cases also show that the inflammation of the substance of the lung is less in healthy persons than might be expected after so severe an injury.

In cases in which the external opening or wound does not communicate freely with the cavity of the chest, the principal danger arises from the inflammation of the pleura ending in effusion, which, if not evacuated, leads to the loss of the individual. It is the great fact to be attended to in the treatment of pistol-wounds of the chest, or those made by small balls which do not pass out. All the persons I have seen die from small balls, have died with the affected cavity more or less full of fluid. The *post-mortem* reports of all persons killed in England, in duels by wounds through the chest, unwittingly attest this fact, as well as the insufficiency of the surgical treatment they received, and the necessity for the future for its amendment. It is in these cases that the stethoscope is most valuable; its constant use is indispensable whenever the respiratory murmur has been gradually yielding before the encroachment of the effused fluid, which, in the first instance, looks nearly like red-coloured serum. When this murmur ceases to be heard, except at what is the upper part of the chest, whatever the position of the patient may be, it is full time to enlarge the original opening, or to draw off the fluid by the trocar and canula.

CASE 89.—Sir C. Bampfylde, the minutes of whose case I have lost, was wounded by a pistol-ball in the back, which passed into the chest through the lower part of the lung of the right side, and lodged on the inside of the wall of the chest in front, and to the right side, sticking in and against a rib; but giving rise to no external marks or signs of mischief at that part, unluckily for him, so as to admit of an operation for its removal. The inflammatory symptoms having been restrained, it was, nevertheless, plain to me that the cavity of the chest was full of fluid, and that the oppression in breathing arose from it, and not from the injury done to the lung. The stethoscope was then unknown, the ear was no use, my older colleagues were obstinate, they would not hear of an operation for enlarging the wound into the chest, and as our patient was, unfortunately for him, shot in London, instead of in the pass of Roncesvalles, or on the bridge over the Bidassoa at Irun, we let him die on the eighth or ninth day, without all the aid which surgery might have given him. It is possible he would not have recovered under any circumstances, from the ball being lodged, and his advanced age. Yet, if the cavity of the chest had been emptied, the ball might have been discovered and removed.

CASE 90.—A soldier of the 5th Division of Infantry was wounded at Toulouse by a musket-ball, which entered between the fourth and fifth ribs of the right side, near the sternum, and came out behind nearly opposite, fracturing the ribs, the splinters of which were removed. The first symptoms of inflammation, having been in some degree subdued by the sixth day, were followed by those more immediately indicating effusion, such particularly as great oppression, difficulty of breathing, inability to lie in the recumbent position, which induced me to introduce into the posterior wound a gum-elastic catheter, through which, after a little pressure, a quantity of red serous fluid was withdrawn, exceeding, perhaps, three pints in measure. On the removal of the catheter, the discharge of fluid ceased, and, under a strict antiphlogistic treatment, the man gradually recovered, so as to be sent to England in the following June.

If the matter had been purulent, I should have enlarged the wound; if the symptoms of oppression had returned, I should have repeated the operation, perhaps, lower down. Auscultation, if it had been then known, would have smoothed away many difficulties.

CASE 91.—M. Scharf has related an interesting case in Casper's "Wochenchrift," which has been translated in the 36th volume of the *Medical*

Gazette, for March, 1846, page 978. The patient was gored by a bull, on the 24th of May, 1842, on the right side of the chest, the third and fourth ribs of which were broken; called on the second day, M. Scharf found a wide gaping wound, about two inches broad, with a passage leading downwards and inwards, from which, at each act of respiration or coughing, either a bloody serous fluid or air was expelled with a hissing noise. The patient had lost a large quantity of blood, chiefly from the wound, some by coughing. A piece of the third rib had been forced into the chest, and part of the lung had protruded, but both were replaced. On the 27th and following days, a most abundant discharge of a bloody serous fluid took place from the wound, which, at each effort of coughing, spirted out in considerable streams, mixed with air-bubbles. By degrees this matter became thicker and more puriform, but at the same time very fetid; occasionally more than a pint was discharged at once. Air ceased to escape from the wound about the second week. The cough and expectoration diminished in proportion as the lad's strength improved, and about the sixth week they ceased. The sounds on percussion, which, so long as the cavity of the pleura was filled with fluid, had remained dull, became clearer as the respiratory murmur extended over the hitherto compressed lung. At the present time, March, 1846, they are both perfectly natural. He breathes without the least difficulty, and both sides of the chest expand alike.

In this case, it should be observed that to the great bloody discharge which took place on the fourth day after the receipt of the wound, and to the free exit of this, and to the subsequent flow of matter, the patient owed his safety.

This case is otherwise deserving of attention from the perfect restoration of the function of the lung, and the absence of all falling in of the walls of the chest.

CASE 92.—A soldier of the 40th Regiment was wounded at Toulouse on the 10th of April, by a musket-ball, which entered about two inches below the nipple of the right breast, passed through the cavity and the lung, and came out behind at a nearly opposite point, injuring the ribs above and below, without entirely destroying their continuity. He was bled largely on the morning of the 11th, and again at night; on the 12th it was repeated; some small pieces of ribs were extracted from both orifices, and some part of his dress from the anterior one. He spat blood when he coughed, and respiration was difficult. Calomel, opium, and antimony were given in pills every six hours, and the bleedings were repeated daily, and sometimes oftener, for the first eight days, during which time a free discharge, at first serous, afterwards purulent, took place from the wound, after which the inflammatory symptoms subsided; the cough became easier; the expectoration less, and free from blood; breathing easy. The calomel was omitted; a mild farinaceous diet was allowed instead of a little gruel, and a very little bread and milk; in a fortnight the wounds began to heal. On the 1st of May, some small pieces of rib were removed from the anterior wound, after which both gradually closed, and he was forwarded to Bordeaux on his way to England in the beginning of June, cured.

C. BOUTFLOWER, Surgeon to the Forces.

CASE 93.—Corporal Dunlary, of the 69th Regiment, was wounded on the 16th of June, 1815, at Quatre Bras, by a musket-ball, which entered the thorax, fracturing the seventh rib on the fore part of the right side, and lodged. He lost a large quantity of blood from the mouth, he says, and some from the wound, between that and the 19th, when he was brought to the hospital in Brussels. The pulse was then quick and hard, respiration difficult and anxious, and a bloody discharge issued from the wound on every respiration; bowels confined since the accident; was bled to forty-four ounces; saline purgatives, with calomel and antimony and opium, were given until the 29th June, when the wound discharged good pus. From this time, at different

periods for six weeks, he lost ninety-two ounces more blood, being strictly placed on milk diet, and several pieces of rib exfoliating. He was sent home on the 31st of August, declaring himself quite well, as well as ever he had been in his life; the ball remaining undiscovered.

CASE 94.—John Butler, 71st Regiment, was wounded on the 18th June, at Waterloo, by a musket-ball, which fractured the under part of the right clavicle, a little to the outside, injured the brachial plexus of nerves, without affecting the vessels, passed obliquely downwards, backwards, and inwards through the chest, injuring the superior part of the lung, and came out about an inch and a half from the base of the scapula, opposite the spine. He spat blood in moderate quantity, breathed with some difficulty, suffered from pain in the part, and from total loss of the use of the right arm. He was bled largely several times during the first fortnight, during which period some little blood and matter were discharged from both wounds. They gradually, however, closed, and on the 20th of August, 1816, he was sent to England, cured, with the exception of some slight difficulty of breathing on exertion or walking quickly, and with paralysis of the right arm.

CASE 95.—A soldier of the Fusilier brigade was struck by a musket-ball on the right side of the front of the chest, at the battle of Albuhera, which entered between the fifth and sixth ribs, passed through the lungs, and lodged. Three days afterwards, when the first symptoms were in part subdued, he complained of pain in a particular spot, nearly opposite to where the ball entered, and at which part something could be felt deeply seated. As an incision could do no harm, and the removal of the ball would do good, I made it, and found the ball lodged in the inner costal muscles and between the ribs, whence it was easily removed. A considerable discharge of reddish-coloured serum followed, with great mitigation of the symptoms, after which, under strict treatment, the man recovered, and was sent to Elvas with every prospect of a cure.

The following are examples of wounds of this chest, attended with formation of matter and ultimate recovery, but with some alteration of the size and appearance of the chest.

CASE 96.—Lieut.-Colonel Harcourt and Major Gillies, of the 40th Regiment, were both shot through the chest, at the head of the regiment, at the successful assault of Badajoz; the wounds were as nearly similar as possible, from before directly backwards. They were taken to the same hut, and treated alike with the same care by Mr. Boutflower, the surgeon of the regiment; with whom I saw them daily. The inflammatory symptoms ran high in both. In Major Gillies, a tough old Scotchman, they could not be subdued, and he died at the end of a few days, of pleuro-pneumonia. Colonel Harcourt, slowly recovered, and died Marquis d'Harcourt, near Windsor, more than twenty-five years afterwards, suffering little or no inconvenience from his chest when I last saw him.

CASE 97.—Lieut. Forder was wounded, on the 13th Sept., 1810, off the Mauritius, by a musket-ball, which entered two inches outside and a little above the nipple of the right breast, passed through the chest in a direction slanting downwards and backwards, and can now (Feb. 24, 1843) be felt under the integuments of the back. He lost a great quantity of blood from the wound, and was bled so frequently as to be unable, as he supposed, to move in his bed for six weeks, from it and from the quantity of blood and matter which was discharged by the wound. This continued for four weeks before it diminished, and eight before the wound closed. He coughed and expectorated blood before the wound healed, and frequently afterwards until the present time, when occasional recurrences take place. The affected side of the chest is flatter in every way than the other, and the respiration is very indistinct, both above and below the injured part. In this case the lung has, I have no doubt, adhered to the pleura lining the ribs, after becoming inflamed in parts and diminished in size, drawing

in with it, as a means of cure; the wall of the chest.

CASE 98.—Major M'Gibbon was struck by a musket-ball on the fore part of the right side of the chest, in Spain, which went directly through and came out behind. Some pieces of rib were removed from both orifices, together with a portion of his dress. He lost a quantity of blood by the mouth, and some by the wound, and fell swooning. The anterior wound was so large as to admit the finger readily into the cavity of the chest, and remained open so as always to allow the evacuation of the fluids poured out into the cavity of the pleura. Slowly recovering from the shock caused by the injury, reaction followed by degrees, and then the difficulty of breathing became excessive. He was bled many times during the first week, in large quantities, as the inflammatory symptoms in the chest returned, and with reference to them only, and not to the pulse. Suppuration was, at the end of ten days, fully established; purulent matter was freely discharged, both from the wound and from the lungs. The bad symptoms gradually subsided, the wound closed, and with great care he eventually recovered, the side being flattened, but not to the extent which often takes place in such cases.

CASE 99.—Captain Cane, 23rd Fusiliers, was wounded at the affair of Saco Parte, in front of Affatzen, in 1812, by a musket-ball, which struck him below and a little to the outside of the left nipple, fractured the rib, and entered the chest, giving rise to the sensation as if the ball had passed diagonally downwards and backwards to the loins of the same side. He spat blood, and was very faint. The next day he could scarcely breathe, was in great pain, continued flushed and anxious; pulse 100. I bled him into a wash-basin until he fainted; and every day afterwards, some days twice, to a less extent for ten days, and once again until syncope was induced, on an accession of symptoms after an imprudence in taking a little wine, which nearly, he said, smothered him. Some pieces of flannel shirt, of braces, coat, &c., were removed from the wound, and several portions of bone gradually followed, together with a quantity of matter, which continued to flow from May until the end of the following September, when the wound healed.

On the 23rd of January, 1821, I had an opportunity of examining this gentleman. My report says, he is never free from a little pain in the loins, where the ball is supposed to be, and cannot take a full inspiration without pain in the chest; expectorates more or less constantly, and occasionally a little blood, and about once in three or four months in half-coagulated lumps. Cannot ride or take any exercise, on account of bringing on the pain. The cicatrix shows a large deep hole, and the deficiency of rib is well marked. The side of the chest is altogether contracted and flatter; the heart has been moved behind the sternum, the beat of the apex being on the other side of the xiphoid cartilage, and that of the heart, as a whole, is more indistinct than usual. Is otherwise in good health. It is possible that this ball may be lodged in or be retained by layers of coagulable lymph in the angle formed between the diaphragm, the ribs, and the spine.

CASE 100.—William Downes, of the 11th Regiment of Infantry, aged thirty-three, was wounded by a musket-ball, on the 31st August, 1813, in the Pyrenees, which fractured the fourth rib of the left side, passed through the chest, and came out behind through the scapula. He spat a good deal of blood, although little flowed from the wound. The next day he was bled largely, twice, to relieve the bleeding from the lung, and was sent to Passages, where he was bled daily; and thence, a ship being ready, to Santander, where he arrived on the 14th of September. A free bloody purulent discharge took place from the anterior wound, but little from the posterior; and he expectorated a bloody purulent matter, and occasionally a little blood. Towards the end of September the sanguineous expectoration ceased, but the soft parts of the chest had sloughed and separated under

an attack of hospital gangrene, from which he had a narrow escape during the month of October. The wound in the chest gradually closed during the month of November; and on the 14th of December he was discharged, convalescent, his health tolerably good, but his breathing by no means free; no expectoration. The left arm was impaired in power, in consequence of the mischief done to the muscles of the fore part of the chest and shoulder from the hospital gangrene. The chest was altogether somewhat flattened and shrunk, but there did not seem to be any diseased action going on within.

I considered the lung, in this case, to be somewhat shrunk, impervious, and adherent.

CASE 101.—Diemerbroeck, in his "Observationes et Curationes Medicæ," says, Ob. 38, that a gentleman was wounded in May, 1636, by three balls, which passed through the left side of the chest, near the nipple, and came out behind in three different places. A part of the treatment consisted in introducing a leaden canula through the lowest wound, through which the blood and matter from within might be evacuated, and when this was seen to be done inconveniently, an incision was made farther back in the side, between the ribs, for its more easy evacuation. The discharge from the canula, and the spitting up of pus, continued for six months, nearly wasting him to death. After this, under the use of goat's milk and other appropriate remedies, he began to improve, and, at the end of eleven months, recovered. Diemerbroeck saw him seven years afterwards, in good health.

The chest in this case must have been flattened.

CASE 102.—Corporal Patrick Brennan, 29th Regiment, was struck, at Ferozeshah, by a grape-shot on the inner side of the right humerus, opposite to the lower margin of the axilla. The course of the ball seems to have been changed by the bone, and directed into the chest; it came out behind, and a little below the inferior angle of the scapula. Next morning he spat large mouthfuls of blood, and has done so on several occasions since. A portion of the humerus exfoliated, and several pieces of the ribs and of his jacket have been removed from the wound on the posterior aspect of the chest. The arm is wasted, and its power and motion impaired. He also complains of occasional shortness in breathing.

J. R. TAYLOR, Surg. 29th Regt.

CASE 103.—Private Samuel Eldridge, 62nd Regt., at Ferozeshah, was struck with a grape-shot in the left arm. The ball entered on the outer side of the head of the humerus (he was standing, at the time, with his side to the enemy), and appears to have gone backwards, entered the chest, and was taken out, seven months after, at the anterior margin of the scapula, a little above its inferior angle. Thirteen days after the accident he spat up large quantities of blood, which continued for three months. A portion of jacket and a piece of bone were taken out, five months after, from an incision made at the posterior margin of the axilla. Several pieces of bone came away from the wound on the head of the humerus; also, portions of the scapula from the posterior one. The shoulder-joint is now ankylosed, and the arm wasted.

CASE 104.—Sergeant John Leary, 50th Regt. A musket-ball passed through the right lung, between the ribs, without fracturing any bone; it entered immediately above and close to the right nipple in the fourth intercostal space, passed through the lung, and made its exit opposite to the inferior angle of the scapula, and dropped down under his clothes: he got on to a gun-carriage, and was taken almost immediately to the field hospital; was sent to his own hospital shortly after, and remained there for three days before anything was done for him; partly, he states, on account of the scarcity of medical officers, and partly from his case being considered hopeless. He lost a large quantity of blood from

the anterior wound, and expectorated large mouthfuls of blood immediately after the injury, and for six days subsequently. On the third day, portions of his jacket and shirt were taken from the anterior wound, which was healed in six, and the posterior one in seven, weeks. Has pain in the chest when he over-exerts himself, or when he coughs; but at other times has no uneasiness. Was also wounded in the left leg and right forearm, the latter of which required to be amputated about its centre.

CASE 105.—Private William Flaherty, 31st Regiment, when advancing to the batteries at Sobraon, was wounded by a musket-ball in the right breast, which entered close to the sternum in the second intercostal space, passed obliquely through the chest, and was cut out from beneath the skin (a few hours after) at the posterior aspect of the arm, close to the axilla. At the time of the accident, and for twelve hours after, he was nearly choked with blood from the lung, which he continued to spit up in smaller quantities for the space of three weeks. There was at first considerable hemorrhage from the anterior wound, which healed in three months, and broke out afresh a fortnight after, finally cicatrizing at the end of three weeks more. When the wound reopened, he expectorated some blood. The right side of the chest, in front and immediately below the clavicle, is a little flattened, and not so full as that of the left, which seems to be owing to the smaller size and wasting of the pectoral muscles. On running the finger along the second rib, close to the cicatrix, the bone is felt to be slightly enlarged from ossific deposit; the ball having probably struck it, and then entered the chest. On taking a full inspiration, the right side does not expand so fully or freely as the left, probably on account of universal adhesion of the pleura. Percussion elicits a clear sound over the whole of the thorax; the respiratory murmur is very distinct in both sides, rather more so in the right than in the left; close to the cicatrix, where the intercostal muscles have been destroyed, respiration is more clearly heard than at any other part, and on expanding the chest a portion of the lung is as it were pushed between the ruptured intercostals. The thinner layer of muscles on the injured side, compared to the other, and particularly at the wound, may account for the respiration being heard more clearly there than on the sound side. He states that he has a slight cough and mucous expectoration, and occasionally pain in the chest at the side of the wound. He is a stout, muscular man, and apparently in good health.

The following is a case of a ball supposed to be lodged in the lung:—

CASE 106.—Private Martin May, 31st Regt., was wounded in the left breast, at Sobraon, by a musket-ball, which entered the chest in the second intercostal space, about two inches and a half from the sternum, or at the junction of the cartilages with the ribs. He spat up large mouthfuls of blood at the time of the accident, and in smaller quantities for a fortnight after. The ball still remains in. He was taken to the field hospital immediately, and on the third day was carried to Ferozepoor; the wound was probed, but the ball could not be felt. Four months after the receipt of the injury the wound healed. On examining the chest, the left side is found to be of the same size as the right, and both expand equally on taking a full inspiration. Percussion is clear on both sides; and on applying the stethoscope, the respiratory murmur can be heard distinctly over the whole chest, and not at all diminished around the cicatrix. The man has a slight cough, with a mucous expectoration; he has no pain in the chest, except when coughing, and then he feels it in the breast, extending from the wound to the axilla. He had dysentery in India, in 1840, and the abdomen is at present tumid; bowels regular; he states that he is now in good health. Jan. 6, 1848, doing duty with his regiment.

G. WILLIAMSON, M.D., Staff-Surg. 2nd Class, Fort Pitt, Jan 1, 1847.

CASE 107.—Lieut.-Colonel Dumaresq, aide-de-

camp to the present Lord Strafford, whilst turning round, after a successful charge of infantry at Hougoumont, on the 18th of June, 1815, was wounded, about two o'clock, by a musket-ball, which passed through the right scapula, penetrated the chest, and was afterwards found in the axilla, lodged in the middle of the rib, which was supposed to be broken.

"When desired to cough by the medical officer who first saw me, almost immediately after receiving the wound, some blood was intermixed with the saliva. I became extremely faint, and remained so about an hour and a half, after which I rode four or five miles, to the village of Waterloo, where I remained until about nine o'clock without any other person seeing me. I was bled in the course of the night-time by Mr. Ambrose, assistant-surgeon Royal Artillery, which relieved me from the great difficulty I had in breathing; this difficulty was accompanied by a severe pain down my neck, chest, and right side; until the evening of the 19th I was much easier, but in the course of the night the difficulty of breathing becoming much greater, and the spasmodic affection having very much increased, I was bled seven times until the middle of the next day.—20th. I continued better, but was then seized with the most violent spasms in my neck, chest, and stomach imaginable. I could scarcely breathe at all, and was in the greatest possible pain; I was again twice very largely bled, and my stomach and chest fomented for a length of time with warm water and flannels. I passed a very tolerable night, and continued pretty well until two o'clock the following day, when I was again very largely bled, by which I was very much relieved; I continued pretty well, and free from much pain; but, my pulse having very much increased, and having a good deal of fever on the 23rd, Mr. Powell, who had attended me after the second day, again bled me; after this I continued free from much pain or difficulty of respiration, and on the 26th was moved into Bruxelles, when I came under your care. I forgot to mention that, when I was so violently attacked, I had two lavements most vigorously applied; salts, &c., proving of no avail, took digitalis, commencing ten drops every four hours, and increasing to fifteen from the second day.

"N.B. Up to this period, the 2nd of July, the devil a bit have I eaten.

"Whilst with fat mutton chops and nice loins of veal, You stuff your d—d guts, your hearts are all steel. Oh! ye doctors and potecaries, you'll all go to hell, For cheating our poor trippies of their daily meal."

"H. DUMARESCU."

"To G. J. Guthrie, Esq."

The ball in this case was lodged in the rib, which ultimately became much thickened around it. He recovered with good health, but with occasional spasms in the chest; and died of apoplexy, in Australia, twenty-five years afterwards. His doggerel lines, which I cannot suppress, show the buoyant and unconquerable spirit of a soldier, who knew that his chance of recovery was but small. It was a most gallant, a most friendly spirit. G. J. G.

If the ball had caused a greater degree of irritation I was prepared to cut down upon the rib, and remove a part of it if necessary; for I have seen balls so situated slip from their lodgments, causing general inflammation, suppuration of the cavity, and death, which must almost always ensue in such cases, unless the ball can be removed, and the matter evacuated by the operation for empyema.

The two following cases are more remarkable, as showing the advantages derived from the removal or passing out of a shot, however large.

CASE 108.—Mr. Collins, of Renton, has recorded in the eighth volume of "The Provincial Medical Journal" the case of Captain Wynn, of the 23rd Fusiliers, wounded in Holland on the 2nd Oct., 1799. He came under the care of Staff-Surgeon T. Hunter on the 2nd of December, who found him expectorating large quantities of purulent matter, with a wound in the side, through which no matter came until the 11th, when a probe

passed into the chest for several inches, then struck against a ball. On the 12th Dr. Hunter enlarged the wound, sawed away a portion of one of the ribs which had been broken in the passage inwards of the ball, and removed an iron grapeshot weighing three ounces and a half and three grains. After this Capt. Wynn gradually recovered, and it is believed lived several years afterwards.

CASE 109.—Captain, now General, Macdonald, of the Royal Artillery, was present at Buenos Ayres, when a bombardier of that corps received a wound from a two-pound shot, which went completely through the right side, so that, when led up to the general, who was lying on the ground, he saw the light quite through him; and supposed he was of course lost; this, however, did not follow, and some months afterwards the man walked into Capt. Macdonald's room so far recovered from the injury that he was able to undertake several parts of his duty before he was invalided.

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. 413.)

GENTLEMEN,—In my last lecture I detailed to you the more prominent symptoms of *remittent fever*, and noticed the more frequent complications which arise in the course of this very common disease. The variety of it which I represented to you was, as I told you, a marked and decided one of the acute description, and I purposely chose it because the picture which I might draw should possess decisive and characteristic outlines.

I did not in my previous lecture mention to you that some authors have noticed a peculiar condition of the muscles of the neck as a prominent symptom of our present disorder. Dr. Joy says, "There is a symptom we have met with in this disease which has been omitted in most descriptions of it, viz., a stiffness in the neck and intolerance of pressure in the upper part of the spine; with this a general increase of the sensibility of the whole surface of the body seems sometimes to coexist, so that the child can scarcely bear to be touched in any part. The first of these symptoms has not, however, escaped Heberden. "In the fever of children," says this accurate observer, "the face is sometimes drawn to one shoulder. I have often seen this, but never knew it continue long after the fever was cured." He alludes to it in another part of his work, under the name of "the wry-neck of children." I may also state that Underwood remarks that, "At the decline, also, of certain anomalous fevers that have lasted ten or twelve days, great pain of the neck has taken place, attended with a little tumour of the part and great rigidity of the muscles, drawing the head forcibly to one side." This affection of the muscles of the neck I have now and then observed myself, and very frequently noticed the increased sensibility of the whole cutaneous surface. The former was very marked in the case of the little boy I spoke of in my last lecture, who lost his power of audition after brain complication; and, with respect to the latter, I may remark that you will often, when about to examine a child of three or four years of age, be stopped by the mother's exclamation, "He won't let you touch him, Sir; he can't bear me to touch him!" I tell you of these symptoms, not certainly as essential to, or actually indicative of, remittent fever, but as forming frequent links in the chain of diseased phenomena met with in this affection.

I told you that the usual termination of such a form of the disease as I have detailed is in the restoration to health, and that this will ensue in a period of time varying from ten to thirty days. But I also remarked that the symptoms may become low or typhoid in character, and, if such

is the case, the period of its duration may be considerably increased, the health of the child greatly undermined, and such a state of constitution induced that the seeds of disorders may be sown, or constitutional tendencies openly developed in a scrofulous subject, which may impose months or years of suffering and ill health on the patient, if a fatal result should not happen much earlier. But this is not the rule, it is the exception; and also that, when *typhoid remittent* occurs, it appears far more frequently as a primary form than as secondary upon the more common, simple, and less adynamic variety.

When the typhoid type follows on the simple, the *low* symptoms supervene early in the complaint, the child becomes completely prostrated, keeps the recumbent position, and the *mal-aise* is intense. During the remissions the diminution of the febrile symptoms is less marked, the child suffers considerably, there is more continuities of the febrile action, and the older the child the greater is the tendency for the fever to assume a typhoid character. The tongue is far more coated than in the simple form, often with a brown, thick fur; the lips become cracked and scabbed, the nose is sore, and the tongue and inside of the lips suffer often under severe ulcerous stomatitis; there is a peculiar retraction of the lips; the child moans and cries whenever it is not sleeping, which generally it has great tendency to do. In older children delirium supervenes, and nervous symptoms, as they are called, become prominent. The child takes nothing, sometimes not even drink. The bowels become very loose and costive alternately, but often severe diarrhoea is set up. The belly falls in, great wasting occurs, and pneumonia is not unlikely to supervene. From these symptoms, however, the child generally gets better gradually; the *low* typhoid, or adynamic signs diminish in intensity; the little patient intellectually becomes more himself, the appetite increases, the tongue cleans, the mouth heals, and convalescence is established, with which costiveness comes on. Sometimes the transition from such a low condition to an improved one is remarkably rapid, the child in a few days time becoming quite a different being.

In children living in bad situations, or of a scrofulous constitution, badly fed and taken care of, the fever breaks out at once with the typhoid form, marked by the sudden and great prostration, the darker and more furred tongue, and tendency to brain disturbance.

The danger to be apprehended in this form of the complaint is, that from the low state of the vital powers and assimilative functions, scrofulous and tuberculous disorders at this period of life so frequent, should be excited to openly manifest themselves, which otherwise, in a less deteriorated system, might have lain long dormant, or have been overcome by gradually increasing growth and strength. Of course you may have just the same important complications here as you have in the former or simple variety, but the greater is the danger of them in the adynamic form. All the adynamic forms are of longer duration than the simple acute, but not of so protracted a length as the *chronic*, and of which I have next to speak. I may here remark that, when I treat of the typhoid fever of elder children as distinct from the remittent with typhoid symptoms of younger ones, you will learn more of the nature of these adynamic conditions of fever.

You will observe that, in the various types of remittent which I have detailed to you, the symptoms have been marked and decisive; there can have been no doubt either to parent or practitioner that the patient was labouring under severe constitutional disease. But there is one form of the febrile disorder which invades the system so gradually, lightly, and insidiously, that, although the child after a little while is observed not to be well, yet what makes it ill is a puzzle to the mother, and the practitioner without care and inquiry, may at first be at fault too. Another peculiarity of this form of the disease is, that once having invaded the system,

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it appears, and upon a most pertinacious, lasting fever for a period of three or four months. Although acute, protracted, in its action, its influence on the system is often not very severe, but sometimes the reverse of this happens, and the consequences of a very serious character, as in the case of the child, and, as it were, of the child's mother, and depression of the organic powers, the constitution and powers of the child become severely reduced.

This form of remittent is analogous to what Dr. Bailey termed the *slow*, and which term you will find employed by the mother of the patient. It is synonymous, also, with the "chronic form," of Dr. Copland. It is characterised by a very gradual approach; the *mal-aise* is not sudden nor intense; the exacerbations are not frequent nor very severe; the tongue is but thinly coated, if at all; the appetite is diminished, generally, but I have seen it very great; there is not very much increase of thirst; and during the remission, which often lasts for a whole day, the child plays about, though somewhat less lively and actively than before. The bowels are almost always costive; sometimes the utmost difficulty is found in moving them. Now and then a more severe exacerbation will ensue, and then the little patient lies about, is more inclined to sleep, and the mother begins to think she must have advice about her child. In some cases you will have a patient brought to you suffering in this way, and the mother will say, "It has been off and on all for two or three months." Or, "ever since it had hooping-cough or measles." Or, "since it was cutting its last teeth." Or, "I had a child brought to me, of about three years and a half old, the other day, whose mother said it had 'slow fever' for three months." Sometimes the effect of this *slow* and chronic form is severe upon the constitutional energies. You will have children brought to you who are said by their mothers to be "completely taken off their legs," "made like a baby again." They have lost all power in their lower extremities, and are getting daily thinner and thinner.

Another and very important thing for you to be aware of is this, that in the course of such a *slow* fever an important complication will arise which may kill the patient. Thus, after a mild *slow* fever has lasted for a month or so, suddenly the child becomes more *mal-aise*, the mother notices it breathes with difficulty and has a slight cough. She takes it for advice, and inflammation is found to have invaded the structure of the lungs, the child in all probability having suffered some amount of what we may here call latent pneumonia for some short time before it is seen by the practitioner. Mr. Barlow, the late house-surgeon, will recollect the case which came before us a few mornings ago at the infirmary, in which the mother said the child had had *slow fever* for three months, but that she now brought it to us, for it had something the matter with its chest. On applying our ears to this child's inter-scapular region we discovered abundant evidence of existing pneumonia. This child was sitting upright on its mother's knee, looking freely about, and attentive to what passed. It was pale thin, and worn down, and its lips somewhat scabbed; but yet there was an activity, a quickness about it, a combination incompatible with any form of the remittent, save the *slow* and chronic of which I am speaking. It is such complications as these that make this variety of the fever precarious to the little patient. As in the other forms, however, so is it here the law, that, under proper care and management, chronic remittent fever shall progress to recovery.

In the *slow* and chronic form you must always particularly inquire of the mother as to the existence of sweating or nightly expectoration, or whether or not the child gets restless and warm, however slight at certain periods. If no such costiveness is present, and the child, with gradual improvement, freshens and strengthens, you can have no doubt about what is the matter. This *slow* and chronic form is by no means uncommon in the scrofulous constitution, and in which

during its course all sorts of manifestations of this peculiar diathesis will present themselves. (See *Medical Times*, vol. 16.) Disease of the mesenteric glands, of the lungs, of the meninges, &c., may be set up; inordinate forms of chronic eczema, impetigo, &c. &c.; scrofulous ophthalmia is not uncommon in its course, and small boils and abscesses occur in different parts of the body; ecchyma is very frequent, as also troublesome ulcerations about the nails or on the toes and fingers, and very often over the internal malleolus.

There is a variety of remittent fever which forms a sort of link between the symptomatic and idiopathic constitutional disturbance, inasmuch as it is undoubtedly due in its origin to a local disorder; but, after the latter has been removed, the fever still persists and becomes a disease *per se*. It appears here that the febrile erethism once being established, although the origin of it no longer exists, yet the general morbid impression made upon the system cannot be got rid of; and we know that, a periodicity of abnormal action once being stamped upon the manifestations of the organic and nervous powers, it is no easy matter to break it up. Such we see exemplified in certain forms of eccentric epilepsy and other convulsive diseases, and in hysteric and nervous affections. This form of fever I consider as hinted at by Dr. H. Davies, although I cannot agree as to the intestinal lining membrane being always in fault. Dr. Davies remarks—"In a third class the child slides imperceptibly into remittent fever during the progress of any disorder, particularly of any of the exanthemata. This obviously arises from the proneness of the intestinal mucous membrane to take on morbid action under these circumstances, and which is not unfrequently promoted by the abuse of purgatives in the treatment of children's diseases. The more delicate a child is, and particularly if it be of a scrofulous diathesis, the more likely is this occurrence to take place, and then there will be a proportionate increase in the danger of the disease when established." (See the last edition of Underwood.)

Since it is the rule, as I have told you, that idiopathic remittent fever, though one of the most common affections of youthful life, is at the same time one of the least fatal, it is not to be wondered at that opportunities for *post-mortem* examinations are very rare, comparatively speaking. No doubt a child may have coincidental or complicated pneumonia, or gastro-enteritis, or tubercular meningitis, and die of these affections; and then you may examine the body, and you pretty well know what you will find. But first of all I must tell you that death, even from these secondary causes, is comparatively rare in the course of idiopathic remittent fever, considering the frequency of its occurrence, though death from them in the form of what we may call primary affections is common enough. Secondly, an examination after death from such secondary causes gives us no help in elucidating the diseased essence of remittent fever itself. I have never seen more than three cases, and in these the bodies were examined, that I could say they died from the fever—cases in which I could not determine that any particular local lesion really killed. It is true that what we may call slight head symptoms or abdominal symptoms did exist towards the termination, but, unless the child had died, we should never have dreamed of thinking that they would prove fatal, inasmuch as they did not approach the severity which the like symptoms constantly take on in the course of the fever, and from which we know children constantly recover. But after death we find some slight modifications in the meninges or of the intestinal mucous lining, and some might say these killed, and here lies the essence of the fever; but this would be, in my opinion, a most serious error.

Unfrequent as it may be, yet remittent fever does now and then prove fatal, independent of any of the serious complications I alluded to before; and when you examine these cases afterwards—that is to say, if I may judge from

three examples, and what I can glean from other writers, as well as what I know about fever in the adult—you do neither find out satisfactorily why these cases had so unfavourable a result, nor in what the nature of the fatal fever essentially consisted. The last case I examined was about six weeks ago, with Mr. Dendy and Dr. Westley, in Agnes-street. It was that of a little boy, nearly two years of age; and, although it must be owned that there was just before death some stupor and other slight brain symptoms, yet on examination little was found from which we could reason as to cause and effect. The meningeal vessels were slightly congested, but there was no softening, effusion, or granular deposit anywhere. The follicles in the larger bowels were, to my eye, here and there hypertrophied and enlarged; but to Mr. Dendy, I remember, this was not so satisfactorily evident; and in the smaller intestines the agglomerated glands were more developed than usual, and the mesenteric glands were enlarged. But we could find nothing of which we could say, this is the lesion that must have proved fatal, or this is the thing which is the essence of the febrile disease. This case, also, was not an adynamic one, and it took me by surprise to find the child died. In the other two cases the type was adynamic, and rather more abdominal modifications were seen, but still of such a nature that we could lay no stress upon them. On reference to Dr. Copland you will find that he remarks, "The French pathologists view it as symptomatic of inflammation of the digestive mucous surface, but of the truth of this doctrine there is no conclusive evidence; *post-mortem* appearances certainly lend it no support." The few instances in which I have observed them presented chiefly enlargement of the mesenteric glands and of the spleen, with a few tubercles in the lungs. The digestive organs were not inflamed, but the intestines were distended by flatus, and their coats attenuated.

Similar changes of the bowels and mesenteric glands have been remarked by Hoffmann and Pemberton. It is evident that these do not kill in them does not lie the essential nature of the fever; nor can we find the latter in the following remarks of Dr. Davies:—"If neglected, the patient will be destroyed by irritation or inflammation of the mucous membrane of the bowels; or the case may terminate in fatal marasmus, or in enlargement of the mesenteric glands; or in scrofulous affections, and in rickets producing deformity." All these, and other things besides, may follow in the train of infantile remittent, and some of them may prove fatal, as complications or intercurrent affections, and a review of them gives us a notion as to their probable frequency of occurrence during the course of the original malady.

But the fever may, in rare cases, prove fatal by itself as a fever, and, on inspection after death, neither the cause of that death is marked by anatomical alterations, nor the essence of the febrile affection indicated. I may here use the words employed by one of the most philosophical writers in Great Britain on medicine, in relation to the idiopathic fever of adults, viz., "That, in adopting this view, we set aside, without hesitation, the objection that has been urged against the doctrine of idiopathic fever, that the term expresses only an abstraction, and therefore a nonentity; because what we mean to express by the term is not an abstract existence as distinguished from individual facts, but a general change or succession of changes common to all the organs, and to almost all the textures, of the body as distinguished from all partial changes and their effects."—(Alison's "Outlines of Pathol. and Prac. Physic," see also the "Pathologie Interne" de Griesolle.)

MALTAH HOSPITALS.—By the last mail from Malta we learn that Mr. J. B. H. Collins, assistant-surgeon of her Majesty's steamer Oberon, has, at the request of his Excellency the Governor, inspected the hospitals in Malta, and made a report on their efficiency &c. This was furnished on his return from the Ionian Islands and Greece.

ORIGINAL CONTRIBUTIONS.

CLINICAL NOTES.

No. IX.

By RICHARD DE GUMBLETON DAUNT, Esq., M.D.
(Edin.), Member of the Faculty of Physicians of Rio de Janeiro; and Member of, and late Honorary Secretary to, the Parisian Medical Society.

Besides the exceptional cases of thoracic inflammations noticed in the last of these serial articles, the sanitary history of Campinas during the last months offers other points of interest in connection with the subject of epidemic constitutions. At the commencement of the rainy season, and when numerous cases of remittent and continued fever are wont to occur, there declared itself an epidemic neuralgia, taking a decidedly remittent character, and occupying in different patients different seats, and now chiefly the nerves of relation, now those distributed to the viscera; while, at the same time, the cases of fever were very much less numerous than usual. Happily, owing to the assistance afforded to diagnosis by the sudden stinging pains, like the sting of a hornet, peculiar to neuralgia, the true character of the cases was soon perceptible, though otherwise much difficulty would have occurred. The subjects of this epidemic (for thus, the frequent occurrence of the cases, the various circumstances under which they developed themselves, and the extent to which, during a certain period, the neuralgic character entered as a constituent element in the features of wholly independent and distinct varieties of diseased states, fully entitle them to be ranked) were not alone delicate, nervous persons of either sex, but as frequently those of a wholly opposite temperament, as, *e. gr.*, stout negroes used to field labour, &c. The treatment was fortunately more and more speedily successful than is usual in this disease. Sulphate of quinine formed its basis in combination with belladonna; and with these were conjoined occasionally, and to meet the indications of special cases, colchicum, bismuth, and nux vomica, with frictions either of nitrate of veratrine ointment or a strong tincture of the leaves of tobacco and the *datura arborea*. I usually gave from ℥j. to 3ss. of quinine in the twenty-four hours, with two or three grains of extract of belladonna; and in a couple of days full relief was, in nearly all the cases, obtained. It was to be remarked that cases in which the neuralgia took the form of the most intense pain of the head, orbit, or face, yielded much more readily than those in which the viscera either of the chest or abdomen were its apparent seat. In the last class a form of abdominal constipation was frequent, which, most unyielding to purgatives, was dissipated by the first doses of quinine and belladonna, or nux vomica. In some cases the extremities were so affected as to cause the patient to be firmly impressed with the belief that he was suffering from rheumatism.

Concomitant with the appearance of this epidemic neuralgia, the hooping-cough began to prevail extensively among children, and in general assumed an intensely spasmodic form, the only complication which I had occasion to see being a form of remittent fever, occasionally with a slight bronchitis. The cold-water affusion was of service in those patients who were free from any of the usual complications of the disease, and in whom its spasmodic character was most clearly marked. After a careful trial of most of the means recommended, I at last confined myself to the use of belladonna and the lobelia inflata, using quinine internally, or in frictions where an evening accession of fever occurred, and bismuth where the irritability of stomach was great, and sympathetic vomiting frequent. I had formed great expectations of the results to be obtained from the exhibition of the valerianates, but was disappointed, having in a most appropriate case given first the valerianates of zinc, and afterwards that of quinine in full doses, and for several days without any satisfactory result. I intend, however, to continue my trials of these salts, choosing always those cases of a purely

nervous form, and free from local congestions. In one case, the subject being an elderly female who had escaped the disease when young, and in whom there existed a chronic disease of the heart, digitalis in large doses gave an immediate relief, soon followed by a perfect cure, and this after all the other usual remedies had been applied fruitlessly.

Gradually the neuralgia began to disappear as independent morbid states, and were replaced by the customary fevers, which, though appearing later than usual, were identical in character with those of the previous year. The fever which prevails in Campinas during the summer and autumn appears to be in all points identical with the classic fever of Greece and Italy, and so, very different from either the typhus of Ireland or the typhoid of France. It assumes at one time a partially remittent form, and at another a continued, with evening exacerbations; a form which a late French writer has classed as a new discovery, under the title of "*Fièvre continue à quinquina*," but which possessed novelty solely from his previous ignorance of the geographical distribution of disease. In this fever local complications present themselves as in other essential fevers; and here, as in Europe, the doctrines of the morbid anatomists have produced equally deadly results. The treatment I employ—and with so great success that out of a number of at least 250 cases I count but two deaths, resulting in one case from a profuse critical suppuration in the parotids, and in abscesses which appeared in various regions of the body, and which carried off the patient from marasmus; the other case being that of a child, ten years old, whom I began to treat on the eighth day, when already speechless—is as follows:—During the first one, two, or three days, while the excitement is at its highest point, accompanied by violent gastric irritation, with vomiting, excessive thirst, &c., I use the cherry-laurel or bitter-almond water, in any mucilaginous vehicle, and apply leeches to the epigastrium, with quinine frictions in the course of the spine; and, should any state of the head, liver, or chest require it, I prescribe moderate bleeding. So soon as the gastric symptoms moderate, I begin the exhibition of quinine in full doses, to which I add, when any signs of collapse appear, the use of arnica and serpentaria, and, when nervous excitement is great, that of valerian, with revulsives from the first moment that anything like an unequal distribution of animal heat is perceived. When, however, the patient is severely attacked from the first invasion of the fever, I apply quinine internally from the very first, let the symptoms of local disease be as severe as they may, and no consideration induces me to discontinue it, let the tongue be dry, black, hard as it may, and the delirium and headache severe as it can be; for repeatedly in such circumstances I have witnessed, under the joint use of quinine, arnica, valerian, camphor, &c., the tongue lose its coat, become moist, natural in appearance, the delirium cease, and be replaced by natural sleep. The cherry-laurel-water I continue so long as gastric symptoms exist, and consider it of the greatest service, not alone in this fever, but in all others where irritation of the mucous membrane of any portion of the alimentary canal exists; and it may be given with safety to the youngest children. The water used here is of the strength recognised by the Prussian Pharmacopœia. In quinine applied externally in frictions I have also considerable confidence, and so apply it in all cases of disease of young children which present themselves during the existence of an epidemic of fever. The duration of this fever may be from eight days in mild to that of thirty-three in severe cases. A return to health is marked by an improvement in the state of the tongue, and gentle perspirations. I never in any case saw signs of ulceration of the intestinal glands, though on a few occasions a troublesome diarrhoea protracted convalescence, and required a continued use of bismuth for its extinction. From the happy results of the treatment employed by me, it might be inferred that the disease was not of a very serious

nature, were it not that I have too frequently witnessed a proof to the contrary in the melancholy termination of cases left to themselves or treated on other principles. I purpose returning to this subject on a future occasion, but, nevertheless, will notice one or two points which the fever prevalent here illustrates. Those medical officers of the French army in the north of Africa, who, after many *idonnements*, have at last perceived the true nature of the treatment which the continued fevers of that country require, speak of them as due to a more complete intoxication of the patient by the malaric poison than is required to give rise to an attack of ague, as being a more intense expression of the effects of the poison. Now, the fever observed in Campinas, and which is indifferently a remittent or a continued fever curable by quinine, is not attended by the principal circumstances on which their reasoning is based. Thus, intermittent fever is very rare in the district, and not more frequent at the decline of an epidemic of the remittent or continued form than when this is at its height. The continued fever is of very varying intensity in different subjects, in one placing life in extreme peril, in another so tractable as to yield to a mild bitter infusion with cyanide of potassium,—acting thus as having a real entity, and not as the uniformly-aggravated expression of another state. Though vegetable miasms are doubtless the cause of the fever, there is very little marshy ground in the district, and those who live near such, or on the margins of rivers, are more liable to ague than to the remittent or continued fever. The spleen was affected in a very small minority of the cases, while bronchial, gastric, and cerebral complications were every day seen. Convalescence was, in almost all the cases, tedious, and interrupted by various ailments of a neuralgic character, which, however, easily yielded to treatment. Convalescents being more susceptible to general causes of disease than those in health, the neuralgia which had ceased to appear as independent diseased states still evidenced the continued existence of their cause, though in diminished intensity, by their frequent attacks on those suffering from the effects of fever.

The remaining feature of interest in the medical history of the period now treated of which I have to mention is the prevalence of an affection which consisted in extreme lassitude and *malaise*, with aching pains of the limbs and bones, loss of appetite, &c. The number of persons so affected was considerable, not alone in Campinas, but in distant points of the empire, as in Rio de Janeiro, Santos, Porto Alegre, &c.; and that it was also of a neuralgic character, as collateral circumstances would induce us to believe, was proved by the test of the *judicium et ledentia*—aconite, combined with quinine, being a speedily effective remedy, a mercurial and jalap purge preceding when much *embarras gastrique* existed. In Rio de Janeiro, unhappily, Broussaism and expectancy are the prevailing systems, and thence came that the majority of the legitimate practitioners who treated such cases with saline mixture, decoction graminis, barley-water, cold purgatives, &c., were singularly unsuccessful, and regarded the "polka fever" (for so its coetaneous appearance with polka fashions of all sorts caused it to be designated) as a most intractable disorder; whilst the homœopaths, whose intellectual development is unquestionably superior to their moral (I speak of those in Rio, and *non scientis aduere*), made a lucky hit in the use of *diarœdies* and antiperiodics, and availed themselves of this to draw favourable comparisons in support of their heresy. Another instance of medical science abused in the world's sight, owing to the imperfect knowledge and the schisms of those who assume to be its representatives: a danger now greater than formerly, when medicine had fewer but worthier and more learned exponents, whose influence prevented that corruption of the scientific creed which an impure *collegium* and a more democratic state of the *professores* now favours; so that controversy becomes still more

confused, and our opponents, skillfully substituting the favourite doctrines of the day as objects of attack, in place of the real substance of orthodox medical faith, more unknown to the presumed champions of the profession than to themselves, often appear to gain a victory,—the impression on those who witness the dispute being incredulity on the one hand, and a submission to the grossest charlatanism on the other, all departing from the prudent advice of Saint Basil:—“*Neque fugienda penitus ars medicinæ est, neque rursus omnia in ea salutis nostræ præsidia collocanda: sed quemadmodum licet gubernatori navim committamus, Deum tamen, ad nos ex alto salvet incolas, oramus; sic cum medicum adhibemus, idque ratio fieri concedit, neutiquam a spe illius erga nos bonitatis debemus discedere.*”

City of Campinas, Province of San Paulo,
Brazil, July, 1847.

WOUNDS OF THE THORACIC REGION, OR CHEST; SUPERFICIAL, PENE- TRATING, AND COMPLICATED.

By Dr. KNOX.

The interesting lectures on wounds of the thorax, now being published in the *Medical Times*, recal to my memory some few cases I have seen; a brief account of them may, perhaps, be agreeable to some readers of the *Medical Times*.

About three weeks, or it may be a little more, after the action of Waterloo, or Mont St. John, as it is more commonly called, the chief of the medical staff, desirous of relieving the hospitals of Brussels of a portion of the wounded, sent a good many to the port of Ostend, for the purpose of embarkation for England. Of these wounded a few had entirely recovered, and were sent to England merely for the purpose of being invalided; but in the greater number by far their wounds were still open, and they consequently still required careful surgical treatment. Of the wounded so sent to Ostend between eighty and ninety were shipped on board a well found and roomy ship, a transport, and I was selected to see them safe to England, to hand them over to the medical staff of Haslar Hospital, and thereafter to return without delay to Brussels.

As I had no assistant the duties were urgent, most pressing, and harassing, so that I scarcely had six hours' sleep during the six or seven days we were at sea. The service was new to me, as I had never been at sea before with a shipload of wounded men; I had, nevertheless, the good fortune to hand over the whole party to the naval medical staff without losing a single life. As no notes were kept, nor could be kept under the pressure of such onerous duties, I shall merely mention those circumstances which neither time nor circumstances have effaced from my memory. My professional brethren will be pleased to remember that the events of which I shall first speak took place in the summer of 1815; a few occurred subsequently.

I. Amongst the wounded were some ten or twelve who had received wounds in the chest, inflicted by musket-balls, by the bayonet (and these were the most numerous), or by the long cut-and-thrust sword of the French cavalry. The men mostly belonged to our light cavalry regiments—a description of force which I was given to understand proved of little or no use against the heavy armed cavalry, cuirassiers, and guards of Napoleon's army. Of these some had entirely recovered; in others the wounds were still open and suppurating; in some the sword or ball had traversed the chest, entering in front and passing out at the back. The men were particularly anxious that I should distinctly understand that they had met the enemy face to face, and that the sword or ball entered on the fore part of the chest and passed out at the back. I was willing to give these brave young men (for they were a worthy young men) every credit, and to believe their word, although I knew well that our light cavalry had been completely defeated in every

encounter by the French cavalry, composed of much heavier men—men better armed, and, by their race, much better swordsmen. But to return. The conclusions I arrived at as regarded wounds of the chest were, that, when actions become severe, such wounds are much more frequent than is believed; that many, no doubt, die on the field of battle; and that generally the less the surgeon interferes the better. One thing I observed especially, that, even when the cases were doing well, men so wounded could not be indulged even with the smallest quantity of ordinary French wine. It kindled up inflammation, difficult breathing, flushed face, and other dangerous symptoms. To the general reader I leave the general conclusion, that what they have been told by the silly newspapers and pamphleteers of the day, panderers to prejudices and vanities of the mob, about the difficulty experienced in bringing French soldiers up to the bayonet, is absurdly false, and unworthy even a passing notice. The Celtic race, wherever found, will come to close quarters and cross swords much more quickly than any other race now living. The sword is their instrument of attack and defence, as it has ever been with all Celtic races. In future conflicts it will be safest for our leaders to place the prime and strongest men they can find on horseback; and a cuirass and helmet will be found of much use when opposed to the warlike guards of France.

Amongst the wounded was a young man, tall, thin, emaciated, colourless; he appeared to be dying; so, on getting on to the deck, I singled him out immediately, as clearly the person who was entitled to my earliest notice and care. He belonged, I think, to a cavalry regiment. This case was not one of the chest, but it elucidates a principle taught me by my esteemed friend and teacher Mr. Abernethy.

This young soldier had been wounded just under the left ear by a thrust of a cuirassier's sword; it had passed directly through the parotid glands, making its way towards the deep vessels. Brought into Brussels with the wounded, he lay there for about three weeks, bleeding a little day by day; compresses of lint and rags were put on and looked at occasionally, but no one had the courage to clean them off and face the wound. Accordingly, when I saw him more than three weeks after, as he lay on the deck, with his pale and blanched lips, sunken eye, and melancholy, desponding look, with a heap of bloody rags of all descriptions piled over his neck and face, I instinctively felt that he should be attended to, even before the decks were cleared, or the crew had slipped their hold of the stormy pier of Ostend. The orderly sergeant with his assistants were by—brave and bold men, cool under all circumstances, as well disciplined and well behaved men almost always are; but, on my desiring them to remove the bundle of rags and bandages which the Brussels staff had piled over the neck of this poor lad, they hesitated, and assured me that we should on the instant have dreadful bleeding and death. But I, chief in command for the time on board that ship, ordered everything to be removed, and it was done. I then saw the wound, which, probably, had not been fairly looked at since the 18th or 20th of June. It was triangular in shape, and deep. I did not care to probe it much, but the probe did penetrate seemingly for about an inch. It bled a little, but the blood seemed to come from a vein.

Mr. Abernethy taught me, at least, two great principles, which I have never forgotten. First, when you attach much importance to the doing of anything, you had better do it yourself; this inestimable maxim will apply, I believe, to most affairs in life. Secondly, when there is bleeding from a wound, fresh or otherwise, and you have reason to believe that it comes from a vessel of dangerous magnitude, then lose no time in securing it in the usual way, by efficient pressure against a bone, or by ligature; but if you cannot make efficient pressure, and yet believe that it is but a muscular or other small thread which has been wounded, then refrain from all pressure

and leave it to simple exposure to the fresh air, aided, as the case may be, by a wet rag, rest, and a favourable position. On these principles I treated the case of this poor lad. In a few days he could walk about the deck, the colour returned to his cheeks, and his cheerful and pleased look, on seeing me, told how deeply he appreciated the services I had rendered him. Duty is a good word everywhere, and particularly in the service; but a deep feeling for the misfortunes of others stands somewhat higher as a principle. It is with unfeigned pleasure I here record my experience of my professional brethren; it is not to them that I require to point out the superiority of high principle to mere human duties, paid for by the state, and so supposed to be adequately recompensed.

To my success in this first case I attributed my ultimate success on board that vessel; and the confidence was so great that my merest suggestions became an order which all were most anxious to obey; the men became active and intelligent; the orderlies scarcely slept; so that, relieved of all mechanical care, I could devote my whole attention to those more dangerous cases which, unaided as I was by any consultation, excited in me the deepest anxiety. A useful lesson I got on this occasion—on great emergencies trust in yourself.

(To be continued.)

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

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The hip is one of the largest joints of the human body in its outward appearance, but not in the formation of its osseous structure. It is surrounded by numerous muscles and soft parts, which serve to protect it from external violence and injury; but, like all other joints, it is subject to inflammatory and other affections, rendered the more difficult to detect on account of the articulation of the bones being deeper seated, consequently the nature of the affections become more liable to be mistaken. The greater our knowledge and our investigation into these disorders, the greater becomes our skill to detect the character of the complaints when they are presented to our view; and this has induced me to make the following practical remarks, which I trust will prove beneficial and instructive.

The exciting causes which produce disease of the hip-joint are external injury immediately over or near the joint itself; violence occurring when kneeling or standing; horse exercise; fast running, jumping, or falling with the thighs extended or spread out; straining the ligaments or soft parts that enter into the structure of the joint; the application of cold; remaining in damp or wet places, or sitting in unchanged garments after having been exposed to the rain. In many instances we are able by proper investigation to trace a cause for the appearance of the disease; but sometimes we are unable by the strictest inquiry to discover or to account for its appearance, except we attribute it to constitutional disturbance, or a predisposition in the system to inflammatory or other affections. Diseases of the hip vary in their nature, the same as the diseases of other joints. Some are of a scrofulous character, or ultimately sink into this class, while other affections cannot be suspected to have any tendency to that complaint. Inflammation at first makes its appearance, which may terminate (although rarely) in resolution, or the restoration of the parts affected to their natural healthy state; in effusion of fluid into the joint; in ulceration of the cartilages of the articulating surfaces; in caries of the head of the femur, or of the acetabulum, or both; in consecutive dislocation; in aneurism; in abscess, accompanied by hectic

and general anæsthesia. In affections of other joints, where the disease has progressed undisturbed, and the symptoms become urgent, we can relieve the patient's suffering by anæsthesia, but not so in the disease of the hip-joint, for the anæsthesia complaint extending frequently to the bones of the pelvis, the parts affected cannot be safely removed by the science of operative surgery, and the patients have not even this last hope remaining; that the removal of the parts might dismember them of the disease, but have they the consolation left them that, should a cure be fortunately accomplished, they are free from the disease; for even after the complaint has ceased, and the head of the femur removed from its proper cavity, nature having formed a fresh articulation, this new joint may be the seat of fresh disease, or the opposite hip may become affected. It is fortunate for us, who are all liable to be visited by this disease, that such results are very rare, and only follow from some peculiarity in the system.

The commencement of disease of the hip is characterized by a slight limping or weakness of the affected limb, by an uneasiness or constant pain in the groin, by a pain or an uneasiness at the inner part of the knee or in the source of the *vasa externa*, or by a fixed pain behind the trochanter major. Upon examining the hip there is little or no swelling or discoloration to be observed; and, as this articulation often appears entirely free from any visible enlargement and change of colour, it is but too frequently disregarded or treated as a complaint of no importance, not only in the young, but also in patients of every age; the disease, therefore, continues until other and more important symptoms claim greater attention and call for some means of relief.

Very frequently the patient will complain of the whole of the pain being seated at the knee-joint, and there will be a slight weakness or limping of the affected limb, sometimes so trivial as not to excite notice; and, even when seen by superficial observers, the mischief will be considered to result from the knee, and consequently the remedies applied to that joint; so that the malady progresses uncontrolled until, from a simple inflammatory action in the parts, it advances to another and more serious stage of the complaint, which requires such remedies as are more accordant to the dictates of surgical science.

At other times the whole of the pain will be situated at one spot, at the inner or central part of the groin, which causes the patient great uneasiness and frequent restlessness. In children the pain is often so severe that the patient will cry and even shudder when the affected limb is moved or touched. This pain will continue for some minutes when the inflammatory action is slight, and for a longer period when the mischief exists to a greater degree; but sometimes, when the inflammation in the joint has been fully established, and the disease advanced to the ulcerative stage, the pain will last for hours at a time, and frequently during the continuance of the night. When the groin is pressed the pain is increased, and often, when we attempt to touch the part, the patient will take hold of our hands to prevent us applying the slightest pressure. In some cases the pain will extend down the thigh in the course of one or more of the branches of the anterior crural nerve. This pain has been considered to result from pressure against this nerve as it passes beneath Poupard's ligament, over the union of the iliacus internus and *pectus magnus* muscles, and no doubt results from the inflammatory or other stages of the disease of the hip being situated at the most vascular part of the joint, extending along the ligamentous *teres*, particularly where it is so broadly attached to the acetabulum.

When the disease of the hip is considerable, the patient will dread the slightest movement; any accidental touch of the knee or foot will cause the greatest pain; the motion produced by a person walking in the room will sometimes cause an acceleration of their sufferings. It too fre-

quently happens that the pain is mistaken, or does not abate with such remedies that are most likely to allay the action set up in the parts which produce it. This is extremely detrimental, because at the commencement of the complaint, when in an incipient stage, rest, the limb being placed so that little or no pressure be applied to the inflamed parts, the application of leeches, warm fomentations, and other remedies, will do more in a short time than when persevered in for a longer period at a later stage of the complaint, and even at a more advanced period fail to produce that effect which the same means might do at the appearance of the malady.

Although the pain may be situated at the knee, it can be easily determined that the real seat of the complaint is not in that joint; for, by properly fixing the thigh so as to keep the hip-joint free from any motion, the knee can be moved freely in almost every direction, without increasing the uneasiness of the patient; and at a later period of the complaint we readily detect that the disease is not in the knee, by the gradual wasting away of the thigh and the whole limb below the real seat of the malady.

The pain experienced by patients suffering under affections of the hip resembles, in a measure, rheumatism in the adult, but in the young subject it is often set down as "growing pains." This, perhaps, is owing to the pain varying in its situation; but as the disease advances it becomes considerably increased, accompanied frequently with grinding of the teeth. The patient being sometimes roused when sleeping by painful startings of the affected leg, occasionally some relief will be found by keeping the limb in one position; but even this soon ceases as the disease progresses.

A patient labouring under an affection of the hip soon falls into the habit of resting the whole weight of the body upon the opposite limb; the thigh of the affected side is advanced and bent forward, so that the foot can only partially touch the ground; every attempt to extend the limb occasions increased pain, so that it is kept in this more comfortable position.

At the commencement of the disease the affected limb becomes longer than the other, and there are various opinions respecting the cause of its elongation in the early stage. Some of our foreign practitioners have accounted for it by the oblique situation of the pelvis, the spine being bent to accommodate itself to the disease of the hip; which no doubt may be correct in some cases, but in other instances, and in many that have fallen under my observation, the limb has been lengthened at an early period by a shortening of the membranes covering the articulating surfaces of the joint, or by some effusion of fluid into the joint tending to prevent the bones being so closely in contact as they are naturally and when free from morbid affection.

The position of the foot and pointing of the toes of the affected leg is another characteristic of the complaint. At an early period the toes point to the ground, sometimes in a direct line, at other times the great toe rests on the joint of the toe of the opposite side, or upon the upper part of the opposite foot; the knee is drawn inwards and over the one of the other leg, and in some advanced cases the foot is turned completely outwards or directly backwards.

To a practical eye the contour and the whole appearance of the hip-joint, when the patient is placed in the erect position, usually points out the seat of the mischief; viewing the one on the opposite in a healthy state, and comparing it with the other may assist us in this respect, without, indeed, looking to the position of the foot; but should any doubt remain, this and the other joint already mentioned will, under ordinary circumstances, enable us to decide upon the seat of the disease. It is of importance that we should be fully satisfied on this point, but we ought to take into consideration that a lengthened examination, and much manipulation, increase the sufferings of the patient and tend to accelerate the inflammatory disposition.

The length of the limb is not of long duration, for it is sooner or later succeeded by a shortening of the affected member; a fixation of the head of the femur frequently takes place (commonly in dislocation), and the head of the bone is generally drawn into the external *foramen*, between the *gluteus maximus* and *gluteus minimus*. Thus, then, the head of the bone is covered by two of the *glutei* muscles, and the limb is in the same position as in dislocation of the head of the femur upwards and outwards; the limb is shortened, the thigh bent forward, the toes turned inwards, and the foot does not appear to be rotated outwards. The shortening of the limb increases as the disease progresses, and the position of the thigh becomes more and more naturally drawn across the other and advanced forwards; but the positions of the foot and the thigh are not always the same in every case; as the head of the femur does not always take the same direction, as its situation depends upon the action of those muscles which produce its displacement; and this we can understand by considering the causes which produce consecutive dislocation. It may result from effusion into the joints; ulceration of the cartilages lining the acetabulum; caries of the acetabulum; caries of the head of the femur; and caries of both the acetabulum and the head of the femur.

Effusion into the Joint.—It has been already stated that inflammation of the hip-joint is the primary affection, and effusion a result of the inflammation. The nature of the effusion or collection of fluid into the joint may be synovial, serous, or purulent, or a combination of these; but the result will be the same, and occurs in the following manner:—The effusion of fluid gradually increasing, the head of the femur no longer remains in contact with the acetabulum, but is pushed gradually out of its situation by the fluid until the head of the bone approaches the edge of the articular cavity, where there is little resistance, so that the muscles that have this power, or those that are more immediately in action at the time, cause the displacement of the head of the bone. It does not always follow that when effusion into the joint occurs or purgation takes place, dislocation must necessarily result, for sometimes, and not unfrequently, Nature forms a more advantageous relief with much less destruction to the joint. The ligaments becoming distended by the increased effusion, they ulcerate at one part and the fluid becomes diffused into the surrounding and more superficial structure. The head of the thigh bone, therefore, regains its natural position, and sometimes the fluid becomes more superficial and is discharged through the skin.

Ulceration of the Cartilage lining the Acetabulum.—Inflammation of the hip-joint sometimes terminates in ulceration or absorption of the cartilages, and, as the bony structure of the cavity only forms about the third of the depth of the acetabulum, when the cartilage has become destroyed there is little obstruction to prevent the muscles from producing a displacement of the head of the bone, and that part which has ulcerated the most is the part where the head of the bone is most likely to become displaced, provided the power of the muscles is sufficient in that direction to draw the head of the bone out of its place, or are not counteracted by those on the opposite side of the hip-joint.

Caries of the Acetabulum.—The ulcerative process sometimes progresses so rapidly that the structure of the bone becomes in a state of caries, when the whole cavity is soon destroyed by the disease; and cases have come under my notice where there has been little appearance of the acetabulum left. When this takes place, the location of the hip soon follows, the head of the femur taking that situation which it is drawn into, and Nature frequently forms a fresh cavity for the reception of the head of the bone. There is greater chance of this occurring when the head of the femur is free from disease, as it is drawn into a situation where the parts are in a sound state. Nature then has a greater chance of forming a fresh joint by the pressure of the head of the

bone against the os innominatum, consequently there is less danger of the case terminating in a stiff joint, which frequently follows when the head of the thigh-bone is diseased; for then the complaint is carried into a new situation, and the surrounding parts become contaminated by the discharge and the state of caries existing in the head of the femur.

Caries of the Head of the Femur.—The ulcerative process attacks the cartilage and head of the femur, to a smaller or greater extent, according to the activity of the disease, and the head of the bone becomes destroyed by caries. The remaining portion of the neck of the bone becomes occasionally removed by the action of the muscles, when it destroys the healthy part that it is drawn into, sometimes to a great extent.

Caries of both the Acetabulum and Head of the Femur.—This is a more extensive stage of the ulcerative process. When the cartilages of the acetabulum and on the head of the femur have been destroyed, and the bones become in a state of caries, the disease increases sometimes to a very great extent, so as to destroy the whole of the head of the femur and side of the acetabulum, when consecutive dislocation sometimes results. At other times, although the disease progresses to such an extent, it is by no means absolute that a dislocation must occur, for the whole of the head of the femur and part of its trunk may be destroyed by caries, as also the acetabulum, and the remaining parts may keep in their position, or not be displaced externally. In a case that was under my treatment, a few years since, a young man, twenty-seven years of age, had suffered from disease of the hip for a considerable time, and had passed several pieces of bone with his motions. He died in the hospital, and, upon examining the hip, an extensive state of caries was to be observed; the central part of the acetabulum had been destroyed, and, by the action of the surrounding muscles of the hip, the head of the femur, at least the part that had not been destroyed by the disease, had been forced into the pelvis; abscesses had formed in that cavity, which had broken in several places, one or two on the inner side of the tuber ischii, and one in particular on the inner surface of the rectum, so that the small pieces of bone had escaped by that aperture. So great was the disease in this case, and so severe the sufferings of the poor patient, that all remedies failed to afford him the slightest relief.

The situation that the head of the femur falls into in consecutive dislocations depends upon the power of the muscles, and particularly upon those muscles that are in action when the displacement occurs, and the position of the thigh. Cases have fallen under my notice where the change of position of the parts of the hip-joint has taken place when the patients have been moved from one room to another, or by being carried down stairs, when the foot has been suddenly or accidentally struck or touched. There is a case on record of a spontaneous dislocation of the hip, upwards, forwards, and a little inwards, and it is said that this is the only exception.

I remember that one day my late respected friend Sir Astley Cooper called my attention to a female pelvis, where there were acetabula on either side of the os innominatum. These were slight and shallow cavities resembling the glenoid cavity, but had irregular edges; they were situated at the dorsum of the ilium, at the anterior edge of the sacro-iliac foramen. In respect to the period that a displacement of the head of the femur occurs, no precise time can be mentioned, as it will depend upon the cause that may produce it: at an early period, effusion may take place and dislocation follow; and at a very late period, after the disease of the hip has existed for some years, caries may result and be followed by dislocation. When disease of the hip-joint commences at an early age, before the three bones which form the acetabulum (the ischium, ilium, and pubis) are fairly united, there is danger of the connecting medium be-

coming absorbed so as to cause the bones to separate, leaving a space where the head of the femur may be drawn, so as to enter the interior of the pelvis; where it sometimes acts as an extraneous body, creating considerable mischief and suffering to the patient.

It is only of late years that we have become agreed as to the primary seat of the commencement of disease of the hip-joint. It was formerly erroneously supposed, that the surrounding soft parts were the first to become affected, and that the disease then extended to the joint itself; but by experience and observation, and by the advancement of science, we are now convinced that the original seat of this complaint may be either in the ligaments, the membrane covering the cartilage of the articulating surfaces, the articulating surfaces themselves, the membrane connecting the cartilage to the bone, or in the bones themselves. The first attack is inflammatory, which may pass into the suppurative or ulcerative stage. The inflammation may pass from an acute into a chronic form. When acute, the surrounding parts become tense and extremely painful; the skin is sometimes red, and inflammatory fever prevails. When suppuration takes place the severity of the pain abates, a swelling is formed in the vicinity of the joint, and a pointing of the collection soon follows. Sometimes the pain is aggravated by spasm of the muscles, the thigh is bent forward and cannot be extended, there are frequent startings and catchings during sleep, the pulse becomes quick, the skin hot and dry, the tongue furred, and general excitement prevails through the whole system. A collection sometimes forms below the trochanter major, sometimes at the inside of the thigh; but occasionally abscesses break in different places, which, by constant draining, cause the patient to become weaker and more debilitated in every respect; hectic fever soon follows with its usual symptoms. Scrofula in the system generally will frequently produce disease of the hip-joint, by the complaint being situated either in the membranes, cartilages, or bones entering into the formation of the articulation; and this character of the complaint is by far the most common: it may arise from hereditary predisposition, called into action by some exciting cause, or may result from constitutional tendency. Occasionally this affection is characterized by a scrofulous diathesis; but sometimes, as in diseases of the spine of a similar nature, no appearance or any disposition in the system generally to scrofula has ever manifested itself, or is it attended with the usual appearance of the skin, lips, hair, enlarged glands, or other indications, to enable us to determine the nature of the affection. In such cases we usually find some difficulty in forming a correct opinion, and this can only be done by carefully watching the patient and the symptoms as they present themselves, and a thorough acquaintance with similar cases under nearly the same circumstances. The symptoms yielding to such remedies as are employed for the treatment of scrofula will sometimes decide us upon the nature of the affection.

The injudicious administration of mercurial preparations in infancy, by debilitating the system and weakening the constitution, preventing the proper growth and formation of the various parts of the body, and preventing them being in a healthy state, will unfortunately but too frequently predispose the hip-joint to a state of disease which, when once commenced, will necessarily increase by the same remedies being employed. Another and frequent cause of the appearance of disease of the hip is a practice common amongst the poor—the chastisement of their children with the hand over the hip-joints, causing concussion of the parts that enter into the formation of the joints. Many cases have fallen under my care which I am satisfied have been produced in this way.

In the examination of pathological specimens of disease of the hip-joint we sometimes find the head of the femur extremely small, and quite out of proportion to the one on the other side; this has been attributed to absorption, or a

gradual wasting away of the head of the bone; but it very frequently results from the disease, preventing the growth of this part, which remains of the same size as when the complaint first commenced, or increases but little, certainly not in the same proportion as the hip on the opposite side. The acetabulum is also sometimes found in the same contracted state; the disease in such cases must have been situated in the structure of the head of the femur and acetabulum. There is a preparation in the museum of the Middlesex Hospital where both the head of the femur and acetabulum are extremely small and ankylosed; caries of the neck of the femur and surrounding bones forming the upper part of the hip-joint is to be observed to a considerable extent. Thus nature had here attempted to cure the disease in the hip by uniting the bones together, but caries had followed to some extent. This, no doubt, resulted some time after the disease of the joint had been cured by ankylosis.

(To be continued.)

INTERMITTENT FEVER IN AN INFANT.

Communicated by SAMUEL S. DYER, Esq., Surgeon, Ringwood.

A strong and healthy-looking child, ten months old, of respectable parents, living in an open part of this town, was brought to me on the 11th ult., when its mother gave me the following brief history of its illness:—That it was of a week's duration, up to which time, from its birth, the child had been remarkably healthy; that for the last few days its bowels had acted very irregularly; the secretions scanty and offensive; that it had only appeared to suffer pain twice—the preceding night, and two evenings before that time; this symptom was then of sudden occurrence, and from the drawing up of knees, &c., it seemed as if the child was gripped. This was accompanied with pallid countenance and extreme coldness of the surface, lasting three hours, when reaction occurred, continuing an hour and ending in the child's falling asleep.—To all this I did not at the time pay any particular attention; as I had never seen, nor ever recollected to have heard of, intermittent fever in so young a subject; and, considering it as symptomatic and dependent on vitiated secretions, I gave a few alternative powders, requesting that one should be taken each night. As the child was suckled and thrived, I considered it unnecessary to regulate its diet or give any advice respecting it.

March 15. The evacuations are more healthy, but this is all the amendment, as the febrile symptoms not only continue unabated, but have increased in severity, and gained three hours on every reappearance; so that, doubtless, this intermittent form of fever would soon have gone on from remittent to continuous. I now abandoned the idea of its being a symptom removable with its cause, and, having just then read Dr. Willshire's capital lecture (reported in the *Medical Times* for the 4th ult.), I adopted a similar plan of treatment, ordering quina disulphat. gr. viij.; acid. sulph. dil. gr. xij.; syr. aurum. 3ij.; aquæ 3x. M. cap. coch. minim. ter quotidie. From this time there was not a symptom of ague, and after taking a dozen doses of the quinine the child could be pronounced as being quite well.

USE OF CHLOROFORM IN MIDWIFERY.

Communicated by WM. HALLAM, Esq., M.R.C.S., Newcastle, Staffordshire.

I was summoned this morning (Feb. 23), at five A.M., to assist my friend Mr. S. M. Turner at an arm-presentation case. The patient, Mrs. M., had been in labour some hours before I saw her; the liquor amnii had escaped; the right shoulder was impacted low down in the cavity of the pelvis; the whole of the arm much swollen, extending beyond the os externum. The parturient pains were strong and almost without intermission, so that it was impossible to turn the child, under the circumstances. After waiting

some time the pains somewhat subsided, and we made an unsuccessful attempt. After a consultation with my friend, we decided on administering chloroform before we again made an attempt to turn the child. About thirty to forty drops of the chloroform, on a warm moist sponge, were applied over the mouth and nostrils, and covered with a piece of plain silk. In the course of a minute the patient was under its influence. On introducing the hand, we found to our astonishment that there was not the slightest uterine action. Without difficulty the feet were brought down, the delivery speedily accomplished, and the placenta extracted—the patient remaining unconscious the whole time, which was about fifteen minutes, and not manifesting the slightest sensation of pain. On admitting a little air into the room, and dashing cold water on the face, the patient was easily awoke, and to her great surprise found she had been released from her burden, and expressed much thankfulness that all was over.

I imagine that this valuable agent (chloroform) will be found of great assistance to the accoucheur in similar cases to the above, and in operative midwifery generally, and a great boon to the female sex in the hour of "Nature's sorrow."

The most remarkable feature in the above case was the entire suspension of uterine action.

ON MURIATE OF OPIUM.

By J. G. NICHOL, M.D., Crook, Durham.

During the last ten or twelve years I have prepared and prescribed a solution of opium, which I think is not mentioned in any work on materia medica, with which I am acquainted. I use powdered Turkey opium and water, pretty strongly acidulated with muriatic acid. I have found, by experience, that this is the best anodyne I have ever prescribed. I see, in Dr. Pettit's "Materia Medica," that mention is made of Dr. Porter's solution of opium in citric acid. I made and used the same sort of preparation ten years ago, but it did not answer: it caused a great deal of headache and other unpleasant symptoms; moreover the solution became muddy, and appeared to be decomposed, therefore I gave up using it. I have called this preparation of mine muriate of opium, but, perhaps, it is not a very correct name. I may mention that I prepared solutions of opium with acetic, nitric, sulphuric, citric, tartaric, and muriatic acids, and also prescribed them many years ago; but the muriatic solution was vastly superior to any of the others in every respect. All of them produced headache with the exception of the muriatic. I prefer muriate of opium to the tincture, wine, or powder of opium, and also to the muriate and acetate of morphia; in fact, to any other preparation of opium. It never makes my head ache, but all the other preparations do. My preparation is made according to the following formula:—

Take of the best powdered opium, ʒj.; muriatic acid, ʒj.; distilled water, ʒix. Mix. Shake this mixture very frequently every day, during fourteen days, then strain and filter. The dose is from twenty to forty drops, according to circumstances. Many of my medical friends have tried this preparation, and they highly approve of it.

THE BLANE MEDALS.—These prizes, bequeathed by the late Sir Gilbert Blane to two ship naval surgeons, every two years, as should produce to the satisfaction of the presidents of the Royal Colleges of Physicians and Surgeons, the most approved journals of their practice, while in active service in her Majesty's ships, have just been awarded to Dr. James Wingate Johnston, one of the deputy inspectors now doing duty on board H.M.S. *Vindictive*, on the West India station, and Dr. T. Russell Dunn, surgeon of the *Powerful*, of eighty-four guns, now at Portsmouth.

PROGRESS OF MEDICAL SCIENCE.

The last meetings of the Academies of Science and Medicine are totally devoid of medical interest.

DYSTOCIA.

We read the following interesting case in the "Revue Medico-Chirurgicale":—

Case.—A young woman, aged twenty, had arrived at the conclusion of her first pregnancy without any other accident than an erythematous eruption of the abdominal parietes. On Dec. 4, 1847, some pains were experienced during the night, and Dr. Carrière found the os uteri effaced, but dilated only to the size of a sixpence; he distinctly felt the head of a foetus through the uterine walls. In the afternoon labour had progressed, and it was with no small surprise that Dr. Carrière found in the vagina the right foot of a child; the left foot soon was recognised also, and at eight o'clock in the evening the pelvis had passed. These parts were remarkably small, and the surgeon flattered himself that delivery would present no further difficulty; he was, therefore, considerably astonished at the obstacles he met with to the extraction of the arms, and at the absolute impossibility of disengaging the head, notwithstanding vigorous tractions. The umbilical chord had ceased to beat, and time became a great object. On introducing the hand he found that a second head, that which had been felt in the morning, had descended into the excavation, and that the head of the foetus whose body had already passed was retained in the pelvis by the former having caused the expelled body of one foetus to be raised. Dr. Carrière applied the forceps upon the head of the other, and after a few minutes extracted a living child; the birth of the second child took place a few minutes later without difficulty, but it had ceased to live. The two placentas were united in one part only of their circumference. The mother and the surviving child did well.

HISTORY OF THE CHOLERA OBSERVED AT CONSTANTINOPLE DURING THE WINTER OF 1847-48. By M. Monneret, Professor Agrégé of the Faculty of Paris.

(Concluded from p. 459.)

Is the cholera of Constantinople to be referred to an epidemic cause? This question must receive an affirmative answer, when it is recollected that cholera is in that country an accidental and unknown affection, and that Turkey was invaded only after neighbouring climates had been visited by the scourge. I may, however, remark that several of the leading features of epidemics were here imperfectly delineated. In the first place, the intervention of visceral disease seems to have been indispensable to its original development. It is only by attacking subjects already ailing, whose constitutions were powerless against the agency of the morbid cause, that the epidemic influence found sufficient strength to produce the first choleric accidents. It appeared to act after the fashion of those medical constitutions which produce in reigning disorders a common pathological form and leading symptoms which can be only traced to an unknown atmospheric influence. In a word, the epidemic was mitigated to that degree that in only one-third of the cases, or thereabouts, was the disease intense and fatal. I insist upon this point, because I am induced to think that, if cholera visited France, it would appear in a mild form, and under the influence of appreciable causes which I will now examine.

Besides the epidemic agency, others might be classed with the predisposing causes of cholera. They are so far important to be known that, if by wise hygienic precautions, they could be neutralized, populations might be preserved from the disease. For my part, I am perfectly convinced that, if cholera showed itself in France with the forms and progress observed at Constantinople, the cases might be rendered milder and less numerous by the removal of the causes which will now occupy my attention.

Constantinople is an admirably situated city, but on all sides surrounded by the sea, which furnishes continual moisture. The streets, paved, are muddy, always covered with filth and offal of every description, and exhale the most noxious vapours. During December the rain was uninterrupted, and accompanied constantly by a N.N.E. wind. The sky was clouded, and on three occasions heavy falls of snow took place. The thermometer never rose above 12° Centigrade (54° F.), and during ten days varied from +2½° (37°) and 12°. These meteorological circumstances are, doubtless, insufficient to explain the development of cholera, but they were predisposing causes, and must be taken into account, particularly when we notice the disease almost exclusively attacking soldiers and sailors. Thus the unusual coldness of the season at Constantinople was severely felt by the soldiers, to whom the uniform afforded but a poor protection. Besides, the duty which they were compelled to perform on board the fleet exposed them more than all others to the pernicious influence of a cold and damp atmosphere. It was in the midst of these circumstances that most subjects were attacked with simple diarrhoea or with cholera, which might have been easily prevented by proper attention to hygienic measures.

The crowding of the crews was another cause which should be taken into consideration. Although the ships, perfectly similar to ours, were kept with extreme neatness, still the too great accumulation of the men had an undoubted share in the development of cholera.

Other causes also acted upon the soldiers, and more especially upon the sailors: the food served on board is insufficient; the amount of meat distributed is too small, and is not, as in our navy, compensated by a daily ration of wine, which cannot be replaced by the bad condiments which is served out to the men; fruit, particularly water-melons, and fish, which is exceedingly cheap, are sought for with avidity, and when taken in too large quantities produce disturbances of digestion, diarrhoea, and obstinate dysentery. Physicians of the navy assured me that many cases of nostalgia had been observed amongst the soldiers on board; no service could be obtained from them; they lost their appetite, became affected with diarrhoea, and were seized with cholera and Asiatic cholera, after having for several weeks offered all the signs of consumption.

Thus, evident hygienic causes assisted in the development of the cholera at Constantinople; in many patients, cold, crowding, unwholesome and insufficient food, in others, depressing moral causes, exercised a morbid action which cannot be doubted.

Another order of causes must be sought for in the diseased condition of certain viscera; I have already remarked that the first patients affected were mostly suffering under visceral derangement.

Thus, in general, the epidemic cause was not sufficient to produce cholera, and the intervention of some other agency, usually appreciable, was required. This induces me to think that the specific and hidden cause of cholera was very weak in the epidemic of Constantinople. This remark is most important for the European populations which have to dread the invasion of the disease. Is it not evident that, if it showed itself in France with the forms and symptoms observed in Constantinople, it would be possible to prevent its development, or at least to lessen its gravity, by removing the causes I have indicated, and by preparing instructions in which the means of avoiding their injurious influence would be pointed out?

Let us now examine if the cholera of Constantinople was contagious; on this point my observations have led me to negative results. The disease declared itself in the IIly 1847, notwithstanding the rigorous quarantine imposed since a long time upon all ships coming from the Black Sea; and the Turkish physicians, who recognised this truth, and caused the quarantine to cease as soon as the first cases made their

portance at Constantinople. The population of the city was so little alarmed that none of the usual hygienic precautions were adopted. In spite of the easy and continual communications between the soldiers and the inhabitants, no one case favourable to the doctrine of contagion was observed; I may add, that all that I saw was opposed to that doctrine. The soldiers who had remained in harbour since Dec. 1, and who communicated freely with their comrades and with the inhabitants, were attacked only on Dec. 18.

A fact which occurred under my own observation proves better than anything that can be said how singular is the progress of accidental epidemics. The ships of the Turkish fleet were anchored in the harbour in two parallel lines—ships and frigates to the north-east, sloops and brigs to the south-west—at very short distances from each other. The former suffered considerably, and, by an unaccountable singularity, frequent, however, in epidemics, the foremost and the last vessels were at first the only ships affected, although all the crews were in daily communication. Another ship, during fifteen days, had not a single patient on board, and its crew, at a later period, suffered very slightly. During my residence I did not find a single proof in favour of contagion, and the distinguished physicians of the army and navy assured me they had not been more successful.

Notwithstanding results of so positive a nature, all nations in commerce with Turkey oblige to a rigorous quarantine of twelve days, at least, all vessels coming from Constantinople. On my return, all the ports of Greece, Italy, Malta, Sicily, were so panic-struck, that any vessel on board of which a single patient had died was refused admittance. The English Government gave at Malta an odious example of severity in this respect. The Mentor, a French steamer, was not admitted into harbour because it was reported that one of her officers had been attacked with cholera. Moreover, the Board of Health enforced a quarantine of fifteen days upon another vessel, the Pericles, on board of which a sailor had been attacked during the passage with confluent smallpox. It would be a never-ending task to state all the vexatious measures enforced at Malta upon vessels coming from Constantinople; but it is important to point out to the medical world the contradictions existing between the words and the deeds of Great Britain, who boasts of being the reformer of quarantine abuses, and, nevertheless, continues to act as in the worst days of the worst quarantines. But why recriminate against foreign countries, when a French city, Marseilles, adheres to a system dictated by fear, and enforces upon our ships a quarantine of twelve days?

Treatment.—When speaking of the causes of cholera, I mentioned the prophylactic measures which might arrest the development of the disease, or attenuate its consequences; I have nothing to add. With regard to the treatment, I think it my duty to insist upon some peculiarities.

The first indication to be met consists in the cure of all incidental disorders, even the more trifling, especially when they occupy the intestines. Subjects affected with diarrhoea, dysentery, and chronic affections of the stomach, should neglect no measures to get rid of these maladies. The subnitrate of bismuth in large doses, opium, diascordium, &c., were in constant use, and of signal service; astringent drinks assisted their action; and in robust patients the applications of leeches upon the abdomen and to the seat were measures not to be neglected.

Asiatic cholera was often successively treated by agents capable of communicating to the body a considerable amount of heat; frictions, and particularly warm baths containing mustard-meal in large quantities, were often sufficient to dispel cyanosis and algor. It was then, the reaction being established, that venesection could be resorted to with the greatest benefit; but it was still necessary to keep up the reaction by frictions and artificial heat. The physicians of the country often had recourse to venesection; and I must say that when performed upon robust sub-

jects in an advanced state of cyanosis, the phlebotomy preserving some degree of strength, phlebotomy was useful in bringing on reaction more speedily. When performed under opposite circumstances, that practice appeared to me injurious and even fatal. These differences are deserving of interest, because they are characteristic of the cholera which I describe.

Another and not less important peculiarity was the happy influence exercised upon the abdominal symptoms by repeated applications of leeches upon the epigastric and umbilical regions. The pain so common in these parts yielded readily to local depletion. I did not see any cupping-glasses employed, but they appear to me preferable to leeches; demulcent fomentations, and starch en-mata containing laudanum, were the complementary part of the treatment of the abdominal symptoms. The success of this method cannot leave any doubt as to the existence of a morbid condition of the digestive organs; but I would not think myself justified in asserting that condition to be inflammatory.

The patients continually called for cold drinks, and instinctively rejected aromatic, stimulant, and warm liquids. The former were much better borne by the stomach, and soon came into general use. Gum, lemonade, &c., were taken with advantage; as to ice, it was so difficult to be obtained that I did not see it used.

When the cholera was replaced by an adynamic state, bark, camphor, acetate of ammonia, spirit of ether, &c., and analogous medicines, were put in requisition. Blisters upon the lower extremities and upon the nape produced excellent results, even before cyanosis and algor had ceased.

Such are my researches upon the cholera of Constantinople. Eastern prejudice is so powerful in that city that no *post-mortem* examinations could be allowed, hence a great desideratum in this paper. When I left, on January 7, the epidemic had, in a great measure, abated; no cases had been noticed in the neighbouring cities, but the disease was said to have appeared in the Diarbekir, and to be receding towards its original cradle. It is highly probable that, if cholera invaded France, it would adopt the mild form which I have endeavoured in this memoir to describe.

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

Treatment of Verrucae.—Mr. Pearson says, in the *Provincial Journal*, the hard warts may be destroyed by inflammation, decomposed by caustic, or extirpated by the knife. It is difficult to excite a sufficient inflammation to destroy warts, without injuring the surrounding parts. It is best first to soften them by a poultice, containing soda, after which the top is to be pared off, and a mineral acid applied, till the whole is destroyed. Where a ligature can be used it is a still better remedy, as the wart is then less liable to return. It is always applicable to the pencil kind. It appears that the part of the wart below the ligature dies as well as that above it. If the prepuce be studded with warts, it is better to remove it; and, if there be masses of them on the penis, a small portion only should be destroyed at a time, lest the inflammation produce gangrene. Condylomata frequently shrink and disappear during the mercurial course, without any local application; if they should remain, a solution of the bi-chloride of mercury, or of mercury in dilute nitric acid, may be used. Cristæ are to be reckoned amongst the most inveterate venereal excrescences. They will be regenerated again and again. The most useful applications are the following:—A solution of the bi-chloride of mercury, the hydrochlorate of ammonia, powder of savin, acetate of copper, sesqui-chloride of antimony (butter of antimony), arsenic, and fumigations, with the bi-sulphuret of mercury. Those caustics which produce most inflammation are the best. Should a crista, after having been destroyed by caustic, sprout up again, great benefit will be derived by a strong solution of alum in a decoction of oak bark. The following is recommended by Plenck:—R. Alcohol, aeti-

destillati, utrq., oz. jss.; hydrargyri bi-chloridi, dr. j.; aluminis sulphatis, camphoræ, utrq., dr. ss. Misce. fiat lotio. Whenever a ligature can be used in cases of crista it ought to be applied. A needle with a double ligature will be found the most effectual method of applying it. If it be thought fit to excise these excrescences, the excisions must be deep in order that the sebaceous glands, from which they probably spring, may be extirpated with them.

Abnormal Condition of the Urinary Apparatus.—Dr. Hargrave, of Dublin, exhibited the parts taken from a subject which had been obtained for practising lithotomy, and which displayed a curious malformation of the kidneys, ureters, and bladder. On incising the integuments of the perineum, he cut into a sinus or pouch, from which urine issued. This led him to examine the abdomen. The left kidney was found enlarged and its ureter immensely dilated and sacculated. On following the dissection into the pelvis no bladder could be discovered. The vesiculæ seminales were in their usual situation. The portion of the ureter, which from its sacculated dilatation represented the bladder, was lined with muscular fibre. The right kidney was serofulous, and its ureter impervious.

Ointment in Scald Head.—Norway pitch, thirty parts; turpeth mineral, fifteen parts; red oxide of mercury, fifteen parts; lard, 100 parts; mix, and apply every night and morning.

Removal of Stains of Iodine from the Skin.—The stains of iodine may be removed from the skin by washing for a few minutes in milk. The stains must be recent, otherwise the milk has no action on them.

On the Reduction of a Dislocation at the Hip.—Mr. South, in his edition of "*Chelius*," remarks that Morgan and Cock, of Guy's Hospital, have reduced several dislocations of the hip-joint by placing the foot between the thighs, so that it presses against the upper part of the dislocated bone, and thrusts it away from the pelvis, extension and rotation of the limb being at the same time made by assistants. The principles of the operation is precisely similar to that in reducing a dislocated shoulder by putting the heel in the armpit. This practice was first introduced about ten years since by Morgan, and by it he has replaced a dislocation upon the pubes, one on the oval hole, and one upon the back of the hip-bone, without difficulty, which he principally attributes to diverting the patient's attention from the operator's efforts by unexpectedly pricking or pinching. Cock has reduced one dislocation on the pubes, and two on the back of the hip-bone, by the foot between the thighs; the greater number of the persons so treated were weak or elderly. It is not known that the practice has been elsewhere adopted, but it saves all the trouble and inconvenience of pelvis-traps and pulleys.

Dreaming and its Relation to Diseases.—Dreaming, says Baron Ernst Von Feuchtersleben, quoted in "*The Journal of Psychological Medicine*," as the precursor and accompaniment of diseases, deserves continued investigation, not because it is to be considered as a spiritual divination, but because, as the unconscious language of the *caenæsthesia* and of the sensorium commune, it often very clearly shows to those who can comprehend its meaning the state of the patient, though he himself is not aware of this; and the interpretation of dreams deserves the attention and study of the physician. Albers sets forth the following signs as the most approved:—Lively dreams are in general a sign of the excitement of nervous action. Soft dreams, of slight irritation of the brain, often, in nervous fever, announcing the approach of a favourable crisis. Frightful dreams are a sign of determination of blood to the head. Dreams about fire are, in women, signs of an impending hemorrhage. Dreams about blood and red objects are signs of inflammatory conditions. Dreams about rain and water are often signs of diseased mucous membranes and dropsy. Dreams of disturbed forms are frequently significant of abdominal obstructions and disorders of the liver. Dreams in

which the patient sees any part of the body especially suffering indicate disease of that part. Dreams about death often precede apoplexy, which is connected with determination of blood to the head. The nightmare, with great sensitiveness, is a sign of determination of blood to the chest. Dreams of dogs, after the bite of a mad dog, often precede the appearance of hydrophobia, but may only be the consequence of excited imagination.

Geography of Psychopathies.—Von Feuchtersleben remarks that, except perhaps Turkey and Egypt, insanity is more rare in other parts of the globe than Europe; but, according to Brigham, it is more frequent in civilized America than in Europe; among savages it is almost as rare as among children. In Russia it is very frequent, particularly in the form of mania; whereas the Finlanders are more subject to idiocy. In France it increased very much after the revolution, but since 1830 it has again decreased. In Great Britain, where originality has been carried even to eccentricity, the number of lunatics in 1826 amounted to 8000; in France, to 3000; in Holland, to a proportionably greater number; in Prussia, the proportion is given as 1:666; in Norway, as 1:651. Italy gives a particularly favourable proportion. A difference is likewise to be observed in the occurrence of several forms. In the south, mania is most common; in the north, melancholy; in the valleys, idiocy, &c. In England, fixed delusion predominates; in France, fatuity; in the east, idiocy; Germany presents a more happy medium.

THE MEDICAL TIMES.

SATURDAY, APRIL 15, 1848.

MEDICAL MEN AND MODERN SOCIETY.

"The parish doctor" and "the pauper sick" are words so increasingly heard, that they may be taken as a part of the jarring, threatening echo of that social harmony called "civilization." Oft heard, and never in the accents of content or respect, they are words of sad and significant import. Though touching the most spurned and ill-fated of God's creatures, they are not free of a possible connection with the fate and fortunes of an empire. At all events, with whatever dislike or contempt they are heard by those who, in heedless prosperity, mistake themselves for "the world," to the eye of our science, as, indeed, to the ear of arrested thought and of conscience in all, they convey other and higher emotions. To us, the medical men of England, the sick poor—insignificant and worthless as (for the hour) they are to the material interests of busy life and civic enterprise—show as just a title to our studious interest as any other portion of the community. Our duties begin where society's would appear to end. Science, like religion, of which it is indeed so great a part, knows no distinction of persons. It takes small account of poverty, save to sooth, or of low birth, save to respect it. The two million wretches whom our poor-law annually brings us to heal have, at least, as good claims on our aid as if, instead of owing their pauper nascent to some obscure bowmen in the time of the Edwards or the Henrys, had been born dukes, tracing questioned kinship to the excluded Stuarts or reigning Guelphs. All that we see in them is, that, men and brethren, they suffer with an organization common to them with the

highest in the land. Our profession has no skill or science for the discrimination of ranks and classes. Titles and wealth lose their potency under the magic cry of pain, and are annulled under the resumed empire of nature; for, in presence of disease, as of death, the doctor who in the pauper sees a man, in the peer can see no more.

Of all medicine's claims to public estimation from social usefulness, there are none in which we should take a more genuine complacency than in those founded on our services to the pauper sick. Our brethren in commissioned bondage—the rich man's scoff, the proud man's contumely—the poor-law doctors—are to us, in their functional relations at least, a boast and a triumph; and it is not the smallest of our pleasures that we have aided to initiate measures which in the future must secure for their benevolence a wider range and juster appreciation. Earnestly, however, as we claim from the Government a change in poor-law medicine on the score of justice to the doctor, we claim it a thousand times more earnestly out of the wider and more general considerations of pauper well-being and national safety. If it be the privilege and duty of the medical officers to set this great evil, on any account, right, it is not the less, but the more so, because they share in the suffering. If by wish they could submit to their part of the wrong, they cannot by duty. They owe something to their own love of justice, if not to the profession, of whose membership they share the advantages; and, at all events, it is a high public duty—in which no interestedness can mix—to see that the evil of their day be not entailed on their successors. But we repeat that this is the small portion of the matter. It is the distinction of this, as it is indeed of every medical agitation, that our boon will be but the least part of a large public benefit.

There can be no more calamitous thing to the poor than the successful influence of our Poor-law practices in breaking down the spirit, lowering the feelings, and corrupting the principles of medical practitioners. The protection for the pauper, as his only solace, is that his doctor be a gentleman, a true man of science. Kindness, sympathy, and confidence—to the sick pauper the most efficacious of all medicaments—can come from no other. A true man of science alone can stand between him and a misunderstood parsimony—for none other will risk guardian frowns, or worse, in securing pauper sickness its full needs and rights; and who else—with medicines worthless or expensive, attendance rare or frequent, under his own unfettered discretion—will sacrifice time and means to secure to the unconsidered pauper the full plenitude of science's latest powers? Responsible to caprice, to personal pique, and to worse passions, the medical officer is wholly irresponsible for all that makes the value or uselessness of his appointment.

As the Chief Commissioner himself declared it is easy to dismiss or condemn other officers—but "his duties and qualifications are too many, of too delicate, undefined, and nice a nature, to be even investigated by a central authority. The diploma may guarantee skill, and gross neglect of duty may be easily detected; but skill and ability may be abundant, yet the medical officer may want zeal, kindness of manner, conciliation; and he must not only have these, but he must be reputed to possess

them;" for, without the poor's confidence—as Mr. Buller no doubt thought—the practitioner exercises but half his profession, and opens more doors to death than he closes. In what way, then, does the law administered by the chief commissioner tend to conserve or educate, or augment the high qualities on which the well-being of the pauper sick is admitted to repose? Is an appointment held at the pleasure—the absolute pleasure—of a small club—a "trade-union" of underbred and ill-conditioned rate-payers—the sort of soil wherein to grow naturally and without supervision these high qualities of delicate honour, generosity, kindness, conciliation? Is the miserable pittance of 3d., or 7d., or 13d. per case (hospital drugs averaging alone 4s. per case) the sort of appliance likely to stimulate or strengthen their development? Is there not in the two facts—more or less applying to almost every union in the kingdom—a state agency established, calculated and tending (we will not add aiming) to demoralize what should be our desire to elevate, and degrade what should be our anxiety to exalt? There are a series of adverse circumstances which, too long continued, would be too much for the best of us. We do not gather grapes of thorns, nor figs of thistles. No chevalier *sans peur et sans reproche* hath yet been eliminated out of an attorney's office or a Hebrew's shop; and poor-law practices in medicine are not the mechanism by which gentlemen are either made or conserved. The conflict for the honourable independence of professional duty is always a troublesome one against ignorance clothed in authority, and must be sometimes ill supported by the man who, steeped to the lips in poverty, has to look (beyond the first impulses of feeling or conscience) to the liabilities of a home, and perhaps more, that should, at all events, seem respectable. To Mr. Buller, then, and the Government, and through them to the public, we look for a change in their own interest. For the sake of the poor who should receive justice in policy if not in mercy—for the sake of the large social interests identified with that justice—we demand that poor-law medical officers may no longer be placed in a position where they are ever tempted to do wrong to their own sense of duty, and compelled often to be forgetful of their mission of usefulness to society.

Sooner or later this appeal must succeed, how soon we know not. In the meantime, amid injustice and wrong, and suffering and discouragement from a Government we serve and a state we help to save, there is one thing that must be left us—a treasure indeed—the consciousness that no day passes that we do not go about doing good. From our unrequited labours and dishonoured skill do two millions of our fellow-citizens, each year, draw solace, or soothing, or health—their only wealth! If we rise not, we raise; if we remain poor, we in some fashion enrich; by a magic of mercy we are donors possessing nothing; making happy, though unblest ourselves! How often do we see the parent shedding grateful tears for a loved child saved, and the child in happy thankfulness that the fear of orphanhood has gone; and for how many a wayfarer, wounded and sick in body, mind, and estate, have we poured our oil and wine—giving unseen and unthanked, amid contumely and discouragement, that opportune aid which, while on one side averting death, on the other turned life into a usefulness and a blessing!

UNIVERSITY COLLEGE.

RESIGNATION OF PROFESSOR SAMUEL COOPER.

We understand that the celebrated author of "The Surgical Dictionary" has resigned his post as professor of surgery in University College. We believe that he has been induced to take this step in consequence of dissatisfaction with the official proceedings of the college authorities.

POOR-LAW MEDICAL RELIEF.

[To the Editor of the Medical Times.]

SIR, The debate upon Lord Ashley's resolutions was characterized throughout with a total want of acquaintance with the details and minutiae of the subject discussed. I could hardly conceive it possible for an important subject like poor-law medical relief to be brought before the House by any one, much less Lord Ashley, so ill informed, and with matter so crudely digested; and when I read the reply of Mr. Charles Buller, I was perfectly horrified at his mistakes. Can Mr. C. Buller claim exemption from reproach from our profession by asserting as a plea the shortness of time he has held office? Will the assurance which he has given, that the subject has been to him one of "serious and anxious attention," since he became the head of the Poor-law Board, suffice for us, or be sufficient for the poor? He knows, as well as I do, that the board have been defuged with complaints by the workers of the profession. He knows that the poor are and must be neglected if no remedy is found to compel boards of guardians to contract honestly with us; and he knows well that the present system is unjust and injurious in its every action. Will he tamely sit down with the comfortable idea that the £20,000 voted by Parliament to defray partly our salaries, and schoolmasters and mistresses, is an opiate sufficient to compose us during the remainder of the session? The sum voted by Parliament never was intended to give us an increase of salary; it was one of the boluses held out by Sir R. Peel to quiet the agriculturists when he removed the protection from corn.

To instance the perfect unacquaintance with the subject on which Mr. Buller addressed the House he stated that at Nottingham and Wootton Bassett (I believe) the surgeons received £120 and board and lodging for their services; and that the drugs were dispensed at the cost of the union. I happen to know the localities spoken of; in Nottingham there is, indeed, the magnificent sum of £120 per annum; but, alas! no board and lodging. Let Mr. Buller look at the returns of sickness in this large town; let him track the medical officer through his daily routine of arduous duty into the lazarettos, the vagrant offices, the sinks of iniquity, pest, and filth; let him, I say, inquire into the duties done for that £120, and then let him not stand up before Parliament and the world and assert that the salary is commensurate with the services. In the other union mentioned the surgeon has to provide a horse and drugs for an equally low remuneration.

There may be some unions in which adequate remuneration exists; and surely the task of settling the medical relief of the poor cannot be so great if these be taken for a guide. Poor-law surgeons have never insisted upon a high recompense for their services, but they do clamour for an equalization; they ask that the difference between 1s. and 7s. for attendance upon paupers in different districts may be remedied; they ask for a fair price for their labour, skill, and medicines. What is easier than a correction of the abuse?—Nothing.

I have spoken long enough upon ourselves, and the remuneration we should receive. I am going now to advocate the cause of the poor, over whom we have an especial care, and whose woes and miseries cannot be known except through our instrumentality or a coroner's jury. The agitation of the subject of poor-law medical relief has, as yet, produced no good fruit to us, but it has produced an incalculable deal of mischief to the sick poor; and I shall detail a case or two which will forcibly illustrate the point in question.

A great case was made out against almost every board of guardians in the kingdom; and they, should they persist in maintaining the pressure upon us, must necessarily have to draw out their purses; hence they resolve to withdraw medical attendance from the poor in every possible way. They do so. The consequence is the first result. And I now proceed to tell a tale or two which have come under my own

eye. I may premise that my orders generally have diminished about sixty-five per cent.

A poor woman applied for an order for her child with fever, the husband having just recovered from it, and not being yet at work; it was refused. Passing accidentally by the door, I was summoned to see it; I found it in a dying state, the child insensible, the lips parched, the tongue brown and dry. I made them get the order, and procured every requisite; the child died before I could visit it again.

A woman in labour, who had been removed to another parish, was refused an order for my attendance; but I went, and, after a difficult and dangerous time, she was delivered of twins. I, of course, charged the parish for it as an extra. My doing so had this effect, to prevent other women pregnant from applying for my assistance. The husband was taken before a magistrate for becoming (unavoidably) chargeable again to the parish from which he had been removed; he was sent to prison for a month with hard labour; the woman and five children were thrown into the workhouse, after having been nearly starved to death. The only relief the woman received besides my attendance was somewhat under £5. All this was done to keep down the extras; and from the dread which it inspired in the neighbourhood (for women do not like to have their spouses incarcerated for a natural proof of their love), I have not had a midwifery case there since. See the contrast and the injustice, however, of my next case. A young woman, pregnant with a bastard child, is removed to her own parish, but returns before the overseer gets back; he meets her, and says if she becomes chargeable for her confinement he will send her to prison. The threat is of avail; the pains and perils were severe, and my assistance is not sought. A lingering illness follows, the month expires, and then comes an order for me to attend the young woman, not as an extra. Her breast had inflamed; an unrelieved torture is experienced for many days; matter forms, fistulous openings remain everywhere, and the exudation of matter continuously has wasted her frame to a shadow of its former self. My attendance has to be given for a long time; quinine, bark, iron, yards of adhesive plaster, are used; yet, because it costs the parish no more, no mention is made of sending her to prison.

Does Mr. Buller know anything of the mode of the present dispensation of medical relief, or how these extras are made the scapegoat for local boards to screen themselves from the charge of giving indifferent salaries?

The last case I lay before your notice is that of a child, where the father applied for an order a fortnight before he procured it; he came down in deep distress, saying his child had been convulsed for a fortnight, and was dying; and die it did for want of earlier medical aid.

Thus you see the lash has been removed from our shoulders to those of the poor, on whom it must press with tenfold severity. I have no hesitation in stating my conviction that the Poor-law Board do not take a sufficiently enlarged view of this important question; they never inquire into the numbers of sick paupers, the cause of the present diminution of cases, the extent of districts, population, &c. They blindly let the system go on with all its glaring deformities; there is no one to speak for the poor; could they be examined, how many a tale of horror would be unfolded! I have raised my voice on their behalf, and perhaps some others may step forward in behalf of their fellow-creatures, to warn Government that there are yet latent abuses in the poor-law which will undermine its foundation if not speedily removed. The poor are starved almost to death by the parsimonious relief afforded by relieving officers; they are oppressed in sickness, they are debarred from good and efficient services, because the remuneration given will not ensure them. We have too many illiterate masters, as the subjoined will show:—

"Sir I wish you to cum over to — drectley to John Cook you must Beb shure to come to Night." (Six miles after eleven o'clock.)

It behoves the Board thoroughly to investigate every subject connected with the duties of medical officers and medical relief, and place us and it on a respectable footing.

I remain, with every respect, your obedient servant,

A MEDICAL OFFICER.

A REQUEST FOR INFORMATION ON THE ADMINISTRATION OF CHLOROFORM, &c.

[To the Editor of the Medical Times.]

SIR, In an "Essay on Anæsthetic Agents," intended shortly for publication, I wish to include re-

ports embracing the following bearings of the subject:—

1. The number of cases in which ether and chloroform have been exhibited. 2. The quantity of each agent respectively which has been inhaled at one time, in some particular instances, and in others on an average. 3. The length of time in some particular cases, and in others on an average, during which a state of anæsthesia has been maintained. 4. If possible, the various diseases in which their admissibility has been tested.

This subject is of great professional and national importance, and the report of but one case will swell the aggregate, and receive attention. Any gentleman thus favouring me will greatly oblige.

I am, Sir, very respectfully yours,

T. CATTELL, M.D.
Braunston, Northamptonshire, April 7.

GOSSIP OF THE WEEK.

ROYAL COLLEGE OF SURGEONS.—The following members of the college, having undergone the necessary examinations, were admitted "Fellows" of this institution at the meeting of the council on the 12th inst., viz.:—Messrs. Isaac Baker Brown, Oxford-square; Charles Timins, Hon. East India Company's Service, Madras Establishment; and William Guest Carpenter, West-street, Finsbury-circus.

APOTHECARIES' HALL.—Gentlemen admitted on Thursday, April 6:—Samuel Tayleur Gwynn, Wem, Shropshire; Thomas Beavan; Rake, Shaftesbury; John William Harper, Hitcham, Suffolk; Joseph Lawrence, Bath; Joseph Hinton, Bristol; William Rowland Raby, Birkenhead, Chester; Samuel William Aldred, Great Yarmouth; Hartley Samuel Laycock, Liverpool; Thomas Armstrong, Brecon, South Wales; William Benham, Great Coram-street.

UNIVERSITY REFORM.—It is understood that a memorial, already extensively signed by names of weight in both universities, and still in course of signature, will shortly be presented to Lord John Russell, praying the Crown to issue a commission for inquiry into the state and management of the Universities of Oxford and Cambridge.

ASYLUM FOR IDIOTS.—The first anniversary festival of this most valuable charity took place on the 30th ult., at the London Tavern, and, although not numerously, was very respectably attended. Lord Robert Grosvenor, in the absence of the Duke of Cambridge, filled the chair. He was supported by Sir G. Carroll, Sir James Clark, Mr. G. Thompson, M.P., Dr. Forbes, Dr. Conolly, Mr. S. Amory, Mr. T. Callaway, Dr. Little, Dr. Carlisle, Dr. Hitchman, and other gentlemen. After the usual loyal toasts had been proposed, seconded, and duly responded to, his lordship gave "Prosperity to the Idiot Asylum;" and, in doing so, dwelt in most appropriate terms upon the claims of the institution to public support. Dr. Conolly, in returning thanks for a toast proposed, gave an interesting account of the experiments which had been successfully made abroad in the training of idiots. These appeals to the sympathy of the company seemed not to have been without effect, for during the evening subscriptions to the amount of £800 were announced—a large sum, considering that the charity is still in the first stage of infancy. The gentlemen entrusted with the management of the charity have taken Park-house, Highgate-hill, as a temporary asylum, but the number of applicants has already far exceeded the extent of accommodation at their command. They have not had less than seventy applications for admission on the ground of destitution, and, in addition to these, from thirty to forty cases have been presented where the patients are to pay for those benefits which the institution has been established to supply. From the regulations announced by the committee of management, it appears that a preference will be shown to those cases where the chances of improvement by educational means are greatest; and that the object of instructing these poor forlorn outcasts of the human race will be kept steadily in view.