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THE  
LONDON  
MEDICAL AND SURGICAL  
JOURNAL;

EXHIBITING  
*A VIEW OF THE IMPROVEMENTS AND DISCOVERIES*  
IN THE  
VARIOUS BRANCHES OF MEDICAL SCIENCE.

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EDITED BY  
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AND  
AN ASSOCIATION OF PHYSICIANS AND SURGEONS.

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Quærens verum.—HORACE.

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VOL. IV.

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**(LATE T. DAVISON.)**



limb, which continues to increase after the accident, partly, as it is stated, in consequence of the muscles completing their contraction, and, as I think, partly from another cause, which is this:—after the bone has been some time out of its place, inflammation having had time to come on, the parts are more tender and painful, and, consequently, the patient naturally offers greater resistance to the limb being moved.

Dislocations also produce more or less swelling of the soft parts, which comes on very rapidly, especially when it is a ginglymoid joint that is affected. You might perhaps expect that such swelling would be likely to be followed by abscesses; but it is a fact, well known to all surgeons of experience, that however great may be the swelling and inflammation, consequent to a simple dislocation, they rarely lead to suppuration. However, a few instances are on record, as exceptions to this observation: thus, Sir Astley Cooper, in his work on Dislocations, mentions two examples, in which, after the reduction of a dislocation of the hip-joint, suppuration came on in the joint, and the result was fatal. But such an occurrence is very unusual.

The *prognosis* in dislocations, gentlemen, is a subject deserving of your attention. I noticed, in the last lecture, the increase of danger, produced by the circumstance of a dislocation being compound or complicated. It is not, therefore, necessary for me to say any thing more at present on that particular topic.

Old luxations, after they have continued for a certain time, cannot possibly be reduced; for not only do the muscles become shortened, and permanently adapted to the alteration in the length and position of the limb but the head of the bone acquires preternatural connexions, and generally becomes immovably fixed in its new situation by strong ligamentous bands. Indeed, in certain instances, a completely new socket is formed for it, so that it would be impossible to reduce the bone without first breaking away more or less of the sides of the new orbicular cavity. In unreduced dislocations of orbicular joints, particularly, nature makes very great efforts to restore the functions of the limb, often forming almost another joint where the head of the bone happens to be placed, and, as I have said, actually constructing a new socket for the head of the bone. In some cases, we also find that, after a certain time, the head of the bone undergoes a change in its shape and size; a circumstance illustrated in some preparations shown to you, in the course of the last lecture. We observe, that the head of the humerus, when it has been long out of its place, is not only diminished, but changed in shape. New ligaments are formed, calculated to hold the bone in the best position which circumstances will admit of; that is to say, ligaments so arranged as to afford the greatest possible support to the bone in its new situation,—the utmost support cir-

cumstances will allow; and sometimes, in order the better to effect this object, the new ligaments are immensely strong and thick. Thus, when the head of the humerus has been long out of its place, the glenoid cavity of the scapula will be filled up by a bony deposit; a new articular cavity be produced on the concave surface of that bone; and new ligaments will also be formed to hold the bone in its new socket. It is by means of such changes that nature makes a kind of substitute for the original joint.

I have stated that the natural socket, when no longer occupied, would be filled up, and more or less effaced; here gentlemen you see an instance, in which the glenoid cavity of the scapula is in a great measure obliterated by bony matter, in consequence of the head of the humerus never having been returned into it. In an unreduced dislocation of the hip, a new socket may form near the anterior inferior spinous process of the ilium, of which you see an example in the pelvis which I now show you. It seems as if the pressure of the trochanter major against it and part of the circumference of the original acetabulum has had a share in occasioning a change in its shape. In the next preparation, you observe that the head of the femur has been lodged upon the dorsum of the ilium, and the acetabulum is filled up; here also the pressure of the trochanter has altered the margin of the articular cavity, which had long been abandoned. Another preparation before us exemplifies very well the change which takes place in the glenoid cavity of the scapula, after the head of the humerus has been long removed from it; in fact, it is quite filled up with bony matter. Here also is another specimen, in which nature has succeeded in making a kind of new joint on the side of the pelvis, higher up than the original one, after a dislocation which had not been reduced. It is what some surgeons would term a *false joint*.

With respect to the question, what is to be done for dislocations which have continued a long time unreduced? the answer is,—nothing. A few instances are indeed recorded, where dislocations of the shoulder were reduced after three months had elapsed from the period of the accident; a space of time beyond which dislocations scarcely ever admit of being rectified; and I would wish you to remember, gentlemen, if excessive violence be used to reduce dislocations of long standing, serious and even fatal mischief may be the consequence. Five cases were published a few years ago, by one of the surgeons to the hospital at Rouen, where either the axillary vessels were ruptured, or the axillary plexus of nerves so contused as to render the limb ever afterwards paralytic; or so much injury was done to the soft parts by the pressure and extension employed, that mortification of the limb ensued. These facts should be a lesson to us, and put us upon our guard against applying too much force in our attempts to



or they administer tartarised antimony, so as to produce nausea, or they give opium, and, as it were, intoxicate the patient with it; for it is found, that, when a person in a state of inebriety meets with a dislocation, the reduction is more easily effected, while he is in this condition, than afterwards, when the influence of drink has subsided, and his muscular power has returned. Here, gentlemen, we have convincing proofs, that the chief difficulty in the reduction of ordinary dislocations arises from the resistance of the muscles, connected with the dislocated bone.

Of course, you would not bleed, or administer tartarised antimony, if you could accomplish the reduction easily without those means.

Then, gentlemen, it is hardly necessary to say, that the reduction of a dislocated bone requires the employment of mechanical force; some degree of which is manifestly indispensable to bring back the head of the bone into its proper situation. You will remember I told you, that, in some dislocations, two kinds of displacement happen; the one, *primary*, which occurs directly after the accident; the other, *secondary*, which takes place afterwards. The head of the bone is thrown into a particular situation in the first instance, and then may change its place again, in consequence of the action of the muscles. But, gentlemen, you are not to suppose there is this further change—this secondary displacement—in all dislocations: generally, it occurs only in those of ball and socket joints. In practice it will be useful for you to understand this fact, because you ought generally to make your first extension in such a way as to dislodge the bone from the particular situation, into which it has been carried in its secondary displacement. Hence, the first extension is usually made in the direction of the axis of the dislocated bone; and it is so made, in order that the head of the bone may follow, as nearly as possible, the same course on its return, as it took in quitting the place into which it was thrown in its first or primary displacement. In fact, the first extension is influenced, in respect to its direction, by the consideration of the effect of the secondary displacement.

In some cases, no sooner is the secondary displacement removed, than the action of the muscles alone is sufficient to draw the head of the bone back into its place.

Now, gentlemen, another fact is obvious, namely, if merely *extension* were employed, you would not succeed in reducing a dislocated bone; for you would pull the patient off his bed or chair, instead of effecting your object. It is, therefore, necessary to fix him in such a way, that he shall not yield to the extending power; and, with this view, what is termed *counter-extension* becomes necessary as well in dislocations, as in fractures, and even more so, because the extension, required for the reduction of a dislocation, is much greater than that necessary for the reduction of a

fracture. Thus, when you are reducing a dislocation of the thigh-bone, or the humerus, you are obliged to fix the pelvis, in the first case, and the thorax and scapula in the second, which is commonly done by means of a girth, or bandage of some kind or another. Extension would evidently be of no use, unless counter-extension were employed at the same time. In France, the counter-extension, in the treatment of a dislocated shoulder, is generally made by the assistant holding a sheet or long tablecloth round the chest; and the same plan is sometimes employed in this country; but, in many instances, other methods are employed by surgeons in England: the counter-extending means being fixed to a staple in the wall, to a post, or any other sufficiently firm point. On the continent, surgeons often prefer making the extension and counter-extension, as far as possible from the dislocated joint; for example, in a dislocation of the thigh-bone, they apply the extending power to the lower part of the leg; but, in England, it would generally be applied just above the condyles of the femur. In the method pursued in France, there is certainly the advantage of a longer lever, which is a consideration of importance at the time of the coaptation. For instance, after extension has been made in a sufficient degree, frequently, the next object is to get the head of the bone over the projecting margin of the articular cavity, as is the case in reducing dislocations of the hip; at this moment, by inclining the ankle inwards, and rotating the thigh outwards, you do this with great effect, and very much through the aid of a long lever. When, as is sometimes the case, there is no shortening of the limb, extension beyond a certain point would rather prevent reduction than promote it. Therefore, after you have made extension in a case of dislocation of the hip, and when your object is to raise the head of the femur over the margin of the acetabulum, you do this by making the bone itself, or the whole limb, the lever to be acted on; and, as far as my experience goes, those surgeons are always the most skilful in reducing dislocations, who employ the limb as a lever for inclining the head of the bone into its proper place. This principle I should say is as important as that of relaxing the most powerful muscles of the part. No doubt you ought to relax the muscles, whose action constitutes the chief impediment to the reduction; but you must not overlook the principle of making the limb a lever for bringing the head of the bone back into its right situation. If you can relax the muscles of the limb, and at the same time attend to this principle, you may be sure you are carrying into effect two things of the greatest utility for the accomplishment of the reduction.

In dislocations of the hip-joint, there is another reason why you should employ the limb, or the thigh-bone, as a lever, in reducing the head of the bone; you have to raise the head of the femur over a high ridge, and you would

frequently fail in doing this if you did not attend to this principle. Thus, after having made sufficient extension, it will frequently be necessary to apply a bandage below the groin, which will serve as a fulcrum, by which the head of the bone may be lifted into the acetabulum. By means of this bandage, you make some extension in the transverse direction, and raise the head of the bone over the brim of the acetabulum. Unquestionably, however, you should also relax the most powerful muscles, when you can do so without interfering with the principle of the lever: thus when the tibia is dislocated from the astragalus, the reduction would be exceedingly difficult, unless you were to attend to the relaxation of the strong muscles of the calf of the leg; but, as soon as these are relaxed, the reduction may generally be accomplished with the greatest ease.

The extending means may consist either of a towel, a sheet, a tablecloth, or any other strong piece of linen, applied round the limb; however, it is customary to interpose something between the extending cloth, or bandage, and the skin. In France, surgeons generally apply a piece of linen, covered with some emollient ointment, to prevent the integuments from being injured or chafed. In this country, a wet roller is more frequently used, which will not slip like a piece of greasy linen, and is therefore preferable. Sometimes, however, flannel is put round the limb, and occasionally a piece of soft leather is employed.

When the dislocation is of a ginglymoid joint, a very moderate degree of extension and counter-extension is commonly required; for, in such cases, what is termed *coaptation* is the most important part of the surgeon's business, because as soon as he has diminished the pressure of the articular surfaces against one another, (for you remember, that these dislocations are almost always incomplete,) then coaptation becomes the only thing to be aimed at, and it is effected by lateral pressure, made directly on the head of the dislocated bone. But in dislocations of the enarthrosis joints, extension and counter-extension require to be made with more force, the muscles, capable of resistance, being more numerous and powerful.

One invariable maxim in reducing dislocations is, not to make the extension with sudden and considerable violence, but gradually and at the same time steadily and unremittingly. It is safer to tire out the opposition of the muscles by gradually increased uninterrupted force, than by resorting to short efforts of great violence. In this latter practice, you run the risk of producing considerable mischief, you may rupture arteries and veins, you may contuse and injure important nerves, or you may lacerate the soft parts. But, gentlemen, with all these objections, you would gain nothing, for you would have less chance of getting the bone into its place, than by a milder and more judicious plan. The principle, I repeat, then, is to make the extension slowly

and gradually, and at the same unremittingly; for no muscles, however powerful they may be, can resist force thus employed against them beyond a certain time; and they must inevitably become tired out. As soon as the bone slips into the articular cavity, (supposing it has been a dislocation of the shoulder or hip,) the circumstance is made known by a kind of snap; the joint also immediately regains its natural shape, and its functions are restored. These circumstances will inform you that the reduction is complete.

The *second indication*, which is to prevent the bone from slipping out of its place again, and also to give the ligaments the best opportunity of uniting again, is effected by keeping the joint motionless. But this is not the only thing necessary to be understood; you will perceive, when I get further into the subject, that bones can be dislocated only when the limb is in particular positions; thus, the shoulder-joint cannot be dislocated when the arm is close to the side, nor the hip when the knees are kept close together; the jaw, too, cannot be dislocated as long as the mouth remains shut. You must recollect these facts, and act accordingly. After reducing a dislocation of the thigh, you must therefore confine the knees together with a bandage; after reducing a dislocation of the jaw, you must apply the sling, or four-tailed bandage, to prevent the mouth from opening, for otherwise the condyles may slip under the zygoma again. After the reduction of a dislocated shoulder, the fore-arm must be put in a sling, and the humerus kept close to the side by means of a roller. By attending to these directions, you fulfil two great objects, you give the ligaments the best opportunity of re-uniting, and you render the return of the dislocation impossible: be it also recollected, that while the ligaments are not united, the return of a dislocation will happen from slight causes.

The *third indication*, or the removal of inflammation and swelling, is partly effected by quietude, which is called for also by the second indication. But, when the inflammation is considerable, it may be necessary to employ bleeding and other antiphlogistic means.

You would naturally expect, from the degree of mischief produced by a dislocation, that abscesses would frequently occur, and other serious mischief ensue; but, as I have already told you, that is not the case; the inflammation ordinarily subsides favourably, and indeed in a shorter time than the mischief subsequent to a severe sprain, the effects of which often annoy the patient for a much longer period, than the consequences of a dislocation of a large joint that has been properly treated.

Gentlemen, the next part of the subject will be compound dislocations; and, if you please, I will give the fourth lecture of this week on Friday at six o'clock in the evening, that is, immediately after Dr. Elliotson's lecture. I also hope to be able to deliver four lectures in the ensuing week.

## CLINICAL LECTURES

DELIVERED BY

DR. WILLIAM STOKES,

*At the Meath Hospital, or County of Dublin  
Infirmary, Season 1832-33.*

## LECTURE I.

*Intermittent Fever—Rheumatism—Hepatic  
Abscess.*

GENTLEMEN,—I must crave your indulgence for having omitted my intended lecture on Tuesday last, in consequence of a severe affection of the throat. The hospital is at present so full of interesting and important cases, that I really do not know where to begin;—in fact, I have never witnessed so many examples of singular and acute diseases as we have been employed in treating during the last ten days.

Before I enter into an examination of any of the cases now under treatment, I wish to make a few observations on a case of ague, which has been discharged from our wards a few days since, as it is possible we may not have another example of this disease during the present session. The fact is, that in Dublin, intermittent fever has of late been a complaint of extremely rare occurrence. It is true, that after the great epidemic fever which raged in this country during the year, we had an extraordinary number of ague cases; and it would appear as if the epidemic of continued fever subsided into one of intermittent, and in this way completely disappeared. It was during this period, when ague was so extremely prevalent, that I made an extensive series of clinical experiments, with respect to bleeding in the cold stage of the disease. At present, ague is very rarely met with here; and the majority of cases which come before us are accidental ones. We most commonly find that the patients are Irish labourers, who have been working in the fenny parts of England, and who, on their journey back to this country, are exposed to a great deal of cold, damp, and misery. The case to which your attention is at present directed originated in this way, and was a very well marked and simple example of the disease. The attack was of the most ordinary kind, tertian, and the man exhibited no evidence of visceral disease, except a swelling of the spleen, which quickly subsided, after the paroxysms had been checked by the use of sulphate of quinine. After remaining here for some time, he was dismissed perfectly well.

A few general observations on intermittent fever may not, perhaps, be unacceptable in connexion with this case, and I wish to impress them upon your attention. The first thing I have to remark is, that we know nothing of the causes which determine the periodic nature of this affection; and in the next

place, that our acquaintance with the laws of periodicity is extremely scanty and imperfect. We see the paroxysms of intermittent fever going through particular stages, ceasing and again returning, sometimes occurring every day, sometimes every second day, sometimes every third day; occasionally they come on twice every day; and there are many more varieties. Again, when we come to the treatment, we find that there is no difference in the principles of treatment founded on the varieties of the disease; we treat tertian in the same general manner as we do quotidian or quartan. The next thing which is to be remarked is, that the treatment of pure intermittent fever must be considered to be empirical. It however exhibits a very remarkable example of what may be termed the most favourable instance of specificism, for we have medicines which will cure a fit of ague, as, for instance, bark. But are we to expect to cure every case of ague with bark?—Are we to consider this disease as affording an exception to the general law, that the true practice of medicine is to be founded on our knowledge of the condition of the viscera?—No. Although we are empirics with respect to the administration of sulphate of quinine, we must be judicious ones: it is necessary for us to have correct ideas on the subject of the viscera that suffer during the paroxysms. I regret to say that too many practitioners take no cognisance whatever of the state of the viscera in this disease; and, no matter whether they be congested, or inflamed, or otherwise obstructed, they go on recklessly "*throwing in*" their specifics; and, when bark fails, they try arsenic, and when arsenic makes matters worse, they go to mercury; and I have known cases where, to make assurance doubly sure, the three remedies were combined. All this time some important viscus was in a state of chronic or sub-acute inflammation, aggravated by each paroxysm, neglected by the practitioner, and exasperated by the "*remedies*." Some think that it is the spleen which is principally engaged, and have no other idea of the disease. It is true that engorgement of the spleen is of common occurrence, and its enlargement sometimes enormous. A gentleman, who is now present, has mentioned to me that, during a residence in India, he has witnessed actual mortification of the viscera, produced by the pressure of an excessively tumefied spleen. This I can fully believe. It has been stated, that in some cases of ague, which occurred in South America, the splenic engorgement has actually produced hernia of the intestines. But the reason why attention has been chiefly directed to the spleen is, because its disorganisations are very readily noticed; it is composed of an erectile tissue, capable of very great distension; it appears to have a very intimate connexion with the state of the abdominal and general circulation; and hence, during the cold stage of an ague, we can frequently de-

test a large tumour in its situation. But when we come to consider the subject more accurately, we find that not only the spleen, but also the brain, lungs, liver, kidneys, and mucous membrane of the intestines are all engaged. How are they engaged?—Is the morbid condition of the viscera primary or secondary?—I think we are to look on it as secondary. What do we observe during a paroxysm of ague?—Observe a patient in the cold stage of an intermittent, his face is contracted, his skin pale, the superficial veins appear obliterated, he has a general feeling of coldness, every thing denotes the retreat of blood from the surface of the body. Direct your attention, in the next place, to the condition of the viscera. You find, perhaps, evidence of congestion in the head, the brain is oppressed, and the patient is delirious; you find the chest affected, the cough and difficulty of respiration are often very great, the intestinal tube and liver are frequently engaged, diarrhoea comes on, and there is a copious flow of pale urine, as in hysteria. When we look to the condition of the spleen, we find it rapidly enlarged; we observe too that old ulcers on the surface are frequently dried up, and old vascularities become pale. This circumstance leads us to consider the affection of the viscera as secondary to some primary morbid influence. When the hot fit comes on, a new train of phenomena demands our attention. Nature now makes an effort, and the balance of the circulation is restored. What do we now perceive? The skin becomes hot, the pulse full and strong, the external veins swelled, the face congested, the whole surface of the body regains its vitality, and in proportion as this process goes on, the oppression of the viscera subsides, the breathing becomes easy, the delirium vanishes, the symptoms of abdominal irritation disappear, every thing is relieved, and the patient is free from disease until the next attack. As far, therefore, as the symptoms of ague go, the cold fit seems to produce the retreat of blood from the surface and its determination to the viscera, the hot fit the contrary, and this appears to be the true state of the case.

But our knowledge on this subject does not depend on the inferences we are able to deduce from an accurate consideration of symptoms, we have direct proofs from pathology. When a person dies in the cold stage of ague, we find engorgements of the viscera of the three great cavities. You can conceive, then, gentlemen, how a mild but protracted attack of intermittent fever may produce chronic, and a violent one acute inflammation of various organs. After the cold stage, re-action comes on; the heart's action is increased, and inflammation may be set up in the engorged viscera. It is in this way that we frequently have acute inflammation supervening on ague in hot countries, and chronic diseases in more temperate climates. You may read in Bailly's work, several cases of violent inflammation

coming on after ague in Italy. In other cases, apoplectic effusions occurred. Rupture of the spleen and liver has also been observed from the violence of the congestion. *You will find that the more healthy the viscera are and the more free from engorgement, the more certain and unequivocal will be the favourable operation of the bark.* It is in those cases where there is inflammation or intense congestion of the viscera present, that bark is found to prove inefficacious, and hence it is that I said, that though we were empirics so far as the sulphate of quinine was concerned, still it was necessary that we should be judicious ones, and have a correct idea of the state of the viscera.

Another very important consideration is the following. I am anxious to impress it on you, as I do not find it sufficiently dwelt on in books. *As soon as the viscera which have been secondarily affected become, either from inflammation or congestion, so altered that they interfere with the performance of healthy functions, they become, as it were, new sources of irritation; what was an effect becomes a cause, and hence we have two sources of diseased action in the system; one the primary affection, the other the diseased viscus, which by their sympathetic irritations derange the functions of other parts.* Under these circumstances you will constantly observe a resistance to the favourable action of bark and other specifics. The intermission, too, is frequently not complete, and the whole type of the fever irregular. When you observe these phenomena, you may generally conclude that some organic change of importance is going on, and you must endeavour to find it out, and remove the local affection by the ordinary means.

One word more on this subject, and I have done. You have heard of the practice employed by Dr. Mackintosh, of Edinburgh, and you are aware that the plan of treatment which he recommends in ague has been looked upon in the light of a dangerous innovation by several members of the profession, whose maxim seems to be, "*moribus antiquis stet Roma.*" For my part, I feel bound to say, that I think he deserves the warmest thanks of the profession for the publication of his views of fever, as well as his valuable researches on many other important topics connected with practical medicine; and it is but justice to state, that I do not know a more honourable and liberal man, or a better practitioner, than Dr. Mackintosh. I am anxious to make this statement, because some circumstances, which with others might have excited unpleasant feelings, have occurred between him and me with respect to bleeding in the cold stage of intermittent fever. When I began my clinical experiments on this subject, I remarked that the first few cases on which bleeding in the cold stage was tried turned out favourably. A short time after this, having seen Dr. Mackintosh in Edinburgh, I told



him of my success, and in the first volume of his work on the practice of physic, he quoted me as one of those who approved of bleeding in the cold stage. During the course of the next summer, I again tried the experiment on a much larger scale; nearly one hundred cases were treated by bleeding in the cold stage, and from a careful consideration of the results, I found that it was a practice which I could not safely recommend for general adoption. I regret that I did not immediately communicate these facts to Dr. Mackintosh; I neglected informing him of the result of my second experiments, and it unfortunately happened that my statement and Dr. Mackintosh's came out nearly at the same time. The consequence was, that some persons comparing his statement, grounded on my first communication, with that which I published as the result of more extensive inquiry, went so far as to accuse him of misrepresentation. Of this I must acquit him; he never intended to misrepresent my opinions, and his high character is a sufficient guarantee of his being totally incapable of wilful misstatement.

Among the older authors, it was a long established opinion that there were evident proofs of constitutional debility in the cold stage of ague, and that every thing seemed to demand the use of stimulants and contra-indicate depletion. Dr. Mackintosh came to a different conclusion, and asserted that much benefit may be derived from bleeding in the cold stage, and I must allow that *it may be employed with singular advantage in some cases, and that it is not generally attended with bad or dangerous effects.* I tried this plan during the prevalence of a peculiar epidemic, which came on after the occurrence of typhus, and I believe it would not be fair under such circumstances, to draw conclusions from it unfavourable to the practice, *so far as regards sporadic cases of ague.* So far as our experience of the practice at that period went, we were induced to think, that bleeding in the cold stage was not advisable. We found that in some cases where it was used, the type of the fever changed, the patient got two paroxysms a day instead of one, and that which was tertian became quotidian. Now this was bad. We found also that in some cases new visceral inflammation came on after bleeding, frequently with great violence, and one man was carried off by intense pneumonia, with inflammation of the brain. We perceived that recovery was often tedious and protracted, and that the phenomena, which sometimes appeared, bore a very close analogy to those which result from excessive hæmorrhage. In these cases the bleeding was performed more than once. Our impression, therefore, actually was, that (in this epidemic at least) bleeding in the cold stage was to be looked on as an equivocal and hazardous means of cure, and that sulphate of quinine was both safer and better.

Here I wish to contradict an error into which

some persons have fallen, in supposing that Dr. Mackintosh denies the utility of sulphate of quinine. He does not by any means do this; he gives to it its proper share of praise, but he states that, in cases of visceral congestion, it will act much better after a bleeding in the cold stage. In the recent edition of his book, which I look upon as the best work on practical medicine in the language, you will find many communications from practitioners in India, confirmatory of the value of bleeding in the cold stage, and where there is extensive engorgement of vital organs, as frequently occurs in this disease in warm climates, I think it may be the means of saving many lives, and would advise any of you, who go to India, not to omit making trial of it.

Gentlemen, you have observed that we have been trying the efficacy of croton oil frictions in acute rheumatism and other complaints. We intend to continue our experiments. A few words, while on this subject, with respect to clinical experiments. If we look to the present state of British medicine we shall find one fault pervading almost every published communication, namely, the general but culpable propensity of writers to draw general conclusions from the results afforded by a very few cases. You will find in some of our periodicals a line of treatment recommended confidently, on the conclusions derived from a single instance of disease. Now this is ridiculous. Another great fault in some British practitioners, is the *publication of successful cases alone.* But if a man has treated twenty cases successfully, and failed in a hundred, of what use or value is his statement, unless he gives both, and says fairly here is the result of my experiments, here are my successful and here are my unsuccessful cases. The profession can then strike the balance, and draw the proper conclusions.

We are, as I remarked before, making some clinical experiments on croton oil frictions. As far as we have gone our expectations have not been disappointed. You are all aware that, in the cases in which we have employed it, a kind of papular eruption has occurred, and relief to a greater or less extent has been obtained. In the present case it has proved of some service, but you should always bear in mind, that rheumatism is one of those diseases, in which you should be more than ordinarily cautious of the means you employ in removing the inflammatory affection of the joints, by direct applications of a stimulating nature, because there is a great liability to metastasis. This is a case in which you must have a great many observations, and you must be able to show that the disease is not established in any other part, after you have succeeded in removing it from its original seat. I shall say no more upon this subject for the present, as I have not witnessed a sufficient number of cases to allow me to make any general practical inferences. Mr. Bierly has drawn up a report of our experiments, and his impression is, that there is

rarely any case in which it has been *seriously* and completely successful. In some instances it has removed the pain, in a few the swelling of rheumatism; as far as we have observed it has not been followed by metastasis. I would say, that in acute affections of the joints, the croton oil frictions promise very well. But I do not think that they should be employed until the period for leeching and other direct antiphlogistic treatment has passed by. Our method you know is to rob in from four to six drops of the undiluted oil, with a piece of lint, over the affected joint; by the next day the eruption appears.

I shall now direct your attention to a case in the chronic ward. The patient came into hospital with cough, pain in the right side, and copious expectoration, slightly tinged with blood. On examination, we found a tumour in the region of the liver, the corresponding side was dull on percussion, but the stethoscopic signs of phthisis were absent. A more careful examination was made by Mr. Chute and Mr. Martin on yesterday, and they have come to the conclusion, that it is a case of hepatic abscess, which has opened for itself a passage into the lung. You will, of course, inquire into the grounds for this statement, they are as follows:—Six weeks ago the man was attacked with severe pain in the region of the liver. At the end of three weeks, without any previous symptom of disease of the lung, he was seized with a sudden fit of coughing, and expectorated a vast quantity of pus, and it was found that, after the cough and expectoration had lasted for some time, *the hepatic tumour decreased considerably in size*. Hence it was concluded that the matter had got through the diaphragm and pleura into the substance of the lung, the adhesions between the layers of the pleura, consequent on inflammation preventing it from bursting into the pleural sac.

The first thing to be observed on this case is, that the opening of an hepatic abscess into the lung is perhaps one of the most favourable terminations of the disease. When it opens in other situations we may certainly have a recovery, but the instances of this taking place after the matter gets into the lung, are so numerous as to warrant us in considering this as one of the most fortunate terminations. Let us inquire what is the mechanism of this process. The inflammation seizes on the diaphragm, gets through it, and reaches the external layer of the pleura, which it next attacks, the two layers of that membrane become united by adhesion round the point of perforation, and the contents of the abscess finally make a passage into the lung, the substance of which becomes partially engorged, and a passage between the hepatic abscess and the larger bronchial tubes is formed. This is one of the advantages derived from the great tendency of the pleura to adhesion. If the contents of the abscess get into the cavity of the pleura we should have an enormous empyema

with pleuritis. But adhesion takes place, the lung is perforated, and we have, as in this case, a *sudden* expectoration of pus.

A great number of such cases have been observed, but very few of the patients have undergone examination with the stethoscope; I have related one in the London Cyclopædia of Practical Medicine. In the present case, however, besides the symptoms before mentioned, our opinion was borne out by other considerations. The intercostal spaces were not obliterated; the hepatic tumour, also, was still evident. Now, this might be considered an enlarged or a displaced liver; if displaced, it must be in consequence of a vast empyema of the same side: but of the existence of this there was no indication. You remember, that while on the subject of empyema, I remarked, that where we had dulness of sound and absence of the respiratory murmur in the lower and posterior part of the lung, from the pressure of an enlarged liver, when we make the patient take a deep inspiration, the respiration becomes audible. This did not occur in the present case. It is probable that, in a case where hepatic abscess bursts into the lungs, the adhesions which are formed prevent the descent of the lung on that side, and to this source we are to attribute the defective nature of the diagnosis. I recollect having seen a case of abscess on the liver with a double opening. The woman had pain and swelling of the right hypochondrium while she was here, and some time afterwards an evident pointing. She left the hospital about this time, but returned shortly afterwards with a large swelling, like an anthrax, on her side. This was opened by incision, and a vast quantity of pus gushed out. On dressing this one morning, a quantity of air escaped, and on introducing a probe, it seemed to pass in the direction of the diaphragm. We were therefore led to conclude that the hepatic abscess had not only an external opening, but had also passed through the diaphragm and the substance of the lung. On examination, after death, we found that the abscess was not in the substance of the liver, but external to it, and that, from this situation, it had passed through the diaphragm and the substance of the lung. With respect to the case at present before us, all we can do is, to support the man's strength, and produce resolution of the hepatic tumour; in fact, we must treat it as a case of chronic hepatitis.

Connected with this is another interesting case of a pulsating tumour in the abdomen, the subject of which is a woman in the small Fever Ward. I am not going to give any fixed opinions respecting this case. This patient has been described as labouring under dyspeptic symptoms for the last three years. Some time ago she discovered a tumour in the epigastrium, which is accompanied with evident pulsation, increased, as she states, by going up stairs. It made its appearance after the symptoms of the disease of the stomach

had lasted for more than eighteen months. It is about the size of an apple, movable to a certain extent, and communicating to the hand a distinct pulsation, and on applying the stethoscope over it, a loud *bruit de soufflet* is heard. Six months ago she had some vomiting of blood, which continues to occur occasionally, about half an hour after taking food. There is no sign of the existence of any affection of the heart. She has constant watery eructations, and is tormented with flatulence, and has a continual burning pain in the region of the tumour, shooting towards the shoulder and neck. Her tongue is clean; bowels rather confined; urine scanty; pulse generally about 110.

Now, gentlemen, here is the case of a woman who has had digestion for a period of three years, and whose bowels have scarcely been in a proper state for many years. Three years ago symptoms of evident derangement of the stomach commenced, and eighteen months after a tumour is observed. She has also had vomiting of blood, and came into the hospital with these symptoms and a violent lancinating pain at the epigastrium. Our first question, then, is, what is the nature of this tumour? We have a tumour situated in the epigastrium, with evident pulsation, increased, as she says, by ascending a staircase. The first impression which this would convey to us is, that it is an aneurismal tumour. Is it aneurism? There are many different kinds of pulsations which are evident to the sense of touch, which are not aneurism, as dyspeptic throbbings, palpitations from disease of the heart, and from nervous agitation;—but in these cases we have no tumour. Here we have a manifest swelling; it cannot, therefore, be attributable to any of these causes. Well, what are the causes of pulsating tumours in the abdomen? aneurism of the abdominal aorta or some of its branches, enlargement of the liver, spleen, or pancreas, or disease of the pylorus? Mind, I do not intend to give any decided opinion on this case, but will observe, that the weight of evidence is against the supposition that this tumour is an aneurismal one. In the first place, the swelling has lasted for eighteen months, and was preceded by symptoms of disease in the same situation for nearly two years before the appearance of the tumour. In aneurism of the aorta, after such a length of time, we should expect a stronger pulsation; we should expect to be able to feel it along the back and in the hypochondrium. In the next place, we cannot move aneurismal tumours. In the present case there is a complete difference; the tumour can be pushed deep into the left hypochondrium under the false ribs, and when you detain it in that situation the pulsation ceases; remove your hand, and let it come back to its former position, and the pulsation returns. This occurrence, I must observe, took place in two cases of scirrhus of the pylorus, in which the diagnosis was verified by dissection. Another thing is, the *bruit de soufflet*,

which is heard in the recumbent posture, disappears when the woman sits up. This is often the case when a tumour lies on or over the abdominal aorta; when the patient is lying down the *bruit de soufflet* is distinctly heard, but in the erect position it is inaudible. You are aware that *bruit de soufflet* (by change of position) has been put forward, by Dr. Corrigan, as a sign of material importance in the diagnosis of incipient abdominal aneurism. Without making any observation on this case, I shall merely remark, that the present one will be a test of the accuracy of this doctrine; if the woman has aneurism it will be verified, if not it will be rejected. My own impression is, that it is most probably scirrhus of the pylorus. The shape of the tumour is so different from that of an aneurism; its edges are so remarkably distinct; it ceases to pulsate when pressed back into the hypochondrium, and has been preceded by disease of the stomach; it is accompanied by symptoms of scirrhus; and, in fact, has none of the characters of aneurism.

## CLINICAL LECTURES

BY DR. MAC ADAM,

*Delivered at the South Eastern General Dispensary, Dublin, Session 1832-33.*

### LECTURE IV.

#### *Pathology and Treatment of Hooping Cough.*

GENTLEMEN—I propose to direct your attention this evening to the subject of hooping cough, several cases of which have recently occurred among our dispensary patients. It is an affection that you will be often called upon to treat in private practice, is frequently attended with considerable danger, is almost always tedious and difficult to manage in its course, and not uncommonly presents very serious complications; a knowledge therefore of the phenomena which it exhibits, and of the best mode of treatment, is of considerable importance to the medical practitioner.

I shall first describe the symptoms which characterise its simple form, next allude to the various complications which it may assume, and to some of the different opinions which are held as to the nature of the morbid state on which the phenomena of the disease depend; I shall also give a short history of some cases which we have lately met with among our dispensary patients; and lastly, state what appears to be the most judicious mode of treatment.

Simple hooping cough may be considered as presenting two distinct stages, which may be denominated the *catarrhal* and the *spasmodic*. The first, or catarrhal, presents the symptoms of common bronchitis, and is seldom attended with much fever. The patient may continue for a fortnight or three weeks in this state before the peculiar sonorous respiration

and long-continued paroxysms of coughing, characteristic of this disease, become evident; when these appear, the spasmodic stage may be considered as having commenced. The cough consists of a number of short expirations in rapid succession, continued for a much longer time than in bronchitis, by which the air is expelled in great quantity from the lungs. The fit called the *chink* terminates by a full inspiration suddenly made, which, by the air rushing back through the glottis with unusual velocity, gives rise to that peculiar sound denominated the *whoop*, or *back-draught*, after which the fit of coughing is again renewed, and continues in the same manner as before, till a quantity of mucus is expelled from the lungs, or the contents of the stomach are evacuated, which most commonly terminate the paroxysm, and the patient remains free from cough for some time after. During the fits, the face often becomes turgid and purple, and the eye-balls prominent, and the little sufferer, with a forewarning of the attack, clings closely to anything near him. Yet, in the simple form of the disease, the violence is instantly forgotten, and, after deeply panting for breath, the child returns to his amusements, often with a craving for food. These attacks, at first, recur several times each day, being almost always most severe towards evening, but much more so during the night. After a certain time they return only during the morning and evening, and towards the end of the disease, in the evening only. They are frequently attended with hæmorrhage from the nose, and occasionally from the ears or eyelids; and I have, in some cases, observed the viscid ropy phlegm expectorated from the lungs, mixed with blood.

The duration of the disease varies from a few weeks to several months before it terminates; the paroxysms become shorter, lose their peculiar characters, and are attended by an expectoration more decidedly mucous. Sometimes the disease degenerates into a chronic mucous catarrh, with emaciation, and other symptoms resembling those of phthisis. Laennec observes, "that there is more of periodicity in this disease than in catarrhs in general, and that stethoscopic exploration in the intervals only reveals the usual sounds of catarrh, namely, a feebler respiration than natural, or the complete absence of this in certain points, which, however, sound well; purile respiration in other parts; and occasionally a slight sonorous or sibilous mucous rattle. During the fits we only perceive the shock communicated to the chest by the cough and a slight degree of rattle, and also of the respiratory sound in the brief intervals between the coughs; the natural sound of respiration, whether pulmonary or bronchial, being inaudible even in those parts of the lungs which, immediately before and after the paroxysm, give the purile respirations.

The progress of hooping cough is subject to great variety; when severe it may be pro-

tracted to six or seven months. Even after it has wholly ceased, or nearly so, an accidental exposure to cold has occasioned its return; and this may occur, as Dr. Johnson observes, "several weeks after the cough has entirely subsided; and, after a long time, if the patient accidentally catch cold, the cough will often assume the spasmodic character and be accompanied with the whoop." Its latter stages are occasionally attended with convulsions, which may terminate the patient's life when the event is least expected, or pneumonic symptoms may supervene, and the child die with his lungs gorged with blood, or hydrocephalus may occur and the child die in a state of coma. This event might be oftener expected, when we recollect the force with which the blood is driven upon the brain, and how much its return is retarded during a severe fit of coughing.

Hooping cough may also prove fatal by the co-existence of marasmus or infantile fever, in which the child loses its appetite, emaciates rapidly, becomes hectic, and dies apparently from pure exhaustion. These different affections may be complicated with hooping cough, not only in its latter stages but at an early period of the disease, though modifying remarkably its symptoms, and requiring a considerable difference in treatment. They have been much overlooked both by medical writers and practitioners; and the profession is much indebted to Dr. Johnson, of this city, for having pointed out more clearly than any preceding author the importance of attending to these complications of hooping cough, and the symptoms by which they may be recognised; and, as I propose to present some specimens of these complications to your attention this evening, I think I cannot preface the detail of a few cases of this kind better than by recommending to your attention what this distinguished practitioner has said on this point. His observations are extremely valuable, as they are the result of an extensive experience in this disease. Dr. Johnson considers hooping cough as presenting the following varieties: 1st. Simple hooping cough; 2nd. Hooping cough complicated with bronchitis or peripneumony; 3rd. Hooping cough complicated with disordered bowel, or infantile remittent fever; 4th. Hooping cough complicated with convulsions or hydrocephalus. The simple forms of the disease we have already described.

"The pulmonic complication," Dr. Johnson observes, "is accompanied with considerable dyspnoea, which continues during the intervals; the pulse becomes quick, small, and hard; the fits of coughing more frequent and severe; the lips livid; and the extremities show a tendency to become cold; and there is considerable debility. In many cases the cough is nearly suspended, and when it does occur is not accompanied by the usual whoop, and the difficulty of expectoration is greatly increased. The respirations vary from 60 to 100 in a minute, and when they come down

to 40 or 50 the change generally indicates recovery. The stethoscope discovers considerable and permanent wheezing, which is greatest after sleep, or immediately before a paroxysm of coughing, when it progresses to a fatal termination. The dyspnoea increases, stupor and prostration succeed, the cough is suspended, the pulse scarcely perceptible, the extremities cold, and death ensues from accumulation of mucus producing suffocation; or, if the disease takes a favourable turn, the breathing becomes less hurried, the wheezing diminishes, the cough, after being suspended, returns, the fever subsides, the countenance assumes a healthy hue, and quiet sleep succeeds distressing restlessness."

Such are the general symptoms which this variety of hooping cough presents, which I shall now proceed to illustrate by the recital of a case at present under my care. The patient, named Sarah Jane M——, set at three years and a half, has been affected six weeks with severe paroxysms of coughing, continuing for a considerable time, and followed by a sonorous whooping inspiration, and the expectoration of a tough viscid mucus; has bled from the nose during the fits, which are occasionally succeeded by vomiting, but neither the epistaxis or vomiting is so frequent at present as it was at the commencement of the attack. Her breathing is a good deal oppressed during the intervals of the coughing, and some sonorous and mucous r le is heard by the stethoscope. Pulse 189, small; skin hot at night; has an exacerbation at about three or four o'clock p. m., and is a good deal disturbed at night, but gets a remission towards morning; tongue clean; no considerable thirst; some slight diarrhoea of whitish stools. She was ordered some small doses of hydrarg. c. cret  et ipecac., an emetic of tart. antim. at night; a cough mixture, consisting of extract. conii, extract. hyoscyam.    gr. iss. viii., ipecac. ʒii., syrup. toltan. ʒiii., aqua ʒiii., a teaspoonful occasionally, and a blister to the chest. Two days after her mother reported that her respiration became much more easy during the night after the operation of the emetic mixture, but now she appears much oppressed, and has frequent violent paroxysms of coughing; the emetic mixture and powders were repeated. The next day I found her very much improved; the blister had risen well, oppression much diminished, and intervals between the paroxysms of coughing longer; she slept well last night without being much disturbed by coughing. The medicines were continued. I visited her for some days successively, during which she continued to mend, and when last I saw her, I considered her quite out of danger, and recommended her removal to the country.

I view this as a case of hooping cough combined with bronchitis, for the following reasons. First, the existence of permanent oppression in the intervals between the paroxysms of coughing conjoined with some

degree of pyrexia, evidenced by the hot skin, quick pulse, and evening exacerbation; and as far as a stethoscopic examination could be instituted, it appeared to confirm this view, as the mucous and sonorous r le were heard, though owing to the restlessness of the patient the stethoscope could not be applied as often or as steadily as I wished. Now, in simple hooping cough there is seldom any oppression between the paroxysms, nor does pyrexia exist. And though the stethoscope may convey to the ear a slight sonorous or mucous r le, it probably would not be quite so decided as it was in our patient. My treatment, therefore, was founded on this view of the case. As the affection had existed some time, and there was a degree of debility present, I did not conceive it expedient to abstract any blood, though at an earlier period, when there is much dyspnoea, I have found the application of leeches to the back of the head attended with the best effects. In this case I ordered an emetic in the evening, with the view of unloading the lungs of the viscid mucus, which is often present in large quantities in hooping cough, the evacuation of which renders the paroxysms less distressing and long continued; and the action of the emetic produced also another good effect, by determining to the surface and allaying the fever. I also gave small doses of ipecac., and hydrarg. c. cret , the former to free expectoration, the latter to restore a healthy biliary secretion. The blister was useful as a counter-irritant, and the pectoral mixture with the conium and hyoscyamus was calculated to allay the irritability of the bronchial mucous membrane, and also to relieve the spasm, which appears to be more or less present in this disease. The treatment has been successful; the urgent pectoral symptoms are now nearly removed, and I have considered the patient sufficiently free from any inflammatory state of the lungs to render removal to the country not only safe but advisable.

The next case which appears worthy of notice, was presented by the brother of the patient whose case I have just recited. He became affected with hooping cough about the same time, is aged about eleven years, and presents the following symptoms. He has violent attacks of coughing, followed by whooping, and the expectoration of a yellowish and not very viscid mucus, not unfrequently mixed with blood; respiration short, but not much oppressed, about forty-five in a minute, chiefly performed by the muscles of the thorax; some pain in the middle and both sides of the chest, increased by full inspiration; has sometimes epistaxis after a paroxysm of coughing; coughs more in the day than at night; pulse 114, sharp; tongue a little whitish; bowels natural; vomits after eating on the termination of the next paroxysm of coughing; some slight abdominal tenderness on pressure; exploration by percussion, and the stethoscope gave the following results. Respiration loud

and clear in the upper part of both lungs, and the chest in those parts sounds clear on percussion; respiration nearly inaudible in the lower part of the left chest, which is dull on percussion, and in the posterior part of the same side a muco-crepitous r le is heard; respiration is obscure in lower lobe of right lung, with some sonorous r le and dullness on percussion there. I directed leeches to be applied to both sides the chest and epigastrium, and one grain of calomel and ipecac., every four hours. The next day he was much relieved and the cough mitigated. The powders were continued.

On the following day both sides of the chest sounded much clearer on percussion; respiration audible in most parts of the thorax, but not so distinct in the lower lobe of left lung, in which a faint crepitous r le is heard in one spot, near which the chest is still dull on percussion, and he complains of some pain in this spot, and of a little in the left chest generally, though it is much relieved since the application of the leeches; pulse 102, soft; tongue a little white; respiration easier; bowels affected seven times since yesterday. A blister was applied to the pained side, and one grain of ipecac. was directed to be given every four hours. On the next day this patient was much better, and after some days all pulmonary symptoms, with the exception of the cough, being nearly removed, I recommended his removal to the country along with his sister.

Now this case of hooping cough I conceive to have been complicated with peripneumonia, the existence of which, I think, was clearly indicated by the presence of pain in the chest, affecting that part which was dull on percussion, near which that peculiar rattle, called the crepitus, was heard; probably the corresponding part of the lung was partially hepatised, or at least gorged with blood, as was evidenced by the dullness on percussion, and almost complete absence of the respiratory murmur. The sanguineous expectoration, we know, frequently occurs in peripneumonia, and afforded additional grounds in favour of our diagnosis. It is likely there was also some degree of bronchitis present. Acting on this view of the case, I directed the local abstraction of blood, and small doses of calomel and ipecac., with the object of promoting absorption in the congested lung, and of facilitating expectoration. I would have used the tartar emetic solution in this case, but the abdominal tenderness and frequent vomiting made me suspect the existence of some degree of irritation of the gastro-intestinal mucous membrane. I preferred the ipecac. to the tartar emetic, as I have reason from repeated trials to think, that given in small doses, frequently repeated, it exerts nearly as beneficial an influence on pulmonary inflammation as the latter medicine, without irritating the stomach or bowels so much; the treatment has answered my expectations, as, in a few days

after, the lungs seemed relieved to a great extent of their congested state, and the patient is now nearly recovered.

The next case of hooping cough, illustrative of its complicated forms, occurred in Thomas H.,  t. two years, ill six weeks when I first visited him. He is attacked with violent paroxysms of coughing, during which he occasionally bleeds from the nose and ears, and gets black in the face; the coughing is followed by the whooping inspiration, and occasionally terminates by vomiting, generally of the contents of the stomach, and sometimes of a tough viscid phlegm. The paroxysms are worse at night, and become milder towards morning; some oppression in the intervals. Yesterday, was seized suddenly with a fit of screaming and frequent vomiting, with heat of skin, which has continued since. Pulse quick and sharp; pupils contracted, occasional frowning; was very restless during the night, with constant vomiting and screaming towards morning; got stupid and heavy, is now very restless, and appears to suffer pain; tongue clean; has not coughed much this morning; vomited some greenish yellow matter a short time ago; bowels confined; considerable thirst; lost a sister of three months old by hydrocephalus.

Leeches were directed to be applied behind the ears; the head to be shaved, and the temples frequently to be moistened with a mixture of cold water and vinegar, and the following powder to be given every two hours till a full cathartic effect was obtained.

R. Calomel., pulv. scammon., pulv. rhei,   gr. xii. M. divide in pulv. viii.

The next day I found him much better; bowels had been well opened. The powders were continued.

Two days afterwards he was reported to have passed a restless night, during which he coughed much, and bled from the ears. I ordered him small doses of ipecac. antimonial powders and carbonate of potass, which he continued to use with relief to his cough for some days, and when last I saw him he was free from all urgent symptoms. This case I considered as complicated with a determination of blood to the brain, which probably would have terminated in convulsions or hydrocephalus, if active means had not been used at an early period.

It was evident that the paroxysms of coughing produced a congested state of the blood-vessels of the head, which was indicated by the hemorrhages from the nose and ears, and the lividity of the face. The sudden accession of a febrile paroxysm, with violent and long continued vomiting, unaccompanied with coated tongue, or any other symptom of gastro-intestinal affection, resembled much the preliminary stage of a hydrocephalic attack; the contracted pupil and the occasional frowning co-existing with these symptoms afforded additional proof of an excited state of the brain;

and the circumstance of a child of the same family having died of hydrocephalus, seemed to render it likely that a predisposition to this disease existed. The success of the treatment, too, favoured this view. If the vomiting and pyrexia had originated from gastro-intestinal irritation, it is not likely that leeches behind the ears would have produced such decided relief, and the active purgative would have aggravated such an affection. From these considerations then I think my diagnosis was correct. The shaving the head, and the application of cold, assisted in diminishing the irritability of the brain, and the combination of antimonial powder, ipecac., and carbonate of potass was calculated, 1st, to relieve the cerebral congestion by the antimonial, which seems to exert a specific influence in determination of blood to the head; and, 2nd, to promote expectoration by the ipecac., in which effect it was assisted by the carbonate of potass, which I have found by experience to promote expectoration in those cases, both of hooping cough and bronchitis, in which a viscid tough mucus is secreted; it appears to render the mucus more fluid and less tenacious; how it does so I do not pretend to explain; but I am satisfied of the fact, as in several cases in which the mucus was of this description, I have found it become more fluid, and more easily brought up by coughing from the exhibition of this medicine.

The complication of hooping cough with infantile remittent fever or disordered bowels, will prevent a combination of the symptoms characteristic of such states with those peculiar to hooping cough. As I have no case at present under my care exactly illustrative of this variety, I consider it unnecessary to enter into any general detail, but beg leave to refer you to the excellent article by Dr. Johnson on hooping cough, in the tenth part of the *Cyclopædia of Medicine*.

Having thus given you a short view of the symptoms and complications of hooping cough, you may, perhaps, expect that I should say something about the proximate cause of the disease, or that morbid condition of the affected organs, on which the phenomena of the affection depend. This is a subject of very great difficulty, and on which we find a vast diversity of opinion among medical writers. It seems to have been considered as a spasmodic disease by Cullen and several others; Dr. Webster thinks that the seat of hooping cough is in the head, and that the affection of the respiratory organs is only a secondary effect, being an effort of Nature to relieve herself by expanding the lungs to an unusual degree, thereby allowing a greater quantity of blood to flow into them, in order to diminish the fulness and congestion in the head. Some have supposed it to be seated in the phrenic and pneumogastric nerves; others, among whom was Watt and Laennec, thought that it was always an inflammatory condition of the bronchial mucous membrane; Desruelles

supposed it to be at first inflammatory, and afterwards spasmodic; Dr. Dawson conceived it to consist essentially in an inflammation of the glottis of a specific nature, which either remained there, or involved the larynx, trachea, and lungs.

The fact is, its nature is unknown, and it is much more easy to say what it is not than what it is. I think we are justified in concluding, that it is not essentially an affection of the brain, for innumerable cases occur in which there are no symptoms whatever of a cerebral affection, which when it occurs can be satisfactorily explained as an accidental complication. I conceive we are not right in conceiving it to be primarily and solely a spasmodic disease, as its first stage always presents catarrhal symptoms, proving that an irritating cause has been applied to the bronchial membrane, giving rise to increased irritability and increased or altered secretion; but we ought not to conclude that this state amounts in every case to inflammation, as many instances occur in which there are no symptoms of inflammation whatever; perhaps the most probable supposition is that in all cases there is a peculiar irritability of the bronchial mucous membrane, induced by a specific cause, and taking a certain time to exhaust itself; that this irritability may excite spasmodic action, or be kindled into inflammation in predisposed constitutions, or the violence of the paroxysms may cause, in some cases, congestion in the brain, which may give rise to convulsions or hydrocephalus, or hooping cough may co-exist with, or be aggravated by, a deranged stomach or intestinal canal. This appears to me the most practical view we can take of the subject, and I shall not waste your time longer in speculating on such uncertain grounds, but proceed to make some short observations on the general treatment of the disease.

When hooping cough is unattended with any other affection, it will probably run its course without being very much influenced by medicine. Occasional doses of rhubarb and ipecac., or the latter medicine combined with calomel, may be useful; an emetic may also be given whenever there appears any tendency to dyspnoea in the intervals, and the lungs seem oppressed with a quantity of viscid mucus. Dr. Pearson's plan I have tried in some cases with a good effect; he recommends first an antimonial emetic, and afterwards a draught containing a drop or two of tinct. opii, five drops of ipecac. wine, and two grains of carbonate of soda, to be repeated every four hours, for several days; when purgatives are required, he gives rhubarb and calomel. When the disease is on the decline, the cough still continuing without any other affection, antispasmodics and sedatives may be used. When it has become intermittent, accompanied with some debility, the sulphate of quinine has been given with the very best effects. Change of air at this stage is also very useful; but the most important point in the treatment of hooping

cough is to watch closely any tendency to pulmonary inflammation or affections of the head, which we should endeavour to obviate as soon as possible by appropriate means. Venesection, or local bleeding, according to circumstances, should be early employed, and if the lungs are attacked, the tartar emetic solution, and calomel should be exhibited.

Purgatives should be freely administered; but Dr. Johnson observes "that continued purging will be found to produce a degree of flatulence which by the pressure of the distended intestines against the diaphragm, will increase the dyspnoea, irritate the mucous membrane, and needlessly debilitate; and that when the bowels are very irritable, so as to preclude the use of ipecac. or antimony, we must chiefly rely upon the use of the lancet, blistering, the warm bath, and small doses of nitre." After effusion into the bronchia and air cells has taken place, the doctor cautions us against the further abstraction of blood, as by increasing the debility, we might diminish the expectoration; in this stage repeated blistering, calomel, and ipecac., and occasional emetics of tartrate of antimony, or in very young children, ipecac. wine and syrup of squills, will be of advantage, and the hydrarg. c. creta may be substituted for calomel if the bowels are irritable. Having mentioned blistering, I think it of some value to the junior practitioner to be aware of the caution to be observed in its application to infants and young children. Many patients of this class have suffered unnecessary and protracted torture, and have even lost their lives by the injudicious use of these remedies, while I am satisfied, from my own experience, that they may be applied with perfect safety, even to very young infants, under proper restrictions; the great danger arises from leaving them on too long. It should be recollected that a blister will produce as much effect on the tender and irritable skin of a young child in one or two hours, as it would do on an adult in twelve. Acting on this principle, I have always been in the habit of directing the attendants to examine the surface to which the blister is applied in such patients, *one hour* afterwards, and if the skin appeared decidedly reddened, *not to wait for vesication*, but to take off the blister instantly and apply the usual dressing, and I have generally found that vesication took place afterwards; but if the surface appeared unchanged, to replace the blister and carefully to inspect it every half hour or hour till the rubefacient effect was produced. This rule I think of great importance. I have known infants lose their lives in consequence of a blister being left on eight or twelve hours, and I have known others that finally recovered, suffer for weeks from an extensive ulcerated surface, attended with great constitutional irritation, and only saved by the greatest care. This caution I would wish particularly to impress on your attention as applicable to all cases in which blisters are used in infantine diseases.

When whooping cough is complicated with convulsions, we should investigate their cause; if connected with dentition, we should employ the treatment suitable to such cases; if from irritation of the bowels, change of diet or nurse may be necessary; sometimes change of air puts a stop to their recurrence. If affection of the brain is the cause, hydrocephalus is to be apprehended, which is observed to be more than usually fatal when it occurs in conjunction with whooping cough. The treatment suitable to idiopathic hydrocephalus should be promptly employed, which it is not necessary for me to detail, as it has been already fully considered here not very long ago.

When whooping cough is complicated with deranged bowels or infantile remittent, the treatment suitable for such cases is to be employed in conjunction with that which we have before detailed as proper in simple whooping cough; antimonial emetics, however, are to be avoided, as they would be likely to aggravate the excited state of the gastro-intestinal mucous membrane. I shall not, however, detain you by entering into the consideration of the treatment of this combination, as what you have already heard relative to infantile remittent, applies equally to this form of the disease.

The cases to which I have endeavoured to direct your attention this evening illustrate points of considerable practical importance, and afford a striking proof of the value of dispensary clinical instruction, such cases not being likely to be presented to a student's attention in an hospital where patients affected with whooping cough, are rarely, if ever, admitted. I do not recollect to have seen one case of the kind during my hospital attendance while a medical student, and consequently I had no opportunity of forming a practical acquaintance with the disease during that period of my professional life. In fact, this is common with many other affections, can only be studied extensively by the student in dispensary practice. I trust the time will yet arrive, when the profession will duly appreciate the advantages which such institutions afford, not only as a means of relief to the physical ills of a numerous portion of suffering fellow-creatures, but also as an abundant source of practical information to the medical and surgical student.

#### ON THE OIL OF THE CROTON TIGLIUM AS A PURGATIVE FOR CHILDREN.

BY EDWARD AUGUSTUS CORY,

*Member of the Royal College of Surgeons of London, Surgeon to the East London Lying-in Institution and Dispensary for the Diseases of Women and Children, &c. &c.*

It is a matter of the greatest importance, in the treatment of the diseases of children, that the remedial agents



employed should be palatable to the patient. A disease is frequently aggravated considerably by the forcible administration of nauseous medicine, especially where the head and chest are affected; indeed, this remark will apply to the generality of inflammatory affections. It is well known, that the active principle of the cathartics, usually administered to children, is calomel, it being the least unpleasant to the taste; but this remedy I am convinced, from multiplied experience, does not completely answer the required end, unless it be given in combination with other aperients, as jalap, rhubarb, &c. &c., which render it extremely disagreeable to the little patient. One of the most pleasant and efficient purgatives for children, with which I am acquainted, is the *ol. croton.*, prescribed according to the following formula:—

*R. Olei crotonis, gtt. ij.*  
*Sacch. albi, ʒij.*  
*Pulv. acaciae, ʒss.*  
*Tinct. card. co., ʒss.*  
*Aq. q. s. ft. mist, ʒiiss.*

Of this a child, five or six years old, may take two or three teaspoonfuls every three or four hours, until the bowels have been freely acted upon. I have been for some time in the daily habit of using this preparation in the treatment of the diseases of children, where a complete and speedy evacuation of the bowels is required. I have found it of admirable service as a purgative in cephalic and thoracic affections; it acts with great celerity, and occasionally produces a gentle vomiting, which is often salutary. I do not recollect one single instance where its action has been violent and dangerous, when given according to the formula directed. I strongly recommend its general use, and I feel confident that it will become a favourite medicine in all the morbid affections of children, where a quick, certain, active, and pleasant purgative is indicated. It may be proper to remark, that the croton oil I prescribe is procured from, and, I believe, prepared by, Messrs. Drew, Heyward,

and Bais, wholesale druggists, Great Trinity-lane, Bread-street. It appears to be of excellent quality.

*Cannon-street Road,*  
*St. George's East,*  
*July 17, 1833.*

PRIZE ESSAY,

PROPOSED BY THE MEDICAL REFORM ASSOCIATION,

*For the three best Essays on the following subject. Three prizes are offered.*

SUBJECT.

“On the present state of the Medical Science and Practice\* in the United Kingdom, and the most advisable and efficient mode of promoting the advancement and the improvement of both in all their branches.”

For the *best* Essay will be awarded the sum of £50 sterling.

For the *second*, the sum of £30.

For the *third*, the sum of £20.

CONDITIONS.

- I. The competition is open to *all* persons, whether of the medical profession or not, and the award will be made in *public*.
- II. The Essays are to be written in the English, French, or Latin languages, and these only.
- III. They must be transmitted to Dr. Epps, 89, Great Russell-street, Bloomsbury, London, on or before the 1st day of March, 1834.
- IV. They must be clearly and neatly written, and *not* in the handwriting of the authors.
- V. Each Essay is to bear a motto, and to be accompanied by a sealed letter, with a corresponding motto to that inscribed upon the Essay. Within the sealed letter there must be the name and place of residence of the author.
- VI. None of the letters will be opened but those connected with the mottos of the success-

\* These comprise *medical statistics*.

ful essays; and the unsuccessful essays will be delivered, upon satisfactory reference, by Dr. Epps, the Hon. Secretary. The Prize Essays will be returned to their accredited authors, who may, if they think proper, publish them for their own advantage, or otherwise they will be published by the Association.

Signed by order of the Association.

JOHN EPPS, M. D. Hon. Sec.

N. B. One hundred pounds, the amount of the three prizes, are already lodged with the treasurer, Joseph Hume, Esq. M.P., who, with the other judges, will publicly deliver the several sums, as they shall be awarded to the successful candidates. The names of the other adjudicators will be published at a future and not distant period.

J. E.

WRIGHT ON CARDIAC PATHOLOGY.

*Carditis and pericarditis—suppurative, chronic.*

FERDINAND GIBBS, a black man, about thirty years of age, admitted into the Baltimore Alms-house, December, 1831. This man was above the middle size, person well-formed and muscular, exhibiting the appearance of a vigorous organic system, but little impaired by sickness or former disease. There was no emaciation, nor any manifest constitutional derangement or chronic malady. The symptoms on admission were those of ordinary febrile catarrh, or what is usually called a bad cold; patient had cough, hard, and somewhat frequent, attended by soreness in the breast, and slight hoarseness; no fixed pain in the chest, nor any palpable impediment to free inspiration; cough not sensibly excited or exasperated by deep breathing. Fever was moderate; pulse about 90, full and soft, no discoverable irregularity; temperature nearly natural. Patient represented his cough to be more fre-

quent and harassing when lying down than in sitting, standing, or walking about; present indisposition reported to have existed about two weeks. Diagnosis—subacute inflammation of the sero-cellular tissues of the thorax, in other words, serous pneumonia, or catarrh.

*Treatment.*—Rest in bed, low diet, antimonials, and an epispastic in front of the chest. On the third day in hospital, patient was nearly free of fever; said he was well enough to be up, and solicited permission to leave his bed, and also indulgence in stronger diet. Permission was granted to be out of bed, but with orders to remain in hospital; diet regimen continued as before; medicine omitted. In the night of the following day, the fourth after admission, this man, without unusual complaint, or being known to have been more unwell than common, was discovered about midnight in a state of insensibility, and rapidly sinking. Respiration was short and sonorous; surface cold; pulse extinct; limbs relaxed. He died in a few minutes after being discovered in the state described.

*Examination.*—On opening the thorax, the portion of the mediastinum immediately under the sternum presented appearances of recent inflammation in a moderate degree; cellular tissues tinged red, and slightly infiltrated with lymph matter. The upper anterior surface of both lungs was also marked by superficial phlogosis; serous covering of the lungs redder than natural. The substance of the lungs was every where soft and pliant, without signs of condensation, or other evidence of altered state or texture.

The pericardium was excessively dilated, occupying all the middle space of the thorax, pressing the lungs aside, and forcing them high into the superior regions of the chest. This great bag contained a fluid, which proved on incision to be matter of a light yellow colour and uniform consistence, exhibiting the qualities belonging to what is called laudable

pus. The quantity of matter contained in the pericardium was supposed to exceed one gallon; much of it was effused into the cavity of the thorax at the moment of incision, yet enough was collected to fill a common tin wash-basin. The interior of the pericardium, and the surface of the heart, were somewhat roughened by flocculent lymph, though not otherwise unnatural in appearance or condition; there was no excess or intensity of colour upon those surfaces indicating acute or recent phlegmasia. The heart itself was of the ordinary size.

*Remarks.*—This case strongly exemplifies the possibility of severe phlegmasial action on the surface of the heart, without serious embarrassment of its special office as the principal organ of circulation; the centre and salient point of the distributive system. There was here no palpable manifestation of impeded action of the heart, nor any appreciable defect of full and regular supply of the important material of excitement and nutrition to all the organic systems. The man neither acknowledged nor betrayed any feeling or sign, importing imperfection or incapacity of circulatory power. He was not affected with labour, hurry, or shortness of breathing; he had no pain in the region of the heart; no distress of countenance; no coldness of the surface, nor any infiltration of the lower extremities, or of the cellular tissue in other parts of the body; position of body was not known to produce any symptoms referable to interruption or disadvantage of action by the heart; although cough was provoked or increased by lying down, yet there was no particular sense of oppression in this posture, nor greater inability to lie on one side than on the other. The pulse was free, moderately full, and not discoverably unequal or irregular; not sensibly altered by change of posture; no sudden failing of its force or evenness by muscular efforts; no tumult or flutter of movement

under the circumstances, and no tendency to collapse or syncope; the man walked about the ward with apparent ease on the day preceding his sudden death.

The most remarkable phenomenon in this case, is the complete nutrition of the body, which had been maintained under chronic disease, so serious in kind and degree, affecting the main organ of supply, for all the material of growth and repair of parts. It was manifest that the immense collection of pus in the bag of the heart was no late or sudden accumulation. Its formation was a work of time, and had commenced long before his late sickness, but when, or under what circumstances, could not be determined. The patient's account of himself went no further back than the date of his recent illness by cold, about two weeks prior to admission, and there was nothing in his appearance or symptoms to induce inquiry concerning his state of health at a more remote period. He had the external (personal) marks of a sound condition of all the important organs, and it is curious how this fact could have consisted with the state of things revealed by examination.—*American Journal of the Medical Sciences.*

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CASE OF SCARLATINA MALIGNA SUCCESSFULLY TREATED BY COLD WATER.

BY SAMUEL JACKSON, M.D., OF NORTHUMBERLAND, U. S.

(Communicated in a Letter to the Editor.)

My oldest daughter, of eleven years, was, a few weeks ago, seized with cynanche maligna, with far more fever than usually attends that malady. Her fauces were universally inflamed, and on the second day the cineritious specks appeared. I bled her in the height of the evening paroxysm to eight or ten ounces, though I knew that the fever was certainly typhus, with the pulse 160. But the difficulty with me consisted in the choice of gargles. From some experience and much contemplation last fall, I

had fixed my mind on *sac. sat.* as the most proper *till* sloughing might take place.

To this then I resorted, but quickly became dissatisfied, lest she might swallow so much as to cause lead colic. The nitrate of silver was then tried, twenty-four grains to the ounce of water. From this I had some hope, derived partly from the Medical Reporter, vol. xiii. p. 123, and partly from the known effects of a milder solution in ophthalmia. But I soon became dissatisfied with the use of a stimulus to parts so highly inflamed, notwithstanding all that has been said in favour of stimuli in these cases. My anxiety on this point became excessive; for I was possessed of the opinion that on the speedy improvement of the local disease depended the fate of my child. I had lately seen cases successfully treated by my friend, Dr. Vanvolsap, of Lewisburgh, eight miles above us, by means of stimulating gargles, particularly the capsicum, but I could not prevail on myself to use them till further mortification might reduce the inflammatory action.

Cold water she desired above all things, and I determined to give it a fair trial. She was then permitted to drink the coldest ice water, and to hold ice in her mouth. But this last experiment was dangerous, lest she might swallow it, and bring on spasms of the stomach. It was then inclosed in a gauze bag, and put far into her mouth to be dissolved and swallowed. Now, for the first time, the fourth day of her disease, I felt satisfied with my prescriptions, and she was desired to use the ice freely, and to drink largely of ice water. The good effects were immediate, surprising, incredible, and almost divine. Within a few hours the pulse was reduced from 160 to 120, the circumscribed crimson disappeared from her cheeks, the extremities became warmer as the fauces and stomach were cooled, the whole countenance was changed, the typhus distress left it, and something of the vivacity of common fever supervened.

No other remedy was thenceforward used, except some laxatives; and in three days from the time the ice was tried, there was no fever left, nor any sign of inflammation in the fauces.

The disease was, last fall, epidemic, a few miles above us, and some died. One of my other children had it in the course of the winter, but very slightly; and, as I hope to have no further need of this remedy, and can give it no further trials at present, I commit it to your consideration. I have just heard that scarlatina cynanchica is mortal in your city; and, as this is certainly the same disease as the cynanche maligna, I hope you will give my remedy whatever attention it may seem to merit, independent of what little I have done. —*Ibid.*

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BEAUTIES OF MEDICAL EVIDENCE.

*York Assizes, Wednesday 17th.*

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DEATH BY PRIZE FIGHTING.

DECREASED had been drinking the evening before the fight; the contest continued for an hour, when both fell, the deceased undermost. He was raised, and on going forward to meet his opponent fell forward as if shot.

The medical witnesses differed as to the cause of death. Some held it was produced by spontaneous apoplexy, brought on by his exertions to win the fight; and the others, that the external violence contributed to produce the fatal result. The jury returned a verdict of guilty.

In a trial at the Hereford Assizes, 11th instant, the surgeon swore that the cerebral congestion was caused by mental emotion, and that the blows had nothing to do in causing death. The judge told the jury, that this evidence acquitted the prisoner. Verdict not guilty. In this case there was considerable extravasation of blood under the scalp; and had we been the witness, we certainly should not have said, that the blows had nothing to do in causing death. The

discrepancy of medical evidence has long been remarkable, and can easily be accounted for by the utter neglect of medical jurisprudence until the present period.

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THE

**London Medical & Surgical Journal**

*Saturday, August 3, 1833.*

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THE ASSOCIATION FOR MEDICAL REFORM.

It appears by an article in a preceding page of this number, that three prizes are offered, for the first, second, and third best essays on the state of medical science and practice in the United Kingdom, and on the best mode of promoting and advancing both. It is a matter of great gratification to us to observe this notification, as it is the strongest proof that can be given, of the determination of medical reformers to effect the grand object they have in view, which has long been a subject of deep interest to us. We rejoice that reform in all our existing medical corporations is inevitable, and that the noble science of medicine will no longer be impeded by the bad policy of the self-interested junta, who have hitherto so effectually retarded its progress. It must be admitted by all, that the London College of Physicians have wofully neglected the interests of science and the public. They were, and are the source, the fountain-head, of all abuses in the profession, the *fons et origo malorum medicorum*. They have very nearly abolished the once respected name of physician, by shutting their portals in the face of every

man of science and erudition, unless he was educated at Oxford or Cambridge, where the medical schools are universally acknowledged to be the most defective in Europe. In proof of our accusation against the College, we adduce the following evidence from their report laid before parliament on the 16th ult., in which it appears, that since 1771 to 1832, there were admitted into the College 169 Fellows, and 117 Licentiates since 1823.—Behold the 169 Physicians of England during a period of 61 years!!! The College of Surgeons have admitted, during the last 33 years, about 12000 members, and the Apothecaries, since 1815, about 6000; so that the practice of medicine in England is very nearly in the hands of surgeons and apothecaries; while the members of the College of Physicians are almost “an atom in the vortex of infinity.” Such is the result of the by-laws of the London College of Physicians. Can any lover of his country or science view this degraded state of medicine, in the greatest and most scientific nation on earth, without feelings of disgust and scorn for those who have effected it? Can any one, unless interested in existing abuses, who is aware that in all other countries physicians are proportioned to the wants of the public, advocate the baneful policy of the College? If there be such a man in the profession, we pity him. In Ireland and in Scotland, the proportion of physicians is comparatively greater than in this section of the kingdom, though the by-laws of the Colleges

of Physicians in both are based upon those we denounce. In France, Germany, Italy, and America, physicians are much more numerous than surgeons and apothecaries; and the practice of medicine, or the safety of the public health, is committed to those who, by superior education and medical erudition, are best qualified to preserve it. In England, as we have already said, the public health is committed to persons who assume the rights of physicians, whose general and scientific knowledge is of a very inferior description; and this crying evil is effected by the London and other Colleges of Physicians.

If physicians be declared useless, then let them be abolished at once. If they who must receive a good general and classical education—who reside at universities for four years—whose minds are enlarged by the blessings of general and medical knowledge—whose college associations are the most respectable—if they, we say, be not better qualified to undertake the awful duties of saving human life, abridging human suffering, and acting more politely towards the sick, than those whose early education has been neglected, whose medical knowledge is far less extensive,—then let them be suppressed.

To us it appears certain, that the legislature of this kingdom will never consent to suppress a learned profession, however zealous a few of its interested members may have been to effect it. We are, moreover, convinced that the by-laws of all the Colleges of Physicians in the United Kingdom

will be annulled by the next parliament, and that the scientific will be rendered entitled to equal rights and privileges. We have also reason to know, that the physicians of this empire will be raised to the rank and station awarded to them by various parliaments, and that others who now encroach upon them will be confined to their proper province. It would be foolish to suppose that the church and law should be subjected to salutary reforms, and the remainder of the learned professions be left unchanged, though replete with as much corruption and gross abuse as the former.

Mature consideration has long since led us to the conclusion, that any reform must benefit all ranks in the profession, promote their interests, and be of service to humanity. Our honest and anxious wish is, that all classes of our brethren should be benefited, and that the lives and health of our fellow-creatures should be protected and preserved. Whatever may be supposed to the contrary, we feel the self gratification that our endeavours were and are intended for the good of humanity and science, and that they have hitherto been directed against the abuses in all our medical institutions. Our strictures and animadversions have given offence to the short-sighted, narrow-minded, and self-interested; but our motto was and ever will be—“*salus populi suprema lex esto.*” We attack all delinquents; we show their hideous deformity, and the fatal consequences of their selfish policy; and we prove to all of them, that the spirit of the

age is against them. Our sincere desire is, that the profession of medicine in all its branches should be as perfect in this as in other countries; that it should shed its benign influence over society, and that it should promote human happiness. We desire to see all medical practitioners esteemed by the public, and that pure science be exerted for the relief of disease. All philanthropists are with us, and if we be in error we are in good company.

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OBSERVATIONS ON LOCAL BLOOD-  
LETTING, AND ON SOME NEW  
METHODS OF PRACTISING IT.

BY JONATHAN OSBURN, M.D., &c. &c.

OPENING the veins of the foot is a practice still resorted to in cases of obstructed menstruation by practitioners who must be above the influence of vulgar prejudice on the subject. The trials which I have made have not enabled me to arrive at a conclusion as to the question whether this practice possesses any advantage above general blood-letting. Bleeding from the veins of the tongue is another old practice now nearly forgotten, having been superseded by the more manageable mode of taking blood by leeches. By opening the veins on the back of the hands we can usually obtain blood with great facility when particular circumstances forbid bleeding in the arm. Bleeding from the jugular vein is not well suited for taking blood from the head, because the external jugular, which alone is within our reach, is supplied from the superficial veins of the neck, and principally from those of the larynx, but not from the interior of the head. Great benefit, however, may be derived from opening it in sudden attacks of croup.

The application of leeches is frequently a cause of great fatigue to the patient, from the length of time

during which stupor with hot water is kept up in order to promote the hæmorrhage from the leech bites; and, in some cases, when this operation is continued under the bed-clothes, the damp communicated to these produces cold, and is uncomfortable to that degree as often to prohibit their use. All this is obviated by the application of warm cloths of linen or calico applied perfectly dry, and removed in succession according as they have become saturated. By these means the blood is absorbed by capillary attraction, a process which cannot take place with wet applications. When dry cloths are thus applied and renewed to cuts in the skin, or to leech bites, I have found the bleeding uniformly to continue as long as the application was kept up, it being required only to supply fresh portions of the dry cloth to insure the continuance of capillary attraction, and thus to prevent coagulation at the mouths of the vessels.

This mode of managing leeches I am thus particular in describing, as it has enabled me to apply them in a case in which, if wet cloths were used, very serious danger might arise. I allude to bronchitis, both acute and chronic, in which the application of leeches to the larynx and to the trachea in the triangular space between the mastoid muscles, has appeared to me to be the most decisive and immediately successful remedy of all those which I have ever employed. In laryngitis, their utility is obvious and commonly recognised, but in bronchitis it has escaped notice, that the most immediate depletory process which can be performed on the mucous membrane of the bronchial tubes is that of leeching the trachea and larynx. It appears to remove blood not only from the mucous membrane of that part of the bronchial tube to which the application is made, but also from the whole tract of the bronchial tubes throughout their ramifications, being nearly equally efficacious in putting an end to the cough, when the remoter tubes are affected, as when the

**larynx** is the chief seat of disease. This application is also of singular efficacy in stopping the cough of phthisis, insomuch, that by resorting to it according as required in cases in the hospital, we have been enabled to secure sleep at night, and during the day to keep the phthisical patients so free from cough, that a superficial observer might readily believe that we had cured the disease.

It has been ascertained that leeches will continue to live and to draw blood, although immersed in water at a temperature considerably above 100°. Now, in cases of violent inflammation of the abdominal viscera, when local abstraction of blood and warm fomentations are both at the same time imperatively demanded, as soon as leeches have been applied to the abdomen the patient may immediately be placed in a hip bath, without waiting for them to fall off. Thus we may cause the relaxation and diminution of sensibility produced by the heat to combine with the benefit to be derived from the topical loss of blood.

The application of leeches to mucous surfaces was, I believe, first described by the Surgeon-General, Mr. Crampton. Although I have not met with any case of cynanche which required the direct application of leeches as advised by him, yet there can be no doubt as to the immediate benefit to be derived from it. I have resorted to the mode of applying leeches to other mucous membranes by passing a needle and thread through their tails, at about one-fourth of an inch from the extremity. This practice, so far from incapacitating them from action, causes them to bite with increased ardour, and, in fact, may be used to stimulate torpid leeches. The thread to be passed through the tail of the leech should be strong, and its extremities are to be held by the operator, while, if necessary, he may direct the mouth of the leech by a probe, or channel made with a card, to the place where its services are required.

In certain headaches confined to the frontal sinus, which, although originally derived from derangements of the digestive organs, yet do not cease when those derangements have been removed, a prompt relief is obtained from applying leeches in this manner to the interior of the nostrils; and in those cases no benefit is usually derived from leeches externally applied. The bleeding is usually rather more copious than if the application had been made on the skin; if, however, it should be deficient, the patient may encourage it by breathing over the vapour of hot water.

In inflammations of the conjunctiva, a leech thus applied to the Schaeiderian membrane of the adjacent nostril evidently unloads the vessels of the eye. This application I have found of great use after the previous application of leeches to the tarsal conjunctiva. It appeared to render the improvement derived from the latter permanent, and prevented the necessity of repeating it.

In inflammations of the ear, this mode of applying a leech inside the meatus is eminently useful; and next to it in importance is the application of them behind the ear as near as may be to the meatus. It may be objected, that such applications are not well suited to inflammations of the internal parts of the ear, inasmuch as those are supplied by a different set of vessels from the external. But the effect of leeches is independent of vascular connexion. For example:— in inflammations of the stomach or intestinal canal, the benefit derived from leeches applied to the corresponding region of the abdomen is acknowledged by all; but the vascular connexion between those parts is as remote as that between distant regions of the body, the one being supplied from the arteries arising from the abdominal aorta, and the other from the epigastric and mammary arteries; and that there can be no anastomosis of vessels is evident from the interposition of the peritoneum, which insulates the viscera completely



from the anterior parietes of the abdomen. The same observation applies with the same force to the thoracic viscera and to the brain. In all those cases, however, the effect of local bleeding is proved so repeatedly in our daily experience, that the inability of satisfactorily explaining the way in which the effect is produced must not be allowed for one moment to press against the evidence of facts.

In inflammation of the mucous membranes of the bowels, especially of the rectum, the French practitioners apply leeches to the margin of the anus. If the leeches take externally, no benefit is derived, and to apply them internally is often difficult, on account of the violent contractions of the sphincter. Those contractions also prevent any considerable quantity of blood being obtained from the bites. I have employed a method of taking blood from the rectum which obviates these inconveniences.—*Dub. Med. Journal.*

#### HÔPITAL DES VENERIENS.

(Original Report.)

#### Remarks on Tonsillar, Sublingual, and Anal Ulcers.

BY ALEX. THOMSON, M.B. OF ST. JOHN'S CAMB.

(Continued from p. 732, Vol. III.)

#### Mercury, its effects in this case.

FIRST of all, during its use, he had no uneasiness in the bowels, no nausea, no vomiting, and no interruption in, no augmentation of, and no change whatever in the period of, his alvine evacuations, save on the 27th of April, when he had his healthy, but liquid stools, and a deficit rather than an increase in the quantity of the saliva. Then, after nine grains, the gums were slightly affected, continued so for two days, and then got well without the mercury being left off, or any change being made in his regime. Lastly, the ulcers certainly did not tend towards cicatrisation in the slightest degree previously to the administration of the mercury; but the

anal ulcers began to do so, and more rapidly cicatrised, immediately after its commencement. Three days after its commencement, the lingual ulcers began to change in aspect; and six days after the commencement of its use all the ulcers of the mouth and throat began to cicatrise, and for four days went on cicatrising with extraordinary rapidity, while the pulse remained reduced in number to 66, and until the end of those four days, when the mouth became affected, and most of them were cicatrised; the remainder cicatrising slowly during five days, and the mouth regaining its natural state without the mercury being discontinued. Hence it appears that the system was affected by the mercury, that the ulcers profited by that influence, but that the remainder were retarded in their cure the moment that influence became too great. Yet this evidence, though apparently strong in favour of the mercury, is not perfect, inasmuch as we cannot determine what was the influence of the sarsaparilla.

#### Anal Ulcers, their progress.

April 13th. The ulcers of the anus are two in number, situated on the circumference of the anus, with elevated, indurated edges of a bluish-red hue, and regular margins, having both a hard base, a greyish-yellow, flat, even bottom, yielding little matter, a bluish-red areola of one line in breadth, and their long diameters parallel to the axis of the rectum; one placed in the anterior median line of the rectal orifice, one-sixth of an inch long by one-eighth broad, and ascending from the margin of the anus into the rectum; the other, one-fourth of an inch long by one-sixth broad, descending from the left margin of the anus, at about three lines from whence it commences.

14th. Wash the anal sores from time to time with decoction of linseed. Touch them both with nitrate of silver.

15th and 16th. Unchanged.

17th. M. Ricard has examined with

me this morning the anal ulcers, and admits their perfect similarity, in all the external characters, with chancre, but maintains that they are not chancres on account of the inoculation not having taken. He calls them ulcerated mucous pustules, simulating chancres.

18th. The anal ulcers are much improved; the anterior one is three-fourths cicatrised, its edges are less elevated, and the bluish-red areola is gone; the lateral has also lost its areola and the reddish-blue line of its edges, and is fully one half cicatrised. He has taken but one grain of proto-ioduret of mercury, and that yesterday.

19th. The anal ulcers are all but cicatrised, and of a pale reddish-blue hue, and on a level with the skin.

20th. The anal ulcers both cicatrised, of the same colour as the surrounding skin, the anterior a little bluish in the centre, and the lateral covered in the middle with a thin yellowish-brown crust, both round, notwithstanding their original oval form; each about one-sixth of an inch in diameter, the edges being still more elevated and harder than the middle of the cicatrices, though similar in colour to the skin.

21st. The anal ulcers perfectly healed, with firm cicatrices, the crusts having fallen from the middle of the lateral ulcer.

*Anal Ulcers, their nature.*

Such are the ulcers on the anus, having, indeed, all the external characters of chancre, but doubtful in their origin, having, if the man is to be believed, already been cured by mercurial ointment, and broken out again simultaneonly, with an increase of all the symptoms supposed to be secondary, and having commenced at the same time with ulcers on the glands and the secondary sores of the tongue and tonsils. Yet the matter of these ulcers being inoculated into three places with great care produced no pustule, and as yet, during a three

months' and a half course of experiments under M. Ricard, at the Venereal Hospital of Paris, I have never seen the matter of chancre fail of producing, on the first inoculation, the characteristic pustules. The inference was natural, and M. Ricard decided that they were not chancres. Yet we are thus reduced to admit either that there are sores having all the external characters of the chancres on the anus, contracted by anal connexion, that are not really chancres, or that all chancres will not produce, on inoculation of their matter, the characteristic, or indeed any, pustule.

*Anal ulcers.—To what may their cure be attributed?*

It is remarkable, that in spite of the linseed-tea wash, in spite of the touch on the 14th with the nitrate of silver, these sores were in no way changed in external characters until the 18th, four days after the cauterisation, fifteen days after they were first seen, and the first day after the commencement of the use of the proto-ioduret of mercury, of which only one grain had yet been given; yet on this day they were on a sudden more than half cured, although one can scarcely believe that the mercury had as yet affected the system, and in three days afterwards were entirely healed. One simple hot bath of an hour's duration, the day after the cauterisation, half nourishment, honeyed barley-water for drink, with a pint of milk daily, and repose in bed, are the only remedies that can have produced any previous effect. It would appear, therefore, that the mercury may have hastened but could scarcely have had any direct action in commencing the healing of these ulcers, and therefore that ulcers having all the external characters of chancres, without yielding the inoculatory pustule, may be cicatrised during the use of anti-phlogistic means alone.

*Indolent Tumour diminishing the capacity of the Pharynx, unaccompanied with annoyance to the Patient.*

There was in this case a remarkable affection of the right side of the pharynx, where, without the posterior palatine pillar being displaced, the space between its free edge, and the median line of the vertebral surface of the pharynx was occupied by a hard substance with a flat surface, which when touched by the finger, was hard, resistant, solid, and not painful or tender, having its surface even, and covered with healthy looking mucous membrane, and producing no swelling externally, apparently permanent, extending as high and as low in the pharynx as the eye could examine, unmoved by the different movements of the pharynx, unproductive of the slightest annoyance, unchanged in consistence and form during the course of the treatment, and capable of presenting a very serious obstacle to the performing of tonsillar excision, whether by the straight bistoury or the newly invented tonsillar scissors of Cloquet. I have seen another tumour similar to this in every respect, and like it unchanged during the course of the treatment in another case of secondary symptoms.

*Tonsillar Ulcers, their progress.*

They were both unchanged from the 3rd to the 13th of April.

13th. The tonsils are both prominent one or two lines beyond the free margin of the palatine pillars, occupied entirely each by an ulcer, of which the circumference is regular and the edges hard, abruptly elevated, and about one line in prominence, and the bottom of the ulcers uniform, or nearly so. and red, with some spots of pus and mucus mingled here and there, having each about three quarters of an inch in vertical, and half an inch in antero-posterior diameter. The right ulcer is already

in part cicatrised along the middle of its anterior edge.

14th to 29th. Unchanged. He began the use of the proto-ioduret in doses of one grain a day on the 17th, with the sarsaparilla drink.

21st. The right tonsillar ulcer retains its elevated edges, as though the ulcer were still open, but these edges are soft, and the whole ulcer with them is covered with a thin epiderm.

22nd to 24th. Unchanged.

25th. The elevated edge of the right tonsillar cicatrix gradually diminishing towards its natural level.

The left tonsillary ulcer is much diminished, has its bottom covered with moderately red granulations and a little mucous pus, its edges much less elevated, and much diminished in thickness, the anterior having become attached to the body of the gland. The ulcer itself is still two thirds of an inch in vertical by one third in horizontal diameter.

26th. The elevated edges of the left tonsillar ulcer sunk to a level with the surface of the gland, in the lower half of which they are adherent, and which is itself cicatrised to that extent, smooth, and covered with an unpuckered and smooth membrane.

27th. The posterior upper fourth of the left tonsillar ulcer remains now uncicatrised and with slightly elevated edges, the anterior of the upper fourth having assumed the same appearance with the lower half.

28th and 29th. Unchanged. 30th. Unscen. 31st. Unchanged.

June 1st. The remainder of the left tonsil is now covered with an epithelium, thin, but smooth, regular and unpuckered, although the posterior edge of the ulcer is not as yet sunk to a level with the body of the gland. He leaves the hospital as cured.

*Remarks on the nature, progress, and cure of these Tonsillar Ulcers.*

These ulcers had, it appears, been the results of a fortnight's uncleaness,

came on at the same time with the sore of the tongue, after kissing or licking the parts of his mistress; differed from most of the tonsillar ulcers I have seen referred to secondary symptoms, in not having their bottom flat, and of a greyish yellow hue, or their edges, as it were, gnawed, or sharply cut; yet M. Ricard considered them as such, and they were remarkable by their uniform symmetry and by the unequal manner in which they were influenced by the treatment. The right remained nineteen days in the same state, and then was suddenly in twenty-four hours perfectly cicatrised, its edges remaining elevated for five days afterwards, and then rapidly sinking to its natural level, so as in two or three days to be no longer perceptible. The left, notwithstanding the symmetrical appearance, did not change in aspect for four days after the cicatrization of the right, progressed much more slowly, went on cicatrising for three days, remained with the upper fourth alone uncicatrised and stationary for four more days, and then was suddenly closed in twenty-four hours. In the left, the swelling of the edges diminished gradually opposite to the parts cicatrised and immediately subsequently to their cicatrization. Neither of the ulcers had in the slightest degree changed in aspect by the simple or opiated marsh mallow gargle, nor by the half nourishment, the repose in bed, or the barley-water drink, until such time as the mercury had been administered. Four grains only of the proto-ioduret had been taken on four successive days with the sarsaparilla drink previously to the sudden healing of the right ulcer. Eight grains, with the same drink, had been taken on as many successive days, previously to any change occurring in the left, and fifteen grains before the termination of the cicatrization of the same. It is to be remarked, that the healing of the right and the commencement of that of the left both took place before the mouth was affected, the

former five days, and the latter one day previously. The left went on rapidly cicatrising during the four days anterior to the mouth's becoming sore, and during which the pulse was reduced to 66, and then when the mouth became affected, remained stationary for four days until the soreness of the mouth had ceased, and then became suddenly healed in twenty-four hours.

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THE LONDON UNIVERSITY CHARTER.

*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN,—The London University is looked upon by every well-wisher to the education of the people with delight. It is an antagonist that is about to try its strength with Oxford and Cambridge, and other universities, based upon the exclusive principle, admitting none to their honours but upon the presumed safeguard of a particular creed. The giant will prevail, if so be that he be not manacled by the chains prepared by exclusiveness. The proposed charter will be either the developer or the destroyer of his glorious manhood. If made upon the liberal principle, so that *all* can apply to be admitted to collegiate honours of the university, *no matter at what school, or at what place* educated, the London University will be glorious in its majesty; but if the exclusive principle is acted upon, and all, save those few *who have been educated within the walls of the university*, are to be excluded from sharing in the collegiate honours, then the London University will be an object of disgust to every friend to freedom in science, and to every hater of monopoly.

This leads me, gentlemen, to express my astonishment that the private lecturers of London (and let it be remembered that the most scientific lecturers of the London University *were* and *are* still private lecturers), do not meet to present a memorial to his Majesty's ministers on this point.

That a charter will be granted to the London University I have every reason to know; and, therefore, exhort private lecturers, not simply for the sake of themselves, but for the sake of the University itself, and also for the sake of the principle of *universality*, boasted of by scientific men, to meet and to prepare a memorial embracing the points specified.

Believe me, Gentlemen,  
Yours truly,  
London, July 24th. MEDICUS.

### Hospital Reports.

#### ST. GEORGE'S HOSPITAL.

##### *Compression of the Brain—Trephining.*

WILLIAM BOWKER, ætat. five years, was brought into this hospital on the 21st July, having fallen from a height of six feet on a stone pavement.

On his admission to the hospital, he was perfectly insensible; pulse very small; pupil dilated; severe contusion of the scalp, and fracture of the parietal bone of the right side.

He was placed under Mr. Brodie's care.

23rd July.—*Sub. Mur. Hydrarg. gr. ii;*  
*Pulv. Rhei, gr. viii;*  
*V. S. ad. ʒii.*

The patient has been bled several times, and Mr. Brodie found it necessary to remove part of the bone on Saturday last.

30th July. Patient is unusually heavy this day, and appears quite unaffected by external agents; eyes heavy and fixed. Bowels have been moved last night.

##### *Sloughing of the Penis—Retention of Urine.*

Wm. Mallett was admitted into the hospital on the 21st July, he complained of inability to evacuate urine. On examination, it appeared that the entire glans and a considerable portion of the penis had, in consequence of former disease, sloughed

away, and about an inch only of the penis remained. The orifice of the stump, owing to the neglect of the patient, gradually diminished in extent and became nearly obliterated, in consequence of which, inability to pass urine ensued. Mr. Brodie has introduced the catheter several times, and the patient is rapidly getting better.

##### *Simple and Compound Fracture of the Leg — Amputation — Convulsions after Hæmorrhage.*

Wm. Lovett was brought into this hospital on Saturday night, a wagon wheel having gone over his leg some hours before his admission.

There was dreadful contusion of the integuments and fracture of the tibia of the right leg. There was simple fracture of the left leg. The patient seemed to suffer great agony during Sunday, and mortification of the right leg set in. The leg, from the patella downwards, was exceedingly cold, while the temperature of the rest of the body was increased.

Mr. Hawkins, under whose care the patient is, proposed amputation of the limb on Monday, to which the patient consented.

Mr. Hawkins then proceeded immediately to amputate the leg. During the operation the patient fell into violent spasms, and sixty drops of laudanum were administered. Whilst the surgery porters were in the act of carrying him down stairs a jet of blood was discovered issuing from the stump; the patient was instantly conveyed back to the operating theatre, when Mr. Hawkins having removed the bandages soon discovered the bleeding artery and passed a ligature round it. The patient is now doing well.

##### *Danger of Leaden Bougies.*

Mr. Brodie, whilst going round the wards the other day, took occasion to remark that he disapproved of the employment of leaden bougies, which, he said, were objectionable, as *not* being sufficiently flexible to adapt themselves properly to the curve of

the urethra, and being, in some cases, liable to be broken. Mr. Brodie has known five cases in which leaden bougies broke in the bladder.

*Fungous Excrescence—Amputation of the Leg.*

On Thursday, the 25th of July, Mr. Babington performed amputation of the leg for fungous excrescence of the tibia.

ST. BARTHOLOMEW'S HOSPITAL.

*Fracture of the Leg—Delirium—Death.*

James Hickey, ætat. 35, was conveyed in great agony to this hospital on the 8th of July, his leg being fractured in a fall while quarreling.

On his admittance his leg was set; but in a few days he became delirious, and knocked off the splints, so that it was deemed proper to bind him with straps to his bed. About midnight, however, by an extraordinary effort, he succeeded in breaking the bands, and having got up he threatened to murder all the inmates of the ward. He struck, with a wooden bar, two of the porters. Being at last secured, he was strapped tightly to his bed. On Thursday, the 25th of July, he died furiously delirious.

*French Medicine.*

*Syphilis repeatedly communicated to the same Individual while under Cure.*

M. RICARD, surgeon to the Hôpital des Veneriens at Paris, read a memoir before the Royal Academy of Medicine, June 4, in which he stated that an individual, affected with syphilis, may contract other chancres, both before and during the ordinary treatment. He also maintained that secondary symptoms are not contagious.—*Archives Gén. de Médecine Journ. Complémentaire des Sciences Méd., Juin.*

[This last conclusion is generally

admitted, though we consider it erroneous. We should ask its advocates,—How does it happen that a parent labouring under this form or stage, communicates it to the foetus in utero? There is no general rule in medicine without an exception.—*Eds.*]

*Abolition of Quarantine in France.*

At the meeting of the Academy of Sciences on the 8th instant, at which were present MM. Gay-Lussac, Thenard, Magendie, Double, Serres, it was the general opinion that quarantine was *absurd*, and that it was France that should give the impulsion for its first abolition. What will our quondam friends at Whitehall say to this? Every one of them may shake his innocent head, and declare—"thou canst not say I did it." Neither does the world accuse you.

At the meeting on the 9th instant M. Pariset delivered an eulogy on Cuvier, whose bust was placed in the Academy.

*Monomania in relation to Legal Medicine.*

M. Marc read a memoir, in which he maintained, that all the works on mental alienation produced nothing but sterility, inasmuch as they offered the explication by reasoning, without taking into account organic lesions, and that the classification was formed upon vicious and uncertain bases. He blamed many of his countrymen, and concluded by announcing that he would speedily communicate new facts with regard to incendiary monomania, and that by mutation.—*Journ. Univ. et Hebdom., Juillet.*

*Case in which several Biliary Calculi were discharged outwardly from an Abscess.*

A man, aged forty-eight, applied at La Charité for advice, respecting a swelling which made its appearance several months before, at the lower edge of the false ribs on the right side. It was accompanied with con-

stant severe pain; but there was neither vomiting, nor any symptom of jaundice; diarrhoea had occurred at intervals. The swelling, at first very painful and hard, became gradually softer; an eschar was formed by rubbing caustic potass on its surface; and when this separated, a considerable quantity of reddish purulent matter escaped. The pains however did not abate. This state of things continued for upwards of five months, the purulent discharge going on all this time, when the patient felt as if some rough or pointed body was irritating the wound in the side. One of his companions drew it away by means of scissors; and after its removal, a copious flow of pus followed, with great relief to the pain and general distress. On the recurrence of these, he applied at La Charité, and now it was ascertained that the substance which had been withdrawn was a biliary calculus; it was of the size of a pea. Upon probing the wound, the point of the stylet came in contact with something hard, rough, and moveable; when extracted it proved to be another biliary calculus. Fortunately the constitutional disturbance was not great; there was considerable emaciation, but the appetite was good, the bowels regular and healthy, and the pus from the wound laudable.

During the subsequent week several calculi were discharged, and the patient improved in every respect. Cases similar to the one now reported have been recorded by various authors, as Petit, Sæmmering, Cheselden, &c. &c. Those who are interested to know the particulars are referred to the paper in the March number of the *Archiv. Générales*.

#### *Alum as a Remedy for Cancer.*

M. Guneau de Mussey speaks in terms of confidence of the efficacy of alum in cancerous diseases. After describing a peculiar pain in the feet, which he has noticed as a characteristic and distinctive symptom of cancer of the womb, he states, that

he has cured an enlargement of the prostate by the internal administration of alum in the doses of eight to sixteen grains. He has likewise employed with advantage, in cases of cancerous breasts, a solution of alum, with a little camphorated spirit. In some cases of gastralgia this means has been found beneficial.—*Jour. de Chim. Méd.*

#### *Instrument for extracting Substances from the Bladder.*

M. Segalas has invented a new instrument for extracting from the bladder any long, thin, supple body, such as pieces of a bougie or catheter. This instrument consists of a piece of wire, divided up half its length by three branches, whose extremities are unequally bent towards a centre. This wire is sheathed in a bent canula, slightly flattened, which serves as a conductor and constrictor; a screw is so attached as to effect a gradual and firm movement backwards.—*Ibid.*

#### Indian Medicine.

##### *Indian Ophthalmia treated with much success with Alum.*

M. SONTY, in a report which he lately made to the Minister of the French Marine, mentions his great success in the treatment of a most violent and rapidly destructive epidemic—purulent ophthalmia, in the East Indies. At first he had employed antiphlogistic measures, but they entirely failed, or rather the disease was too intense to be quickly enough affected by them. The natives employed very stimulating applications; as, for example, a mixture of pepper, lemon-juice, and the juice of tamarind leaves, to which is added afterwards, roasted walnuts; this paste they applied round the eyelids. M. Sonty soon found out the marvellously good effects of rock alum. He took a piece, with which he kept stirring, for eight or ten minutes, the white of an egg, which is then to be put into a fine muslin bag.

When this is to be used, the patient's head must be held back, and while the eyelids are kept open, a few drops of the liquid are to be squeezed from the bag upon the eye. This operation must be repeated very frequently, —in some cases every half hour. The same treatment is applicable in all the stages of the disease, and generally cures it in from 24 to 48 hours. —*Archiv. Génér.*

### German Medicine.

#### *Tic Doloureux cured by Stramonium.*

Obs. by Dr. FOTT.

A YOUNG lady, who had suffered for several years from tic doloureux, which sometimes terminated in swelling of the cheek, or by swelling of the lip of the affected jaw, had tried a great number of remedies without any benefit. The author cured her in the space of six weeks by an issue in the arm, and by giving her internally from eight to fifteen drops of tincture of stramonium every third hour. —*Beitraege Mecklenburgischer Aerzte, B. 1, H. 2.*

#### *Peculiar Treatment of a Chronic Vomiting.*

By Dr. FOTT.

A woman of plethoric habit, not very muscular, but whose appearance seemed to indicate florid health, had suffered for nearly fourteen years from gastralgia and enteralgia, and had not been a single day without vomiting during that space of time. Every known remedy had been tried, and especially anthelmintics, without any success. M. Fott, thinking the disease to be a nervous affection, or probably rheumatism, of the stomach and intestines, prescribed the hydrocyanic water of Schrader, in the dose of seven drops every third hour. The patient soon found herself relieved: she went out in a coach without vomiting, which she had not done for fourteen years. The vomiting, which disappeared for three days, returned on the fourth, continued for several

days, and then suddenly ceased. It was succeeded by oedematous swelling of the legs and thighs, which yielded to the exhibition of calomel, united with yellow sulphur of antimony, opium, and digitalis, with frictions of oil of sweet almonds and henbane. The vomiting did not return for three months, when the patient brought it on again by the immoderate use of curdled milk, and by affections of the mind. The hydrocyanic water did not succeed this time: M. Fott prescribed a mixture composed of tincture of opium, half an ounce; Hoffman's anodyne liquor, two drachms; chamomile infusion, eight ounces: a tablespoonful to be taken every two hours. The vomitings ceased, and did not return more than once in two or three weeks: it finally yielded to the use of this mixture. —*Ibid.*

#### *Spontaneous Cure of Hydrocele in the space of a few Hours.*

By Dr. KRIMER.

A labourer, aged 52, was affected with hydrocele for some years. A puncture had been made, when a pound of serous fluid had been discharged, and the testicles were found in a healthful state; at the end of three weeks the serosity began to accumulate anew in the tunica vaginalis. Nine months afterwards, the patient applied to Dr. Krimer; the tumour was then the size of a child's head. M. Krimer proposed to effect a radical cure by the incision and excision of the vaginal tunic, to which the patient consented. On the day appointed for the operation, Dr. Krimer went to the patient's house with some of his colleagues, and was very much surprised at not finding any traces of the hydrocele. The patient stated, that the evening before, having raised with great exertion a weight of near 200 pounds, he felt in the inguinal region that something had given way, with violent pain, as if his abdomen was torn; he went to bed, after having passed a great deal of urine; and when he awoke he perceived the disappearance of the tumour, and the



existence of an ecchymosis, which extended on the left side of the scrotum. The spermatic cord and epididymis were varicose, the inguinal ring closed, and neither fluid nor pain remained. Fomentations with vinegar and water for three days, and with wine and alum for six days afterwards, removed the ecchymosis, and diminished the varicosities of the spermatic cord.—*Medicinisches Conversationsblatt*, No. 14.

#### *Extirpation of a diseased Ovary.*

A. D., aged 31, mother of four children; during her last, the fifth, gestation, the abdomen was so enormously distended, that it was thought that she was pregnant of twins. The size, however, was not much abated after delivery, and it was then ascertained that it was caused by an enlarged ovary on the right side. A trocar was introduced, and fourteen pounds of a serosity were drawn off; the limits of the swelling could now be more easily defined; and, as it felt hard and fluctuating, the trocar was inserted at another point, and twelve pounds more of a watery fluid were evacuated. Dr. Ehrhartstein decided on its extirpation, which was performed eighteen weeks after delivery.

On exposing freely the diseased mass, it was found to have contracted adhesions to the surrounding parts; these were cautiously severed, and the tumour extracted in fifteen minutes from the commencement of the operation. Only three vessels required ligatures. Several febrile symptoms supervened, and lasted for several days. On the eighth day a profuse discharge of bloody serum and of gas escaped from the wound, with great relief to the patient. In nine weeks the wound had healed completely.

The diseased ovary weighed twelve pounds, and when cut through exhibited numerous cavities, partly filled with a serosity. The three vessels which had been divided were of the size of writing quills.—*Med. Jahr. des Oester Staats*.

#### MALIGNANT CHOLERA.

We are grieved to state that we have attended six cases of cholera since Saturday, in all of which there was blueness; in some, the diarrhoea ceased, in others, the vomiting. Three of these were saved by the following remedies:

R. *Mist. cretæ* ℥vj.; *t. catechu* ℥j.; *t. opii* ℥j.; *sp. am. arom.* ℥ij.—iij.; *ol. menth. pip.* ℥v.; *ext. hæmatoxyli* ℥ij.; *dosis* ℥ss. *omni quadrante horæ.*

When the diarrhoea was arrested, ℥j. of hyd. subm. was given every three hours; and ℥j. of ung. hyd. fort. rubbed into each axilla every half hour until ptyalism was produced.

#### CORRESPONDENTS.

*J. T.* is unreasonable.

*H. B.*—We shall be happy to receive impartial reports of interesting cases.

*Dr. Veitch* shall hear from us by letter.

*Mr. H.*—The speech on Medical Reform is admirable, but too long for insertion in a Medical Journal.

*Mr. G.*—The Liverpool Medical Journal is bold, judicious, and independent. It appears monthly.

*A Reformer* will see by this Number that his ideas are anticipated.

*T. A.*—This plan of reform is too sweeping. We withhold it, as the writer may enlarge it, and present it for the prizes offered by the Reform Association, announced in the present Number.

*Mr. W. of Birmingham.*—We are much obliged by the punctuality with which the promise was performed. We regret the unjust and unmerited prejudice on the part of the individual alluded to, and we could effectually remove it, if he be a reasonable person.

*Bristolensis.*—We cannot re-advert to the subject.

*J. M., E. F., J. W., J. T., Chirurgus, Medicus, &c.*—The Lectures shall appear at our earliest convenience.

*Mr. S.*—We wish the promised lectures as early as corrected by the able Professor.

Subscriptions received in aid of liquidating DR. RYAN'S law expenses incurred in defending the respectability of the Profession, amounting to nearly £1000 . . . £229 2 6

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**LECTURES**  
ON THE  
**PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,**  
BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

LECTURE XLVIII., DELIVERED FEB. 6, 1833.

GENTLEMEN,—The severity and danger of *compound dislocations* depend upon various circumstances; as first, upon the size of the joint concerned; a consideration, however, more applicable to compound than to simple dislocations; for I have already explained, that in simple dislocations the size of the joint affects the prognosis but little, and that some simple dislocations of the thumb are more difficult to reduce than those of the shoulder. But, in compound dislocations, the size of the joint makes a great difference in the degree of severity and danger of the accident. In the second place, the size of the wound or laceration in the synovial membrane, and the extent of injury in the ligaments and tendons, are circumstances making a material difference in the seriousness of a compound dislocation. Thus, when the wound in the synovial membrane is large, and the joint of a considerable size, like the knee, the accident may be regarded as one of urgency and peril. Thirdly, the danger will also depend, in some measure, on the degree of mischief done to the soft parts near the joint, as the contusion or laceration of the skin and muscles. Fourthly, several kinds of complications may add to the severity of the case: thus, a dislocation may be complicated with a fracture and comminution of the bone; a dislocation may be attended with a rupture of an artery or vein of magnitude; and experience proves, that this occurrence, though rare, is possible in dislocations of the shoulder. The same accident may also be complicated with paralysis of the

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arm from pressure of the head of the humerus on the axillary plexus of nerves, an affection sometimes difficult to cure.

Compound dislocations of the ankle are perhaps more frequent than those of any other joint in the body, and the greater number of them are at the same time complicated with a fracture, especially of the fibula. Compound dislocations of the thumb sometimes become complicated with tetanus; and hence a few practitioners have gone so far as to advise, in such cases, the immediate amputation of the injured part, as a means of preventing that fatal disorder; but the propriety of this advice I cannot admit as a common rule.

Compound dislocations are treated much on the same principles as compound fractures. In the first place, you have to decide whether the condition of the limb will justify the attempt to save it or not. This question must be solved by reference to various points already specified. If the joint be of a considerable size, like that of the knee, and the synovial membrane be extensively torn, and the soft parts a good deal injured, then of course your duty will be to perform immediate amputation. Compound dislocations of the elbow, ankle, and wrist, will not often require amputation, unless the soft parts are very considerably injured; they are found to need amputation in a fewer number of instances than were operated upon about thirty years ago; in fact, such accidents usually terminate well, unless they are accompanied by an extraordinary degree of laceration and contusion of the skin and muscles, and also with fracture, as happens in bad gun-shot wounds, or from the passage of a heavy carriage over a joint. When an attempt is to be made to save the limb, you must act nearly in the same way as in a compound fracture, that is, you must endeavour to convert the compound dislocation as quickly as possible into a simple one, by doing all in your power to unite the wound by the first intention. Examples are met with, in which the head of the bone protrudes through the skin, and a great difficulty is sometimes experienced in returning it. Under these cir-

D

cumstances, some surgeons prefer sawing off the head of the bone to making violent attempts to reduce it; and you will find, that Mr. Hey, in his Observations on Surgery, relates a few cases in support of this practice. The only thing, I believe, that can warrant the plan of sawing off the head of the bone when it protrudes, is the impossibility of reducing it by any other means; for you will find that, in the cases related by Mr. Hey, the patients never regained a complete use of the limbs which had been so treated: and probably they limped, and walked less perfectly than they would have done if the head of the bone had not been sawn off. At all events, this is the impression made on my mind by the perusal of the cases in question.

After having accomplished the reduction of a compound dislocation, the first thing then is to procure union of the wound by the first intention if possible, and thus to convert the compound dislocation, as it were, into a simple one that has been reduced. Afterwards, gentlemen, you should endeavour to prevent the inflammation from advancing to a violent height; for you will find, that in compound dislocations, the inflammation which follows them, especially when the wound has not united by the first intention, is always disposed to be severe. On this account you should employ cold evaporating lotions, leeches, and even venesection, together with other antiphlogistic measures, particularly quietude of the joint and limb. Sometimes the inflammation and swelling are so great, that you cannot employ splints immediately; but, unless the objection to them on this ground is well founded, they should not be omitted, for they prevent motion of the joint, and give the torn ligaments the best opportunity of uniting again.

The amputation of limbs for compound dislocations, as I have said, is less frequently performed now than in former days; and you will find, gentlemen, after the dislocation is reduced and the wound dressed, that the appearance of the limb is much altered for the better, and the case loses all at once its terrific aspect. Indeed, the success of the practice of attempting to save the limb in the greater number of instances of compound dislocations, which formerly would have been thought to require amputation, is now so encouraging, that I may truly say, that where six cases were formerly considered to demand the operation, there is now only one. However, it must not be concealed, that examples do present themselves, in which amputation is necessary; and in these, if you are certain that the operation cannot ultimately be avoided, it is best to amputate at once; for if you lose the present opportunity, inflammation, followed by fever and violent constitutional disorder, will come on, and you will perhaps never have again a favourable moment for the operation. In fact, the same rule is here applicable as in severe compound fractures and ball gun-shot wounds, and which, you may

recollect, I particularly called your attention to when those subjects were before us, namely, that when a limb is obviously, from the first, incapable of being saved, it is best not to defer amputation, but to take the earliest opportunity, as the very best which can be had, of performing the operation.

I come next, gentlemen, to the consideration of *particular dislocations*; and first I will describe those of the lower jaw.

*Dislocations of the lower jaw.*—It is evident, that, so long as the mouth is shut, nothing can dislocate the lower jaw; but when the teeth are separated, and the mouth wide open, the condyles pass forwards on the eminentiæ articulares; and while they are in this position, if there should be any spasmodic action of the depressors of the chin, or of the external pterygoid muscle, to incline them a little more forwards, they will slip under the zygomatic processes, and thus a dislocation will be produced. The condyles of the lower jaw can be dislocated in no other direction, than that forwards under the zygoma, and the accident may happen either in the manner I have described, or in consequence of some external violence acting upon the body of the bone, at a time when the mouth is open. In fact, at that period, a very slight force applied, so as to depress the chin, will force the condyles to glide under the zygomas; and hence, dentists, when they are rough and careless in their proceedings for the extraction of the teeth, may dislocate the lower jaw.

I have said, that the dislocation can only take place forwards under the zygoma; and this is true with respect to the two kinds of dislocation to which the lower jaw is liable; one of which is that in which both the condyles are displaced, and the other the particular case where only one of them is dislocated, which is less common, but sometimes happens, one condyle being thrown under the zygoma, while the other continues in its proper place. I should explain to you, however, that the lower jaw is subject to another kind of accident, attended with a partial displacement of it, namely, the case in which the condyle of one side slips out of the inter-articular cartilage; this is called a *subluxation of the jaw*; the condyle does not quit the capsule, but merely the inter-articular cartilage, the jaw becomes motionless, and the mouth continues slightly open. But all those dislocations, in which the condyle quits the capsule, take place in the manner, and in the direction, which I have explained. You meet, then, with three cases, the *dislocation of both condyles*, the *dislocation of one*, and the *subluxation of the lower jaw*, or mere displacement of one condyle from the inter-articular cartilage.

With respect to the symptoms of a complete dislocation of the lower jaw, I wish you to observe, gentlemen, that in consequence of the position assumed by the bone, when the condyles are thrown forwards out of their

articular cavities, the mouth must necessarily remain open,—it cannot be closed; for this would be prevented by the coronoid processes touching the cheek bone; I need scarcely tell you, then, that the power of speech will be considerably impaired. After the bone has remained unreduced for some time, it is true, the mouth will become rather less widely open; but still it cannot be closed, on account of the mechanical impediment to which I have just alluded. The chin is considerably lengthened, and the lower teeth, if they could be brought up as high as the upper ones, would be much in advance of them. In consequence of the irritation of the parotid gland, there is a profuse secretion of saliva, which is incessantly dribbling out of the patient's mouth. The nature of the accident, I think, gentlemen, must be obvious enough from the circumstances already enumerated.

When the case is a dislocation of only one condyle, you may observe, particularly in thin persons, a slight distortion of the chin or mouth, an inclination of it towards the opposite side; but in fat subjects, this kind of deformity will be so slight, as perhaps not to be noticed. Mr. Hey has made some remarks upon this symptom, which is not always so manifest, but that it may not attract observation. When both condyles are dislocated, there is one symptom worth remembering, which is, that, in consequence of the chin being elongated, the cheeks are always stretched out, so as to have a much flatter sunken appearance than what is natural. After the accident has remained unreduced a certain time, the teeth of the two jaws partially approach one another, but not completely, on account of the mechanical opposition produced by the coronoid process being in contact with the malar bone. I have told you, indeed, what you would have known without my assistance, that great imperfection of speech is produced, and the patient finds it impossible to pronounce the labial consonants. At one time, it was supposed, that an unreduced dislocation of the lower jaw would be fatal: it is certainly a very distressing occurrence; but there is no truth in the statement that it is fatal; for, cases are on record of individuals who lived many years in this pitiable condition. When the jaw is dislocated, you will observe, in addition to the symptoms I have mentioned, a kind of depression in front of the meatus auditorius externus, in consequence of the removal of the condyle from its natural situation. When the dislocation is only on one side, of course, this depression will be perceptible on that side only.

Now, gentlemen, in the treatment of these dislocations, there are two indications to be attended to, which apply equally to all other dislocations, namely, *to reduce the displaced part or parts of the bone, and to keep them reduced.* The manner of reducing a common and complete dislocation of the lower jaw is very simple. The mouth is already open, so

that there is space enough between the teeth to admit of the introduction of the thumbs into the mouth, and the performance of the method of reduction, which I will in a moment describe. Well, the surgeon, recollecting the principle, which I explained to you in my general observations on dislocations, endeavours to make the dislocated bone a lever for reducing its head, or its condyle, as in this instance; he therefore introduces his thumbs into the mouth, and applies them on the molar teeth; in short, they are to serve as the fulcrum, on which he is to make the bone move: his fingers are next applied underneath the chin to the body of the bone; he now pushes the condyles with his thumbs downwards and backwards, at the same time that he brings the chin upwards and forwards with the pressure of his fingers; and, as soon as the condyles are thus extricated from the zygoma, the temporal and masseter muscles act so quickly and suddenly in pulling them back into the glenoid cavities of the temporal bones, that if the surgeon were not very prompt in moving his thumbs towards the cheeks, out of danger, they would be severely bitten. It is on this account, that some practitioners, who like not this kind of risk, usually put on a pair of thick gloves, before proceeding to reduce a dislocation of the lower jaw. Indeed, the rapidity with which the bone returns into the articular cavities, when the condyles are extricated from their confinement under the zygomatic processes, is really surprising. Then the *second indication*, or that of keeping the bone reduced, is accomplished by a very simple plan: you know, that there cannot be any displacement of the condyles, as long as the mouth remains closed; and hence, as soon as the reduction has been performed, it is usual to apply the four-tailed bandage, to keep the mouth in this very safe and desirable position. The two front tails of the bandage are brought to the back of the head, and the two posterior ones applied to the forehead. The bandage is worn for about ten days, and the patient is restricted to spoon diet, and directed to avoid conversation. If there be a great deal of swelling, you must employ bleeding and other antiphlogistic measures. It is found that, when only one condyle is displaced, if you press with your thumbs on the molar teeth of both sides of the jaw, you will sometimes not succeed in effecting the reduction; and I therefore recommend you not to forget, on such an occasion, Mr. Hey's advice, which is, to apply your thumb only on the side where the dislocation has taken place, and to let the lever-like movement be directed particularly to the displaced condyle, and not to the other.

With regard to the imperfect dislocation, or *subluxation of the lower jaw*, when the condyle is thrown out of the inter-articular cartilage, the jaw is rendered motionless, and the mouth cannot be entirely shut. It is an accident that does not call for the interference of the surgeon, for the condyle usually returns

into its place again in a few minutes, without assistance. When the reduction of a dislocated jaw is attended with extraordinary difficulty, you should have recourse to bleeding and other means of weakening the muscles.

A person who has once dislocated his jaw, will always be very liable to the accident again from slight causes; and sometimes merely laughing, or yawning, will bring it on.

*Dislocations of the clavicle* are less common than fractures. The clavicle may be dislocated at either extremity, at its sternal extremity, or at its junction with the acromion; but the dislocation of the sternal end of the clavicle is by far the more frequent, and for two reasons; first, because that end of the bone is naturally more moveable; and, secondly, because its ligaments are considerably weaker than those which tie the other extremity of the clavicle to the acromion. The accident is not uncommon in children and women, in whom the ligaments are weaker, and the articular cavity shallower, than in male adults.

Now, gentlemen, let us inquire, in what direction does the dislocation of the sternal end of the clavicle usually take place? It happens in most cases forward, the dislocation of the sternal extremity of the clavicle backwards being a very rare accident, so rare, that Sir Astley Cooper, with all his experience, has only met with one example of it, and that was not produced by external violence, but was the result of great deformity of the chest and spine, whereby such a change was made in the direction of the whole trunk, and of the clavicle in particular, that its sternal end was thrown backwards. One curious result of this case was, that the œsophagus was dangerously pressed upon by the dislocated end of the clavicle, which the surgeon was obliged to saw off to save the patient's life. The dislocation of the sternal end forwards is much more frequent, and may occur in two ways, either from a fall on the shoulder, or from the application of external violence, which, by pushing the acromion suddenly and considerably backwards, gives a disposition to the sternal end of the clavicle to start forwards in the same proportion. The nature of the case will be quite obvious, on account of the superficial and prominent situation of the bone. The accident is attended with laceration of the ligaments and part of the tendinous attachment of the sterno-mastoid muscle. The treatment consists in the application of a wedge-shaped cushion under the axilla, to make the humerus act as a lever in propelling the shoulder outwards; in the employment of a bandage and sling to confine the arm in a position in which the elbow and fore-arm are duly supported, and held rather backwards, while the shoulder is inclined a little forwards; and in putting a compress on the sternal end of the clavicle, and keeping it there with the bandage.

The *acromial end of the clavicle* can be dislocated only in one direction, which is up-

wards. It cannot be dislocated downwards, for the root of the coracoid process of the scapula, and the ligament extending from this process to the acromion, resist a dislocation downwards; but sometimes, by great violence, the scapula itself is driven downwards, and the acromial end of the clavicle projects upwards. Sir Astley Cooper, in his work on dislocations, gives us a drawing of such a case. Here the ligaments, tying the clavicle and acromion together, are torn, as well as some of the bands of ligaments connecting the clavicle with the coracoid process. The treatment also consists in throwing out the shoulder as much as possible by placing a wedge-shaped cushion below the axilla, and in using the figure of 8 bandage, with a soft pad in each axilla, to prevent its margins from being chafed. When by this means the shoulders are drawn back, the acromion returns into its place. The arm is of course to be kept up with a sling; by such treatment, the case will generally proceed favourably.

*Dislocations of the humerus at the shoulder* are so common, that it is calculated they are as frequent as all other dislocations put together; and when you consider various circumstances relating to the shoulder joint, you will see many reasons for the frequency of these accidents. First, you will observe, that the glenoid cavity is very shallow and small in proportion to the size of the head of the humerus, which, in the perpendicular direction, is twice as broad as the articular cavity, and in the transverse direction, not less than three times as wide. Then, gentlemen, you are to recollect, that this joint derives no material strength from ligaments, the capsular ligament being particularly weak and thin below, where there is nothing to resist dislocation, and thick above, where the acromion, coracoid process, and triangular ligament, form insurmountable obstacles to such an accident. Next, you are to remember, that the shoulder joint is capable of motion in every direction, and the muscles surrounding it and attached to the humerus are very numerous, the consequence of which disposition is, that the head of the bone must in many positions make considerable pressure against the capsule.

Dislocations of the humerus would, indeed, be more frequent than they are, if the scapula were more fixed; but as this bone is as moveable as the humerus itself, the glenoid cavity accompanies all the movements of the head of the latter bone, and thus forms a very accommodating support to it.

The head of the humerus is subject to *three complete dislocations*, and *one of an incomplete kind*. The most common of the three complete dislocations, takes place downwards into the axilla. The next most frequent one, is where the head of the humerus is thrown under the pectoralis major and pectoralis minor muscles, on the sternal side of the coracoid process, so as to lie below the middle

of the clavicle. As the pectoralis minor is attached to the coracoid process, the head of the bone must pass under that muscle in order to reach the situation which has been specified. This fact, I believe, is not demonstrated in any preparations in London, but then, I think, Sir Astley Cooper mentions a specimen, from the appearance of which, it was inferred that the head of the humerus had certainly passed under the pectoralis minor, as well as the pectoralis major. The third complete dislocation is backwards, on the dorsum of the scapula, under the spine of that bone; but this is a very rare accident, so rare, that Baron Boyer, in the whole course of his experience, never met with more than two examples of it, one of which was accidentally noticed in a dead subject. Sir Astley Cooper, also, during an experience of more than forty years, has only met with two instances of it; so that you may consider the case as exceedingly uncommon.

In the most frequent complete dislocation of the humerus, then, the head of the bone is thrown into the axilla, and presses against the inferior costa of the scapula, passing into that situation between the long portion of the triceps and the tendon of the subscapularis, which tendon is sometimes lacerated by it.

In the *incomplete* dislocation, the head of the humerus is thrown forwards, and the capsular ligament lacerated; but the bone does not entirely quit the capsule, it takes up its position on the external side of the coracoid process; while, as you know, in the complete dislocation forwards, it is lodged on the *inner* or *sternal* side of the coracoid process.

Now, gentlemen, what are the symptoms of a dislocation of the head of the humerus into the arm-pit? I may begin the answer to this question by telling you, that *three symptoms are common to all dislocations of the shoulder*; first, *loss of the rotundity of the shoulder*; secondly, *a hollow under the acromion*; thirdly, *the acromion will form, or seem to form, a greater projection than natural*.

In addition to these symptoms, when the head of the humerus is lodged in the axilla, there will be a lengthening of the arm; if you look at the patient from behind, the elbow of the affected limb will plainly seem to be lower than the elbow of the other arm; the elbow will also be inclined a good way from the trunk, and you will find that the patient cannot put it close to his side. This latter circumstance is one of the first things about which I usually make inquiry, when called to a supposed dislocation of the shoulder; and if I find that the patient can put his arm close to his side, I then know that there cannot be a dislocation into the axilla. In such a dislocation, he is also unable to raise his arm to a level with the acromion. In consequence of the limb being lengthened, and the humerus carried downwards, the deltoid is necessarily flattened, and this, not merely on account of the bone quitting its place, but from the fibres

of the muscle being put on the stretch. It is, indeed, in consequence of this that the arm is held out from the side. The long portion of the triceps is also stretched, and one effect of this is, that the fore-arm is always found more or less extended, while the stretched condition of the head of the biceps accounts for the hand being thrown into the state of supination. If you raise the arm up from the side, you may feel the head of the humerus in the axilla, and this very distinctly. In addition to the above symptoms, the functions of the joint are suspended, and, instead of free motion of the arm, you will notice an extraordinary rigidity of it. The manner in which the accident commonly happens is this:—the patient falls while his arm is raised from his side, or, I should rather say, he endeavours to save himself from injury by holding out his arm; the arm comes to the ground in this position, and the resistance of the ground suddenly throws the lower portion of the humerus upwards, and propels its head downwards, which latter movement is at the moment also promoted by the spasmodic and violent action of the pectoralis major and latissimus dorsi muscles. Thus, supposing the arm to be raised from the side at the time of the fall, without too much inclination either backwards or forwards, the dislocation will be into the axilla.

The other kind of dislocation, which is tolerably frequent, is where the head of the humerus is thrown under the pectoral muscles, and can be felt on the inner side of the coracoid process. One symptom, I may therefore say, is that you can feel the head of the bone in its unnatural situation; another is, that the axis of the bone will be directed towards this point, that is, it will not extend towards the glenoid cavity, but towards the centre of the clavicle: this, gentlemen, is a circumstance to which I recommend you to pay attention. Then the elbow will be seen to incline more or less backward. The head of the humerus being more wedged in its new situation at the inner side of the coracoid process, than when it lies in the axilla, you will find that the limb is more rigid, and that there is less possibility of moving it than when the dislocation is downwards into the axilla. The limb is also shortened, whereas, in the luxation downwards, it is lengthened. In addition to these, there will of course be the three common symptoms, which I explained to you, namely, a hollow under the acromion, a considerable projection of that process, and a diminution of the rotundity of the shoulder.

The dislocation forwards, under the pectoral muscles and centre of the clavicle, takes place in the following manner: while the arm is inclined somewhat backwards, and separated from the side, the person falls with great force on his elbow, or lower end of the humerus, the head of which bone is consequently forced upwards and forwards. Probably the bone does not always pass immediately underneath the clavicle, but undergoes that secondary

species of displacement, to which, on a former occasion, I invited your attention: it is first thrown under the pectoral muscles, and then the action of the muscles draws it higher and higher, till it is brought close under the centre of the clavicle at the inner side of the coracoid process.

A dislocation backwards can only happen when the arm is inclined forwards, across the front of the chest, and it is difficult to imagine how any force can act so as to dislocate the bone, even when the arm is in this position; for any force, at all likely to be applied, would merely propel the arm against the chest, and this, no doubt, is the reason why the dislocation backwards is so uncommon. As the head of the bone is always very conspicuous below the spine of the scapula, the diagnosis is not liable to any mistake. In this case, the elbow may not be separated from the side, as it is in the more common dislocation into the axilla.

What is the mischief produced when the head of the humerus is dislocated downwards into the axilla? There is sometimes a laceration of the tendon of the subscapularis; the tendon of the long head of the biceps is also stated to be sometimes broken, or displaced; but as far as the dissections of Sir Astley Cooper and Boyer go, it appears, that neither of these circumstances occurs. One instance, however, is recorded by Mr. Hey in his *Practical Observations on Surgery*, where, in a compound dislocation of the shoulder, which is an extremely rare case, the head of the humerus protruded through the integuments, and the tendon of the biceps was really torn. Of course, the capsular ligament is lacerated, and there may be laceration of other tendons and muscles.

The ancients, in their treatment of dislocations of the shoulder, overlooked two great principles, which ought always to be attended to in the reduction; I mean the making of extension and counter-extension. Their most famous plans, namely, the ambe of Hippocrates, and the suspension of the patient by his axilla over a door, or ladder, all aimed at bringing back the head of the humerus by the most direct track, without any regard being paid to what obstacles might be in the way. The consequence was, that great mischief was often done, and sometimes the neck of the scapula was actually broken off. Gentlemen, it is quite obvious, that every good plan of reducing these dislocations must include, as essential parts of it, extension and counter-extension. Counter-extension is performed by fixing the chest and scapula, which is usually done by means of a sheet, a folded shawl, or tablecloth, that is held by an assistant, or fastened to a staple in the wall, or to a post, or the practitioner may himself keep back the acromial end of the scapula with his own hand, while the assistants make the requisite extension. The pressure of the counter-extending means, however, must be carefully kept off the situation of the glenoid

cavity itself, as it would prevent the return of the head of the bone into it, but it may act upon the chest and rest of the shoulder without inconvenience.

## CLINICAL LECTURES

BY DR. MAC ADAM,

*Delivered at the South Eastern General Dispensary, Dublin, Session 1832-33.*

### LECTURE V.

#### *Pathology and Treatment of Gastrodynia—Duodeniæ.*

GENTLEMEN,—It is my purpose to direct your attention this evening to some morbid affections of the stomach, which are very prevalent among the poor of this city, and of which you will see numerous examples among the patients of this institution. Cases of this kind more frequently present themselves to the attending physician, as in the greater number of instances such affections do not prevent the patient from going out, unless when unusually severe. This circumstance affords a striking example of the utility of dispensary attendance in familiarising the medical student with certain classes of cases that he has scarcely any opportunity of meeting in the wards of an hospital. When I was a student in Edinburgh, I attended closely to the practice in the Royal Infirmary, and took notes of a large proportion of the cases which came under the care of the clinical professors. Yet I can scarcely recollect having seen there one instance of the lighter forms of stomach disease, such as gastrodynia, pyrosis, idiopathic vomiting, &c. &c. and I can hardly call to mind a single example of dyspepsia, unless a few that were symptomatic of organic disease. It is obvious, that I must have remained totally ignorant of a very important and frequent class of affections if I had depended solely on the practical information I derived from my hospital attendance. The fact is, such cases were considered too commonplace and trifling to be admitted into a clinical ward, nothing but severe and well-marked specimens of morbid affections would do there. Now I do not mean to dispute the propriety of making disease, in its gravest form, a subject of serious study, but what I wish to demonstrate is, that its lighter forms should be equally an object of attention, and that this is of the greatest importance, both in diagnosis and treatment. Its utility, with respect to diagnosis, is obvious from this consideration, that those affections, which are marked by the faintest outlines, and present the least prominent characters, must frequently be the most difficult to discriminate, and consequently demand the closest attention, in order to enable the student accurately to recognise them, and in treatment the art of graduating remedies, so as to be in proportion to the degree of severity of the case, can only

be acquired by a familiarity with the lighter as well as the more severe affections.

These remarks more peculiarly apply to the description of cases for which I have been prescribing for the last fortnight, when it has fallen to my lot to see those patients who attended at the institution for advice; during this period, some cases of affections of the stomach have presented themselves to my notice, several of which have assumed that form designated gastrodynia, of the varieties of which I shall give you a short outline before I enter into detail of individual cases.

This term simply means pain in the stomach. It is not, properly speaking, a disease, but only a symptom attending several diseases, which have their seat in this viscus, or sympathetically affect it. It has been often regarded as a mere symptom of dyspepsia, which it unquestionably frequently is, but this is not however always the case. I have seen many cases of gastrodynia, which scarcely presented any other symptom indicative of gastric derangement, and some forms of it seem totally unconnected with any fault in the digestive process. These reasons, in addition to its frequent occurrence, the degree of suffering which it causes, its occasional long duration, and the various organic lesions with which it may be connected, justly entitle it to a separate consideration.

Persons affected with gastrodynia frequently present more or less of the symptoms of indigestion; the gastric pain, however, is the most prominent symptom. The time of accession and the duration of the paroxysm are very uncertain; it may attack in the morning, afternoon, evening, or middle of the night, but the morning and night are perhaps the most common periods; it may continue from one to several hours. The pain is often aggravated by walking, and sometimes slightly mitigated by applying pressure with the hand, or reclining on the left side. It frequently, however, is aggravated by pressure. The character of the pain varies very much, it is sometimes of an excruciating aching kind, attended with great mental depression. Occasionally the sufferer complains of a gnawing sensation, and very often of a feeling as if the stomach was squeezed forcibly together; sometimes the stomach feels empty, but frequently the pain is accompanied with a feeling of distension, which is relieved by the eructation of flatus, or a bitter, salish, or sour fluid is forced up into the mouth, and occasionally a quantity of clear water is ejected from the stomach with considerable straining, and the disease is then denominated pyrosis, which is not unfrequently forms the termination of a fit of gastrodynia. When the paroxysm of pain ceases, the patient is often free from all indisposition, but in many cases some degree of epigastric tenderness on pressure continues during the intervals of pain. Headach seldom co-exists with the pain, but when the head does become affected there is generally an abatement of the

gastrodynia. The pain sometimes radiates from the epigastrium towards the thoracic parietes, and is often of an intermittent character. There is seldom much thirst; the appetite is variable, sometimes less, at other times greater than natural. This malady often continues for several years without the general health or appearance of the patient being much affected, this however is not always the case, excessive emaciation, vomiting, and other dyspeptic symptoms sometimes supervene; and I have known a case of extensive organic disease of the stomach preceded for a considerable time by gastrodynia. When these latter symptoms do not appear, the disease is comparatively harmless, with the exception of the severe suffering to which it gives rise.

Having given this general view of the symptoms of this affection, I shall now endeavour to discriminate the various forms which it assumes, and to point out the different morbid conditions of the stomach on which they may depend, a task of some difficulty. The researches of recent pathologists have thrown considerable light on this subject, which, until lately, was but little understood. We are much indebted to Dr. Barras of Paris, Dr. Johnson of London, Dr. Abercrombie of Edinburgh for light on the pathology of this affection. Comparing what they have communicated on the subject with the results of my own observations, I conceive myself justified in considering that the following species of this disease may be distinguished from each other, and that each requires a line of treatment, in many respects, peculiar to itself:—

1st. Gastrodynia may depend on morbid sensibility of the nerves of the stomach, totally unconnected with any inflammatory action, constituting, in fact, neuralgia of the stomach.

2nd. It may arise from an inflammatory state of the gastro-mucous membrane.

3rd. It may depend on one or more ulcers in the stomach, the result of previous inflammation.

4th. It may arise from acrimony of the juices of the stomach.

5th. It may be caused by duodenal inflammation, or morbid sensibility.

6th. It may be complicated with, or symptomatic of, hysterical affection, or arise from flatulent distension of the stomach.

7th. It may originate from spasm, or, as it has been denominated, cramp of the stomach.

Perhaps other forms may also exist, which it would be irrelevant to my present object to enumerate. We shall proceed to consider the characters which distinguish these different species.

Neuralgic gastrodynia has been often confounded with gastritis, and much injury to the patient has been the consequence of this mistake, as the treatment which would be useful in the former would be injurious in the latter affection. The pain in this species, though often very severe, is sometimes relieved rather than increased by pressure. It often observes



regular intermissions; the tongue is white; there is no thirst; the appetite is often greater than natural; the pain is not unfrequently relieved by taking food, and renews its attack two or three hours after eating; diarrhoea is rare, the bowels being more generally obstinately constipated; the urine is usually pale, rendered frequently, and in small quantities at a time. The affection is often protracted for a number of years without much or any effect on the general health. There is seldom any febrile movement in the system, this occurs, however, in a few instances. Dyspnoea, palpitation, wandering pains, especially in the arms, loins, and lower extremities, are occasionally present.

The inflammatory gastrodynia, on the contrary, presents several features quite of an opposite character. The pain is seldom so severe as in the former species, is often only felt on pressure, which always aggravates it. It is without distinct intermissions, and never entirely absent. The tongue is often thickly coated with red, tip and edges; the thirst is almost invariably urgent, with great desire for cold drinks; the appetite is usually bad, sometimes amounting to a disgust for food; the pain is always much increased immediately after eating; and when the disease has existed some time, diarrhoea often appears; the urine is high coloured, not unusually abundant or frequently voided, it runs a much shorter course, though sometimes it is protracted for a considerable time. It always is of long duration, produces a morbid influence on the process of micturition, inducing hectic, hardness and frequency of pulse, loss of flesh and strength, sallowness of the face, and ultimately, in some cases, a fatal termination.

When gastrodynia is caused by ulceration of the stomach, the distinguishing characters are often obscure; it may, however, be suspected when the pain attacks with considerable regularity after meals, and continues during the process of digestion, especially if the pain be distinctly referred to a particular spot, and if there be at that spot tenderness on pressure. An intense pyrosis frequently co-exists, together with the ejection of an acrid fluid in considerable quantities from the stomach. There is sometimes a raw and tender state of the tongue, with the formation of minute ulcers or crepitous crusts; the pain sometimes has remarkable remissions.

When gastrodynia depends on acrimony of the juices of the stomach, it is most apt to make its attacks when the stomach is empty, and is relieved by alkalies and absorbents. Under this head may be included that form of gastrodynia which Dr. Barlow, in his article on this subject in the Cyclopædia of Medicine, seems to think the most frequent form, and which he supposes to depend on a peculiar irritation of the stomach, causing a redundant and unhealthy secretion of mucus, and he conceives the pain to arise from the

contractile effort which the stomach makes to detach and expel the offending matter; this may probably be the case in some instances, but I cannot admit it to be generally so; and it appears to me that he carries his favourite view a little too far, when he applies it to explain almost every variety of this affection.

When gastrodynia originates from an affection of the duodenum it frequently commences about two hours after taking food, and continues for some time; there are also frequently pain and tenderness excited by pressure in the right hypochondrium.

When this affection is complicated with hysterical symptoms, or depends on flatus, it attacks in violent paroxysms at uncertain intervals, continues no very definite time, and is accompanied with a feeling of anxiety, distension, and restlessness, and occasionally with some of the symptoms characteristic of hysteria. In such cases it may sometimes assume a spasmodic or neuralgic character.

The most important variety of gastrodynia is that depending on cramp or spasm of the stomach. This is one of the most painful affections, while it lasts, that human nature is liable to; it attacks in a sudden paroxysm of acute pain, attended with a weak pulse, palpitation, and sometimes sudden death; it is accompanied with a feeling of rigid contraction, violent twisting or tearing in the epigastrium, followed by painful and interrupted respiration, difficult articulation, small, hurried, concentrated pulse, occasionally coldness of the extremities, rigid contractions of the recti and gastrocnemii muscles. There is a feeling of a hard circumscribed tumour, perceptible to the touch, in the epigastrium, occasioned by the inordinate contraction of the muscular coat of the stomach. The diaphragm participates in the spasm, and becomes rigidly contracted, producing the difficult respiration and articulation. Probably many instances of the sudden and unexpected deaths which sometimes occur are occasioned by this affection; life, indeed, is incompatible with any long duration of the spasm. Cramp in the stomach is often brought on by eating cold indigestible food; sometimes it subsides without attaining any great violence.

In describing the diagnostic characters of these different species of gastrodynia, I would beg to press on your attention, that they will not always be as simple and uncombined in their course as it may be convenient to represent them for the purpose of instruction; for instance, gastritis and gastralgia may, in some cases, co-exist, or the latter, long continued, may induce the former; or gastritis having subsided, a morbid irritability of the nerves of the stomach may remain, constituting a true neuralgia. Vitiated fluids in the stomach may produce gastritis, or cramp, or the latter affection may occasionally occur in any of the varieties of gastrodynia. It is of considerable practical use to retain these considerations in recollection, as we may sometimes be obliged

to pursue a different or opposite mode of treatment in the same case, according as these different morbid affections alternate or are combined.

I have thus entered somewhat into detail in describing the various forms of this affection, because I conceive it is of the utmost importance to form correct ideas on this subject, as the most injurious consequences have sometimes arisen from the too exclusive views of the disciples of Broussais, who, in their inordinate zeal for the doctrines of their master, have not unfrequently mistaken cases of pure neuralgic affection of the stomach for gastritis; and some patients have, it is not improbable, fallen victims to the improper treatment thus adopted in consequence of this erroneous theory of the disease.

I shall now proceed to relate a few cases illustrative of some of the forms of the affection we have just been considering, after which I shall make some observations on the treatment suitable to each.

Mary W., æt. 40, is subject to attacks of pain in the epigastrium, which generally come on at about eleven o'clock at night. The paroxysm commences suddenly and generally lasts about three hours; the pain is sharp and always accompanied with sickness in the stomach, and after it exists a few hours, vomiting of a greenish bitter fluid supervenes, preceded by a straining, during which a clear ropy fluid of a bitter taste is discharged, accompanied with shivering and feeling of coldness in the extremities. The epigastrium is sore on pressure a little below the point of the xiphoid cartilage, and the tendency extends some distance under the margin of the ribs on the right side. Has occasionally stings of pain in the right scapula, and a bitter fluid sometimes rises from her stomach to her mouth. She complains of a feeling of distension in her stomach after eating, with a bitter taste in her mouth in the morning; no thirst, febrile exacerbations, or headach; appetite bad; tongue a little whitish; pulse 90, full; bowels and catamenia regular; skin of a slightly yellowish tinge. Became subject to the attacks of epigastric pain about two years ago, at first every day, but now it only occurs once a month. Observes that potatoes or tea aggravates her complaint, but fresh meat or fish produces no inconvenience. She was directed to take—*Fil. hydr. gr. iv., extr. hyoscyam. gr. iii. in formâ pilularum, o. m., and two tablespoonfuls of the following mixture three times a-day:*

*R. Infus. quassiae, ℥ viii., Potass. sulph. ℥ ss. Tinct. calumb. ℥ ss. M.*

*Diet*—Cocoa and biscuit for breakfast;—broiled lean meat for dinner.

This case appears to me to be the result of duodenal irritation, probably connected with a derangement in the biliary secretion. The object I have in view is to restore a healthy action to the liver by the mercurial, while the *hyoscyamus* may be useful in allaying irrita-

tion. The bitter mixture is intended to restore tone to the stomach, while the saline ingredient will excite the peristaltic action of the intestines, and promote the excretion of the bile. I have reason to believe that the treatment has relieved the patient.

The next case, Sarah S. æt. 20, of a full habit, exhibited the following symptoms:—She complained of pain in the epigastrium of a dull aching character, worse immediately after dinner, and at night before going to bed; relieved by lying down. The pain also sometimes attacks her immediately after breakfast, and is occasionally accompanied by flatus of the stomach, producing a feeling of distension which is relieved by eructations. There is some epigastric tenderness on pressure; no vomiting, nausea, or bad taste in the mouth; bowels and catamenia regular; tongue a little coated, pulse, 78, natural; some slight pain in the left hypochondrium. Gastrodynia first came on about three months ago, preceded by a pain between the two shoulders, which next day shifted to the stomach. Has been in the habit of dining almost exclusively on fried meat. She was ordered a blister to the epigastrium, ten grains of the subnitrate of bismuth, with twenty of the compound powder of tragacanth; divided into three parts, one to be taken three times a day; cocoa with biscuit for breakfast, flummery or beef tea in the afternoon. A few days afterwards this patient reported that she had used the remedies, and adopted the diet prescribed; and that the epigastric pain had entirely disappeared; the flatus of the stomach had also ceased, the tongue was cleaner, and she found herself quite well, with the exception of a slight pain between the two shoulders; had some slight nausea and vomiting yesterday, in consequence of taking one of the powders immediately after some gruel. The powders and diet were directed to be continued; and I have reason to conclude she has remained for some time past free from attacks of gastric pain.

Probably in this case the pain was the consequence of irritation of the mucous membrane of the stomach, caused by the use of indigestible food, which if it had been continued might have induced gastritis. The substitution of a less stimulant and more easily digested diet, the counter-irritation of the blister, and the restoration of a healthy action to the stomach by the tonic powers of the bismuth, effected the decided improvement which was evidenced when she next attended, and which we have grounds to hope will be permanent.

The next case to which I shall direct your attention, is that of Catherine D., æt. 60. She complains of a pain in the epigastric region when she rises in the morning, which subsides after being a few hours out of bed, with some soreness on pressure in the pit of the stomach, and in both hypochondria, which continues all day. The epigastric soreness and pain are not increased after eating, unless she takes her food late at night, which always

aggravates the attack the following morning; considerable debility and loss of appetite; bowels much confined; pulse 78, small and weak; tongue a little whitish; occasional palpitation; finds herself relieved by aperient medicine.

Taken ill three weeks ago, after exposure to cold, with a pain in her chest, and cough, the pain about four days afterwards shifted to her stomach, after which she had attacks of vomiting, coming on once each day, at the same hour, for three days successively, the matter ejected being clear water, the attack being accompanied with cold perspiration and chilliness. Finds a small quantity of meat to agree with her, but potatoes aggravate her symptoms, and produce flatulency. Is in the habit of living principally on tea, and frequently does not take any food till after two o'clock P.M.

I directed her to use cocoa and biscuit in the morning and evening, to take a small quantity of broiled meat in the middle of the day, to apply a blister to the pit of the stomach, and to take three grains of the subnitrate of bismuth, and six grains of the compound powder of tragacanth three times a day, and ten grains of the compound rhubarb pill every second night.

This case I consider one of neuralgic gastrodynia, probably originating from insufficient and debilitating diet; it is not unlikely that it was preceded by some degree of gastritis, which the epigastric soreness on pressure might lead us to suspect still existed; but this symptom is not uncommon in pure nervous affections of the stomach. The history of the habits of the patient with respect to diet, the pain not being aggravated by the use of meat, the absence of pyrexia, thirst, or coated tongue, and the periodical vomiting, seem to render it probable that the neuralgia is the most prevalent affection. I hope at a future period to be able to report to you the effects of the treatment which I recommended.

I shall now make a few observations on the treatment of the different varieties of the affection which we have been considering.

In the treatment of neuralgic gastrodynia, our first object ought to be to allay the morbid sensibility of the gastric nerves, after which we should endeavour to restore tone to the stomach and general system, and maintain a healthy action of the abdominal secreting organs. Before attempting to fulfil the first indication, we should satisfy ourselves that the case is a pure neuralgic affection, uncomplicated with an inflammatory state of the gastric mucous membrane; we should recollect that atony and irritation may co-exist or alternate, and consequently require a treatment having a twofold object in view. If we find some of the symptoms of gastritis, such as permanent epigastric soreness on pressure, coated tongue, thirst, and pyrexia to be present, we should first leech the epigastrium, then apply a blister, and enjoin a strictly antiphlogistic diet, pre-

vious to adopting the treatment suitable to the neuralgic form. When this complication does not exist, or is removed by the above means, the paroxysm of pain is best relieved by the use of narcotics. Dr. Dawson recommends the tincture of opium in large doses, a hundred drops at once, in some cold water, it certainly affords decided though temporary relief, but except in extreme cases, I should not recommend such large doses in the first instance. The hydrocyanic acid has a powerful effect in such cases, and may be given in doses of from one to four or five minims in distilled water, almond emulsion, or infusion of cinchona. The tincture, or extract of hyoscyamus, has occasionally been found useful; and the tincture of hops, in combination with the aqua lauro-cerasi, I have known employed with advantage. The volatile alkali, in conjunction with magnesia and hyoscyamus in mint water, together with fomentations to the epigastrium, will sometimes cut short a paroxysm, but a permanent cure can, in general, only be expected by fulfilling the second indication—that of restoring tone to the stomach and general system. This is to be effected by tonic medicine and carefully regulated diet. We should begin with the light bitters, such as the infusion of calumba, after which we may exhibit the sulphate of quinine, or sulphate of iron; but there is one medicine which I have found eminently useful, not only in this form of gastrodynia, but in several other varieties of the disease—this is the subnitrate of bismuth, I have employed it in numerous cases with the very best effects. I generally begin with from three to five grains, with double the quantity of the compound powder of tragacanth, given three times a-day. It may also be combined with aloe, rhubarb, or magnesia, according to the peculiarities of individual cases. It appears to act as a tonic and antispasmodic; it does not produce any perceptible effect except the mitigation, and, in very many instances, the total removal of the pain, and an improvement in the appetite and general health. I have never found it to produce any unpleasant symptom whatever. It is said, however, when given in large doses, to act as a poison, by producing inflammation of the stomach. It has also been accused of causing cerebral congestion. These effects it is right to keep in view, but they need not deter us from its use, in the moderate doses that I have recommended. In addition to these means, the most careful regulation of diet is necessary. We should investigate closely the kind and quantity of food the patient has been in the habit of using, and forbid any article that appears objectionable. Tea, fried meat, potatoes, salt fish, spirits, or malt liquors, are to be interdicted. Light nourishing animal food, beginning with chicken broth, or beef tea, and ascending gradually to mutton or beef, may be used, broiled; but small quantities should be taken at a time, and an interval of five or six hours allowed to intervene

between each meal. As a substitute for tea, weak coffee, or cocoa and sea-biscuit will be found to agree. A small quantity of old wine mixed with water may be used at dinner. The patient should be warmly clad, and directed to remove to a healthy situation in the country, or try the effect of travelling.

I shall defer the consideration of the treatment of gastrodynia connected with gastric inflammation, or ulceration, until an opportunity occurs of presenting to your attention some cases illustrative of these affections. When gastrodynia depends on a redundancy of the mucous secretions, or acrimony of the juices of the stomach, aperient medicines will be useful, a few active purges of calomel, and extract of colocynth will cleanse the stomach and bowels; mild cordials may be given in the intervals to relieve flatulency and abate uneasy feelings; absorbents and alkalies, lime waters, and small doses of opium may be occasionally given with advantage.

When gastrodynia occurs in hysterical constitutions it is probably of a spasmodic character, and will be relieved by the medicines suitable to such affections; carminatives and antispasmodics may be employed, or relief may be obtained by exciting a brisk action of the bowels by means of a strong enema. External stimulants, such as sinapisms, or frictions with strong spirits, will occasionally give relief.

I have frequently seen gastrodynia co-exist with a distressing feeling of distension, and the eructation of an immense quantity of flatus from the stomach; in such cases I have frequently used, with advantage, a combination recommended by Dr. Abercrombie, consisting of the following ingredients:—℞. Ferrisulph. gr. ii., pulv. aloës, gr. i., pulv. aromat. gr. v. *M. Fiat pulv. ter in die sumend.*, occasionally exhibiting draughts of the powder and tincture of rhubarb, with magnesia in aromatic water; or I have given the subnitrate of bismuth in combination with rhubarb or aloës in many instances with the best effects. When gastrodynia depends on cramp of the stomach and diaphragm, it requires the immediate use of diffusible stimuli and narcotics; one drachm of ether, with from thirty to fifty drops of the tincture of opium, may be given immediately, or the volatile tincture of valerian, or other similar medicines may be used; warm fomentations, or sinapisms, to the epigastrium should be applied; when the powers of life are sinking, brandy or other strong stimuli may be given.

Pain in the epigastrium may depend on morbid sensibility of the nerves of the duodenum, which will require nearly the same treatment as neuralgia of the stomach, but it not unfrequently is caused by an inflammatory condition of the mucous membrane of this intestine, constituting the disease denominated duodenitis, or gastro-duodenitis, when the stomach participates in the affection. We have lately had a case of this kind among our dis-

pensary patients, to which I shall now direct your attention; the patient presented the following symptoms:—

James M. C., æt. 46, sanguineo-bilious temperament, spare habit, ruddy complexion, countenance and adnata of a slightly yellowish tinge, a dairyman by trade, and a good deal exposed by his avocation to cold and wet; though not a drunkard, yet in the habit of taking drams of whiskey very frequently, complains of a dull pain in the epigastrium, extending along the right hypochondrium, immediately under the margin of the ribs, to about midway between the scrobiculus cordis and spine. This pain, though constant, is much aggravated at times, especially in the evenings; epigastrium and right hypochondrium under the margins of the ribs sore on pressure; pain is increased by full inspiration or coughing; the cough is frequent, especially at night; expectoration copious, clear, and white; occasional nausea; tongue a little coated and moist; much thirst, but prefers warm drinks; retched a little yesterday; the day before vomited, after drinking some whey, a yellowish bitter fluid; pulse 72, soft, weak. Illness commenced about fourteen days ago with cough and oppression; a few days after was attacked with a sudden pain in the epigastrium and right hypochondrium, with anorexia, constant bitter taste, headach, and frequent attacks of retching; five days ago had a purging of yellow stools, which lasted two days, but at present his bowels are regular; abdominal pain was mitigated after the purging. The chest sounds well on percussion, except in the inferior part of the right side, where it is rather dull, and a very slight crepitous rûle is audible; urine high-coloured, passed with a sensation of heat; sleeps best on the right side. I directed twelve leeches to be applied on the epigastrium and hypochondrium, and the parts to be well fomented afterwards, and small doses of the blue pill and watery extract of opium occasionally. Two days afterwards I found him much better, the pain and soreness considerably relieved, but still existing in a slight degree. I ordered him four grains of blue pill every night, and a mixture of quinia and sulphate of soda, two tablespoonfuls of which were to be taken twice or three times a day. Some days afterwards I found him quite free from all pain and soreness, and able to resume his usual avocations.

This case I conceive to be one of mild gastro-duodenitis, for the following reasons:—The predisposing and exciting causes were such as were likely to produce this disease, namely, exposure to cold and dram drinking, the latter often practised when the stomach was empty, as the lower orders, who are whiskey drinkers, conceive that a glass in the morning is peculiarly salutary. The seat of the pain and soreness on pressure corresponded with the situation of the duodenum, the nausea and thirst indicated that the stomach partici-

pated, either directly or by sympathy, with the disordered duodenum. The bitter taste in the mouth and the bilious diarrhoea proved the liver to be sympathetically affected, probably its secretion, at times suspended or diminished, became at other times unusually active, which gave rise to the diarrhoea. The patient had also some pulmonary affection, which preceded the duodenitis, but it was inconsiderable. There was no pyrexia to any extent, so I did not think it necessary to employ a general bleeding, I found leeches quite sufficient to relieve the local symptoms, and I afterwards gave some pil. hydrarg. ad. ext. opii aquos. to allay irritation and maintain the biliary secretion. I found our patient so much better a few days after, that I did not think it necessary to repeat the leeching or inflict a blister upon him. We see that in this case there was no very great degree of jaundice, which so frequently attends duodenitis. A retrospect of the symptoms renders the reason of this sufficiently obvious. The biliary secretion and excretion were only temporarily suspended or diminished, just sufficiently so to give a slightly bilious tinge to the countenance. If diarrhoea had co-existed with obstructed excretion of bile, the dejections would necessarily have been whitish, or resembling pipeclay in appearance. On the whole, the patient presented a very fair specimen of a mild case of duodenitis, which yielded to a very simple treatment, but which probably would have been easily exasperated into a serious inflammation, if the affection was mistaken for a purely bilious one, and the patient had been treated with active purgatives and large doses of calomel.

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## LECTURES

ON THE

PHYSICAL EDUCATION AND DISEASES  
OF INFANTS AND CHILDREN,

DELIVERED

BY DR. RYAN,

At the Westminster Dispensary, 1833.

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LECTURE V.

*Diseases caused by the Generative Functions.*

GENTLEMEN,—At our last meeting I described some of the morbid effects of the excessive action of the genital function on adults; and I shall now proceed to consider their influence upon children and youth. In the course of my observations, I shall give you the opinions of many modern writers on this subject, and content myself with observing, that all the ancient authors held the doctrines now received, though they deduced from them erroneous conclusions. Were I to quote the opinions of Hippocrates and

his eminent successors to the present century, I should occupy your time with little advantage, because I should finally conclude with the opinions of recent writers.

This is a subject that has engaged the attention of our profession from time immemorial, though now generally neglected, and consigned almost entirely to unprincipled empirics. I trust I shall adduce such evidence and reasoning as will convince you of the vast influence of excessive genital irritation in the production of numerous disorders and diseases. I shall endeavour to elucidate a fertile source of human infirmities, and one of the most frequent occurrence, to which national writers have, in my opinion, paid too little attention. If the knowledge I am about to communicate be properly applied, it must be conducive to the interests of science and humanity.

Every one acquainted with physiology will acknowledge the existence of a universal sympathy between all the organs of the body, and that the disorders of the function of one part may derange the whole economy. This principle being admitted, and it might be proved by an immense number of facts and incontrovertible inferences, it is easy to comprehend the reason that dentition, the ingestion of improper food into the stomach, and irritation in the bowels from whatever cause, may excite irritation or inflammation in the genital organs, as well as in all others in the body. We see this exemplified every day at our dispensaries, where mothers apply for advice, on account of discharges from the genital organs of female children. This disease is extremely common, may occur from the moment of birth to the age of puberty, and is totally independent of gonorrhoea, though parents and superficially informed medical practitioners entertain the opposite opinion. I have described it fully in my works on midwifery and medical jurisprudence; and you will find an excellent description of it in Sir Astley Cooper's lectures on surgery, in Professor Dewees' work on diseases of children, in Dr. Jewel's work on leucorrhoea, and in Dr. Darwall's treatise on diseases of children. In fact, the repeated observations of the most eminent of the profession in all countries has confirmed the validity of this conclusion. Those who are engaged in the practice of medicine, will acknowledge that of all the prolific causes of infantile diseases, the exhibition of improper food, and repletion or over feeding, are the most common. In the whole course of my own experience, I never met with one mother or nurse who did not err on this point. Hence the frequency of the diseases of the digestive system of infants and children. There is scarcely an infant, from the moment of its birth to the age of childhood, and from this period to puberty, who does not suffer from constant intestinal irritation, in a greater or less degree; and this generally extends to the genital organs. The consequence is, that we

very frequently observe young infants instinctively pass the hand towards these organs, as they do to the mouth when dentition commences. A habit of touching the genitals is contracted at the earliest age, is continued to the periods of childhood or puberty, and ultimately induces the baneful practice of masturbation or self-pollution. A vivid sensation is excited, the act is reiterated very frequently, and soon becomes a habit. This is continued to the age of puberty, when the secretion and accumulation of the spermatic fluid render it almost irresistible. The predominance of the nervous system in children predisposes to it. This disastrous habit is seldom contracted by healthful and vigorous subjects, whose muscular and digestive systems are well developed, as such persons take exercise, are active, and have little time for reflection, or the vagaries of the imagination. It is most common among the delicate, sedentary, and those who lead an inactive idle life, whose digestive organs are generally disordered. I have already stated the axiom, that violent irritation of any system or set of organs in the body, may derange or disorder the whole. In illustration of this, I may observe that the irritation caused by the urine, or a stone in the bladder, or worms in the rectum, extends to the genital organs, excites erection of the virile member, and discharges in the female. Irritation in the stomach and bowels may produce the same effect, because these and all the organs in the abdomen are supplied by the spinal system of nerves, and consequently have a strong sympathy with each other. In this way we explain the reason why children who suffer from disorder of the stomach and bowels are almost constantly touching the sexual organs. The late Professor Todd, of Dublin, observed, in a paper in the Dublin Hospital Reports, that elongation of the prepuce was often induced in adult dyspeptics by a habit of pulling this part. It is well known that dyspeptics are often prone to sexual intercourse. It is on record, that children at the age of five or six years have attempted copulation, and commenced the baneful practice of masturbation. There is a case recorded in the *Dict. des Sci. Med.*, of a child, who practised masturbation from the fourth year, was discovered at the eighth, continued this evil habit, though the arms were tied, by moving the lower extremities, and died in the act at the twelfth year. Numerous examples of this description might be quoted from the medical periodicals of continental Europe. Many of the foreign writers consider, that the frequent opportunities which children have of observing the inferior animals during copulation, are exciting causes of genital irritation. Some medical writers contend, that parents whose venereal desires are generally too much excited during procreation, transmit a similar propensity to their offspring, as well as the hereditary peculiarities of mind and body.

This proposition being admitted, it is evident that the physical causes already enumerated may excite genital irritation, and instinctively lead to abusive practices for its removal. Bad example diffuses this deleterious habit; and it is on this account it is so general in public schools, or wherever children are congregated. It cannot be too strongly impressed upon parents, that children should sleep in separate beds, and be removed from those who are more advanced in life than themselves, especially from domestics. Parents, preceptors, and professors, who have the care of youth, should strenuously observe this precept.

It had not escaped the observation of the great Roman moralist, who painted with such appalling truth the vices of the full grown man, what a serious duty was imposed upon the preceptors of youth to check the first appearances of vicious habits. He forcibly observes:—

“Exigite, ut mores teneros ceu pollice ducat,  
Ut si quis cerâ vultum facit: exigite ut sit  
Et pater ipsius cœtus, ne turpia ludant,  
Ne faciant vitibus: non est leve tot puerorum  
Observare manus oculosque in fine trementes.”

*Juvenal, Sat. viii.*

Nothing can be more just than the remark, that preceptors should prevent their pupils from falling into vices, though it certainly is no very easy matter to watch the hands and trembling eyes of a great number of children.

The vicious habit under consideration is much more general from the period of boyhood and girlhood until the adult age. It is excessively practised at puberty, when the development of the sexual organs and their sensibility become very much augmented, and is often continued, especially in colleges and schools, until the adult age. Puberty is followed by an excessive, almost an electrical excitement, not only of the genitals, but of the whole organs, which, when too frequently repeated, is succeeded by loss of appetite, indigestion, and hence a want of supply of nutriment to augment the growth. It is highly injurious to the development of the whole body, retards and prevents the growth of all parts, especially of the sexual organs, causes impotence and sterility, induces the multitudinous disorders and diseases already mentioned, while it abridges life, brings on a premature old age, and frequently sudden death.

This injurious habit is termed masturbation, pollution, manustrupation, from *manus* the hand, and *strupo* I dishonour, masturbation, self-abuse, onanism, secret vice, solitary indulgence, and, when it produces a constant discharge of semen, seminal weakness. It is extremely injurious like all other excesses of venereal pleasure, and produces nervousness, hypochondriasis, or lowness of spirits, indigestion, flatulence, melancholy, palsy, mania, epilepsy, nymphomania, satyriasis, impotence,

sterility, leucorrhœa, or female weakness, hysteria, curvature of the spine, hip bones, &c., often a great propensity to suicide, in a word, disorders and diseases of the brain, senses, as vision, hearing, &c.; of the lungs, heart, abdominal and genital organs. We often observe young persons, at the age of puberty, exceedingly low spirited, dyspeptic, and complaining of a thousand and one transient symptoms in different parts of the body. Dugès and others consider masturbation a frequent cause of rickets in female children, and of the deformities of the spine and pelvic bones, or those which surround the internal organs of generation in the female. Professor Davis of the London University, cites a number of cases, in his learned system of Obstetric Medicine, now in course of publication, of nymphomania, some of which were induced by unnatural excitation. He also gives a case, in which repeated convulsions were produced by the same cause. My much respected friend, Mr. Mason of Newington Butts, mentioned to me one of the most violent cases I have ever found recorded.

I might illustrate this position by examples almost innumerable, but I shall content myself by observing, that the prolonged abstinence from sexual congress, when the desire is imperious, causes in man, when in a state of health, and while a sleep, a spontaneous and voluptuous emission of the semen, and the slightest irritation will produce it, so that when desire is urgent, and the natural resource is absent, he avails himself of mental or mechanical excitation for his relief. Animals, as elephants, monkeys, dogs, horses, &c. procure unnatural seminal effusions. But mechanical irritation produces the most vivid excitement in the genital organs, and hence its application is effected when the natural excitation cannot be obtained, before and even after reason is matured. It becomes almost irresistible at the age of puberty, and estranges from natural pleasure. Those who observe a rigid continence, or who make much mental or corporeal exertion, are much less excited by amorous impulse, than those who live luxuriously and indolently. The organs decay in the continent, the venereal propensity is diminished, and is finally extinguished, though sometimes it becomes indomitable. In general, individuals, who consider sexual intercourse, unless connubial, sinful, obviate its necessity by restraining the imagination, and refusing the assent of the will to immodest thoughts and objects. When such persons are naturally developed, and refrain from sexual intercourse, the secretion of the spermatic fluid goes on, the semen is accumulated in its receptacles, it is partly absorbed into the system, but at length, by increase in quantity, distends the tubes that contain it, and is effused during sleep without any consent of the will, or any mechanical irritation of the genital organs. This is an involuntary act, and consequently is in no degree a moral turpitude. It occurs at

longer or shorter intervals, according to constitution; sometimes at the lapse of ten, twenty, thirty, or forty days, and at a period much more remote. It is not injurious to health under such circumstances, but highly so, if reiterated two or three times during a night, or at short intervals, which is the case with those who practise masturbation to excess. The interval between nocturnal emissions enables every individual to form a correct opinion as to the frequency in which he should indulge in conjugal enjoyment.

Some persons have the generative system preternaturally developed, or predominant; and a few physiologists have concluded that such are of the genital or uterine temperament. As a general rule we may inculcate, that parents should be cautious in their conduct and discourses before children, and preserve them from the contamination of domestics, and the too intimate association with individuals older than themselves. The turpitude of such persons and of nurses, in initiating young children into bad habits, is most reprehensible. Children and youth of either sex should sleep alone, and those who superintend scholastic and collegiate establishments should invariably enforce this precaution. They should cautiously and sedulously watch over the conduct of those tender beings intrusted to their guardianship, and prevent all improper associations between them. Bad example in schools is often the fertile cause of the vicious habit of exciting genital organs. When youth contract it, they generally acquire a total disrelish for the society of the other sex. Their imagination is in a constant state of excitement, is further stimulated by the perusal of erotic and licentious works, and these are now unhappily in general circulation, more especially in all large cities. It is true, that the vendors of such productions are, by the laws, liable to prosecution; but it has happened of late, that juries, influenced by a fallacious notion of liberality, have defeated the laws by acquitting such individuals. Every man of a properly constituted mind must admit the immorality of works of this kind, but the heterogeneous intellect of the majority of those who sit as jurors, accounts for the difference of opinion. The representations in such works tend to debase man to the level of the brute beast, and must be denounced as irregular and unnatural by every lover of Christianity. Nevertheless, works of this kind are accessible to youth, and are secretly conveyed into public establishments, so often as this can be effected, wherever young persons are congregated.

The bad effects of coition and of masturbation have occupied the attention of physicians in all ages. It was, and is, the general opinion among the medical profession, that all diseases, both acute and chronic, may be induced or aggravated by venereal excesses. The shock given to the whole nervous system at the moment of the seminal emission, if frequently repeated, will debilitate every organ in the body,

and, in some rare cases, excite the brain so much as to derange the intellectual faculties, induce mania, epilepsy, convulsions, idiocy, and even death itself.

All persons feel languid after sexual intercourse, some are greatly debilitated and have an irresistible desire for sleep. The sexual organs also suffer, as their nerves are supplied by the spinal marrow, which is a continuation of the brain. The senses become impaired, and loss of vision or hearing may be induced. I have already mentioned, on a former occasion, a remarkable case of loss of sight, caused by paralysis of the optic nerve, and might have cited several from the works of Tissot, Boerhaave, Van Swieten, and others. In fact, derangements of every organ in the body may be produced by excessive venery, and numerous examples of all are recorded. In the *Dict. des Sciences Médicales*, article *Masturbation*, and in other works, to which I shall hereafter refer, there is a host of evidence on this point. Disorders of the head, chest, abdomen are often produced by excess of coition, or onanism. The excess of the latter prevents the development of the voice, when it is practised before or after the age of puberty. Every one knows that the voice becomes stronger and more manly at this age, unless prevented by the cause we are now considering. It is unnecessary to state, that the voice is dependent on respiration to a considerable degree. It is a fact, that those who indulge in the baneful practice of masturbation have the chest incompletely developed, the respiration hurried on slight exertion, the heart palpitating, and they soon become susceptible of cold, catarrh, bronchitis, which generally, in such subjects, terminate in consumption. The heart and great vessels suffer from the imperfect respiration; they become diseased, gradually fail to perform their function; an imperfect supply of blood is sent to the different organs of the body; these can no longer perform their functions or uses in a perfect manner; the general health suffers; every function is imperfect, and death prematurely destroys life. When we analyse the phenomena that take place at the moment of the ejaculation of the semen, we can readily comprehend the explication of all the disorders to which I have alluded. Many instances are to be found in the annals of medicine, proving that epilepsy, convulsions, coma, and death, have occurred during coition.

The too frequent irritation of the generative organs in children injures the organs themselves; they become flabby and relaxed, though sometimes preternaturally developed at first. It is an axiom, that excessive exertion of any organ will prevent its development, just as excessive labour will arrest the growth of the body.

It appears by the preceding statements that the nervous, circulatory, respiratory, digestive, muscular, and genital systems may be affected with acute or chronic diseases, excited by the pernicious cause already mentioned; and it

is important to state, that this most frequently induces the latter class of maladies.

The disorder of the nervous function occasions a considerable diminution, and sometimes total loss of memory. The unhappy sufferer abandons all agreeable study, or any pursuit that requires much attention. The muscular power necessarily follows the diminution of the nervous or moral. There is nothing more common than to observe, in crowded cities and towns; young persons who walk with the body stooped, the gait unsteady, and incapable of supporting the least fatigue, presenting to the eye the characteristics of old age conjoined with youth. The eyes are sunken and dull, the face is pale, the forehead wrinkled, and covered with a red eruption; the body emaciated, the bones projecting, and the imprint of corporeal and mental enfeeblement apparent. Such persons suffer from the deepest melancholy, have a disgust for all the pleasures of life, and they too often fall victims to suicide. In general they are hypochondriac, imagining several diseases, or dreading immediate death. At this period they generally suffer from gastric derangement, depraved appetite, flatulence, pains in the stomach and bowels, and sometimes chronic gastritis and gastro-enteritis, spasms in the legs, night-mare, disturbed sleep, or disorders in the lungs, or of whatever organs are predisposed to disease. They are now attracted by advertisements in the public prints, and become victims of empirics.

It is, however, in children and youth, whose organs are not fully developed, that the deplorable and terrible effects of onanism are greatest, because they repeat it much oftener than adults. The latter, however, are sometimes affected with marasmus, or wasting of the body, induced by this cause. When there is great emaciation some persons improperly term it *tabes dorsalis*. The ancient writers supposed that the semen proceeded from the spinal marrow, and therefore applied the term in question. A more correct knowledge of anatomy and physiology has enabled us to conclude that the semen is secreted by the testicles, and that these organs are connected with the spinal marrow by nerves. It is now universally admitted, that the wasting of the body, arising from excessive venery, is caused by the repeated shocks the nervous system, or brain and spinal marrow, its continuation, receive, which diminish their function, or the functions or actions of all organs in the body. The commotion of the muscular system during the emission of the semen, more especially after masturbation, clearly explains the cause of deformities of the spine, and not the erroneous idea of wasting of its medulla or marrow. In fact, the term *tabes dorsalis* is excluded from all modern nologies; it is only employed by practitioners of the old school, or by empirics. It is worthy of remark, that the inhabitants of the north practise masturbation less than those of warm countries;



are therefore much stronger and more robust. Those of Asia, Africa, China, and the equatorial regions, are excited by the heat of the climate, and employ factitious as well as a natural means for the alleviation of genital irritation.

A question was agitated by ancient writers, and it is one of deep interest in a medical point of view, whether coition or masturbation was more injurious to health. Mr. Hunter, our illustrious fellow-countryman, was of opinion, that one was as bad as the other, when practised to excess; but he ultimately considered the latter more injurious. This must be evident, when we remember that the latter is succeeded by much stronger muscular action, sometimes amounting to painful spasms, which compel the individual to suspend his efforts for some time. His physical sensations are more vivid, in consequence of the great stretch of the imagination, which represents, with great vivacity, the fantastic objects of his shameful transports. A second cause which renders onanism more dangerous than excess of coition is, that it is much easier to reiterate the one than the other. When man gives way, with intemperance, to the natural pleasures of love, the fatigue of his companion restrains him. The one is obliged to have the compliance of a female, while every instant is opportune to the other. The imagination of the one excites his organs, or the organs excite the imagination, while the other obtains an easy remedy in the absence of the other sex. No cause restrains the one,—a thousand the other, who follows natural enjoyments. Lastly; the great sadness and melancholy which succeed masturbation produce great debility, prevent the organs of the body from regaining their natural power, while these depressing causes are easily dissipated, and the organs speedily renovated after nuptial enjoyment, influenced by conjugal love and unsophisticated pleasure. It therefore follows, that the effects of onanism are much more durable and dangerous than those that result from the propagation of the species according to nature's dictates.

I might quote a host of authorities on the baneful effects of genital irritation on young persons; but shall content myself with the following extracts:—

Dr. Parry speaks of immoderate and precocious coition in the following manner:—  
 “Inde apud mares oritur cultus præcox et effrenus, quo nihil mentem magis infirmat, nihil corporis vires frangit, nihil articularum, ventriculi, cordis, cerebri, morbis virum magis obnoxium reddit.” (Pathology, 1825.) “Hæc vero nimis culta,” says Professor Gregory, “valde nocet præsertim junioribus, quorum animos pariter ac corpora multum degenerat.” (Conspectus de Med.) Every person's feelings must convince him of the languor, lassitude, and intractness which succeed the evacuation of the spermatic fluid. This was noticed by Aristotle, who said, “Tristiam autem multum seminis emissionem censet, cur ex omnibus

animantibus homo maxime omnium, postquam concubuit dissolvatur et languescat.”

Frequent seminal emissions, whether by coition, masturbation, or pollution, greatly debilitate the mind, and enervate the body generally, and the reproductive organs in particular, and these are rendered incapable of performing their natural function. Physiologists hold that the semen must be retained for some time in its receptacles, so that its thinner parts may be absorbed, before it can be prolific. Masturbation is highly injurious to health, is contrary to morals, religion, and nature.

Without the affectation of introducing religion into a medical subject, in which, however, morality is deeply interested, it may be remarked, that there is no vice against which the anathema of the gospel is more distinctly and plainly pointed than against the abuses of that passion which was given for the propagation of the species. Every candid reader of the sacred volume must be struck at the clear insight into the infirmities of human nature, which are therein displayed. These vices are condemned in the sacred writings, Gen. xxxviii. 10; Deut. xxiii. 10, 11; Lev. xv. 16; John iii. 9; Prov. xxii. 11; Matt. vi. 1; Cor. vi. 15; Rom. i. 8. Onanism is contrary to human nature; because it is beastly, terrestrial and unworthy of man. It is generally commenced before puberty, and at this period becomes inveterate, unless removed by continuance of the pleasure of love; and if continued, excites an invincible estrangement from natural pleasure. When young persons are addicted to this destructive habit, they become inactive, dejected, fond of solitude, the appetite is diminished, there is great depression of spirits, and a total disinclination to activity, playfulness, and vivacity. These symptoms are greatly increased by the constant and frequent repetition of their cause. The forehead is partially covered with crimson-coloured hard pimples, technically termed acne. Such persons have a great timidity and disrelish for society. The memory is impaired, and the power of comprehension considerably diminished; all the mental faculties are so much injured, that stupidity, idiocy, or lunacy have sometimes appeared. The senses of vision and hearing become imperfect; and blindness from amaurosis, and deafness frequently occur. I was once consulted by a young man who had amaurosis of both eyes, whose spirits were as depressed as possible, and who finally confessed that excessive masturbation had produced his disease. Those who give way to this horrible practice, endure a contemptible existence during the remainder of life. Their feeble limbs are incapable of sustaining any of the labours necessary to existence, their intellectual faculties are inadequate to the performance of any great mental exertion; if they engage in marriage, they are generally impotent or sterile; and if they possess the power of procreation, their infants will be

feeble valetudinarians, and enjoy a more miserable existence than the contemptible authors of their sorrowful days. The moralist, the legislator, and physician, should duly consider this important subject, and endeavour to prevent the numerous disorders which are caused by the vicious habits under consideration.

An ancient writer well observed, "Venus sine concubitu nunquam natura aut sapientia dixit." Man cannot violate the laws of nature, or rather of her divine author, without rendering himself culpable to this great preserver of all things, to the social body, and to himself. The sacred inspirations of infinite wisdom are the guides to men, as well towards themselves, as to society at large. In these we find the imperious law for the conservation of ourselves, and consequently that suicide is a crime. Our natural attachments to life, to our own welfare and happiness, convince us, that we are bound to respect these towards every member of society. Nature has also implanted in the heart of every well constituted adult, a desire to be united to one of another sex, and to exert the generative faculty for the maintenance of the species; hence man is not permitted to infringe upon this natural and divine law, lest he contribute to the destruction of a greater or less portion of the human race. He is forbidden to commit embryocide, foeticide, infanticide, as well as homicide. Neither can the reproductive fluids be turned from their natural destination, without great moral turpitude, as such depraved aberration would tend to the destruction of our species, and of society. Addicted to the shameful and unnatural habit of masturbation, man isolates himself from society, concentrates all his affections in himself, offers none of the sympathetic sentiments which are natural between the members of society, and which so powerfully contribute to the good of all. Masturbation is therefore unnatural, and unworthy of rational individuals; it leads to the certain destruction of health and life, and must be considered both as suicide and homicide. It was punished with instant death, as recorded in the sacred volume, in the case of Onan. There are other nameless vices of the generative function which are punished with death or long imprisonment in this and other countries.

But the practice of masturbation during infancy, childhood, and the age of puberty, is not so criminal as at manhood; because the immature age and imperfect development of the sexual organs prevent the emission of semen, and the want of reason and judgment offer an excuse. Moreover, it is the general opinion of physiologists that generation is imperfect before the adult age; and that if offspring be procreated, which cannot occur during childhood, they will be feeble, unlikely to arrive at manhood, and scarcely ever at senescence or old age. It is also to be collected, the conduct of parents before and after conception, during pregnancy and at lacta-

tion, predisposes to, if it does not actually excite infants to, masturbation. I have already stated that the constitution, the physical and moral dispositions, manners, diseases of infants, are, generally speaking, the natural effect of the particular condition of those from whom they received life. It therefore follows that parents, who are generally influenced by excessive impulse, and keep the sexual organs in a permanent state of excitation, must procreate infants predisposed to unnatural genital excitation, which we may consider the chief cause of masturbation. If this inference be allowed, it is evident that parents ought not to effect generation during excessive or unnatural excitation, as it will impress the new being with an increased sensibility, which will be permanent. Hence the excitement of the imagination by moral or physical means should be avoided. The mother's excitement is communicated to the fetus in her womb; and, consequently, excessive sexual indulgence is injurious to the pregnant woman, and to the infant she nourishes, and to the milk she supplies. It, therefore, follows, that pregnant women and those who suckle should avoid whatever excites the imagination; and hence, stimulating foods and drinks are injurious to their offspring. Amorous pleasure, erotic meditations, and the moral and physical results will unquestionably act on the fetus, and influence its sensibility. Sexual pleasure should therefore be avoided after conception, as it is useless to reproduction, and injurious to the mother and the new being. It is avoided by all animals except man. It is interdicted by moralists and physicians, as prejudicial to the parents and their offspring. But mankind in general condemn this opinion, and act contrary to it. The baneful effects of coition after conception in both sexes, and on the new being, cannot be questioned by any one who is conversant with the science of diseases, or, to speak technically, with pathology. Dr. Harris, the first English writer on diseases of children, after observing that the inferior animals refrain from copulation after conception, thus comments on the conduct of man:—

"At vero genus humanum, (cujus ratio intumescens plerumque dictat cristas in sublimi erigere et præ se brutum omne semper aspernari) quovis hirco ferè salacius, indomitam suam libidinem adeo nescit gubernare, ut à primâ conceptione ad ipsum parturienti momentum feminam vix desinat importunitas exagitare. Hinc viri torosi et vegeti prolem valetudinariam non raro progignunt. Hinc annosi senes, scilicet ab effrenatis amplexibus (benigno nature favore) jampridem emancipati, liberos rectius valentes effecto suo semine plus semel procreant quam juvenes utcumque strenui atque æstu venereo flagrantissimi solent."—*De Morbis acutis Infantum, Londini, 1668.*

There can be no doubt entertained upon the fact that excessive venery during pregnancy is highly injurious to the mother, and the

ender fruit of her womb, by debilitating both, and often inducing abortion or miscarriage; and, after the seventh month of pregnancy, premature labour. The other position of Harris is equally valid, that old men procreate much more vigorous infants than those in the prime of life, who abuse the rights of marriage. My distinguished correspondent, Professor Dewees, of Philadelphia, has happily observed, in discussing this subject—"it is better to be old in years than in constitution."

*On Diseases of Children.*

At our next meeting, gentlemen, I shall conclude my observations on this subject, and proceed to consider the maternal influence on the fœtus or offspring in the womb, including the power of the imagination of the mother in causing marks and deformities.

DR. CARRICK OF BRISTOL ON MEDICAL REFORM.

THE following eloquent and powerful address was delivered at the late meeting of the Provincial Medical and Surgical Association; and it so fully accords with our own opinions, that we insert it with pleasure. Dr. Carrick is not an anarchist who would wish to annihilate the existing corporations; he wishes for wholesome reforms in them only, and so do we. After some preliminary remarks, he said:—

"Gentlemen,—I have, however, on several occasions been asked, what the object and drift of the society really is, as if doubtful of its utility, or distrustful of its motives. Some men object to join the association because it may be considered in opposition to the Royal College of Physicians, the Royal College of Surgeons, the Worshipful Company of Apothecaries, the Universities of Oxford and Cambridge, the Medico-Chirurgical Society, the London Press, or other various reasons equally cogent. To such objectors I have replied, we are in opposition to no man or body of men whatever. We associate for the legitimate object of our own gratification, our own instruction, and the advancement of medical science in its enlarged acceptation; and thereby, we trust, for the benefit ultimately of our fellow creatures. For myself I am free to avow, that to have an oppor-

tunity of meeting such a numerous and respectable assemblage of my medical brethren as I now see before me, many from remote parts and some from a distance of 150 miles, is to me an ample recompense, were nothing more to arise from it. From my first entrance into professional life, it has seemed to me to be a most desirable and important object, to cultivate the friendship and society of my fellow labourers; to bring them frequently together, and to render them familiar with one another; and I can truly declare, that the happiest hours I have ever spent have been in the company of medical men. But besides the mere social enjoyment of such friendly intercourse, there are numberless advantages which arise from medical men associating with each other, and living together on gentlemanly and friendly terms. This circumstance was not overlooked by your venerable president and your able secretary at the last annual meeting, and might therefore be passed now; but the tale is a good tale, and cannot be too often told. There was a time, gentlemen, and that not a great while beyond the scope of my remembrance, when medical men were wont almost universally to live in a state of open hostility to one another,—when it was the custom to run down each other's professional character on all occasions; as if they could only hope to raise their own reputation on the ruin of that of their neighbour; and the more unblushing and unscrupulous their efforts in that way were, the greater at times seemed to be their ill-deserved success; for unfortunately the world are but too much disposed to lend a willing ear to scandal; and are but little qualified to form a correct judgment of medical merit. Happily this semi-barbarous, ungentlemanly, unchristian spirit has in these more enlightened days in a great measure subsided, and has become so universally disreputable, that those who still retain it, are constrained at least to cover it with the veil of civility; and I trust, gentlemen, many of you will see the day

when even this veil will no longer be wanted; and when jealousy and hatred, that unseemly speck and blemish, shall have been washed from the fair face of our humane and charitable profession: and of this I am certain, that nothing can have a more decided influence in furthering this desirable object, than the frequent assembling of medical practitioners in associations like this. But numberless advantages besides these, great as they are, must naturally flow from the well-directed influence of this association. Besides the opportunity it affords of a ready and easy means of collecting, preserving, and presenting to the medical public many valuable cases, and histories, and essays of great interest, which would otherwise be lost to the world, I cannot but look forward with I trust a well grounded hope, that this society may in time prove eminently instrumental in improving the condition and structure of the medical profession; the just and proper organisation of which, although hitherto grossly neglected by the legislature, is vitally important to the best interests of the state, and of each individual person. It was well observed by the respected parent of this association, in his excellent address already alluded to, that 'the organisation of the profession as it obtains, is not what it ought to be; for the whole system of medical polity in this country is both defective and erroneous.—Opinions differ widely as to the evils and the remedies, but few are found to commend the existing state of things. This subject is closely connected with the advancement of science; for if the profession were constituted as it ought to be, and as reason and sound principles dictate, the harmony, that would be thus established among the several departments, could not fail to prove a direct means of their co-operating more cordially and efficiently in extending the science and improving the practice.'

"Although it would be improper now to enter at large on the vast and trackless field of medical reform, I

cannot forbear, with your permission, gentlemen, to take advantage of the present opportunity of calling your attention for a few moments to this very interesting subject, in the hope that some of you will, at no distant period, be pleased to favour the society and the public with your deliberate sentiments upon it; for it is only in this way that correct, and useful, and practical results can be arrived at, on a subject so complicated and environed with difficulties as this unfortunately is. And I will venture to say, that the man who shall be able to point out a plan whereby those difficulties may be overcome, and a rational, practicable, and efficient medical reform effected, will deserve for himself a monument *ære et auro perennius*. This inquiry seems particularly to recommend itself to your notice at the present moment, when efforts are making to call the attention of the legislature to the correction of certain imperfections in the Apothecaries' Act, upon the result of which, although this is but a very limited portion of the subject, a great deal of good or evil must necessarily ensue. *It is evident that the whole existing fabric of medical policy is faulty from beginning to end.* It does not work pleasantly or well—not so well at least as it ought to work. On considering this subject maturely, it will be a rational object of inquiry, whether the division of the profession, which law and custom have sanctioned, into three or four distinct branches, is conducive, in the greatest attainable degree, to the advancement of the science, the welfare of the profession, and the benefit of the public at large.

"On one hand it may be alleged that the subdivision of labour is favourable to improvement, and necessary to perfection. On the other, it may, with greater show of reason, be urged that, although this principle is sound when applied to the mechanical arts, it may not hold good in the totally dissimilar and infinitely more complicated affair of physic and surgery; while it is not to be denied,

that numberless advantages would result from the simultaneous practice of the medical and surgical departments. How often must every physician have had cause to regret the loss of precious time in sending for a surgeon to perform the simple but all important operation of blood-letting, out of delicacy to the surgical department? How often has he lost the opportunity of valuable post mortem examination, which might have been easily obtainable had it not been necessary to call in the assistance of second persons or strangers, in moments of affliction, when the sensibilities of relatives, and their aversion to such examinations, were most feelingly awake? Many other advantages, of no trivial moment, present themselves to the mind from the combination of both departments, which I need not here enumerate. But then, it will with reason be said, that a common system of practice must require a common system of instruction. There cannot exist a doubt that for the full attainment of knowledge in the medical department, it is necessary that the medical student should become as fully and minutely acquainted with the anatomical structure, as the student in surgery; while on the other hand, a comprehensive knowledge of those various branches of science which have usually been considered as the more peculiar province of the physician, is scarcely, if at all, less necessary to those who intend to make surgery their profession; for when he comes into actual practice, he will find that for once he is called upon to exercise the mechanical or operative part of his calling, it will be ten times necessary for him to draw upon his stock of medical knowledge. True, a man may pass in the world for a physician, with only a general and not very minute knowledge of anatomy; or may act as a surgeon without having paid much attention to medical instruction; but few will deny that each of them would have been better qualified in his respective department, had he bestowed on his

education an equal attention to both. But if medical and surgical students are to pursue the same course of study and instruction, where, it will be asked, would be the ground for distinction in name or station? To these I must reply, distinction in rank, without difference in education or acquirement, must be equally unnecessary and unjust. Would I then break down all distinction in the profession, and leave every thing to chance, or individual assumption? That is by no means necessary. There might exist distinctions still more distinct, and more securely limited, than those which at present exist; but obtained by a different process, and conferred in a different way. But I must not trespass further. I am well aware, gentlemen, that I am treading on delicate ground, and have opened a subject on which there are various and contradictory opinions held, by the most respectable and honourable individuals; the knowledge of which difference of opinion warns me to be diffident of my own and charitable to that of others, on a subject so complicated and uncertain. It may to some gentlemen appear somewhat singular that I should have noticed this subject at all, or expressed myself as I have done. Suffice it to say, that I have lived to witness most material alterations in the state and circumstances of the profession. Nothing in this world stands still. We live in an age of rapid motion; and it is absolutely necessary, will we, nill we, that we should follow the course of events. We can no more revert to the days of Linacre and Henry VIII., than we can make the river run back to its source. That the primitive institutions of these worthies were essentially useful in those early days, when science was struggling to emerge from the darkness and mummery with which it had been so long enveloped, is not to be denied; and we are deeply indebted for their nursing care. The institutions of the College of Physicians, and other royal and worshipful corporations, gave an upward move-

ment to the whole profession at the time; but it may reasonably be doubted, whether their subsequent influence has tended to its progressive advancement. In this respect *these* institutions are not singular. Many other corporate bodies were, in the outset, well adapted for the then existing state of society, although they have long since ceased to keep pace with the progress of general information. The monastic institutions, for instance, were at one time of unspeakable benefit to this and to all other unlettered and uncivilised countries. But although grateful, as we ought to be, for the benefits then conferred by them, who would now-a-days advocate their continuance, or bequeath his fortune to build a monastery? Besides those above alluded to, there are other corporate regulations, devised for periods of darkness and ignorance, but totally unsuitable for the present times, which stand awkwardly in the way of the improvement of professional polity, and the advancement of medical science. The existence of apprenticeships as a necessary part of surgical tuition, is the great stumbling-block in the way of that uniformity of education which is so absolutely necessary towards breaking down those distinctions which so fatally obstruct the harmony and impair the usefulness of the medical profession. Were these artificial and antiquated barriers removed, this by far the most useful, most important, and most difficult of all professions, would be found to glide on in its mild and beneficent course, like a placid and unruffled stream, instead of the noisy, and frothy, and uproarious torrent, which it now too frequently presents. I would fain hope, gentlemen, that a happier era is about to open upon us. We live in reforming days; but I am not a radical reformer—I would not rashly innovate for the mere love of change, neither would I decline reformation where palpable defects or abuses demonstrably exist. When, however, I consider the many obstacles which still stand in the

way of wholesome and rational medical reform, and the various opposing interests, individual and corporate, which must be conciliated or overcome, I despair of living to see the day. Many of you will, I doubt not, have that satisfaction, and enter into that promised land, of which I can at best have but a Pisgah prospect. For my own part I can scarcely be considered as interested in the result; my race is nearly run. Yet although I can neither derive any sensible benefit nor injury from what may happen, I cannot but feel warmly interested for the honour and advancement of that profession in which I have been actively engaged for more than half a century. In the meantime, gentlemen, it behoves us, as members of this society, to do our best to eschew and turn aside the evil of an imperfect and ill-digested system. Your influence, well and temperately directed, may not be small in accelerating the necessary improvements in education and practice, as well as in extending the limits of medical science, and in diffusing its benefits to society at large—the object which must always be uppermost in all our aspirations and exertions. By acting with unanimity and kindly feeling towards one another, and with uprightness, humanity, and manly independence to the world at large, we shall best succeed in procuring for ourselves that protection and encouragement for our useful services which the legislature is either too fully occupied otherwise, or too indifferent about the matter, to attend to; and which the corporate bodies are, perhaps, too much interested in withholding. Gentlemen, I beg to apologise for having encroached so large a portion of your valuable time, and to thank you for your indulgent attention.”

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THE  
**London Medical & Surgical Journal**  
*Saturday, August 10, 1833.*

THE POWER OF CONFERRING MEDICAL DEGREES IN LONDON.

WE were the first to propose, that the College of Physicians, when properly reformed, ought to possess the power of conferring medical degrees, because their examinations of candidates, which are certainly illegal and a direct insult to the Universities, are exactly similar to those of the latter institutions. One of our contemporaries, with his accustomed modesty, makes the same proposal as an original one, as if our numerous readers were likely to give him the slightest credit for the priority of a suggestion to which he has no claim whatever. We congratulate him upon his abandonment of medical toryism, and upon his joining us reformers; and he is really entitled to great credit for turning his back upon his former friends, when we reformers had rendered their condition hopeless.

With respect to the College granting degrees, we maintain our original position, that the whole profession, with the exception of those who live by collegiate abuses, would oppose it, until a radical reform takes place in the institution in question. There cannot be the slightest doubt, we rejoice to announce, but that such reform is inevitable; for the House of Commons has determined upon the measure.

It will be seen by the petition of the members of the College, in another page, that the abuses in it are now known to the legislature; and we know that the College will be compelled to give the most minute account of its proceedings, since 1771, on the meeting of the next parliament. We cannot help observing, that the privacy with which the physicians' petition was signed was unfair to the great majority of those in London, who received no intimation about it, except in the pages of this Journal. It might have been signed by three times the number of members of the College had proper notice been published in the newspapers that such a proceeding was determined upon. The petition, however, is very respectably signed, and has had great weight with the House of Commons. We beg to reiterate a former statement of ours, "that the state of the profession in the United Kingdom will be inquired into early in the next year, and a total reformation effected in it." We have now triumphed over the lukewarm friends of reform,—those who were afraid to advocate the measure a few months since, and who have now petitioned parliament for it. We look forward with pleasure to the labours of the Medical Reform Association, which will very speedily aid the glorious cause of science and humanity. Yes, we shall have reform as well as the law and church; reform is the order of the day! and medical monopolists are not the individuals to arrest its progress.

**LONDON UNIVERSITY CHARTER.**

THE subject of granting a royal charter to the University of London has occupied much the attention of the medical profession; nor is this to be a matter of marvel when it is remembered how many conflicting interests are put into the scale,—how severe a kick may be given to the balance of the private, metropolitan, and provincial lecturers by the doctissimi viri of the University, should the power and privilege of a royal charter be granted to them. A meeting of the metropolitan hospital lecturers was held a short time since, at which the sentiments and feelings of this small minority of the profession were discussed in a free, candid, and honourable manner. Yet, much as we admire the sentiments spoken on this occasion, we yet hope that a general meeting of the metropolitan lecturers will be summoned, at which the propriety of granting a charter to the University of London may be freely and ably discussed; it is one on which great difference of opinion exists,—one in which numerous powerful and conflicting interests are blended,—one which concerns the whole body of the profession at large. The meeting held at Dr. Hue's was composed of private hospital lecturers only, among whom we have heard that Dr. Chambers was proudly distinguished for the liberality and justice of his sentiments; but the voice of one man is not the voice of the profession; and therefore do we again urge upon our professional brethren; the necess-

ity of speedily calling a meeting of the hospital and general lecturers of the metropolis, to discuss calmly and deliberately so great, so important a question.

With respect to the power to be thus granted to the University, most assured are we that it is one requiring mature judgment, calmness, and decision in those wielding it. It will be an instrument for good to those who will be educated within the walls of this new alma mater, and to the nation at large. To them will the faculty of medicine be responsible—by them will they be judged if those bright prospects now opening to this institution do not raise it to that rank and station which its sister universities so proudly occupy.

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**PETITION AGAINST THE ROYAL COLLEGE OF PHYSICIANS IN LONDON.**

*To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled,*

**THE PETITION  
OF THE**

**UNDERSIGNED PHYSICIANS, PRACTISING IN  
LONDON,**

“**HUMBLY SHEWETH,**—That the charter of the Royal College of Physicians of London was granted by Henry the Eighth, for the advancement of Medical Science, and for the protection of the public ‘against the temerity of wicked men, and the practice of the ignorant.’

“That six physicians were named in the charter, who, together with all men of the same faculty, then resident in London, were constituted one body, commonalty, or perpetual college.

“That the perpetuity of the college was to be kept up by the future admission of all men of the same faculty into the college.



“ That several of the six physicians named in the charter, studied at, and possessed degrees from, foreign universities; and that no distinction is mentioned, as regards the University where a physician may have obtained his degree.

“ That all physicians entitled to practice in London, are equally entitled, under the charter, to admission to the fellowship of the college.

“ Your petitioners are prepared to show, that by-laws have been framed, and long acted upon by the college, which are directly opposed to, and in violation of, the letter and meaning of the said charter.

“ That the physicians practising in London, are invidiously divided, by the by-laws of the college, into two orders; one is denominated Fellows; the other, constituting by far the majority, is designated (and by implication degraded) by the term Licentiates.

“ That the Fellows have usurped all the corporate power, office, privileges, and emoluments attached to the College; that the Licentiates do not participate in these benefits, but are illegally excluded from all the offices, and any share in the management of the corporation; and so far is this principle of exclusion carried, that the Licentiates are not even admitted to the library or museum of the College.

“ That there exists no foundation in the charter, or in the acts confirming it, for such distinction of orders, and consequent exclusion from all privileges.

“ That, according to one of the by-laws, no physician can claim admission as a Fellow, unless he has graduated, or been admitted *ad eundem* at the Universities of Oxford or Cambridge, where medicine is imperfectly taught, while physicians who have graduated at other British or foreign universities, celebrated as schools of medicine, are unjustly excluded from the fellowship by this obnoxious by-law.

“ That the College was admonished

from the bench, by the Lord Chief Justice Mansfield, to amend their by-laws, in reference to the admission of Licentiates into the fellowship: that, influenced by this censure, the College framed other by-laws, deceptive in their character, which, whenever they have been acted upon, have tended still further to depress and injure the order of Licentiates.

“ That the College demand and receive a large sum of money from the Fellows and Licentiates, for the supposed privilege of practising as physicians, within a circuit of seven miles round London, and that they do not and cannot protect them in this privilege.

“ That the Graduates of Oxford and Cambridge are obliged to be members of the established church of England, and, consequently, all dissenters are excluded from claiming the fellowship: this, your petitioners consider as a grievous injustice, and an act of intolerance unbecoming the present age.

“ That these invidious by-laws, made in the spirit of corporate monopoly, have involved the College in continued litigation, and created a jealousy between the Fellows and Licentiates discreditable to the members of a liberal profession.

“ That your petitioners, with deference, submit, that the College of Physicians, as at present constituted, is wholly inadequate to the due regulation of the medical profession in this country, and the protection of the public; and further, that the charter of the College in no way provides for the practice of physicians in the several counties of England and Wales.

“ Confiding in the wisdom of Parliament, your petitioners therefore pray

“ That your Honourable House will institute such inquiry into the state of the medical profession in this country, and the College of Physicians in particular, as will lead to the framing of laws, by

which the evils complained of may be removed.

“ And your petitioners will ever pray, &c.

Gilbert Blane  
Henry Clutterbuck  
George Birkbeck  
W. Somerville  
Alexander Morison  
Thomas Brown  
Alexander Henderson  
Charles F. Forbes  
Charles Looock  
Neil Arnott  
Roderick Macleod  
John Veitch  
W. Gairdner  
William Russell  
Hugh Ley  
James Clark  
Robert Lee  
Marshall Hall  
William Whympier  
Thomas Hodgkin  
C. J. B. Williams  
Alexander Tweedie  
Henry Davies  
J. W. Crane  
Theodore Gordon  
Whitlock Nicholl  
A. T. Thomson  
John Sims  
James Copland  
George Gregory  
J. C. Somerville  
James Bartlet  
John Webster  
Thomas Harrison Burder  
Thomas Davies  
T. Southwood Smith  
David Barry  
Charles Holland  
John Foley  
Francis Boot  
R. M. Kerrison  
C. J. Roberts  
William Stroud  
James Johnson  
Edward Rigby  
Robert Richardson  
G. G. Sigmund  
James Hope  
A. T. Holroyd.

PRACTICAL OBSERVATIONS ON CANCER OF THE RECTUM.

CANCER of the rectum is generally distinguished by a sensation of pricking and heaviness in the part, accompanied with tenesmus and severe pain on passing an evacuation, especially if the bowels are in a constive state. On making an examination, a general, but sometimes only a partially, hypertrophied state of the submucous cellular tissue of the inferior portion of the rectum is discovered. As the disease goes on, the pain augments, the intestine shrinks, and the fluid contents of the bowels only are evacuated, the more solid fecal matter remaining behind. It sometimes happens that the coats give way, and the patient dies of the consequent inflammation;—this, however, is rare. More commonly, when the disease has been neglected, the scirrhus part softens, ulcerates, and passes into the state of carcinoma; the pain now becomes acutely lancinating; there is a fetid discharge from the anus, with hæmorrhage, colliquative diarrhœa, and hectic fever. A spiculum introduced into the rectum in this stage of the disease, only serves to irritate the parts and make them bleed.

This disease will sometimes arise without any evident cause. Constipation, the lodgment of hard feces in the rectum, first irritating and then ulcerating the mucous coat of the bowel, large hæmorrhoidal tumours, foreign bodies introduced into the rectum, suppressed discharges, old fissures of the anus, all these will be sufficient to lay the foundation for cancer of the rectum; it is, however, to syphilis that we must look for the chief cause of this affection in females; it may also occur in them from the natural cessation of the menstrual discharge. It is only in the early stage of this disease that medical treatment will at all avail. If it proceeds from syphilis, mercurial sudorifics may be given, and mercurial suppositories introduced into

the rectum, combined with opium or extract of belladonna if the pain be very great; when it arises from a suppressed discharge, it ought to be brought back; if the heat and irritation be very great, leeches may be applied. Whatever treatment, however, be adopted, it will be necessary that the patient have oily or mucilaginous injections administered to soften the hard faecal matter, and allow of their more ready expulsion. When the intestine retracts, some method of compression should be kept up by a dilating substance, such as a tent, or canula, or bougie introduced into the intestine; the best remedy of this kind that can be employed, consists of a fold of linen, gradually increased in size, and covered with some medicated ointment, in order to modify the affection, or to resolve it altogether, if possible. There is but one remedy which will securely rid the patient of the complaint, and that is, the excision of the scirrhus portion of the intestine. M. Lisfranc's method of performing the operation is this:—at about an inch from the external orifice of the rectum two semilunar incisions are made, meeting above and below, including the skin and subjacent cellular tissue. The surgeon then, introducing his finger into the rectum, draws it down and excises it with a strong pair of scissors above the reach of the disease. M. Lisfranc only performs this operation upon cases of superficial cancer. When, however, the disease has affected the entire coats and circumference of the intestine, the operator having proceeded as above, and drawn down the intestine, a third incision is made parallel to the axis of the intestine, beyond the extent of the scirrhus. This last excision is made on the posterior side of the rectum, because there is then less risk of wounding the vagina in females, or the urethra in males; and that fewer large blood vessels are likely to be injured, and that the whole extent of the disease may be extirpated.

PROTIODIDE AND DEUTIODIDE OF  
MERCURY.

*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN—As the following extract from a lecture at the Westminster Dispensary may be useful in showing the decided difference in medicinal activity between the *protiodide* and the *deutiodide* of mercury, and also the necessity of stating in a prescription the one that is to be employed, I beg your insertion of the same. I might add an additional reason, namely, the discredit that might otherwise, from inattention to the distinction, be brought upon so valuable a medicine as *iodine*.

Believe me, yours, in well wishing,  
JOHN EPPS.

89, Great Russell-street,  
August 5th.

“ I have now, gentlemen, to draw your attention to a new preparation of mercury;—it is the *iodide*. This preparation has been employed in the removal of tumours, and with considerable effect. I have tried it both internally and externally. From my own experience, I have more confidence in its *external* application than in its *internal* use. I have used it with success in scrotal tumours, but in some instances I have been disappointed. These disappointments I am inclined to ascribe (from one circumstance that has lately occurred) more to the *preparation* of the medicine than to the medicinal agent itself.

“ In illustration, I shall mention a case. A patient, who had been taking the tincture of iodine without any effect for a scrotal tumour, applied to me in the month of February last. I prescribed the following:—*Rx.* Iodid. hydrargyri, ʒj., Ung. cetacei, ʒj., ft. ung. pro usu. At the next visit from my patient I found that no effect was produced upon the tumour; in fact, no effect at all, either general or local. This I thought strange, because I knew that the iodide of mercury produces generally great heat and irri-

tation. I then ordered an increase of the iodide to two drachms; still the patient complained of no effect being produced. I then ordered him to go to some other chemist: he went to Mr. Bell, in Oxford-street; and returned to me in astonishment and anxiety two days after, stating that the ointment which he obtained there from the presentation of the same prescription was a beautiful *bright red* colour, whereas the one that he obtained at the other chemist's, in Oxford-street, was of a *yellowish-green*. And not only did he notice the difference in colour, but the difference in effect; for after applying the red ointment, on going to bed, to the scrotal tumour, it produced so much irritation that he was obliged to rise in the night and bathe the part.

"In order that I might be fully satisfied, I desired him to take the same prescription to the two chemists, and have the ointment made up at both, and to bring me the same, which, gentlemen I now show you; and one you see is a *yellowish-green*, the other a *light red*.

"Now, gentlemen, I am willing to allow that I am in part to blame, as the following explanation will prove. There are *two* iodides of mercury, the *protiodide* and the *deutiodide*; the former composed of *one* equivalent of iodine and *one* of mercury; the latter of *two* of iodine and *one* of mercury. The former is of a *yellowish-green* colour, the other of a *bright red*. I should have written in my prescription the *deutiodide*; but, notwithstanding, you will perceive that the one chemist introduced the *protiodide*, the other the *deutiodide*, in making up the *same* prescription.

"Thus, gentlemen, you will perceive that it is our duty to avoid even the possibility of a mistake; and I trust you will remember this additional illustration of the great difference in the properties of a medicine connected with the addition of an atom.

"As an additional proof of the greater activity of the *deutiodide*, I

may remark, that the use of the *deutiodide* softened the tumour; and in addition to the irritation produced by its application to the part, the patient noticed another and an interesting fact, namely, that he *tasted* it the day after rubbing it on the scrotum.

MALIGNANT CHOLERA—LARGE DOSES OF MERCURY—DEATH.

To the Editors of the *London Medical and Surgical Journal*.

GENTLEMEN,—I send you some account of the case you saw with me on Saturday evening last, which I regret to state has terminated fatally. It is as follows:—

Mr. —, *ætat.* 30, and much addicted to drinking, had been affected for some days with pain, uneasiness, and relaxation of the bowels. On Saturday morning the pain in his bowels was much increased in severity, and the diarrhoea and vomiting were violent and distressing. He complained of cramps in his legs, and there was a general coldness of the surface of the body. He had taken the day previous to his attack nearly a gallon of ale and seven strong glasses of gin and water. I was called to him about eight A.M. The pulse at the wrist scarcely perceptible, with all the above mentioned symptoms. Hot brandy and water administered, and continued frictions of the body by the female attendants. Hot bottles of water were applied to the feet and hands; a mixture of *mist. cretæ. tinct. opii, tinct. kino, conf. arom., &c.*, was ordered. Two P.M., the vomiting, purging, and cramps had ceased entirely, but the articular coldness still remained. Frictions continued; warm gruel, impregnated with brandy, administered. About eight P.M., you saw him, there was then apparent reaction. *Hydr. submur. ℥j* every hour, and *ung. hydr. fort. ℥j* to be rubbed into the axillæ every quarter of an hour, and the astringent mixture, if necessary, were ordered. I saw him again about twelve P.M., he appeared much better;

the surface of the body was warm, and the pulse perceptible. He expressed his certainty of recovery, and joked his attendants. About a quarter of an hour after I left him, he was suddenly seized with a violent inclination to vomit (his stomach had been hitherto tranquil). He suddenly sprang up in the bed, made one or two powerful attempts to vomit, and immediately fell back and expired without a struggle. No ptyalism had been produced; and no post-mortem examination was allowed. It is to be regretted that the hidden cause of death was not permitted to be revealed by dissection, for I think it is clear that he could not strictly be said to die of cholera. I cannot but think that the fatal termination of this case was owing to the rupture of some important vessel. My time will not allow me to enter at length upon this subject, but I think some remarks upon it, and upon the most probable cause of death, from your able pen, could not fail to be interesting to the numerous readers of your valuable journal.

I am, Gentlemen,  
Yours, with much esteem and respect,  
EDWARD AUGUSTUS CORY.

[It would be a difficult matter to account for death in the above case as there was no autopsy allowed; cholera seldom terminates so suddenly.—Eds.]

**SIMPLE PROCESS FOR MAKING PRUSSIC ACID.**

*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN,—Will you allow me to submit to the readers of the London Medical and Surgical Journal a new formula for the extemporaneous production of medicinal prussic acid. By its adoption this very powerful medicine may always, in a very few minutes, be made of a known and uniform strength, and of a quality (owing to its freedom from mineral acids, and

the presence of alcohol) that effectually preserves it from spontaneous decomposition, advantages which, I need hardly observe, are unattainable by any other known means. The quantity of cyanuret of potassium, apportioned in the formula, to a fluid ounce of the solution, is the exact equivalent for supplying eight grains of absolute prussic acid, and the extreme facility with which that salt is decomposed by tartaric acid, ensures that the whole of the prescribed strength shall be obtained; the terms of the division of a fluid drachm of the medicinal solution will therefore be accurately expressive of the division of a grain of the strong anhydrous acid.

I inclose for your inspection portions, both of the medicinal prussic acid, made in this way, and of the cyanuret of potassium used in its formation; the latter of which I believe to be the first specimen of the salts ever obtained in a state of purity. With a view to its introduction into the forthcoming joint Pharmacopœia of the two Colleges of London and Edinburgh, I have been requested by the London Pharmacopœia Committee to furnish them with the plan for making it, and having done so, I must of course leave the question of its publication for the present in their hands.

I am, gentlemen,  
Your obedient servant,  
RICHARD LAMING, Surgeon.  
48, Finsbury-square,  
Aug. 5th, 1833.

**FORMULA.**

Take of

Cyanuret of potassium	22 grains
Tartaric acid crystals	50 grains
Distilled water	6 fluid drachms
Rectified spirit	3 fluid drachms.

In a phial, capable of containing eleven or twelve fluid drachms, dissolve the tartaric acid in the water and spirit, previously mixed together and suffered to become quite cold; then add the cyanuret of potassium, and immediately close the phial with a sound cork. After occasional agi-

tation during ten minutes, secure the cork, and set the phial aside for the supertrate of potass to precipitate, when the clear solution may be decanted for use.

INGESTION OF BILE IN CHOLERA.

To the Editors of the *London Medical and Surgical Journal*.

GENTLEMEN,—I beg to submit to your notice a question for consideration, relative to a proposed remedy for the treatment of cholera, viz :—

“ Whether the introduction of bile into the intestines, obtained either from a carnivorous or herbivorous animal, might not be attended with some beneficial effect in arresting the progress of the diarrhoea ? ”

We have heard of saline injections being attended with benefit; and it is unnecessary for me to mention, that the bile contains within itself many saline and other properties, peculiarly and eminently adapted for the right performance of its very important functions.

I am, gentlemen,  
Your obedient servant,  
P. HOOD.

Norton-street.

MALIGNANT CHOLERA.

MR. JENKINS of Prescott-street informs us, that he has succeeded in curing twenty-five cases of blue cholera with pills, each containing  $\frac{1}{2}$  of a grain of strychnia and two grains of confection of roses; one given every quarter of an hour, and, after some time, every half hour or hour. He has given three grains in thirty-six hours.

OPEN FORAMEN OVALE WITHOUT CYANOSIS.

IN a child of seven years, who never had any symptoms of the blue disease, the inter-auricular septum presented, at the site of the foramen ovale, a network of fibres, between whose meshes the blood might freely pass.

Hospital Reports.

ST. BARTHOLOMEW'S HOSPITAL.

A STRONG, robust, and healthy-looking man, *æt.* 50, was admitted Aug. 3, under Mr. Earle's care. He complained of a partial loss of vision in the right eye, occasioned by a blow which he received last Christmas. The crystalline lens is ruptured, and the retina, when seen at a distance of four or five feet, distinctly exhibits several delicate red lines, and a beautiful purple blush. The lines are evidently the ramifications of the arteria retinae centralis. It is rather a curious circumstance that neither these lines nor the blush just mentioned can be seen when the eye is closely examined, but can be very clearly distinguished at a distance of four or five feet. The lines are observed with more precision by the light of a candle. The eye, at first view, appears somewhat amaurotic, being of a dull blackish colour.

We shall report the treatment and its results in the above case in our next.

ST. GEORGE'S HOSPITAL.

THE case of William Bowker, which we gave in last week's report (Compression of the Brain), is going on well; the febrile symptoms which remarkably characterised the commencement of the case have almost entirely disappeared. Pulse on Wednesday, August 7th, was about 70.

The alvine evacuations have been very regular. He seems cheerful, and recovery appears certain.

*Fracture of the Clavicle, and Compression of the Brain.*

Martha Toogood was admitted into the hospital on Monday, August 5, under the care of Mr. Babington, having received a very severe fall from a height of several feet. On her admission she was insensible, pulse feeble, pupil somewhat dilated,

respiration hurried. On examination we found that the right clavicle was fractured. There was also fracture of the occipital bone.

The patient has suffered considerable pain, and seems very restless. She complains of a lancinating pain in her forehead. To remove these pains anodynes have been administered; purgatives have also been given, but her evacuations by stool have been very irregular.

On Wednesday ten ounces of blood were taken from her arm.

#### EXTRAORDINARY FECUNDITY.

IN the 88th No. of the "Severnaga Ptchela," a Russian periodical, Dr. Bajalskry relates almost incredible instances of human fecundity, among which the following are the most remarkable. In 1755, Jacob Kirilo, a Russian, had by one wife fifty-seven living children, viz. four quadruplets, seven triplets, and ten twins; by a second wife, one triplet and six twins. Fedor Wasiliewitz, of Schja, in Wladimir, had by his first wife, in twenty-seven accouchments, four quadruplets, seven triplets, and sixteen twins; by a second wife he had two triplets and six twins. Official documents show, that on Feb. 27, 1782, this Wasiliewitz, aged seventy-five years, had eighty-three children living out of eighty-seven born.

#### French Medicine.

##### *Belladonna in strangulated hernia.*

A MAN, aged 50, of nervous temperament, felt for some days severe passing pains over the lower part of the abdomen, and, after some slight effort, a large tumour appeared in the left groin. On examination, it was discovered to be an inguinal hernia. The tumour was hard, sensible to pressure, and occupied the whole of the scrotum. The efforts at reduction were unsuccessful, and the belladonna was tried. Equal parts of lard and belladonna were rubbed, every quarter of an hour,

over the abdominal ring and the neighbouring surfaces. In the space of two hours the tumour was much softer, and greatly diminished in volume; and the hernia was afterwards reduced without any difficulty. The abdominal ring remained open for some time after the reduction of the intestine, sufficient to allow of the introduction of two fingers. Notwithstanding a severe attack of constipation of the bowels the patient perfectly recovered.

A young girl, aged 13, after some exertion felt something glide along the inside of the groin; she went to her room and found a swelling in the groin, which, though discoloured, gave her no pain; she pressed the tumour, which immediately disappeared with a gurgling noise. The same accident was repeated several times, and the same means were always sufficient to reduce it, until the tumour descended, and became fixed so firmly, that it resisted all the usual means to restrain it. A nurse was called in, who declared it to be an enlarged inguinal gland; the pain greatly increased, and was succeeded by head-ach, thirst, constipation, and vomiting. A surgeon was now called in, who soon discovered that the enlarged inguinal gland was a crural hernia. The tumour was hard to the touch; the skin red, hot, and very sensible to pressure; the vomiting continued; the thirst was increased; the pulse sharp and frequent. Ten leeches were applied to the neck of the tumour, emollient and anodyne cataplasms to the part, and a lavement.

On the following morning the patient was in the same state, and it was impossible to reduce the hernia; ordered to be put into the warm bath, and afterwards the extract of belladonna to be rubbed freely over the crural arch. In the evening the hernial tumour was much diminished in hardness and size, and had ascended a little upwards towards the crural arch; pain greatly decreased. The taxis was now carefully used,

and in half an hour the hernia was reduced. In this case, as in the former one, the crural arch remained dilated for some time after the ascent of the tumour.—*Jour. Méd. et Chir.*

*Chorea supervening upon apoplexy.*

Steffany, a member of the National Guard, having partaken too freely of wine, was seized with apoplexy and hemiplegia; he was bled freely at repeated intervals with great benefit. Eleven days after the attack the parotid gland of the affected side (the right) inflamed, which spread to the cheeks and tongue, which latter was obliged to be lanced repeatedly to prevent suffocation. Four days after this inflammation, slight convulsive movements of the arm of the affected side were first perceived, and the muscles of the face and neck became similarly affected, until in a short time chorea was fully established, which lasted until the inflammation of the tongue and parotid gland had subsided, when it left the patient free from any complaint.—*Gaz. Méd.*

*Pustular eruption.*

A boy, aged 14, was suffering from irritation of the chest, for which he was ordered to rub in some antimonial ointment,  $\frac{3}{4}$  j. of lard to  $\frac{3}{4}$  j. of antimony; on the third day there was no eruption on his chest, but on the upper and inner part of the thighs a distinct well formed pustular eruption appeared, similar in all respects to that produced by the absorption of tartar emetic.—*Ibid.*

*Narcotism produced by twelve drops of liquid Laudanum.*

A man was admitted into La Charité for contraction of the rectum. The actual cautery was applied by M. Rayer a few days after his admission, and an anodyne lavement, containing 12 drops of Sydenham's liquid laudanum, was administered in the evening. Three hours afterwards he went to bed, and immediately was heard to groan several times deeply,

and grew very drowsy. At two A.M. he could not answer any questions; he gradually lost his senses, and soon fell into a deep coma, from which, however, he seemed to rally occasionally. In the morning he was found in a state of extreme prostration and collapse; profuse diaphoresis; eyelids closed; pupils contracted; respiration slow; pulse 110, and full; skin damp; urine increased in quantity, and passed for the most part involuntarily. Two porringers full of blood were immediately taken from his arm; the pulse rose to 150; and some vinegar and water were thrown into the stomach. Sinapisms were applied to his feet, but in the course of a few hours he died.

*Autopsy.*—The superior cerebral veins were gorged with black blood; the brain was not softened, nor was there any effusion of serum in the lateral ventricles. The superior longitudinal sinus contained nothing unnatural; the lateral sinuses were gorged with blood; the spinal marrow was natural; the rectum was found in a cancerous state for two or three inches; the intestines were more or less injected with blood; the mucous coat of the stomach was covered with reddish brown spots, and on the summit of the right kidney was a cyst, containing serous matter; the upper surface of the liver was marked by several tubercles of the size of filberts; the lungs were loaded with blood.—*Lanc. Fran.*

*Case of poisoning by Digitalis.*

A man was ordered to be rubbed with the tinct. digitalis for dropsy: mistaking the directions, he swallowed  $\frac{3}{4}$  ss. of it in three spoonfuls. Soon after taking the third dose he became nauseated, severe burning pain in the epigastrium, vomiting, colicky pains in the precordial region, contraction and convulsive irritation of the limbs. Severe headach and dyspnoea now came on, and the eyes became fixed, and seemed starting from their orbits. These violent symptoms lasted six hours. On the following morning the



pulse was not altered in frequency, the tongue was yellow and covered with a thick fur, and each side of the body was of a vivid red colour; all the other violent symptoms had gone off, and he appeared recovering.—*Ibid.*

ENORMOUS DEVELOPMENT OF THE  
SPLEEN AFTER INTERMITTENT  
FEVER.

Mary —, when 17 years of age, had a tertian ague, which spontaneously disappeared at the end of the month, leaving only some swelling under the ribs on the left side. After a lapse of eight years her abdomen had become as large as that of a woman in the eighth or ninth month of gestation. She then married, shortly after became pregnant, and in due time was delivered of a healthy child. After this, the tumour increased rapidly, and she first began to experience abdominal pains, and difficulty in voiding the fæces. She became pregnant a second time, suffered much during gestation, and had a more difficult labour, but the child was still healthy. She is now 27 years of age, and is suckling; her complexion is dingy, and she is very thin.

The spleen extends from the diaphragm, which it has pushed upwards, in front of and three or four inches below the horizontal part of the os pubis of the left side, where it presents a border of several inches thick, and when this is raised, the patient feels the tumour behind the ribs, pressing against the diaphragm and impeding the movements of the heart. In a lateral direction the tumour extends beyond the linea alba, occupying three-fourths of the whole cavity of the abdomen. Its anterior extent is prodigious, and its tissue apparently very hard. The patient's general health is daily growing worse; she has increasing pains, vomiting, anorexia, constipation, &c. and cannot be expected to survive long.—*Archives Générales.*

## BOOKS.

A Treatise on Diseases of the Eye. By WILLIAM LAWRENCE, F.R.S., &c. &c. 8vo. pp. 730. London, 1833. Churchill.

A standard work, which ought to be in every medical library.

Principles and Illustrations of Morbid Anatomy, &c. &c. By JOHN HOPK, M.D.

Essays, I. On Anatomy, Physiology, and Pathology of the Great Sympathetic Nerve. By MR. JAMES WERKES. II. On the Anatomy of Inguinal Hernia. By MR. W. HAMMOND. Birmingham, 1833.

A Manual of Experiments, Illustrative of Chemical Science, systematically arranged; Remarks on the Nomenclature and Theory of Definite Proportions; Application of Tests for the Detection of Poisons; Examination of Mineral Waters; Vocabulary of Technical Terms, &c. By JOHN MURRAY, F.S.A., F.L.S., F.H.S., F.G.S. 12mo. pp. 149. London, 1833. S. Highley.

The Animal Kingdom, or Natural History of Animals, and Introduction to Comparative Anatomy, &c. By BARON CUVIER. No. II. 8vo. pp. 48. Three Coloured Plates. London, August, 1833. Henderson.

An Essay on the Comparative Merits of Artificial and Natural Classification, as applied to Diseases of the Skin. By JOHN PAGET, M.D., formerly President of the Royal Medical Society. 8vo. pp. 52. Edinburgh, 1833.

This Essay obtained Baron Alibert's prize in 1832 against several competitors, French, German, and Italian.

## CORRESPONDENTS.

*Dr. O'Beirne's* Reply to Mr. Salmon in our next.

*K.*—The suggestion would cost 150*l.* a-year.

*Dr. A. Thomson's* request will be complied with.

The Caledonian Mercury and Tipperary Free Press have been received.

The Bristol Guardian has reached us.

*Crito.*—We are not responsible for any opinion that a correspondent may pronounce on any work. We are answerable for our own.

*Erratum.*—In our last No., p. 32, for 3*j.* read 3*j.*

Subscriptions received in aid of liquidating DR. RYAN's law expenses incurred in defending the respectability of the Profession, amounting to nearly £1000 . . . . . £232 2 6

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

# London Medical and Surgical Journal.

No. 81.

SATURDAY, AUGUST 17, 1833.

Vol. IV.

**LECTURES**  
ON THE  
**PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,**  
BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

LECTURE XLIX., DELIVERED FEB. 7, 1833.

GENTLEMEN,—Every plan for reducing dislocations of the humerus, or of the shoulder, as they are called, if it be a good one, must combine three principles, namely, *extension, counter-extension, and the employment of the shaft of the bone as a lever* for moving its head into the glenoid cavity, and also a fourth principle, which is the *relaxation of the muscles*, as far as this may be practicable, without neglecting the other indications. Yesterday evening I explained the manner of making counter-extension in these dislocations, namely, by means of a girth, or sheet, applied round the chest, and either held by the assistants, or fixed to some point in the direction opposite that in which you are going to make extension. I mentioned, also, the method of fixing the chest, by the assistant holding back the shoulder, and, another mode of fulfilling the same object, by applying a shawl over the shoulder, to be held by the assistants. One caution is necessary, in the application of the means for keeping back the shoulder, which is, that the pressure be not applied so as to lie upon the glenoid cavity, or too near the acromion, for then it would form an obstacle to the return of the bone into its proper situation.

The next thing for our consideration, gentlemen, is the manner of making the extension, and the direction in which such extension ought to be made. I have told you, that, in France, they would generally make extension as far as possible from the joint concerned; thus, in a dislocation of the shoulder, they

would make it at the wrist; but, in this country, the extending means are most commonly applied at the lower part of the humerus itself, and the reason for this is, that British surgeons frequently prefer keeping the fore-arm bent, by which means the biceps is relaxed. They consider, that as the portion of this muscle, attached to the coracoid process, must be stretched when the arm is extended, it would in this state tend to hinder the shoulder from being kept properly back; and, on this account, they keep the fore-arm bent, and apply the extension to the lower part of the humerus.

In the plan used in France, they have the advantage of a very long lever, which perhaps fully counterbalances the good derived in our method from the relaxation of the biceps. Before applying the napkin, or cloth, for the purpose of making extension, it is customary to place something immediately round the limb, to prevent the skin from being chafed or too much irritated; and, in this country, it is usual to apply a piece of wet linen, or a few turns of a flannel roller, for the purpose; you then take a piece of strong calico, or linen, which must be three yards long, and half a yard wide, and fold it longitudinally, till it forms a long extending means, about three inches in width. An ingenious way of applying this is mentioned by Mr. Hey in his Surgery, which is rather difficult to describe, though very simple to show; he places the noose first in an elliptical form round the limb, as you see I now place it round my thigh, he then takes one of the ends and passes it over to the opposite side through the noose, then he does the same with the other end, just as I have now done, and the more this apparatus is pulled the tighter it becomes. The contrivance is simple and effectual. Another contrivance is what the sailors call the clove-hitch knot, a drawing of which you will find in Sir Astley Cooper's book. With the cloth, three yards in length, there is, when it is applied, more than a yard left for the assistants to make extension with. When the dislocation is downwards into the axilla, I told you, that the elbow projects considerably

from the side; well, then, extension must be made in the particular direction, in which you find the axis of the bone, that is downwards and outwards, in order to dislodge its head from the inferior costa of the scapula. Now, when you have made sufficient extension in this direction, the next object is to have recourse to the lever-like movement of the shaft of the bone, and, for this purpose, many surgeons place one knee in the axilla, and make a fulcrum of it, and as soon as they see that the head of the bone has been by these means brought sufficiently opposite to the glenoid cavity, the extending power is relaxed, and the muscles draw it into its place. On such principles, the reduction is in general easily effected. If the patient is intoxicated, then you are to take advantage of his condition, in which you may frequently reduce a dislocation without performing any extension at all; indeed, when the person is faint, or intoxicated, if you place the bone over the back of a chair, or over your own knee, the dislocation may be reduced with little or no extension. I have seen this frequently done on drunken persons; and sometimes the bone will slip into its place on the patient moving the arm himself, while it is suspended over the back of a chair, or the mere weight of the limb will be sufficient to effect the reduction.

When the dislocation is forwards, under the centre of the clavicle, the elbow is inclined backwards and downwards, and, if you were to attempt to bring the head of the bone direct from its situation, below the clavicle, into the glenoid cavity, you would fracture the coracoid process, before you could accomplish your object. This shows the necessity of attending to the principle of first dislodging the bone from the situation, in which it has been thrown by the secondary displacement. Now, I have already explained to you, that, in this dislocation, the bone is first thrown out of the glenoid cavity under the pectoral muscles, but does not mount 'up to its situation under the centre of the clavicle till the secondary displacement takes place. Well, this displacement must first be obviated by pulling the bone downwards and backwards in the direction, assumed by its axis, as one of the effects of the accident. Now, gentlemen, as soon as you have brought the head of the bone below the coracoid process, you must incline the elbow more forwards, and bring it closer to the side; thus you will direct the head of the bone towards the glenoid cavity; at the same time you may use a band, or napkin, placed under the upper part of the humerus, as a fulcrum, for, in this case, you cannot well get your knee under the axilla, so as to make a fulcrum of it. Thus you will easily get the head of the humerus back into the glenoid cavity.

In the other less common dislocation, where the head of the humerus is thrown upon the dorsum of the scapula, the conspicuous prominence of it below the spine of the latter

bone must render the nature of the accident manifest, whether the axis of the humerus be perpendicular, as it sometimes appears to be in this case, or whether it incline forwards, according to the descriptions of various writers. You first, then, make extension in the direction of the axis of the dislocated bone, and afterwards move its head, by means of a roller or napkin placed under the upper portion of the shaft, towards the glenoid cavity. Thus you see, gentlemen, that the reduction of these dislocations of the humerus is performed on the combined principles of extension, counter-extension, relaxation of the biceps, and the lever-like movement of the shaft of the bone. I might add to these the very important principle of dislodging the head of the humerus from the situation, in which it has been thrown by the secondary displacement. When you find a difficulty in effecting the reduction, you will have recourse to debilitating means, such as copious bleeding from a large orifice in the vein, that the patient may become faint, or the administration of tartarised antimony, with the view of bringing on that collapse of the muscular system, which naturally accompanies any severe degree of nausea. Then you will find that, as far as the muscles are concerned, the difficulty of reduction is removed, and the head of the bone, if the case be not an old dislocation, may be readily put into its right place again. Sometimes, in examples of difficulty, the multiplying pulley is used, an instrument which will be shown to you when I come to dislocations of the thigh. After the reduction of the dislocation, the next indication is to take means for preventing the bone from slipping out of the glenoid cavity again. For this purpose a sling is generally sufficient, but for greater security, if the patient be tipsy and restless, you may confine the humerus to the side with a roller.

*Dislocations of the elbow.*—The displacement of both bones of the fore-arm forwards cannot take place without a fracture of the olecranon, which process of the ulna forms a mechanical impediment to such an accident; indeed, it is an accident of great rarity. On a former evening, I showed you a preparation, in which the olecranon was fractured, and also the coronoid process: and the radius and ulna were dislocated, but not both of them forwards, for the ulna was thrown backwards. The dislocation of the ulna forwards is so uncommon, that few surgeons have seen a case of it. The most common dislocation of the elbow is that in which both bones are thrown backwards, either with or without a fracture of the coronoid process. You see this process affords some resistance to the dislocation backwards; but the accident is not one of considerable rarity, as it is computed, that the dislocation of the ulna and radius backwards is as ten to one in frequency, compared with the lateral dislocations of the same joint. With respect to the frequency of dislocations forwards, as compared with that of the dislocations back-

wards, the latter are so exceedingly rare, that no comparison can be made; in fact, the olecranon, unless broken, entirely prevents the dislocation of the ulna forwards.

When the bones of the fore-arm are thrown backwards, I told you, that the coronoid process may not be fractured, and then it passes into the fossa at the back of the humerus, in which the olecranon is naturally situated. On this account the arm cannot be completely extended; the olecranon forms a remarkable projection behind the arm; and the distance between the point of the olecranon and the internal condyle is conspicuously increased; the humerus itself also forms a projection in front of the upper part of the bones of the fore-arm; and the radius is thrown on the outside of, and above the, external condyle. It is of great use, in these dislocations, to attend precisely to the relative positions of the point of the olecranon, and the external and internal condyles; for, sometimes the swelling is so great as to prevent you from making out the case satisfactorily, unless you avail yourselves of these beacons. I mentioned to you, that in the dislocation of the ulna backwards, the distance between the olecranon and the internal condyle is remarkably increased; these points you may always feel in the fattest persons, and however great the swelling may be; therefore there can be no excuse for a surgeon, who does not detect a case of this description.

In this dislocation there is laceration of the capsular ligament, laceration of the external and internal lateral ligaments, and generally, also, of the annular ligament of the radius, which is so closely connected to the external lateral ligament. In consequence of the lower head of the humerus being thrust forwards, the brachialis anticus is liable to be torn; but the tendon of the biceps generally escapes, though tightly applied round the lower articular surface of the humerus. However, if the dislocation has been caused by excessive violence, that tendon may be torn, and even other mischief done; for example, the brachial artery may be ruptured, the median nerve torn, and the veins at the bend of the elbow burst. You will find, in the ninth number of Cruveilhier's great work on *Pathological Anatomy*, which lies on the table, some notice of a case where such complications occurred: it was the case of a lady, who fell from her horse with prodigious force.

The mode of reducing this dislocation is simple:—the surgeon may apply his knee at the bend of the arm, and, taking hold of the wrist, bend the elbow over his knee with the advantage of a considerable lever; the coronoid process will then quit the fossa at the back of the humerus intended for the olecranon, and by continuing the movement of flexion a little further, he will find the bone will come into its right situation. This, you see, is a particular method of accomplishing the reduction; for it does not exactly com-

prise either extension or counter-extension; you merely bend the elbow over the fulcrum of the knee. Now, you will find, gentlemen, if the coronary or annular ligament of the radius is torn, that this bone will be apt to slip out of its place again, unless you take means to prevent it. With this view you must apply a compress over the head of the radius to press it down towards the lesser sigmoid cavity of the ulna; and you are to prevent the radius from moving by applying splints:—two splints, in fact, should be applied, one on the outside, and one on the inside of the fore-arm. If a case of this description remains unreduced, which sometimes happens, nature makes great efforts to repair the mischief; and it is to be observed, that the dislocation is complete, the articular surfaces not being at all in contact with each other. Sometimes, indeed, a surprising attempt is made to form a new socket for the humerus. You see in these plates of Cruveilhier's great work a representation of such a dislocation, and of the efforts made by nature to repair the mischief; a considerable quantity of bony matter has been thrown out to form a socket for the humerus. These plates also show the changes, which take place in the shape of the bones when their functions have been destroyed by remaining long unreduced. In the instance here exhibited, a very limited degree of motion remains; and nature had done all in her power to produce a new articular cavity even for a ginglymoid joint.

Sometimes the dislocation takes place in another way, the ulna being thrown backwards, and the radius forwards; the former bone assuming the position described in the last dislocation, while the head of the radius is propelled forwards. This dislocation is reduced nearly in the same way as the other case which I have already noticed; but you have to make some degree of extension in the first instance, otherwise you could not bend the elbow with the radius in front of the humerus; and after the requisite degree of extension has been made, the bones will return into their proper situations on bending the elbow over the knee.

In other instances, you may have a dislocation of the radius alone; when the radius is dislocated from the lesser sigmoid cavity of the humerus, it is generally thrown on the outside of the external condyle, and sometimes behind it. The nature of the dislocation will be sufficiently obvious, for you will feel the head of the radius on the outer part of the arm; this accident is not very common, but perhaps more so than is sometimes represented; at all events, I have seen three or four examples of it, and there are many instances of it on record. Here is a drawing of one such case, which was dissected by Cruveilhier; the dislocation had not been reduced, and nature had formed a sort of fibrous capsule for the reception of the head of the radius, which capsule Cruveilhier thinks was de-

rived either from the remains of the annular ligament or of the external lateral ligament. This plate also illustrates a circumstance which I pointed out to you in some preparations the other evening, namely, the change which takes place in the articular surface of a bone that has been long out of its place. For the reduction of this dislocation, the best plan is first to make extension of the arm, and to limit the extension as much as possible to the radius; thus you will draw the displaced bone into its proper situation. Now, the head of the radius will be apt to slip out of its place again, unless means be taken to prevent it; you must, therefore, hinder all motion of the radius with splints, and support the head of it with a compress, applied in the manner I have already mentioned. This tendency of the head of the radius to quit the lesser sigmoid cavity after the reduction, is owing to the annular ligament being torn. A child was brought to the Bloomsbury Dispensary about two months ago with this dislocation; the accident had occurred seven weeks before I saw the case, and nothing would avail in keeping the head of the radius in its place; we applied splints for three or four weeks, but at the end of this time, the bone glided into, and out of, the articular cavity as readily as ever. A boy, in attempting to leap over the post in front of my house, fell down and dislocated his elbow; it was a dislocation of the ulna backwards and the radius forwards. I had not the slightest difficulty in reducing the case, which terminated very favourably.

There is one particular dislocation of the fore-arm which I must now mention,—that of the lower end of the ulna from the sigmoid cavity of the radius. It is said to take place mostly from a forcible pronation of the hand, the ulna being then thrown back, and the hand fixed in the position of pronation. There is a possibility, however, of the displacement taking place in the other direction, or of the ulna being thrown forwards and the hand supine; but the first kind of displacement is the most common. Here you are to make extension, and press the displaced bone in the direction required to bring it into the proper position again; afterwards you apply a splint to prevent the radius from moving.

But, gentlemen, what am I to say about *dislocations of the wrist*, more strictly so called, or those which have been generally supposed to occur between the carpus and the radius? A gentleman asked me the other day, if it were true that the wrist was never dislocated? To which I answered, that it was not possible for me to agree in that doctrine, because I had seen a case, in which the lower end of the ulna protruded through the skin. However, his question related to the possibility of a dislocation of the carpo-radial articulation. You will find various anatomical reasons assigned by Baron Dupuytren, why the radius should rather break than be dislocated from the carpus, and he distinctly declares it as his belief, that

there is not in all the records of surgery, an unequivocal specimen of such a dislocation. He had sometimes been called to cases, supposed at first to be true dislocations of the wrist, but which afterwards proved to be only fractures of the radius near that articulation. One or two instances of such mistakes, verified by dissection, are brought forward, in which practitioners of considerable eminence had been deceived. Hence the Baron is led to conclude, that a dislocation of the wrist is scarcely a possible event, and that the accidents, reputed to be such, are in reality fractures of the radius close to the joint, with more or less displacement of the hand. It cannot be doubted, I think, that this is generally the fact; but it would be making a bold assertion to say, that such a dislocation never happens. Great as Dupuytren's experience is, it is merely a drop in that great ocean of experience, to the rich treasures of which the surgeons of every age have successively contributed. Instead of representing a dislocation of the radius from the carpus as impossible, it would, I believe, be more correct to say, that the accident is exceedingly rare. In Sir Astley Cooper's work, there is a drawing of a dislocation of the carpus backwards, which no doubt is particularly uncommon; for when a person falls on his hand while it is extended, the force would almost always much sooner break the radius, than dislocate it towards the palm; but, if the hand were in the state of flexion, so that the back of the hand received the force, then a dislocation might perhaps be a more likely event. Now, it is worthy of your notice, that Cruveilhier had an opportunity of dissecting such a dislocation, in which the radius and ulna had been thrown on the back of the hand, as you see represented in this plate; the patient, Cruveilhier conceives, had fallen on the back of the hand with considerable force. I ought to mention, however, that Dupuytren and Cruveilhier take different views of this preparation, so that further investigations are desirable. In Cruveilhier's book, you will also find an engraving of a case, in which the radius had been dislocated by the contraction of a burn. Sir Astley Cooper mentions a boy, who fell on the palm of his hand, and the carpus was driven backward. I am not therefore disposed to consider Dupuytren's doctrine as completely established; in fact, it is difficult to restrict the effects of external violence on the joints, considering the infinite variety of circumstances, by which they may be modified and influenced. Two years ago, I afforded professional assistance to a poor lad, who fell from the top of a high barn, near my country house at Shepperton, broke his thigh, and, I am inclined to think, dislocated his wrist. At all events, the little pain experienced in the part after the reduction, makes me suppose that the case could not have been a fracture.

Gentlemen, if you were to meet with a dislocation of the radio-carpal articulation, you

would find it easy of reduction, as all dislocations of ginglymoid joints usually are; the extension and counter-extension need only be made in such a degree as is sufficient to diminish the friction between the articulating surfaces, and then you are to have recourse to pressure on the displaced bones in the direction calculated to bring them into their right situation again. Thus the reduction is readily accomplished. Of course, extension and counter-extension would be necessary, if the dislocation of the carpus were forwards, and you would also have occasion to use splints, for otherwise the movements of the hand might bring on a return of the dislocation, and prevent the speedy union of the ligaments.

*Dislocations of the bones of the carpus from one another.*—The bones of the carpus are not very liable to be dislocated from one another: however, there is one in the second phalanx, which is occasionally thrown out of its place,—I mean the os magnum. This bone, as you are well aware, is received into a deep cavity formed by the scaphoid and lunar bones, and when the hand is violently bent, it will sometimes start out of this cavity, and form a considerable projection at the back of the wrist. The reduction is occasionally difficult; but, if the bone be left unreduced, there will not be much inconvenience,—there will only be a slight weakness of the wrist. Thus, in one instance, which was attended by Sir Astley Cooper, the inconvenience, resulting from the non-reduction of the dislocation, was that the young lady, who was the subject of it, could not practise music—she could not play on the piano-forte. The case will be evident from the situation of the bone, and its projection beyond the other bones of the carpus. The accident chiefly occurs in children and females, from the greater weakness of their ligaments, and also from the cavity of the scaphoides and lunare being not so deep in them as in male adults. When you attempt to reduce this dislocation, you are to bring the hand into the extended position, and then press firmly on the projecting bone with your thumb. The common plan of palliating this dislocation when it cannot be reduced, is to apply a compress and bandage over it, or straps of adhesive plaister.

The *metacarpal bones* can hardly be separated from one another, except by great and direct violence, and so closely are they tied together and to the carpus, that scarcely any thing, except gun-shot violence, the bursting of a fowling-piece, or pistol, or the fall of some ponderous thing on the hand, can dislocate them. However, the metacarpal bone of the thumb is more frequently dislocated than any other; and you would suppose, from its having motion in every direction, that it might be dislocated in four directions, namely, inwards, outwards, forwards, or backwards; but experience proves, that it is ordinarily dislocated only forwards or backwards. When a person falls on the radial edge of his hand, and the

thumb is carried violently inwards, the head of the metacarpal bone will be thrown on the back of the trapezium. In other instances, the displacement is in the opposite direction, and the head of the metacarpal bone of the thumb is then thrown between the metacarpal bone of the fore-finger and the inside of the trapezium. The reduction is very easy: the principle is to make counter-extension from the wrist, and extension from the thumb, and to press the bone in the proper direction. But I have one observation to make, which is, that if you do not reduce the bone in the first instance, you may afterwards be baffled; or if you do not keep it reduced for a certain time, you will not effect a cure,—the bone will ever after be subject to slip out of its place.

The next dislocation, gentlemen, I shall have to detain you with some little time, though the joint is but a small one; I allude to the dislocation of the first phalanx of the thumb from the metacarpal bone. With this subject, then, as our time is expired, I will go on to-morrow evening at six o'clock, immediately after Dr. Elliotson's lecture.

## CLINICAL LECTURES,

DELIVERED AT THE

HOTEL DIEU, IN PARIS,

During the Session of 1832-33.

BY BARON DUPUYTREN,

PRINCIPAL SURGEON OF THAT HOSPITAL.

Corrected by himself.

### PATHOLOGY AND TREATMENT OF BURNS.

(Continued from p. 808, Vol. III.)

*FOURTH CASE.*—Burns of the first four degrees of several regions by boiling soup, and from a pan of burning coals. Death during the period of re-action.—Angelica Francis Bisson, aged forty, subject to epilepsy for several years, was sitting close to the fire when attacked by a fit; she fell on a pot of boiling soup. The left side of the face and the whole of the right hand were burned in the first and second degrees; the left elbow and the superior and left lateral parts of the chest, which had been in immediate contact with the brasier (pan of coals), were burned in the third and fourth degrees.

The burn of the first degree was marked by extremely vivid redness, that of the second by numerous phlyctenæ, and those of the third and fourth degrees by large and deep eschars. Unfortunately all these burns were very extensive: the patient was in a state of general anxiety, and uttered the most piercing cries from extreme suffering. She had very frequent and severe fits of convulsions, and was at times delirious. (Bled freely, opiate potion, diluting drinks, simple diet, fine linen spread with ointment, charpie, and poultices.)

During three days the patient did well. On the fourth all the symptoms were increased;

pain aggravated; delirium almost constant; erysipelatous redness over the whole body; tongue red and dry; very great anxiety. She was again bled, but the symptoms increased, and in the course of that day she died.

*Necropsy.*—The pia mater and the substance of the brain were slightly injected, the mucous membrane of the stomach and bowels inflamed in several parts, and the inner coats of the veins were remarkably reddened.

*FIFTH CASE.*—Burns of different degrees from the ignition of the apparel. Tetanus produced by the inflammatory reaction.—

*Death.*—Roger J. B., aged thirty-three, a day labourer, came to the Hôtel Dieu, suffering for two days from the effects of a large, deep burn, produced by the combustion of his clothes, while in a state of intoxication. The burn occupied the posterior sides of the thigh, both externally and internally, extending from the bend of the hip to the ham. The sphacelated skin on the greater part of the surface, was dry, hard, and crepitous. Around the eschar, the burn was of less intensity, and the different degrees could be easily distinguished, forming a sort of zone, of about two inches and a half in extent. The pulse was rather weak. Nevertheless bleeding was ordered, and emollient cataplasms applied to the eschar.

On the fourth day from the accident, the febrile reaction was more marked (baths, anodyne cataplasms, sedative potions.) On the sixth day, the eschar was softened, an inflammatory tumefaction surrounded all the parts, and granulations appeared, but the patient suffered the most excruciating agony, and was tormented with want of sleep; the pulse was very frequent.

On the ninth day, there was headach over the frontal region, and on the tenth the pains were very severe. The jaws more nearly approached each other; stiffness in the neck and the right arm; belly painful, and sensible to pressure; skin hot; pulse frequent, (he was bled from the arm in the morning, and fifteen leeches were applied behind the ears; sedative potion, with fifteen drops of laudanum.) Every care was taken in dressing the wounds, that they should be exposed the least time possible to the air. On the eleventh day he was worse and wakeful; his arms, neck, and jaw were stiffened, and it was with difficulty that he could at all separate the latter. Profuse perspiration; pulse contracted; was bled to syncope; bath of three hours; anodyne injection and potion, and anodyne embrocations to the jaws and muscles of the neck.

On the twelfth day the neck was thrown back, the muscles of the pharynx were contracted, and he was insensible at times. On the thirteenth day all the symptoms were aggravated; body bent backwards by the contraction of the muscles, and profuse perspiration; pulse hard and frequent; no delirium. Wounds

dressed with opiate cerate; six drops of laudanum in injection every two hours; anodyne embrocations over the body continued. Suppuration from the wounds not very great; burnt surfaces raw. Pain of the neck greatly increased on the slightest pressure, and likewise over the epigastrium; respiration difficult; symptoms becoming more alarming, twenty-five leeches to the back of the neck. The patient continued, until this day, to pass his fæces and urine naturally, and was sensible. Pulse scarcely to be felt. He died at seven o'clock P.M.

*Necropsy.*—Thirty-six hours after death those parts of the body not affected by tetanus were stiffened, but the muscles of the neck and shoulders, and generally wherever tetanus had existed, were relaxed. On the thigh was a square foot of surface where the skin had sloughed away: the wound looked healthy. The veins on the inner part of the skull were gorged with blood. The arachnoid had a light bluish tint, and was with difficulty detached from the grey substance of brain, which was injected with blood, and of a red colour, and exuded some blood upon pressure. The white substance of the brain was likewise injected with blood, which diminished towards the ventricles, where all trace of it was lost, and but little serum was found in them. Some vessels considerably injected were seen running on the surface of the *corpora striata* and the optic canals. Internally, however, their vascularity was not remarkable; the brain was otherwise of a pretty firm consistence. The spinal veins were gorged with black blood; the marrow was of its ordinary consistence. A few inches below the cerebellum and even with the eighth or ninth dorsal vertebra, the grey substance of the spinal marrow was found injected in the same manner as the brain. A slight redness was found near the fundus of the stomach, over the ilium and ascending portion of the colon; liver and spleen healthy; the bronchiæ were healthy; the lungs slightly adhered posteriorly by some old adhesions, and were loaded with blood. The heart and vascular system were in a healthy state. Nothing particular was remarked in the genito-urinary organs.

*SIXTH CASE.*—Burns from the first to the third degree, diffused inflammation coming on at the period of re-action, followed by symptoms of gastro-enteritis and meningitis.

*Death.*—A female servant, named Magis, aged sixty-three, of weak constitution and bad health, was seated by a wood fire, near which was a pan of burning charcoal. The smoke from the latter made her giddy; she fell into the fire, and severely burnt her right heel and buttocks. When brought to the Hôtel Dieu there were no traces of asphyxia, but she complained of great pain in the burnt parts; there was a large, hard, and white eschar on each buttock, surrounded by phlyctenæ, (of the second and third degrees,) a bright erysipela-

tous redness spread over the thighs and posterior parts of the body (of the first degree); under the right heel was an eschar of the size of a crown piece; the calf of the leg was red and erythematous, and in other parts were phlyctenæ, filled with serum (first, second, and third degrees). Bath; fine linen spread with ointment applied to the parts; anodyne potion. During the night she was restless, in the morning complained of severe headach, for which she was bled from the arm. On the third day the burnt parts were extremely painful. From lying so constantly on her back it was feared the burnt parts would become gangrenous; she was, therefore, ordered to lie on her stomach. On the fifth day, the eschars began to separate at their edges, and did not appear very deep; she frequently asked for food, which it was not thought prudent to allow her. In the evening, rigors and fever supervened, with pain in the right leg. The burns of the first and second degree were nearly healed, and were affected by inflammation, and the affected limb was swelled and erysipelatous. On the sixth day, the inflammation put on the appearance of diffused phlegmon, extending to the upper part of the thigh: the knee was very painful. General bleeding it was feared would lower too much the powers of the system; twenty leeches were therefore applied over the limb. For thirty-six hours the phlegmon appeared stationary, but delirium soon came on; the features contracted; the mouth and lips grew parched; the fever more severe; vomiting and diarrhoea ensued, and she died on the eleventh day from the accident. On examining the body, thirty six hours after death, in the brain the ventricles contained a large quantity of red serum, and the arachnoid was inflamed. The base of the right lung was hepatised; the bronchial tubes were injected, and filled with thick mucus; a slight effusion was found in the right pleura; the heart was enlarged; its cavities were enlarged; and its walls thinner than natural; slight traces of old inflammation were found on the mucous surface of the pericardium. The mucous membrane of the stomach was reddened; the gall-bladder contained about thirty gall stones; the mesentery was tuberculated; the liver enlarged, and loaded with fat.

*SEVENTH CASE.—Asphyxia from charcoal—Second and third degree of burns from vestments burning—Unusual state of wound—Different circumstances happening after suppuration—Death at the end of eight months.*—The history of this case is remarkable, as presenting a different terminating result of burns not very rare, where the patients, after a shorter or longer space of time, from the system not having sufficient power to support nature during the process of cicatrisation, after suffering from many unforeseen circumstances occurring.

Marie Pouchu, aged 42, was throwing some water over a fire, and fainted. Her clothes

were burnt; large phlyctenæ were spread over the lower part of the back, and the skin of the ham was torrifid. In four or five days large eschars covered the burnt surfaces. On the eighth day there was a discharge of blood from the ulcerated parts; they were extremely painful; suppuration very great; the pulse was feeble and small, and the patient threatened to sink. Tonics were prescribed. She bore her sufferings with remarkable patience; the extensive suppuration was checked with difficulty, and the cicatrisation proceeded slowly. Many unforeseen circumstances now occurred; attacks of erysipelas, collections of matter in the joints, with symptoms of gastric irritation. The patient from these divers causes soon sunk into a state of extreme feebleness and exhaustion, and died eight months and thirteen days after the accident, the cicatrisation of the ulcers at that time being very nearly completed. This case offers an example of the longest period that a patient can survive after an accident of this kind.

*EIGHTH CASE.—Burns of the feet from the first to the fourth degree from a pediluvium—Diffused phlegmon—Death on the seventh day.*—A lace-woman, aged 17, of good health, learning that a marriage, which she was to have contracted with a young man, was set aside, conceived the idea of destroying herself. Shut herself in a narrow chamber, in which were two pans of burning charcoal. She grew insensible, and none knew how long she remained in that state. A person who was coming to see her, hearing deep moans in the room, burst open the door, and found her in a state of apparent death. The surface of the body was purple; respiration and pulse at the wrist scarcely perceptible, but the temporal arteries could be felt beating feebly. The patient was put near an open window, the body rubbed with warm vinegar, and she showed some signs of returning life. A vein in the arm was opened, the blood soon flowed, and three cups full were taken away with great benefit. A mustard pediluvium was ordered instead of one at the ordinary heat, 30°; by some mistake the attendant put the patient's feet into hot water at 100°. In the course of half an hour she began to speak, complained of the heat of the water and of fulness of the feet, and was placed in bed. On the following morning she was greatly agitated, complained of violent pains in the legs: both the feet were then found to be burnt to the height of three fingers' breadth above the malleoli, the toes were deprived of epidermis, the insteps and ankle-joints were covered with yellow hard eschars; at the lower part of the leg the edges of the burn were marked by numerous phlyctenæ filled with red serum, the upper part of the leg was tumefied, red, and painful. On the third day all traces of asphyxia were absent, but the vital functions were much depressed, pulse was small and weak, eyes dull, and patient very low. The burnt parts were



covered with fine dressing, and enveloped in poultices, and laid upon pillows. On the fifth day the legs were much inflamed, and thirty leeches were applied to each; bath. On the sixth day an obscure fluctuation was detected in the right limb, the phlegmon had spread to the knee and thigh; delirium came on, and she sank on the seventh day.

*Necropsy*.—Some of the eschars were commencing to separate at their edges. All the joints, especially the ankles, were inflamed; the synovial membrane was red and injected; in the right ankle there was an effusion of red serum. Below the burnt surfaces the skin was destroyed to some extent; and in the right limb an abscess was detected, and the matter burrowed up among the muscles, dissecting them nearly to the knee. Matter was also found infiltrated among the muscles of the thigh, and over the inferior and posterior parts of the trunk; the cellular tissue was every where thickened, the brain and its meninges were injected. The above unsuccessful cases have been selected, in order to show from what causes death ensues at different periods of time after the burn, and what are the anatomical characters after death. What are the most remarkable and instructive points connected with the foregoing seven cases? In all of them the burns were of a most severe nature, spreading more or less. In the two first cases they occupied nearly the whole of the body; in the second and third cases, also, the patients sunk under a general state of irritation,—one, aged three years and a half, in a few hours; the other, thirty years old, on the second day. In the fourth case, the patient could not resist the inflammatory action, and died on the fourth day with violent symptoms of inflammation of the brain and digestive organs; the fifth died from a severe tetanic affection on the twelfth day; in the sixth and eighth cases diffused phlegmonous inflammations ran on to extensive suppuration, separation of the cutis to a great extent, inflammation and suppuration of the joints which, reacting upon the internal organs, caused death in the one case on the eleventh day, in the other on the second. In the seventh case many unfortunate circumstances occurred during a period of eight months; suppuration went on during the whole period; the cicatrization could not be completed, and she sunk into a state of marasmus.

Burns have been at all times attempted to be cured by empirics. Every period of time has had its peculiar remedy, which has fallen into disuse, and given way to others. Nothing can check the researches of these persons after a *certain and infallible* cure for burns.

**EIGHTH CASE.**—A young woman was brought to the Hôtel Dieu some years since, whose extensive burns extended nearly from head to foot. From the complete insensibility of the burnt parts, the destruction of the epidermis, the disorganisation of the mucous

tissue, and the darkened yellow appearance of the chorion, it was easy to determine that the skin throughout its whole thickness was affected. From the weakness of the voice and pulse, the insensibility and death-like appearance of the body, it was highly probable that death would soon ensue, or that if she escaped through her present dangerous condition she would not be able to resist the effects of the secondary inflammation, and that, in either case, her constitutional strength would not support her through the process of suppuration, still less through the healing of the cicatrix. A lady, respectable by her manners and address, accompanied the patient, and with great zeal and importunity requested to be allowed to treat the case by a plan of her own, which had already cured numberless cases of severe burns like the present. M. Dupuytren represented to her that the patient was suffering under a dreadful burn, which doubtless would prove fatal; yet, in spite of this, the lady urged her suit so strongly, that she was permitted to treat the patient by her own method. This she did during four days with great assiduity and zeal. Circles of inflammation appeared on several parts of the burnt surface from the ointment that was used, and large portions of skin were detached; yet the lady was nothing daunted, until the death of the patient, on the fifth day, threw some doubts over her mind as to the reputed efficacy of her remedy.

The reason, continued M. Dupuytren, why such confidence of successful treatment is shown on the one hand, and such implicit credulity on the other, is from the circumstance that a burn is considered as a simple affection in its nature and phenomena, constant in its course and effects, and which, therefore, may be easily cured by a remedy simple as it is supposed to be itself. So far from a burn being a simple affection, it is one very complex, of which the various degrees constitute so many affections, presenting single characteristics, variable effects, and particular complications, and of which the treatment of each is essentially different. It is requisite to remember the different effects of heat on the living tissues to be convinced of these truths. It will be only necessary to bear in mind the natural and immediate effects of the action of caloric; the consecutive effects of which they eventually become the cause; the suppurative and ulcerative stages of inflammation, the local and general fever, the numberless complications accompanying them, the various accidents which may follow them, such as pain, spasm, convulsion, and tetanus; the cares requisite to retard the formation of a cicatrix, to prevent deformity in certain cases, and to hasten its formation in others in order to prevent death, to be convinced of the folly of using secret and infallible remedies in the treatment of such cases. A perfect knowledge of the organisation of parts, and the changes they may undergo, and great experience in the use of

these remedies necessary to re-establish their natural state, can alone lead, with any certainty, to a healthy cure.

The treatment of these lesions depends upon the following indications:—

1. To remove the cause of the burn.
2. To avert the inflammation, to moderate in the two first degrees the pain and cutaneous irritation at the time of the accident, and to prevent their effects on the internal organs.
3. To restrain to a certain limit the secondary inflammation caused by the separation of the eschars and the coming on of suppuration.
4. To aid by the greatest care the cicatrization of the after wounds.
5. To prevent the contraction or false adhesion of any part of the cicatrix which might prevent due motion or a proper exercise of the functions of the part.
6. To avert the general primitive and consecutive accidents which may arise in the course of the disease.

The power of removing the cause of the injury never presents itself to the surgeon but in cases of burns produced by caustic, of which an unassimilated portion yet rests upon the surface, and this may be done by those substances in the form of lotion which chemistry teaches us will neutralise the burning substance. In the majority of cases, simple water will effect this purpose. In burns of the first degree, or in those of the second, in which the epidermis is denuded, all the care of the practitioner should be to avert the inflammation, and prevent the formation of phlyctens or scars, which might tend to increase the difficulty and time of cure. Light astringent applications, sedatives, and non-excitants are the best means to promote this end. Immersing the parts in cold water, Goulard water, or water with a small quantity of spirit or vinegar in it, are valuable means, and when this is not practicable, the frequent fomentation of the parts with the same liquids, or with ether, alcohol, or a solution of sulphate of iron or alum, potash or ammonia are of great value; these last means, however, can only be employed where the epidermis has not been abraded, where it has, they only augment the irritation, and induce severe pain. It becomes, therefore, of importance, that the epidermis should be kept entire, and those portions of the dress covering it should be removed with the greatest care. If there should be any phlyctens they should be opened with a fine needle, or the point of a lancet at the most depending point. Should the pain and irritation be very great, anodyne potions may be given with advantage. If the patient is young, vigorous, and plethoric, local or general blood-letting will be very soothing, and tend to prevent inflammation; the means used will prove more successful in proportion as they are administered soon after the occurrence of the accident; the more severe the injury the lower should be the diet allowed. Mucilaginous, diluent, and acidulated drinks

will be useful. If, in spite of all effort, inflammation should ensue it should be moderated and prevented from reaching the healthy tissues, or, if excessive, from terminating in gangrene, or from re-acting with too great violence upon the external organs. In such a case emollient and anodyne fomentations, and general and local blood-letting should be practised. In addition to these, if the pains should be very intense, anodyne balsams. Rousseau's laudanum, decoctions of nightshade, henbane, or poppy heads should be made use of.

The same indications again present themselves in burns of the third and fourth degrees, when the secondary inflammation occurs; if too violent it should be repressed, if too weak it should be stimulated. It should not, however, be forgotten, that, in these cases, excitants, if too long continued, are very apt to terminate in erysipelas, commencing on the edges of the wound, and spreading thence over a great part of the body, and in some cases proving mortal. This has been frequently arrested by applying a blister for a short time over the part itself. A light covering of charpie to absorb the discharge, should be placed over the wound, and over that some fine lint, imbued with some cooling, simple, or saturnine ointment. Emollient cataplasms should be placed over the eschars to facilitate their formation. When they are nearly detached they may be removed with the scissors. In some cases where the eschar is deep, as in burns of the fourth and fifth degrees, pus will collect beneath them. This may be ascertained by a sense of fluctuation. They should be punctured immediately, to prevent the infiltration into the surrounding cellular substance. If on the separation of the cutis forming the phlyctens the skin beneath should be very painful, opiate cerate, or linen imbued with a solution of extract of opium will be found to be the best remedies.

The wounds should be dressed quickly, that they may be exposed to the air as short a time as possible, and with great gentleness to avoid giving unnecessary pain to the patient. In some cases, especially in burns of the fourth and fifth degrees, the suppuration is generally so abundant as to require the sores to be dressed three times daily. In these cases the patients fall into a state of deplorable weakness, which should be guarded against by administering tonics, such as the quinine, both by the mouth and by lavement. When there is much substance destroyed by a burn, the cicatrix will sometimes be greatly contracted; this should be guarded against by preventing the cicatrix occupying less room than the skin it covers, and drawing in the edges too much. This may in general be done by cauterising carefully the superabundant granulations by the position of the limb, by careful dressing, and by solid support. Thus the patient should not bend the limb if the burn is in the seat of flexion, or extend it if the burn should be

stretched by that means; and tents and sponges should be introduced to prevent the cicatrix narrowing too closely. Compresses and other means should be employed to prevent parts, such as the fungus, from contracting vicious adhesions. In the face, where the parts are so moveable and extensible, it is not always possible to prevent a slight deformity; the contracting edges may be here separated as wide apart by plasters and other contrivances as possible; but where a good cicatrix can only be formed at much expense of pain to the patient, it should be avoided. When a limb, or part of a limb is destroyed, amputation becomes necessary. In this manner a wound will be formed, the discharge from which will be soon over, and the cicatrization simple and easy for an eschar, the effects of which will be long felt, and which will leave behind it an irregular solution of continuity, with a projection of bones and other substances, which, situated more or less deeply, have been subject to the action of the fire. Besides, in removing the burnt parts, the patient is preserved from the secondary inflammation. Nevertheless, the surgeon should take into consideration the constitution, age, and strength of the patient, and whether he will be able to go through the operation. It should also be remembered, that if the patient be in a state of stupor, as sometimes happens, or if the local inflammation has set in, or if fever be present, these must be allowed to subside and suppuration to be established, and the general state of the patient, and the appearance of the wound be afterwards taken to guide our conduct. After the cicatrices have formed, the parts preserve a degree of stiffness which does not permit of the free exercise of their functions. Fomentations, frictions, oily embrocations, and stupes should then be used.

The patient should at first move about but very slowly, lest the cicatrices should give way, which is sometimes the case when they are on the abdominal extremities. A slight burn, which does not materially affect the internal organs, will require no internal medicine. But even if it be superficial, and occupy a large surface, the patient should, upon principle, be kept upon a strict diet, by emollient and refreshing drinks, and kept in some quiet spot, away from all moral and physical excitement; and these means also should be employed if the burn be deep. Severe pain and suffering should be relieved by opium in large doses; fever and any inflammatory action should be treated by bleeding, especially if the subject be strong and plethoric; this, however, should not be carried to any great extent; if the depth of the burn makes it probable that there will be an abundant suppuration, for in such a case the bleeding will weaken him, and he will not be so well able to bear up against the suppuration, and he would sink from exhaustion. Suppuration being established, and the fever subdued, light and nutritious diets may be given, but in small quantities. If the

suppuration be very great, and of great extent, threatening the patient with marasmus, preparations of steel and quinine will be appropriate. If there is marasmus and colliquative diarrhoea, a pill, composed of half a grain of gummy extract of opium and one grain of sulphate of zinc, may be given three or four times daily.

TENTH CASE.—*Epileptic*—*Burns from the third to the fourth degree on the posterior surface of the right inferior extremity*—*Perfect cure on the hundred and forty-fifth day*—*No attack of epilepsy during the treatment*.—Desirer Lampet, aged thirty-six, subject to epilepsy from her infancy, was shut in a chamber where was a furnace full of lighted charcoal. She soon became giddy and fell upon it, and the back of the right inferior extremity remained exposed for a certain time to the flames. There was a burn of the third and fourth degrees, which extended from the upper part of the thigh to half way down the leg, and enveloping more than half the circumference of the limb, especially around the upper part of the popliteal space. The skin, cellular tissue, and the superior surface of the muscles, were dead. Compresses spread with ointment, and antispasmodic drinks, were administered. During the first seven days she remained at home. Inflammation had already commenced, and the line of demarcation between the dead and living parts was visible, and large eschars were formed, and seemed but slightly attached to the limb when she entered the Hôtel Dieu. Compresses spread with ointment, charpie, emollient cataplasms and soothing drinks, were the means used. At the end of three days all the eschars had separated, and beneath was seen a reddened vermilion surface of wound covered with healthy granulations. The same treatment was continued; but lest some cicatrised circles should form, and controul the motions of the limb, making it deformed, it was placed on an inclined plane. The limb was thus properly stretched that the cicatrix might form every where regularly. The suppuration was very great, and the wound was dressed twice daily. This, however, decreased in a short time, and the cicatrix gradually advanced over the wound; this was soon checked by the superabundant growth of granulations, which, although the nitrate of silver was used to them, grew up so rapidly that, notwithstanding all care, the cicatrix was only formed at the end of 145 days. The limb lost nothing of its natural shape, and in the course of time the patient recovered the free use of it. During the whole time she was in the hospital she had not one epileptic attack.

## COPY

OF THE REGULATIONS AND BY-LAWS  
OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON ;

With Tables of the number of Fellows and Licentiates admitted Jan. 1, 1823, and Dec. 31, 1832, and the Cash Accounts connected therewith.

## PHYSICIANS' COLLEGE.

RETURNS TO SEVERAL ORDERS OF THE  
HONOURABLE HOUSE OF COMMONS,

Dated June 21, 1833.

## No. I.

*A Copy of the Regulations or By-laws under which the Graduates in Physic have been admitted as Fellows of the Royal College of Physicians of London, since the year 1771.*

## DE ORDINE CANDIDATORUM.

I.—Nemo in Candidatorum ordinem admittatur qui non in omnia Britanniarum Jura natus est, vel qui munus Collegii quodvis exequi per statuta Regni prohibitus est.

II.—Nemo in Candidatorum ordinem admittatur qui non annum ætatis suæ vicesimum sextam clausserit.

III.—Nemo in Candidatorum ordinem admittatur nisi qui in Academiâ vel Oxoniensi vel Cantabrigiensi Medicinæ Doctor creatus fuerit, idque postquam omnia in Statutis utriusvis Academiæ præscripta compleverit, sine dispensatione vel gratiâ insolitâ. Si quis verò Doctoratus gradum in Academiâ Dublinensi adeptus fuerit, volumus ut antequam eligendus proponatur, literas testimoniales tam ab illâ Academiâ, de præstitis omnibus exercitiis ibi necessariis sine dispensatione vel gratiâ insolitâ, quam ab alterutrâ Academiarum prædictarum de corporatione suâ Registrario proferat. Illos vero qui in prædictis Academiis vel honoris causâ, vel ex mandato qualicunque aut privilegio extraordinario, Medicinæ Doctores creati fuerint, gradûs istiusmodi virtute in Candidatorum ordinem cooptari nolumus.

IV.—Nemo in Candidatorum ordinem admittatur qui medicamentum quodvis arcanum (nostrum vulgè dictum) in morbis curandis ad quæstam usurpaverit, aut qui Pharmacopoleæ vel Obstetriciæ arte aut mercibus quibusvis vendendis victum quæsitaverit, nisi gravi aliquâ de causâ Comitibus Majoribus approbandâ aliter visum fuerit.

V.—Nemo in Candidatorum ordinem admittatur qui non ante examinationem primam omnes Socios in Urbe et Suburbis habitantes gratiâ impetrandæ ergo, visitaverit.

VI.—Nemo in Candidatorum ordinem admittatur qui non prius examinatus et approbatus fuerit in tribus Comitibus, sive Majoribus sive Minoribus pro arbitrio Præsidentis, aut Propræsidentis, et Censorum, aut eorum majoris partis secundum hanc formam :

## FORMA EXAMINATIONIS.

VII.—Unusquisque eorum qui in ordinem Candidatorum admitti petat examinatur,

In primis Comitibus in parte Medicinæ Physiologicâ ;

In secundis in parte Pathologicâ ;

In tertiis in parte Therapeuticâ ;

Præterea examinatur in Græcis literis, ad Medicinam spectantibus; scilicet in Hippocrate, vel Galeno, vel Aretæo. Proponantur cuiuspiam in primâ examinatione loci ex Aphorismis Hippocratis vel à Galeno; in secundâ et tertiâ examinatione loci ex Hippocrate, vel Galeno, vel Aretæo, qui Latine reddantur, et brevi Commentario illustrentur. Singule examinationes prædictæ Latine fiant. In singulis Examinationibus, sive in Comitibus Majoribus sive Minoribus fiant, liceat cuilibet Socio pro Arbitrio disputare et periculum facere quantum examinandum in re medicâ valeat.

VIII.—Qui ad hanc formam in Comitibus Minoribus examinatus, et à Præsidente aut Propræsidente et Censoribus, aut uno Censorum absente, à Præsidente aut Propræsidente tribus Censoribus et absentis Censoris vicario aut eorundem majore parte suffragiis per pilas occulte acceptis in utràque examinatione approbatus fuerit, in Comitibus Majoribus proximè insequentibus proponatur in ordinem Candidatorum admittendus, et si major pars Sociorum præsentium consenserit, peractis iis ab ipso, quæ per statuta nostra requiruntur, quamprimum admittatur.

IX.—Qui vero in Comitibus Majoribus examinatus fuerit, si in singulis Examinationibus se idoneum præstiterit majori parte Sociorum præsentium, à tertiâ Examinatione statim proponatur in ordinem Candidatorum admittendus, et si consenserit major pars Sociorum in illis Comitibus præsentium, peractis iis ab ipso, quæ per Statuta nostra requiruntur, quamprimum admittatur.

X.—Si verò quispiam in utràvis Examinationum prædictarum à Præsidente vel Propræsidente et Censoribus, vel uno Censorum absente à Præsidente vel Propræsidente et Censoribus præsentibus, et absentis Censoris vicario, aut eorundem majore parte, suffragiis per pilas occulte acceptis, minus peritus, nec ad facultatem Medicinæ in urbe Londino et intra septem milliaria in circuitu ejusdem exercendam idoneus examinatus fuerit; à Præsidente vel Propræsidente coram Censoribus præsentibus, si in Comitibus Minoribus, sed coram Sociis, si in Comitibus Majoribus examinatio fiat, admoveatur, ne medicinam in dictâ urbe aut per septem milliaria in circuitu ejusdem exerceat, donec Sententiâ Præsidentis vel Propræsidentis et Censorum peritior et satis idoneus existimetur; et non nisi præterito integro anno ad examinationem iterum admittatur.

XI.—Antequam quispiam in Candidatorum ordinem admittatur det fidem infra scriptam Præsidenti aut Propræsidenti coram Sociis præsentibus in Majoribus Comitibus: "Dabis

fidem te observaturum statuta Collegii, aut multas tibi contra facienti irrogandas promptè persoluturum; et pro viribus conaturum ut honor ejus integer conservetur; omniaque in arte medicâ facturum in reipublicæ utilitatem."

XII.—Quam fidem literis mandatam quilibet Candidatus, postquam admissus fuerit, insuper confirmet nomine suo subscripto.

#### FORMA ADMISSIONIS.

XIII.—Admittendus flexis genibus manus invicem applicatas humiliter tradat in manus Præsidentis vel Propræsidentis qui dicat:—  
"Ego A. B. Præsidentis vel Propræsidentis, hujus Collegii admitto te in ordinem Candidatorum precorque tibi omnia fausta."

XIV.—Omnes Candidati tempore admissionis suæ literas habeant sigillo Collegii munitas sub hæc formâ:—

"Sciant omnes Nos. A. B. Medicinæ Doctorem et Præsidentem Collegii Medicorum Londinensis una cum consensu Sociorum ejusdem auctoritate nobis à Domino Rege et Parlamento concessa, examinasse, approbasse, et admisisse in Ordinem Candidatorum, doctum et probum virum, T. S. in florentissimâ Academia.....  
Doctorem eique concessisse liberam facultatem et licentiam exercendi scientiam et artem medicam juxta formam Statutorum ad hoc editorum.

"In cujus rei fidem et testimonium sigillum nostrum commune presentibus apponi fecimus.—Datum Londini.....  
die Mensis.....Annoque Domini...  
....."

XV.—Si quis postquam in ordinem Candidatorum fuerit admissus, Pharmacopolæ aut Obstetricis arte aut Mercibus quibusvis vendendis victum queritaverit, statuiamus illum à Candidatorum ordine excidisse.

XVI.—Si quis Candidatus criminis alicujus gravioris ac publici damnatus fuerit, à Candidatorum ordine expellatur, si ita visum fuerit majori parti Sociorum in Comitibus Majoribus presentium, suffragiis per pilas occultè acceptis.

XVII.—Si quis Candidatus medicamentum quodvis arcanum (nostrum vulgò dictum) venditaverit, et delicti hujus à Præsidente et Censoribus, aut eorum majore parte convictus fuerit, à Candidatorum ordine, si ita judicatum fuerit à majore parte Sociorum in Comitibus Majoribus presentium, suffragiis per pilas occultè acceptis expellatur.

XVIII.—Nullus Candidatus à Præsidente in Comitibus Majoribus ad eligendum in ordinem Sociorum proponatur, qui non in ordine Candidatorum benè se gesserit, et secundum Statuta Collegii se idoneum præstiterit.

Quandoquidem nonnulli sunt quibus propter licentiam ad practicandum in Medicinâ ab Academiâ sive Oxoniensi, sive Cantabrigiensi, per totam Angliam præter Urbem Londini et intra septem Milliarum in Circuitu ejusdem per Statuta Regni licet Medicinam exercere, nullâ

coram nobis habitâ Examinatione volumus, præmissis non obstantibus, ut unusquisque eorum qui annum octavum à primâ Commoratione suâ in alterutrâ Academiarum predictarum compleverit, et Annum Ætatis suæ vicesimum sextum clauserit, et ea quæcunque de Ordine Candidatorum præscripta fuerint, præter Doctoratûs in Medicinâ Gradum præstiterit, postquam in tribus Comitibus, sive Majoribus sive Minoribus, pro arbitrio Præsidentis et Censorum aut eorum majoris partis secundum formam de Candidatis dictam examinatus et approbatus fuerit, admittatur ad Medicinæ Facultatem exercendam in Urbe Londino et intra septem Milliarum in circuitu ejusdem si ita visum fuerit majori parti Sociorum in Comitibus Majoribus presentium, suffragiis per pilas occultè acceptis; volumus quoque, ut Locum infra Medicinæ Doctores in Ordine Candidatorum occupet, nomine Candidati Inceptoris designatus.

Si quis verò ita admissus Gradum Doctoris Medicinæ in alterutrâ Academiarum predictarum intra triennium non susceperit, statuiamus et ordinamus illum à Candidatorum ordine excidisse, nisi gravi aliquâ de Causâ aliter visum fuerit majori parti Sociorum in Comitibus Majoribus presentium.

#### DE SOCIIS.

I.—Nemo in Sociorum ordinem admittatur, qui non fuerit aut annum integrum Candidatus postquam Doctoris Medicinæ gradum susceperit; secundum formam de Candidatis dictam, aut è Permissorum numero electus, ut postea statutum est.

II.—Nemo in Sociorum ordinem admittatur, qui non in omnia Britanniarum Jura natus est, vel qui munus Collegii quodvis exequi per Statuta Regni prohibitus est.

III.—Nullus Candidatus in Sociorum ordinem admittatur, nisi prius Præsidentem gratiæ impetrandæ ergo visitaverit.

IV.—Nemo in Sociorum ordinem admittatur, qui medicamentum quodvis arcanum, (nostrum vulgò dictum) in morbis curandis ad quæstum usurpaverit, aut qui Pharmacopolæ aut Obstetricis arte aut mercibus quibusvis vendendis victum queritaverit, nisi gravi aliquâ de causâ Comitibus Majoribus approbandâ aliter visum fuerit.

V.—Nemo in Sociorum ordinem electus admittatur, nisi prius fidem infra scriptam Præsidenti aut Propræsidenti, coram Sociis presentibus in Majoribus Comitibus dederit:—  
"Adniteris pro viribus ut status Collegii perpetuetur, statuta Collegii observabis, aut multas tibi contra facienti irrogandas promptè persolves.

"Secreta Collegii foras non vulgabis.

"Neminem aut in Sociorum aut Candidatorum ordinem cooprandum aut ad medicinæ facultatem in urbe Londino et per septem milliarum in circuitu ejusdem exercendam admittendum, decernes, quem, seposito omni affectu, scientiâ aut moribus minus idoneum esse judicaveris.

"Omnia denique in arte medicâ pro viribus facis ad honorem Collegii et reipublice utilitatem."

VI.—Quam fidem literis mandatam quilibet Sociis postquam admissus fuerit, insuper confirmet nomine suo subscripto.

#### FORMA ADMISSIONIS.

VII.—Admittendus flexis genibus manus invicem applicatas humiliter tradat in manus Præsidentis aut Propræsidentis qui dicat:

Ego A. B. Præsidentis vel Propræsidentis hujus Collegii admitto te in Societatem nostram, precorque tibi omnia fausta.

VIII.—Omnes Socii tempore admissionis suæ literas habeant sigillo Collegii munitas sub hac formâ.

"Sciant omnes nos A.B. Medicinæ Doctorem et Præsidentem Collegii Medicorum Londinensis, una cum consensu Sociorum ejusdem, auctoritate nobis à Domino Rege et Parlamento concessa, approbasse et in Societatem nostram cooptasse doctum et probum virum T. S. in florentissima Academia ..... Medicinæ Doctorem; largitosque præterea usum et fructum omnium commoditatum, libertatum, ac privilegiorum, quæ Collegio nostris auctoritate prædictâ, et jam concessa sunt, et in futurum concedenda: In cujus rei fidem et testimonium sigillum nostrum commune presentibus apponi fecimus. Datum Londini in Collegio nostro ..... die Mensis ..... Annoque Domini ....."

IX.—Si quis postquam in Sociorum ordinem fuerit admissus, Pharmacopœe vel Obstetricis arte, aut mercibus quibusvis vendendis victum quaeritaverit, statuumus et ordinamus illum à Societate nostrâ excidisse.

X.—Si quis Socius criminis alicujus gravioris ac publici damnatus fuerit à Societate nostrâ expellatur si ita visum fuerit majori parti Sociorum in Comitibus Majoribus presentium, suffragiis per pilas occultè acceptis.

XI.—Si quis Socius medicamentum quodvis arcanum (nostrum vulgò dictum), venditaverit, et delicti hujusce à Præsidente et Censoribus, aut eorum majore parte convictus fuerit; à societate nostrâ, si ita judicatum fuerit à majore parte Sociorum in Comitibus Majoribus, sive Ordinariis, sive Extraordinariis presentium, suffragiis per pilas occultè acceptis expellatur.

#### DE PERMISSORUM ELECTIONE EXTRAORDINARIA IN SOCIOS.

I. Quandoquidem fieri potest ut inter Permissos numerentur viri quidam egregii, et de re medicâ præclarè meriti, quos statutum nostrum de Sociis in ordinem Sociorum cooptari vetat; statuimus et ordinamus ut non obstante statuto de Sociis, liceat Præsidenti quotannis nec sæpius in Comitibus Minoribus Ordinariis mense Martii habitis, nisi gravi aliquâ de causâ Comitibus Majoribus approbandâ die mense visum fuerit; unum, pro suo ar-

bitrio, à Permissis qui decennium compleverit à tempore admissionis, utpote morum integritate, doctrinâ et artis medicæ peritiâ insignem, in Socium approbandum Censoribus proponere; qui si Præsidentis et Censores aut eorum major pars, suffragiis per pilas occultè acceptis consenserit, in Comitibus Majoribus Ordinariis postridiè nativitatis Divi Johannis Baptistæ habitis, à Præsidente in Socium eligendus proponatur; et si major pars Sociorum presentium suffragiis per pilas occultè acceptis, consenserit, in Societatem nostram quamprimum admittatur.

II. Non licebit Præsidenti alterum iisdem Comitibus Minoribus approbandum proponere, sive vir propositus approbatus fuerit, sive reiectus.

III. Quicumque ita è Permissorum numero in ordinem Sociorum approbandus proponatur, eum approbandum proponat Præsidentis in Comitibus Minoribus hisce verbis:—"Commendo vobis A. B. qui decennium complevit ex quo tempore in Permissorum numerum admissus est; quem, propter egregiam morum probitatem, doctrinam, et singularem in arte medicâ peritiâ, omninò dignum censeo, qui, suffragiis vestris prius approbatus, eligendus in Socium proponatur Comitibus Majoribus Ordinariis postridiè nativitatis Divi Johannis Baptistæ habitis." Et in Comitibus Majoribus his verbis:—"Propono vobis A. B. propter egregiam morum probitatem, doctrinam, et singularem in arte medicâ peritiâ, in ordinem Sociorum eligendum."

IV. Non licebit Propræsidenti vel Præsidentis vicario hoc officio fungi.

V. Liceat porro cuilibet Sociorum in Comitibus Majoribus Ordinariis, postridiè Divi Michaelis habitis, aliquem qui annos septem integros in numero Permissorum fuerit, annumque ætatis suæ tricesimum sextum clausit, examinandum proponere.

VI. Nemo verò aliquem à Permissorum numero ita examinandum proponat, nisi prius in Comitibus Majoribus postridiè Divi Johannis Baptistæ proximè habitis suum consilium Collegio palam exposuerit.

VII. Qui Permissum aliquem examinandum proponit his utatur verbis:—"Liceat mihi proponere Præsidenti et Collegio virum egregium; A. B. qui annum ætatis tricesimum sextum clausit, et qui ultra annos septem Medicinæ facultatem exercuit, ex quo tempore in Permissorum numerum admissus fuit; et quem scio esse aptum habilem et idoneum tam Moribus quam Doctrina, qui in Societatem nostram eligatur."

VIII. Is adeo, si consenserit major pars Sociorum in illis Comitibus presentium, juxta formam pro Candidatis usitatam à Præsidente vel Propræsidente et Sociis in tribus Comitibus Majoribus Ordinariis examinatur; et si in singulis examinationibus à majore parte Sociorum presentium in illis Comitibus approbatus fuerit, suffragiis per pilas occultè acceptis Comitibus Majoribus Ordinariis proximè insequentibus,

*By-Laws of the London College of Physicians.*

à Presidentis vel Pro-presidentis proponatur in ordinem Sociorum admittendus; et si consenserit major pars Sociorum in illis Comitibus presentium; suffragiis per pilas occultè acceptis quam primum commode fieri potest, admittatur, dummodo nec lex terre nec ullum

statutum Collegii nostri eundem ad illud beneficium accipiendum inhabilem reddiderit.

FRANCIS HAWKINS, Registrar.  
July 4, 1833.

By Order of  
The Royal College of Physicians.

No. II.—*An Account of the Number of Persons who have been admitted as Fellows of the Royal College of Physicians, in each Year, since 1771; distinguishing the Number admitted under each By-Law, and also the Number rejected.*

Date.	Fellows admitted under the ordinary By-Law.	Fellows admitted under the By-Law "De Permissorum Electione extraordinariâ in Socios."	Rejected.	Date.	Fellows admitted under the ordinary By-Law.	Fellows admitted under the By-Law "De Permissorum Electione extraordinariâ in Socios."	Rejected.
1771	—	4	—	1802	1	—	—
1772	—	—	—	1803	3	—	—
1773	—	—	—	1804	2	—	—
1774	1	—	—	1805	4	—	—
1775	5	—	—	1806	5	—	—
1776	—	—	—	1807	1	1	—
1777	2	—	—	1808	6	—	—
1778	1	—	—	1809	3	—	—
1779	1	—	—	1810	3	—	—
1780	1	—	—	1811	1	—	—
1781	—	—	—	1812	—	—	—
1782	1	—	—	1813	4	—	—
1783	2	—	—	1814	3	—	—
1784	1	2	—	1815	3	—	—
1785	2	—	1	1816	2	—	—
1786	—	1	—	1817	3	—	1
1787	6	1	—	1818	7	—	—
1788	—	1	—	1819	7	—	—
1789	2	—	—	1820	1	—	—
1790	2	1	—	1821	4	—	—
1791	1	—	—	1822	5	—	—
1792	—	—	—	1823	—	1	—
1793	2	1	—	1824	2	—	—
1794	1	—	1	1825	4	1	—
1795	4	—	1	1826	5	—	—
1796	5	—	—	1827	4	1	—
1797	—	—	—	1828	3	1	—
1798	2	—	—	1829	—	1	—
1799	3	—	—	1830	3	—	—
1800	2	—	—	1831	8	1	—
1801	—	—	—	1832	5	1	—

No. III.—*An Account of the Number of Persons who have been admitted as Licentiates of the Royal College of Physicians of London, from January 1, 1823, to December, 31, 1832.*

Number of persons admitted as Licentiates, from January 1, 1823, to December 31, 1832 . . . . . } 117  
*July 4, 1833.* . . . . . FRANCIS HAWKINS, Registrar.

In obedience to the order of the House of Commons, the Royal College of Physicians have made the following return, which contains an account of the money which has been received by them from persons admitted as licentiates, from 1st January, 1823 to 31st December 1832; and also an account of the manner in which it has been appropriated. In explanation of this return, from which it appears that the annual expenditure of the

College considerably exceeds its revenue, they beg to state, for the information of the House of Commons, that, in addition to the sums of money mentioned in the following return, the whole income of the College arises from various sources; viz. first, from fees paid by fellows, who each pay on admission 95*l.* 4*s.* a sum including 40*l.* for stamps; secondly, from money paid by extra-licentiates, each of whom pays for letters testimonial, 17*l.* 9*s.*;

*By-Laws of the London College of Physicians.*

and, thirdly, from rents of lands and houses, the donation of former fellows of their society.

But, for the last four years, the whole income of the College has not equalled its expen-

diture; the first amounting to 4115*l.* 16*s.* 5*d.*, while its expenditure has amounted to 4821*l.* 12*s.* during the same period.

No. IV.—*An Account of the Money which has been received by the Royal College of Physicians from Persons admitted as Licentiates, from Jan. 1, 1823, to Dec. 31, 1832.*

	£	s.	d.	£	s.	d.
One hundred and seventeen persons have been admitted as licentiates, between the 1st January, 1823, and the 31st December 1832, from each of whom has been received 56 <i>l.</i> 17 <i>s.</i> ; the whole amount being	6651	9	0			
Charges immediately connected with the examination and admission of each licentiate; viz.						
	£	s.	d.			
Stamps and parchment for diploma . . . . .	15	0	0			
Fee to president, who attends the three examinations and admissions of each licentiate . . . . .	2	0	0			
Fee to the four censors for three examinations . . . . .	4	0	0			
Fee to registrar, who attends and takes minutes of all examinations . . . . .	1	0	0			
Fee to the treasurer . . . . .	0	15	0			
Fee to the beadle . . . . .	1	5	0			
Fee to the porter . . . . .	0	5	0			
	24	15	0			
117 Licenses, at 24 <i>l.</i> 15 <i>s.</i> each . . . . .	2895	15	0			
<b>Balance . . . . .</b>				3755	14	0
The balance of 3755 <i>l.</i> 14 <i>s.</i> divided by ten, the number of years, gives to the College an annual income of 375 <i>l.</i> 11 <i>s.</i>						
Annual income derived from persons admitted as Licentiates . . . . .				375	11	0

*An Account of the manner in which it has been appropriated.*

	£	s.	d.	£	s.	d.
Annual Charges incurred in maintaining the House for Collegiate Purposes, and in Salaries to Officers and Servants, viz. Government and parochial taxes:—						
Fines, amerciaments to the crown . . . . .	6	1	3			
Assessed taxes . . . . .	77	17	2			
Poor's rates . . . . .	115	15	6			
Paving and lighting rate . . . . .	37	16	0			
Sewers' rate . . . . .	11	13	0			
Water rate . . . . .	12	0	0			
Watering street . . . . .	4	13	0			
<b>Other charges; viz.</b>				265	5	11
Censors, to make up the annual salary of each censor 20 <i>l.</i> . . . . .	33	8	0			
Registrar . . . . .	40	0	0			
Treasurer . . . . .	20	0	0			
Beadle's salary . . . . .	100	0	0			
His disbursements in petty charges . . . . .	60	0	0			
Housekeeper's salary and allowances . . . . .	45	0	0			
Her disbursements . . . . .	21	0	0			
Porter's salary, 52 <i>l.</i> , and his disbursements . . . . .	60	0	0			
Coals . . . . .	54	0	0			
Stationery and printing . . . . .	73	0	0			
Insurance . . . . .	29	0	0			
				535	8	0
				800	13	11

THOMAS TURNER, Treasurer.



Further, they beg to state, that, with the exception of a lease of the ground upon which the building now stands, the College has never received any pecuniary aid from the Crown since its foundation. The original building for the meetings of the corporation was purchased, and added to, by the private subscriptions of the fellows of that time; and when this was burnt down at the great fire of London, the edifice in Warwick-lane was built at the cost of the fellows; and the funds for the erection of the present building in Pall-Mall East, which cost 25,000*l.*, were raised from the sale of the premises in Warwick-lane, which yielded 9000*l.*, from 2000*l.* given by the trustees of Dr. Radcliffe, and from the subscriptions of the present fellows.

To meet these great demands, the College has foregone every expense, except such as was absolutely necessary to promote the legitimate objects of its institution, to further which the fellows still continue a small annual subscription.

#### WRIGHT ON CARDIAC PATHOLOGY.

##### *Carditis and Pericarditis—lymphatic or membranous.*

THE high degree of sensibility attributed to the textures of the heart, and the immense importance of the function performed by that organ, seem calculated to render it peculiarly incapable of enduring irritation, or undergoing morbid changes, without betraying manifest and formidable signs of the disturbance it suffers, or the lesion to which it has been subjected.

But whatever may have once been thought of the liability to instant and urgent danger from diseased actions accruing to the heart's substance, it is now very well known that morbid states of this part are by no means rare, and also that imminent or immediate danger is not the invariable attendant on cardiac affections. It is also sufficiently ascertained that diseased conditions of the heart may arise, continue long, and effect great changes in the texture, connexions, &c., of that organ, without any certain or violent display of suffering or danger. The affections of the heart and its appendages, denoted by the terms prefixed to these remarks, have often been found (by after search) to have constituted the occasion of many symp-

toms, which, during life, were either deemed of little importance, or too equivocal and obscure to allow of their being referred to so serious a cause as disease of the heart itself. Carditis and pericarditis, singly or together, have progressed in a silent and undistinguished manner, to the extent of almost total alteration of the natural condition and relations of these textures to each other, and to other parts, and there has been nothing to mark the change that was going on, or to reveal the special seat and nature of such disease or degeneration.

If any proof was wanted to show the fallacy of former opinion respecting the incapacity of the heart to bear direct irritation without obvious derangement of its common office, and great, or even fatal disturbance of its extensive and important physiological associations, such requirement is amply supplied by autopsic evidences. The strong vestiges frequently met with on the dissecting table, of ancient inflammation and its consequences, about the heart and its appendages, furnish unequivocal testimony on this head, and go to show plainly, that the heart, like many other fibrous structures, may endure the gradations of acute and chronic inflammation, not only with safety to life, but in a manner little obvious, and not easily discriminated. The records of surgery, of military surgery especially, supply full confirmation of the same fact, in the numerous instances reported, where the heart has been found to have suffered former violence (to the extent of actual lesion), of which the traces and the proof were still palpably betrayed. That the attributes of intrinsic sensitiveness, proper to this important organ, have also been greatly overrated, may in like manner be inferred, on the testimony of the facts and circumstances already noticed, which appear calculated to discountenance the presumption of any peculiar or exquisite organic sensibility in parts capable of undergoing irritation and its consequences to the extent pointed out, without those attendant symptoms

—pain, disordered action, &c., which might clearly indicate the place, degree, or duration of morbid influence, arising, and change. Even direct evidence to the same effect would seem to be furnished by some experiments, performed in a spirit at least sufficiently adventurous, and affording results highly curious, though of small apparent utility. While acupuncture was in fashion for the cure of rheumatism, the needle (we are told) has been passed toward the heart, for supposed rheumatic neuralgia of that seat, until its succession of action and repose was plainly represented by the alternate rise and fall of the instrument, and yet no expression of particular pain or distress was extorted by this (as it would seem) actual penetration of the substance of the organ.—*American Journal of Med. Science, May, 1833.*

REFORM IN MEDICAL CORPORATIONS.

COLLEGE OF PHYSICIANS (*London*).

Copy ordered—"Of all the regulations and by-laws of the College of Physicians of London, under which Doctors in Physic have been admitted Licentiates and Extra Licentiates of the College since the year 1771."

"Accounts of the number of persons who have been admitted Licentiates and Extra Licentiates of the College of Physicians of London, in each year from 1st January 1771 to 31st December 1832."

"Of all the money which has been received by the College of Physicians from the persons admitted as Licentiates and Extra Licentiates, from 1st January 1771 to 31st December 1832; stating the charge from each person for admission, and the aggregate amount received from each class, and the manner in which the several sums have been applied."

"Of the number of persons who have been prosecuted by order of the College of Physicians for mal-practice, or for refusing to apply for their licence to practise medicine, in each year since 1st January 1771; stating

for what offence they were proceeded against, the dates of the order for each prosecution, the result of it, and the expenses paid by the College on each suit."

"Return of all bequests to the College; their nature and amount, when left and when received; the names of those who made the bequests, stating whether they were Fellows, Licentiates, or others; and also, the manner in which each bequest has been applied by the College."

MEDICAL CORPORATIONS (*Scotland*).

Address for—"1. *Edinburgh*.—Copies of all the Regulations and By-laws under which Graduates in Physic have been admitted Fellows of the Royal College of Physicians of Edinburgh, since 1st January 1771 to 31st December 1832;—2. Of the Regulations and By-laws under which medical practitioners have been admitted as Fellows and Licentiates of the Royal College of Surgeons of Edinburgh, since 1st January 1771 to 31st December 1832."

"*Glasgow*.—Copy of all the Regulations and By-laws under which physicians and surgeons have been admitted members, or by any other title of the Faculty of Physicians and Surgeons of Glasgow;—2. Also, the number of persons who have been prosecuted by order of the College of Physicians and Surgeons of Edinburgh and Glasgow, for mal-practice, or for refusing to apply for their licence to practise, in each year, since 1st January 1771."

MEDICAL CORPORATIONS (*Ireland*).

Address for—"1. Copy of all the Regulations and By-laws under which Graduates in Physic have been admitted Fellows of the Royal College of Physicians of Dublin, since 1st January 1771 to 31st December 1832; 2. Also, Copy of the Regulations and By-laws for the admission of Licentiates during that period;—3. Copy of all the Regulations and By-laws under which medical practitioners have been admitted as Surgeons of

the Royal College of Surgeons of Dublin, from 1st January 1771 to 31st December 1832;—4. Copy of the Regulations and By-laws under which medical practitioners have been admitted as Apothecaries of the Company of Apothecaries of Dublin, since

their first establishment to 31st Dec., 1832;—5. List of all persons prosecuted by order of the College of Physicians and of Surgeons, and by the Company of Apothecaries, in Dublin, for mal-practice, or for refusing to apply for a licence, since 1771.”

ACCOUNT OF ALL MONEY RECEIVED FOR DIPLOMAS BY ROYAL COLLEGES OF SURGEONS IN LONDON, DUBLIN, AND EDINBURGH.

No. I.—ROYAL COLLEGE OF SURGEONS IN LONDON.

*An Account of the money which has been received by the Royal College of Surgeons in London, for diplomas granted to persons who have been examined from 1st January, 1823, to 31st December, 1832, and of the manner in which it has been appropriated.*

In the year 1823, the sum of £6,088 19s. was received by the College for Diplomas, and appropriated as follows:—Five guineas for each diploma to the Court of Examiners, consisting of ten members, making together the sum of £1,548 15s. and the remaining sum of £4,540 4s. was added to the funds, and applied for the general purposes of the College.

	Received for Diplomas.			To Court of Examiners.			Added to the College Funds.		
	£	s.	d.	£	s.	d.	£	s.	d.
In the Year 1824 . . .	6,028	17	0	1,527	15	0	4,496	2	0
1825 . . .	7,000	7	0	1,785	0	0	5,215	7	0
1826 . . .	7,437	1	0	1,921	10	0	5,515	11	0
1827 . . .	9,601	4	0	2,451	15	0	7,149	9	0
1828 . . .	8,043	0	0	2,052	15	0	5,990	5	0
1829 . . .	9,644	5	0	2,467	10	0	7,176	15	0
1830 . . .	9,929	17	0	2,520	0	0	7,409	17	0
1831 . . .	6,065	17	0	1,548	15	0	4,517	2	0
1832 . . .	7,625	2	0	1,952	10	0	5,672	12	0

17th July, 1833.

By ORDER,

EDMUND BELFOUR, Secretary.

No. II.—ROYAL COLLEGE OF SURGEONS IN DUBLIN.

*Letter from J. Kerin, Esq. to S. M. Phillipps, Esq., Whitehall.*

1st July, 1833.

SIR,—In compliance with the desire of Viscount Melbourne, conveyed in your letter of the 26th ultimo, I have the honour to transmit an “Account of the money which has been received by the Royal College of Surgeons of Dublin, for diplomas granted to persons who have been examined from 1st January, 1823, to 31st December, 1832, and of the manner in which it has been appropriated.”

As it is the wish of the college to

afford the fullest and most satisfactory information respecting the amount and application of its funds, I have to state that the sum returned as having been paid for diplomas, is not the only sum received from, or on account of, persons receiving such diplomas, but that each pupil, upon being bound apprentice to a member or licentiate of the college to qualify him to obtain such diploma, pays a registry fee of ten guineas, and the member or licentiate, to whom he is indented,

also pays to the funds of the college a similar fee of ten guineas.

I have further to inform you, that licentiates of the college upon becoming members, and thus acquiring corporate rights, are required to pay a fee of thirty guineas. I have, therefore, drawn up a second return for the use of the House of Commons, should they think such necessary.

I have the honour to be,

Sir,

Your most obedient humble servant,

J. KERIN, *President.*

*An account of the money which has been received by the Royal College of Surgeons in Ireland, for diplomas granted to persons who have been examined from 1st January, 1823, to 31st December, 1832, and of the manner in which it has been appropriated.*

—£7500.—

The above mentioned sum has been exclusively appropriated to the following purposes:—

The erection, preservation, and repairs of the buildings of the college; the formation, augmentation, and preservation of the museums; the purchase of books for the library; and the payment of wages to servants, and salaries and gratuities to the housekeeper, registrar, and curator of the museum.

The members of the college perform the various duties of president, examiners, secretary, &c. without fee or reward; and it is to be observed, that since the foundation of the college, no member has received any portion of the funds of the college for such services, except the late Mr. Henthorn, who received an occasional remuneration to the amount of about 600*l.* for his services as secretary during a period of fifty years.

JAMES KERIN, *President.*

*Royal College of Surgeons in Ireland, 1st July, 1833.*

*An account of the money which has been received by the Royal College of Surgeons in Ireland, from 1st January, 1823, to 31st December, 1832; distinguishing the amount which has been received for registry of pupils, for diplomas, and from Licentiates on being elected Members of the College, and of the manner in which the same has been appropriated.*

Amount of Fees for Registry of Pupils.	Amount for Diplomas.	Amount Received from Licentiates on being elected Members.	Total.
£ 11,400	£ 7,500	£ 1,150	£ 20,050

The above mentioned sum of 20,050*l.* has been exclusively appropriated to the following purposes:—

The erection, preservation, and repairs of the buildings of the college; the formation, augmentation, and preservation of the museum; the purchase of books for the library; and the payment of wages to servants, and salaries and gratuities to the housekeeper, registrar, and curator of the museum.

The members of the college perform the various duties of president, examiners, secretary, &c. without fee or reward; and it is to be observed, that since the foundation of the college, no member has received any portion of the funds of the college for such services, except the late Mr. Henthorn, who received an occasional remuneration to the amount of about 600*l.* for his services as secretary during a period of fifty years.

JAMES KERIN, *President.*

*Royal College of Surgeons in Ireland, 1st July, 1833.*

## No. III.—ROYAL COLLEGE OF SURGEONS IN EDINBURGH.

*Letter from J. Campbell, Esq. to S. M. Phillipps, Esq. Whitehall.*

*Edinburgh, 5th July, 1833.*

SIR,—In compliance with the instructions contained in your letter of the 26th June, I have now the honour to transmit an account of the money which has been received by the Royal College of Surgeons of Edinburgh, for diplomas granted to persons who have been examined, for a period of ten years, commencing in 1822, for the purpose of the same being laid before the House of Commons.

In consequence of the accounts of the Royal College having always been made out from Lammas to Lammas, it has been found necessary to frame the accompanying return from that

term, and not from the 1st of January, according to the order contained in your letter, as it would otherwise have been nearly impossible to have given the exact number of diplomas, and the fees arising from them, with the necessary degree of accuracy, according to the manner required; but I trust that this slight deviation from the desire of the House of Commons will not prove of any material importance.

I have the honour to be, Sir,

Your obedient servant,

JOHN CAMPBELL

*President Royal College of Surgeons, Edinb'*

*Account of the money which has been received by the Royal College of Surgeons of Edinburgh, for diplomas granted to the persons who have been examined from 1st August, 1822, to 1st August, 1832, and of the manner in which it has been appropriated.*

NUMBER and DUES of DIPLOMAS from Lammas 1822 to Lammas 1832.

	Number of Diplomas granted.	Total Fees of Diplomas.		Sums paid to Examinators.		Sums paid to College.	
		£	s. d.	£	s. d.	£	s. d.
1. From Lammas 1822 to Lammas 1823	114	487	3 10.	119	14 0	367	9 10
2. From ditto 1823 to ditto 1824	138	689	2 10	128	2 0	561	0 10
3. From ditto 1824 to ditto 1825	147	761	2 4	144	18 0	616	4 4
4. From ditto 1825 to ditto 1826	156	866	14 0	157	10 0	709	4 0
5. From ditto 1826 to ditto 1827	199	1,076	14 0	180	12 0	896	2 0
6. From ditto 1827 to ditto 1828	169	911	3 6	172	4 0	738	19 6
7. From ditto 1828 to ditto 1829	201	1,196	18 6	214	4 0	982	14 6
8. From ditto 1829 to ditto 1830	162	923	12 6	189	0 0	734	12 6
9. From ditto 1830 to ditto 1831	195	1,056	0 0	216	6 0	839	14 0
10. From ditto 1831 to ditto 1832	151	804	1 6	197	8 0	606	13 6
Totals . . .	1,632	8,772	13 0	1,719	18 0	7,052	15 0

The sums received for diplomas are paid into the general fund of the College and expended with it, so that it would be difficult to distinguish precisely the particular purposes to which they have been applied. The College have thought it right, therefore, to subjoin the following statement of their whole funds and expenditure, by which it will appear that not only the whole sums received for diplomas, but the part of their other funds remaining

after the payment to the Widows' Fund, and defraying the ordinary expenses of the College, have been expended for public and scientific purposes; more especially for the purchase, collection, and exhibition of an Anatomical and Pathological Museum, which is open for the use of the members and students of the medical profession and the inspection of the public.

*Reform in Medical Corporations.*

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*Account of the funds, income, and expenditure of the Royal College of Surgeons of Edinburgh, during the period of ten years, from Lammas 1822 to Lammas 1832.*

	£	s.	d.	£	s.	d.
The INCOME of the College consists of the dues of diplomas, the entry money of Fellows, fees of indentures of apprentices, fees of certificates for navy surgeons, and fees of registration of students.						
From these sources there had been accumulated at Lammas 1822 the sum of . . . . .	10,089	0	9			
And the value of the old Hall and feu duties connected with it . . . . .	2,100	0	0			
				12,189	0	9
Received since Lammas 1822 to Lammas 1832, (being ten years,) viz.						
1. Fees of registration . . . . .	279	10	6			
2. Entry money of Fellows . . . . .	5,767	15	3			
3. Fees of indentures . . . . .	1,604	16	9			
4. Fees of navy certificates . . . . .	107	2	0			
5. Interests and dividends on property . . . . .	3,295	2	1½			
6. Feu duties . . . . .	382	13	6			
	11,437	0	1½			
7. Sums received by the College for Diplomas per foregoing account . . . . .	7,052	15	0			
Total income in ten years . . . . .				18,480	15	1½
Amount of ditto, and money funds, and heritable property . . . . .				30,622	15	10½
<b>EXPENDITURE</b>						
1. Sums and annuities voted to distressed members or their families . . . . .	1,781	5	0			
2. One half entry money of Fellows, and annual payments of the sum of 1 <i>l.</i> for each Fellow, paid to Widows' Fund in terms of act of parliament . . . . .	3,769	16	8			
3. Salaries to Treasurers, Secretary, Collector of Widows' Funds, and Officer . . . . .	1,010	14	10½			
4. Annual payments for the University Library . . . . .	200	0	0			
5. Voted for the Widows' and auxiliary Widows' Fund . . . . .	330	0	0			
6. Voted for the Trades' Maiden Hospital . . . . .	130	0	0			
7. Paid taxes, feu duties, and insurance . . . . .	260	2	0			
8. - interest of borrowed money . . . . .	238	17	7			
9. - Secretary for conducting general business, expense of advertising, solicitors in London, printing, engraving, diplomas, circulars, and incidental expenses . . . . .	1,926	1	11			
				9,596	18	0½
10. Laid out on collection, purchase, and preservation of Museum . . . . .				7,497	7	4
11. Purchase price of subjects from the Royal Academy for site of Hall . . . . .	3,500	0	0			
Purchase price of servitudes of ditto . . . . .	404	4	11			
Expense of building Hall . . . . .	13,590	12	1			
Ditto of fitting up ditto . . . . .	1,565	8	11½			
Total Expenditure . . . . .				19,060	5	11½
Amount of income and funds, as above . . . . .	30,622	15	10½	36,154	11	4
But this included property to the amount of 2,100 <i>l.</i> vide deduct . . . . .	2,100	0	0			
				28,522	15	10½
Excess of expenditure beyond amount of money funds . . . . .				7,631	15	5½
The above property has since been sold for the said sum of 2,100 <i>l.</i> and the proceeds applied to the reduction of the Debt.						

JOHN CAMPBELL, *President.*

MEETING OF THE PROFESSION AT  
TIPPERARY.

THE spirit of reform is abroad in all grades of the profession; meetings for the purpose of petitioning parliament to remove the heavy grievances under which the profession labour are being held in various parts of the empire; and rejoiced are we to add, that the pervading feeling at these meetings is as averse to the mock agitation recommended by one of our contemporaries, as it is opposed to the senseless shallow system of reform supported by the other. In the *Tipperary Free Press* is a notice of a meeting of the medical practitioners of that county, at which the following spirited resolutions were passed unanimously:—

Resolved—“That the monopoly enjoyed by the medical and surgical graduates of the King’s and Queen’s College of Physicians and of the Royal College of Surgeons in Dublin in their exclusive eligibility to the situation of medical attendants to County Infirmaries in Ireland, is unjust and highly injurious to the members of the British Colleges.”

Resolved—“That we petition the Legislature, praying for a parliamentary inquiry into the general state of the medical profession in these islands, and that the graduates of the British universities and Colleges be placed on the same footing in *Ireland* as in *Great Britain*.”

We most cordially agree with the liberal feelings which these resolutions display; but we doubt much the propriety of petitioning Parliament at this late period of the session. Rather let the supporters of this meeting labour in the good work of reform during the ensuing recess, and when Parliament again re-assembles, let them present a firm but respectful petition to the Lords and Commons, praying them to remove, as speedily as the labours of the commissioners will permit, those unjust and heavy grievances under which the members of the London College of Surgeons, at present prac-

tising in Ireland, labour. We need scarcely add, that our pages are always open to any communications in aid of this good cause.

LONDON MEDICAL ASSOCIATION.

A SUNDAY paper (the *Spectator*.) in an article on this subject makes the following remark, in the support of which we join:—

“The object of the Association being to throw a strong and clear light upon the hitherto occult subject of medical reform, we would suggest, that, in addition to the publication of the successful essays, a tabular synopsis of the various plans proposed by the unsuccessful candidates should be prepared, with a brief running commentary on each of the principal points of detail, by the adjudicators of the prizes. The defects of a bad plan would thus be converted into the tests of a good one.”

We recommend the above to Dr. Epps’s notice.

PRIZE ESSAYS OFFERED BY THE  
ROYAL COLLEGE OF SURGEONS  
IN LONDON.

FOR 1833—“Formation, Constitution, and Extraction of Urinary Calculi.”

FOR 1834—“Injuries and Diseases of the Nose and the Nasal Sinuses, and Tetanus.”

Essays to be delivered before Christmas in each year.

STRYCHNINE IN CHOLERA.

WE have employed strychnine, as recommended by Mr. Jenkins, in three cases of malignant cholera, with success. It rouses the nervous energy astonishingly, and checks the most violent diarrhoea. One gentleman who had diarrhoea for a week was relieved by six of the pills. We strongly advise our readers to try this medicine.

THE  
London Medical & Surgical Journal  
Saturday, August 17, 1833.

PREVALENCE OF MALIGNANT  
CHOLERA.

It appears, by a statement in the *Caledonian Mercury*, that the inhabitants of Edinburgh have been taxed to the amount of £11,457 2s. 5½d. for 1836 cases of cholera, being upwards of £6 a head for each patient, or more than *seven times* the sum which was required for each patient in Glasgow, the number of cholera patients there having been 4290—the expense £3726 11s. 9d. It is also stated, that there is a mistake of £100 in the “summation”—“an error, however, which is not in favour of the public.” The enlightened people of Edinburgh are tolerably well fleeced by their renowned Board of Health—a cringing, crouching junta, of the same stamp as our ever-to-be-lauded worthies of Whitehall-place. We wish that the intrepid and honest exposé of public knavery, Mr. Hume, would move for an account of the expenses incurred by the unprincipled set of men who formed the Boards of Health in London—men who drove the country and the greater part of the world, mad, by their ignorant and selfish proclamations; and who, when the cholera had ceased, unanimously agreed that it was *not* contagious, and that cholera patients might be taken into the Metropolitan hospitals! The delinquencies of these persons, and their servile imitators in Edinburgh, have excited the contempt

of every member of the profession who has the slightest pretensions to medical erudition or science. We alone advocated the non-contagiousness of cholera; not a journalist—not a physician in this metropolis, had the courage to join us against the ignorant conclusion of the first and second Boards of Health. Our enlightened and honest French contemporaries joined us, the profession in general followed, and finally the degraded men themselves who had perpetrated the greatest inhumanity upon record.

The public press saw the justice of our conclusions, and ran down the harpies that preyed upon the credulous and greatest part of mankind. The same disease is now, we grieve to state, as prevalent as it was last year, but in a modified form; and why, we boldly ask, does not the government appoint a Central Board of Health? We answer, simply because the eyes of the government, of the country, and of the world have been opened by the gross misconduct, profound ignorance, and self-interested policy of the London and other Boards of Health. We give the government credit for this discrimination, though it alone is responsible for all the mischief done by the former Boards of Health, for having appointed men totally incompetent to discharge the important duties of controlling the commerce of this great country, and of deciding the nature of an epidemic, which most of them had never seen, and two only of whom, (one of them famed for making every thing contagious,) had seen at



all. Nevertheless, the Board so constituted paralysed and stupified the minds of all the hospital physicians of London to such a degree, that the gates of our great hospitals were closed against the unhappy victims of cholera. That the hospital physicians should sanction this inhuman proceeding was to be expected, because they are nearly all Fellows of the College, monopolists who dare not but bow their heads to their lords and masters who formed the first Board of Health, and having once committed the egregious folly of refusing admission to cholera patients, they could not act differently, as the the second, or central mischievous Board, followed in the wake of its predecessor.

When the disease broke out subsequently in Paris, the whole of the physicians and surgeons of that capital, with one or two dissentients, unanimously declared the disease to be non-contagious, and that quarantine was *absurd*. This country is now actuated by the same conclusion,—there is no quarantine,—there are no dragoons to surround the infected districts, as once sagaciously suggested by the first Board of Health. Our readers are well aware of our advocacy of the non-contagiousness of cholera from its first appearance in this country, and we have now the gratification, the glorious triumph of having the medical world of our opinion. Had the contagionists of this kingdom been acquainted with the history and progress of former epidemics,—had they reasoned logically

or philosophically,—had they candidly admitted the incontrovertible facts submitted by the laborious and honest Hamett and a host of others, they never could have pronounced that malignant cholera was a contagious disease, or proclaim such unscientific nonsense, as “a contingent contagion.” We should like to know what contingencies will produce syphilis, gonorrhœa, small-pox, measles, scarlatina, or vaccina, besides their respective poisons. It will be a singular fact in the medical history of this kingdom, that the disease which was officially declared to be contagious in 1832, was pronounced to be non-contagious after its disappearance in the same year, (see the resolutions of the Central Board of Health in No. 46 of this Journal), and in the year following, 1833, when it reappeared, nothing was done by the government to arrest its progress, and nobody believed it to be contagious. If this be not the pitchpipe of discord, the disagreement of doctors, we know not what is. We hope better things in future, when the Colleges of Physicians in the United Kingdom will be filled by men of science, of erudition, and experience, who are now excluded, and not as heretofore and at present, by individuals of a very different character, who for centuries have shed their baneful influence over the cultivators of medicine, and society at large.

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CHOLERA is abroad again—so say the daily journals, and so says the

judice of every medical man in London; yet, we are very happy to add, that its virulence is not of that fierce and fatal nature which caused the deaths of so many in its progress through the country last year. From the severe experience of the total inefficiency of the Board of Health, which Government have learnt, we hope to be spared the necessity of pointing out again the complete incapacity of all such commissions to perform the duties assigned to them.

A certain witless contemporary, with a view we suppose of "taking time by the forelock," was hoaxed into publishing some *soi-disant* arrangements of Government relative to the cholera; and being anxious to hoax the public in return, the Editor furnished a slip of "The Cholera Arrangements" to a morning paper. This was hoax upon hoax—but the parties were so blind they could not see it.

A CASE OF DOUBTFUL PREGNANCY.

BY M. L. MASON, ESQ. M.R.C.S., & A.

A. B., *stat.* 20, extremely hysterical, supposed herself pregnant of her first child in October last, after which time she experienced a variety of unusual sensations; the areola round the nipple became darker, she complained of sickness of stomach every evening, a symptom she always experienced *post coitum*. About the fourth month and a half she quickened and menstruated; she expected to be delivered about the end of July. Early in this month she fell, and from the moment of the accident never felt the motion of the child; the breasts became softer, and the weight in the abdomen became much lower. On Thursday, the first of

August, she walked a short distance, and on her return homewards, experienced pains about the back and loins, for the alleviation of which she took some gin and water, and in a short time after its ingestion, discharged about a pint of fluid per vaginam. Her pains recurred at first every quarter of an hour, and soon every five minutes, but the os uteri felt natural, and the cervix was in its normal condition. The pains recurred with great severity until twelve o'clock on the following Saturday, when it was concluded that she was not pregnant, and that her disease was tympanitis. She was ordered draughts, composed of mist. camph., with double the quantity of camphor sp. am. arom., liq. opii. sed., olei menth. pip., every hour, and an opiate liniment to the abdomen. She vomited the first draught but retained the second, after which she expelled a good deal of gas, and slept six hours. On Sunday there was scarcely any pain, and none on Wednesday. The abdomen had very much diminished. She complained of soreness in the region of the right kidney, which had been present since October, and on this region being pressed, it excited the pains already mentioned. Six ounces of blood were removed by cupping, the size of the abdomen rapidly diminished, and on Thursday there was no tumefaction whatever.

5, High-street, Newington.  
13th August, 1833.

Reviews.

*A Treatise on those Disorders of the Brain and Nervous System usually called Mental.* By DAVID UWINS, M.D. 8vo. pp. 235. Renshaw and Rush.

If we are to judge of the spread and rapidity of a disease by the numerous works written for its elucidation, insanity must have increased rapidly of late years. Volume after volume has been written and published until in-

sanity has become a "household word" among us, and we have been rendered familiar with its every delusion. Yet the disease still preys on, mind after mind falls powerless beneath its fearful grasp, and its cure or prevention seems "a mystery" still. But few works have treated in a familiar manner upon this disease—few authors have been bold and energetic enough to speak of so fatal a malady to the public; and as long as medical men and authors envelope the symptoms and treatment of this disease in mystery, so long will it remain so.

Dr. Uwins' pamphlet on Insanity (published a short time since) prepared us for the perusal of the work before us, which, we are happy to find, treats the subject in a happier and more fluent style than has yet been done by any author that we are aware of. His extensive experience in every grade of those "Diseases usually called Mental," has been surpassed by no physician of the present day. His views of these affections are therefore founded on juster and truer principles; his ideas are enlarged and liberal, and the "whole tenour" of the volume bespeaks a mind whose perceptions of disease are based on the most extensive daily experience. We quote the following passage on the "Sources of Insanity:"

"In this life there is no unmixed good. What are considered improvements in our nature and social habits are necessarily accompanied by corresponding impediments to their being received as actual advancements in true felicity, the object aimed at in all our institutions and arrangements.

"That the sources and resources of refinement are, in a great measure, the sources of insanity, all theory and observation attest. Savages and children have intense feelings; they are actuated by mistaken motives, and pursue ruinous projects, and therefore may, in one sense, be deemed the subjects of madness; but wanting the complication of being, which social existence implies, there is not that

mischievous admixture of motive and counter-motive—not that restlessness in purpose and project—not that ambitious anticipation of prospective good, which, like the horizon, continues still at the same distance from the pursuer;—and, more than all, there is not that debility and deterioration of nervous energy which leads to lunacy, as bodies tend to the earth, and water seeks its level.

"It is, however, remarkable, that those are greatly obnoxious to mental aberration whom refinement would scarcely seem to reach. The poor are certainly more liable to mental alienation than would *à priori* be supposed; but, besides that, we have a fruitful cause of insanity among the lower classes immediately to be adverted to; the fact is partly attributable to the circumstance of their being in some measure within the reach of the evil without the benefit of counteractives.

"Although 'the cook-maid grows nervous and quotes Abernethy,' she is obliged to pursue her calling despite of her sensitive organisation; and these kitchen refinements bring with them moreover disrelish and discontent of particular modes of life. Nervousness and dyspepsia are thus increased by mental causes, and the borders of actual insanity are trodden upon by individuals, who ought not to be sensible that they have a stomach to be pampered, or nerves to be irritated.

"It is a curious fact, and it being mentioned here may serve to strengthen my assumption, that the multiplication of rules about diet and regimen, brings with it an increase of the very evil that is so anxiously sought to be avoided. That thus the most sensitive parts of our bodies should become especially affected by refinement being pushed on too rapidly, or in a wrong direction, is in the due order of things; and it behoves the guardians of physical and moral health to look well to their doings, and to be assiduously careful that their interference may not do harm as well as good."—pp. 48—52.

In this manner are the subjects of religion, love, spirit drinking, opium eating, atmospherical changes, &c. considered as fruitful sources of insanity; and all, who have had insane patients under their care, will agree with the author on these points. On the debateable question of whether a lunatic shall be confined or coerced, our author makes the following appropriate remarks:—

“There is a vast number of cases in which the question of custody or control must be considered absolutely relative; a total idiot, either from birth or accident, an imbecile from apoplexy, a confirmed melancholic, may all be fit subjects for a lunatic asylum, but if relations choose to take the responsibility of their management, and the trouble of it into the bargain, it is not the business of others to interfere, provided cruelty or gross mismanagement be not exercised. There are many instances of intellect having been broken down by age or by apoplexy, and where the persons thus attacked are rendered totally incapable of pursuing the ordinary duties of life.

“There is another difficulty which often presents itself in reference to the absolute justice of confinement, and which must in some measure be left open to the decision of good sense and right feeling, beyond the authority of presumptive will. I allude to those cases which while they are in asylum custody do not exhibit the smallest characters of alienated intellect, but become wild and ungovernable immediately they are set at large.”—pp. 129—132.

The chapter on “The Moral Management of Nervous Disorders” and “The Medical Treatment of the Insane,” will well repay the reader’s perusal. We regret that our space will not allow us to notice them at greater length. The work is one of great practical experience, and will do more for the benefit of mental diseases than any former one published on the subject.

*A Treatise on Diseases of the Eye.*

By W. LAWRENCE, F.R.S., Surgeon to St. Bartholomew’s Hospital, and Lecturer on Surgery at that Hospital; Surgeon to the Bethlem and Bridewell Hospitals, and late Surgeon to the London Ophthalmic Infirmary: 8vo. pp. 730. London, 1833: John Churchill.

THE basis of the work before us consists of the lectures on the diseases of the eye, delivered by the distinguished author at the London Ophthalmic Infirmary; but the subjects are now considered in greater detail, the opinions and experience of others are quoted and examined, and cases are introduced for practical illustration, wherever it could be done with advantage. We have compared this treatise with the original lectures, published by our contemporary, the *Lancet*, and also with the translation of them into French, by the late M. Billard d’Angers, and we find that Mr. Lawrence has added all the facts that have been published since he delivered his lectures in 1825-26. This work forms therefore an excellent treatise on the eye, and is one of the ablest that modern times have produced. It is replete with the most valuable information on the important subjects of which it treats; accumulated from the most extensive observation and experience, and from all the standard writers, domestic and foreign, upon the numerous diseases of the organ of vision. The author has evinced great research, observation, and talent in arranging his treatise. He has quoted very largely from the works of national and foreign writers,—British, Irish, German, French, and Italian. The nature of the work precludes us from attempting to analyse it. We express our opinion of it by stating, that so far as it extends, it is a work of reference and standard authority. It contains information omitted in Mr. Mackenzie’s treatise; but this latter contains a vast deal omitted by Mr. Lawrence. Neither of these admirable works supersedes the other,

and both are necessary for the study of ophthalmic diseases. They form the best and most complete system of ophthalmography extant;—they reflect the greatest credit upon their authors, and are most valuable additions to British surgery. Every medical practitioner, who is anxious to pursue his calling with credit to himself and benefit to his patients, will possess both works. The treatises of Lawrence and Mackenzie are twin brothers, inseparably united, and richly deserving of the patronage of all the professors of the healing art in these and other civilised countries. After the expression of this opinion, it is scarcely necessary for us to state, that we strenuously recommend this work to our readers.

*Cyclopædia of Practical Medicine.*  
Part XVII.

If there have been few works in the present day whose pretensions have been greater, or whose contributors have ranked higher in the profession than those whose names appear in this Cyclopædia, so have there been few to whom "a name and nothing more" could have been with such justice or propriety applied. The very title of the work is a misnomer; for, of the hundred and one "Practical" Articles in it, ninety and nine are "theoretical," and nothing more; and this may be plainly proved by referring to different articles by the same authors in other works of the day, and comparing them with the contents of the Cyclopædia. That the profession at large, with the exception of the writers and their immediate friends, are abundantly disappointed with the work is plain, from its being now published only on *alternate months*.

From the high-sounding names attached to the work, we were inclined to hope that the numbers would have improved in character and contents as the work proceeded; but, so far from this, the seventeenth number now before us contains only six articles, written in a dry verbose style,

and affording us little or no new information upon the subjects treated of,—pneumonia and pneumo-thorax may be placed by the same articles in Thomas's Practice of Physic.

Dr. Montgomery's article on "The Signs and Diseases of Pregnancy," although requiring much condensation, yet contains more original and valuable matter than either of the subjects preceding it.

The work will now be completed in three numbers, which, for the character of the editors and contributors, will, we hope, be an improvement on those preceding them. We shall give them our candid and honest criticism, which, though not, perhaps, valued so highly as that of our fellow journalists, will not be the less true because the less redolent of praise.

—◆—  
*French Medicine.*

*Bloody Tumour, simulating Encephalocele.*

A CHILD, a month old, had a small oval tumour, situated over the posterior fontanelle of the right side. When first seen by the medical attendant, it had attained the size of a small hen's egg; in structure it was soft and slightly resisting; slight pressure upon it diminished its volume, and its pulsations were synchronous with those of the pulse. Stupor came on if pressure over it was long—continued; gentle and gradual compression was ordered to be used, and at the end of three weeks the tumour, though not diminished in size, was more diffused under the scalp, and pressure over it no longer caused stupor. In the course of a few days repeated bleedings from the nose and mouth came on, and in a short time the tumour entirely disappeared.—*Gaz. Méd.*

*Endermic treatment.*

An ointment made of equal parts of lard and liquor ammon. fort. is first applied to the skin, and the application repeated every five minutes, until

the vesication is effected. The cuticle is then removed and the medicine laid on the abraded surface. It is stated that half a grain of acetate of morphia applied to a blistered surface, near the origin of the sciatic nerve, has, in twenty-four hours, cured a severe neuralgia of the leg; and that sulphate of quinine, when it could not be administered internally, has, by being used in this way, speedily put a stop to a fit of ague.—*Annal. de la Med. Phys.*

#### *Sigaultian operation.*

M. Bandelocque, the nephew, states, that he has just performed this operation on a pregnant woman, according to his own method, with success. The child was born alive, and the mother, who herself nursed it, has not experienced any of those unpleasant consequences which commonly follow the section of the symphysis pubis.—*Revue Médicale.*

### German Medicine.

#### *Preventive of Cholera.*

Sulphate of quinine is strongly recommended as a prophylactic of cholera. It has been given, it seems, to a great number of poor and weakly people, in the dose of two to four grains twice or thrice a-day, with unparalleled success. It may either be administered separately or made into pills, with cajeput oil and extract of liquorice.—*Gräfe und Walther, Jour. der Chir.*

### Hospital Reports.

#### ST. GEORGE'S HOSPITAL.

#### *Fungus Hæmatodes of the Knee Joint.*

JOHN MASON, a strong and athletic man, ætat. 35, was admitted into the hospital on the 31st July, under the care of Mr. Hawkins, for fungus hæmatodes of the knee. The history of his case is as follows:—Several months ago, a small colourless tumour,

unattended by pain, appeared on his knee, immediately over the patella. At first he suffered no inconvenience, but by degrees a very painful and acute sensation darted through it, and ultimately became frequent. The surface of the tumour remained for some time even and smooth, but irregular projections were soon discovered, and the tegumentary coverings assumed a livid red colour. Several openings formed on the tumour, through which a thin foetid sanguineous fluid was discharged. The tumour at length burst, and a fungus of small dimensions presented itself, and rapidly increased in size. It was characterised by a constant tendency to bleed. The patient being much distressed and inconvenienced by the pain, applied for admission into the hospital on the 31st July.

On examination, the fungus imparted a sense of fluctuation, was much ulcerated, and presented a ragged, brownish surface; the skin round it was dense and shining; the fungus itself was of a dark red colour, easily torn, and bleeding on the least friction. The absorbent glands in the vicinity of the disease were affected, and had become somewhat enlarged.

Aug. 7. Patient suffers considerable pain; has not slept last night; appetite bad; bowels sluggish; pulse 86. Strong cathartics were administered; and to alleviate the pain anodynes were also given.

Mr. Hawkins, having given up all hopes of saving the limb, and being aware that an operation could only be successful when performed in time, proposed amputation of the limb, to which the patient consented. It was accordingly done on Thursday, August 8, a few inches above the knee-joint.

*Examination of the Fungous Tumour.*—On Friday an examination of the amputated limb took place in the operating theatre, under the inspection of Messrs. Hawkins and Babington. The limb was injected by Mr. Johnston, one of the dressers of the hospital.

Mr. Hawkins having made a longitudinal section of part of the femur, patella, and tibia, laid open the seat of the disease. On examination, it appeared that an intimate connexion existed between the fungus and the patella, and not between it and the lower end of the femur, as had been anticipated; the tibia on being cut through appeared highly vascular; the muscles round the fungus had entirely lost their fibrous or proper character, and were of a pale colour, very soft, and yielding to the least touch of the knife. The fungus itself was found to consist of a very soft cerebriform substance, with thin membranous septa intersecting it. An immense number of cysts were discovered in the substance of the fungus, which contained a portion of coagulum. It also exhibited a structure medullary in its nature, and several lobes of various colours were scattered through it.

A section of the fungus was immersed in spirits, and will be preserved among the collection of morbid preparations in the Anatomical Museum of the Hospital.

Monday, Aug. 12. Patient feels rather feverish; appetite tolerably good; pulse soft and compressible; sleeps well, and enjoys good spirits; bowels regular; looks cheerful.

*Haut. salin.* ℥iiss.  
*Vin. antim.* ℥iij.

Let him take the draught every six hours.

Wednesday, Aug. 14. Patient going on well; bowels very regular.

*Inguinal Hernia unexpectedly reduced without Operation.*

John Thompson, a very miserable looking and emaciated man, ætat. 55, was conveyed to St. George's Hospital at 10 o'clock on Saturday night, Aug. 10th, under the following circumstances:—

He had been in the hospital two years ago for inguinal hernia, under the care of Mr. Hawkins. At that time he became furiously delirious. The hernia was then completely reduced by Mr. H., and the patient

was discharged, with a truss, which he has worn ever since. He was in the habit of taking off the truss every night on going to bed. On Saturday evening last, about nine o'clock, he removed it on going to bed, when the intestine suddenly slipped down, and, notwithstanding his most unremitting efforts at reduction, could not be returned. He was accordingly conveyed to the hospital immediately.

On his admission his pulse was at 90; copious perspiration; and he was evidently suffering great agony. Every exertion was made by the house surgeon to reduce the hernia, but without effect. The tumour extended from the abdominal ring into the scrotum about four inches. The patient complained of a very violent pain in the epigastric region, which was attended with frequent vomiting. Had a great desire to pass fæces, but was unable to do so. The tumour felt hard.

After several ineffectual attempts to reduce the hernia, an enema was given, and the patient was put to bed.

Sunday, Aug. 11. The patient has spent a restless night; vomiting still continues; but not stercoraceous. Several efforts were made this day at reduction, but they were all ineffectual. The taxis was resorted to in vain. The patient has had one slight fæcal discharge.

On Monday the patient was put into a warm bath, and kept in warm water of the temperature of 106°, till syncope supervened. Assiduous exertions were made at reduction while the patient was in the bath, but all proved futile.

About one o'clock Mr. Keate, for the first time, saw the patient, and endeavoured to reduce the hernia, but was as unsuccessful as the house surgeons had been. There now appeared to be no alternative but an operation, which was immediately proposed by Mr. Keate, with the patient's consent. All the preparations for the operation being made, Mr. Keate was in the act of proceeding to the operating theatre, when Mr.

Hawkins, who had been trying the reduction for a long time, succeeded in returning back the intestine. On Mr. Keate's return to his patient he found the hernia completely reduced. The operation was of course abandoned.

In the evening an enema was given, which brought away a small fecal evacuation.

Tuesday, Aug. 13.—Bowels very inactive.

*Mag. sulph.* ℥j,  
 — *carb.* ℥j,  
*Tinct. opii*, ℥vi,  
*Aqua menth. pip.* ℥ss.

Let him take the draught every six hours.

Wednesday, Aug. 14.—No evacuation since yesterday morning; repeated vomitings of green bilious matter; the intestine still remains up; the abdomen is less tense and painful; he looks better, and slept well last night.

*Oleum ricini*, ℥j, *statim*.

Discontinue the draught.

#### *Fracture of the Clavicle.*

Martha Toogood, whose case we gave last week, (fracture of the clavicle,) is going on very well. Mr. Babington has put a thick padding under the axilla between the arm and breast, in order to approximate more firmly the fractured extremities of the clavicle.

Gentle purgatives have been administered with good effect, and she is allowed a liberal quantity of wine daily. Union of the fractured ends of the clavicle is rapidly going on.

#### ST. BARTHOLOMEW'S HOSPITAL.

#### *Partial loss of vision occasioned by external violence.*

In the case of partial loss of vision occasioned by external violence, which we reported in our last, the Solutio Plumbi has been applied externally, but as yet no improvement has been manifested. The patient complains of increased pain in the ball of the eye,

and his vision is even more dim and indistinct than it was on his admission.

#### *Fungoid excrescence of the tibia.*

A sickly looking man, *ætat* 38, was admitted into this hospital last week, under the care of Mr. Lawrence, for fungoid excrescence of the leg. The excrescence is situated on the anterior part of the left leg, a few inches below the articulation of the knee-joint. It first made its appearance eight months ago, and gradually increased in size till it arrived at its present enormous dimensions. It is exceedingly prominent and its surface is very uneven; it is soft, vascular, and yielding. There can be no doubt of its connexion with the tibia.

Mr. Lawrence is of opinion, that amputation must be resorted to as preferable to extirpation of the tumour. The latter operation, he remarks, would prove as distressing and painful to the patient as amputation, and its success would be very precarious. In an experimental point of view, extirpation of the tumour, and erosion of the periosteum of the tibia, would prove highly interesting; but it is greatly to be apprehended that amputation of the leg would be afterwards necessary, and the patient would thus be exposed to the inconvenience and distress of a double operation.

It is most probable that amputation of the limb will take place immediately.

The general health of the patient, since his admission, has not been good, nor is his constitution, which is very much debilitated, likely to assist him in surmounting the effects of the operation.

#### French Hospital Reports.

#### *Instantaneous Strabismus.*

DEVERSENNE, aged 32, was admitted into the Hôtel Dieu, complaining of great weakness of sight; every object that he saw appeared to be doubled, and not situated upon the same plane; he complained of



severe headache over the left eye. On the following day an abnormal direction of the ball of the eye was remarked, it being turned inwards. He was ordered to be bled, to be kept quiet, and to have a pediluvium night and morning. Four days afterwards he could see objects distinctly; the dyplopia and headache continued.—*Perstel.* A fortnight afterwards a blister was applied over the left temple, which relieved the headache and the accompanying fever. From this time he improved rapidly, the only time when the dyplopia was at all apparent being early in the morning.

Previous to his admission he had been affected with venereal symptoms, and had contracted a gonorrhoea the night before; all these may therefore have proved a strong exciting cause of strabismus. M. Sanson considers venereal excesses to be the cause of this affection, and relates two instances, one in which dyplopia came on during the emission of semen, and in the other forty-eight hours afterwards.

#### *Chronic ophthalmia.*

Belard, aged 23, after having worked several nights by the light of a lamp, reflected from a globe of crystal, was attacked with most intense supra-orbital cephalalgia, and felt an itching over the external angle of the eye, and an acute pain, lasting only for a short time, and the conjunctivæ were red and injected. Six weeks afterwards the eye-lids were swelled and puffy, the conjunctiva generally tumefied and crossed by numberless vivid red lines. The eye was very sensible to light, continually shedding tears, and the patient complained of great pain and heaviness over the whole supra-orbital region. Rest, low diet, pediluvia night and morning; and ten leeches over the internal surface of the eye-lids. Three days afterwards there was bloody ecchymosis over the eyelid, from one of the leech bites. On the following day a blister was applied to the nape of the neck, and shortly afterwards he left the hospital with

but slight traces of ecchymosis over the conjunctiva.

#### *Brass Dust on the transparent Cornea.*

Devit, aged 52, was admitted into the hospital with ophthalmia, arising from fine particles of brass lodging on the transparent cornea. The eyes were painful, red, and highly injected, constantly secreting tears. By the aid of a lens some small dark and opaque bodies could be seen on the cornea, and immediately around, the vessels of the part were more highly inflamed and reddened. By means of a fine lancet the foreign particles were removed. His eye was ordered to be repeatedly bathed with cold water, and a warm pediluvium night and morning. By these means he was soon restored.—*Lanc. Fran.*

#### BOOKS.

A Treatise on those Disorders of the Brain and Nervous System which are usually considered and called Mental. By DAVID UWINS, M.D. 8vo. pp. 235. Reesaw and Rush.

Principles and Practice of Obstetric Medicine. By DAVID D. DAVIS, M.D., M.R.S.L. Part XXII. John Taylor.

This valuable work maintains its high character in deep research, learning, and practical experience; it is without a rival: it should be in every medical library in the kingdom.

#### CORRESPONDENTS.

*Dr. O'Beirne.*—We regret to be compelled again to postpone the Reply to Mr. Salmon. The great portion of our space occupied by the important documents relating to the Colleges of Physicians and Surgeons, must plead our excuse.

If *Mr. Roberts* will publish the Dictionary he is perfectly welcome to the task.

*Dr. Hancock.*—The new remedy has failed in the case alluded to.

*Chirurgus's* suggestion is not new.

*A. B.*—We cannot publish the "Aphorisms." Sir Anthony Carlisle and the Boga-boo would subject us to an action.

*M. R. C. S.* is received.

Literary Intelligence in our next.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

T H E

# London Medical and Surgical Journal.

No. 82.

SATURDAY, AUGUST 24, 1833.

Vol. IV.

**LECTURES**  
ON THE  
**PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,**  
BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

LECTURE L., DELIVERED FEB. 8, 1833.

GENTLEMEN.—There are two or three things which I wish to mention before proceeding to dislocations of the thumb, and which I ought to have mentioned in the last lecture.

First, then, I ought to inform you that a particular kind of bandage is sometimes made use of for fixing the chest in the reduction of dislocations of the shoulder; there is an aperture made in it for the arm to pass through, and when applied it serves both to fix the chest and hold back the scapula. Such a bandage may be constructed in a minute, by merely making a slit in a piece of strong linen; you see a representation of it in this plate.

The same engraving shows you the direction in which Sir Astley Cooper makes extension in dislocations of the shoulder into the axilla, and at the same time, you may notice that the extending and counter-extending forces must be directly opposite to each other.

Another thing that I ought to have adverted to yesterday evening, is the old and by no means a bad method of reducing dislocations in the axilla, by placing the surgeon's heel in the arm-pit, and making extension from the hand or wrist, as represented in the engraving before us. This is a very ancient mode of reduction; the heel being placed in the axilla not only fixes the chest, and keeps back the shoulder, but also constitutes a fulcrum, on which, by the lever-like motion of the limb, the head of the humerus can be directed into the glenoid cavity of the scapula, while the surgeon at the same time makes the extension,

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not as exhibited in the plate, but at the wrist. In the plate, the extension is represented as being made at the lower part of the humerus, in order to fulfil the principle, so much approved of by some surgeons, of bending the fore-arm, in order to relax the biceps. This latter plan is occasionally followed in England, but in some other parts the surgeon usually keeps the arm in a straight position, and makes extension at the wrist. By these means, gentlemen, the head of the humerus is dislodged from its situation, and inclined towards the glenoid cavity.

The plate above this represents the method of using the bone as a lever, by placing the knee, as a fulcrum, under the upper part of it, and depressing the lower end of the bone. If the patient be faint, intoxicated, or from any other cause weakened, the reduction may generally be effected almost without any extension at all, and even when extension is employed, this last method is a very good one, besides being simple.

When the humerus is incompletely dislocated, and remains fixed on the outside of the coracoid process, the reduction is effected on the same principles as are observed when the head of the bone is thrown to the inner side of that process, and after the reduction, it is advisable to apply a compress in front of the head of the humerus, just on the outside of the coracoid process, supported by the spica bandage, which is to be passed behind the shoulder, and in front of the chest, in the manner I have described to you on a former occasion. The design of the compress and bandage is to keep the head of the bone from inclining forwards again. But, gentlemen, this is a rare dislocation. Perhaps keeping the arm quiet in a sling would prevent every chance of a return of the displacement, particularly if care were taken to avoid all sudden movements of the arm backwards; however, as another security, you may employ the compress and spica bandage.

In speaking of *lateral dislocations of the elbow*, I ought to have mentioned that the most common is that, in which the ulna is

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forced outwards into the place of the radius, which is driven off the articulated surface of the humerus altogether. Now, in this case, as there is no suitable cavity behind the humerus for the reception of the olecranon, neither extension nor flexion can be completely performed, and the nature of the case is sufficiently obvious from the extraordinary projection on the inside of the arm, formed by the greater articular surface of the humerus being uncovered; while the radius itself forms another remarkable projection over the external condyle. The reduction of all dislocations of the elbow is generally easy. In France, surgeons commonly fix the chest and shoulder, in the same manner as is done in the reduction of a dislocation of the upper head of the humerus, and having thus made their counter-extension, they apply their extending means to the wrist.

I noticed yesterday evening, the disputed point respecting the possibility of a dislocation of the carpus from the radius without a fracture, and I showed you an engraving of Cruveilhier's, in which such a dislocation was exhibited; the preparation, represented in the plate, was taken from a subject which Cruveilhier dissected himself. In this instance I observed to you, that the radius was driven behind the carpus, no doubt in consequence of a fall on the back of the hand; but, if we are to believe Cruveilhier's statements, which are contested by Dupuytren, this is not the only direction in which it is possible for a dislocation of the radius from the carpus to take place. Cruveilhier maintains that it may happen in the other direction, which is a much less likely event, viz. with the lower end of the radius driven into the palm of the hand. However, it merits your attention, gentlemen, that the case brought forward in proof of the possibility of such an occurrence did not arise from external violence, but from a circumstance which I explained to you in a former lecture, namely, the great power with which the granulations of burns contract; there had been a burn of the hand and forearm, and, by the force of the contraction of the cicatrix, the carpus was dislocated from the radius, in a manner that is sometimes deemed impossible as the result of external violence.

*Dislocations of the thumb*, gentlemen, are deserving of attention, because they are exceedingly difficult to reduce, especially those of the first phalanx from the metacarpal bone. There are some persons who have the ligaments of this joint so loose, that at their option they can not only dislocate the first phalanx by the action of the flexor muscles, but even replace it again by the action of the extensors. You might suppose from this circumstance, that there would be no difficulty in reducing a dislocation of this joint, but remember, that in these instances of spontaneous dislocation and reduction, the ligaments are remarkably loose. Sometimes this may be the result of disease, or the neglect of

a dislocation which had been reduced, but the bone will not be well supported in its place.

In the common dislocation of the thumb, the head of the first phalanx is thrown on the back of the head of the metacarpal bone, so that the first phalanx projects backward, while the head of the metacarpal bone inclines towards the palm, the thumb remains without the possibility of being straightened, and the second phalanx is fixed in the bent position. There is no laceration of the lateral ligaments in this dislocation, and it is on this account that the reduction is so difficult; for the wedge-shaped head of the first phalanx glides with its narrow part through the aperture between the lateral ligaments, and brings the broad part within them. Thus the first phalanx is completely and firmly wedged between the lateral ligaments, which must therefore be considered as forming the principal impediment to the reduction. Indeed, we sometimes cannot succeed by any common means in effecting a reduction. The muscles of the part also being strong, form some resistance to the reduction, especially as the surface for the application of the extending means is very limited. From these various causes, there is occasionally so much difficulty in the reduction, that, in a case in St. George's Hospital, about forty or fifty years ago, extension was made with such force, that the thumb was pulled off. At that period Mr. Bromfield was surgeon of that institution, and the case is alluded to by Mr. Hey, of Leeds, in his *Practical Observations on Surgery*. About a year and a half ago, a young man came to my house with this dislocation. He was sent to me by Mr. Hughes of Holborn, who had tried in vain to reduce it. Wishing Mr. Hughes to be present at the reduction, I desired him to call upon me in the afternoon, that we might try our skill together; but in the meantime, the patient happened to meet with a relation who was a surgeon, and who reduced it for him. I inquired how this gentleman succeeded; and was told that he fixed a piece of tape round the thumb, and secured it by the *clove-hitch* knot, which is one in familiar use amongst sailors; he then fastened a common street-door key to the tape, and, of course, was thus enabled to make extension with considerable force, and with success. In fact, I had been thinking of trying a very similar method. Sir Astley Cooper, in his work on Dislocations, gives us a drawing of his plan of reduction. He first puts round the thumb a piece of soft wet leather to prevent the skin from being injured, and then applies tape over it, which he secures by the knot I have alluded to. If you could not make this kind of knot, the one proposed by Mr. Hey, and which I explained in a former lecture, would answer as well. It seems that the sailor's knot differs from Mr. Hey's chiefly in there being two circles, or nooses made, instead of one. Mr. Hey sometimes succeeded in accomplishing the reduction without making any extension at all, merely by

pressing the head of the first phalanx towards the metacarpal bone. Indeed, it is easy to understand, that if the broad part of the bone were confined behind the lateral ligaments, the more the extension employed, the greater would be the difficulty of effecting the reduction. Sir Astley Cooper recommends the first phalanx to be bent as much as possible, before the extension is made.

Sometimes the dislocation is in the other direction, and the metacarpal bone is at the back of the first phalanx; then there is no difficulty in effecting reduction, at least Mr. Hey states, that such was the result of his experience.

The *second phalanx* is sometimes dislocated backwards; and in compound cases of this description, Sir Astley Cooper recommends cutting off the articular surface of the first phalanx. After the reduction of either of the above mentioned dislocations, the joint must be supported with pasteboard, or soap plaster and tape. Then, after a fortnight, you may begin to employ passive motion. With respect to dislocations of the elbow, also, I ought to have mentioned, that the joint should not be kept motionless very long, as ankylosis would be the consequence. At the end of a fortnight, therefore, it is advisable to have recourse to passive motion, by bending the elbow and rotating the radius gently; at all events, three weeks should not be allowed to pass, without this practice being observed, and thus the formation of a stiff joint will be prevented.

The phalanges of the fingers are most frequently dislocated backwards; the reduction is very easy; a little extension soon replaces them.

It has been proposed, when the reduction of the dislocation of the first phalanx of the thumb cannot be effected by ordinary modes, to divide one of the lateral ligaments with a couching needle. The most experienced surgeons, however, object to this practice, on account of the frequency with which tetanus is observed to follow injuries of the tendinous and ligamentous tissues about the thumb. Sir Astley Cooper thinks it far more prudent even to let the dislocation remain unreduced, than run the risk of so frightful and unmanageable a disease as traumatic tetanus. Other surgeons have recommended cutting off the head of the metacarpal bone with a small saw, or a pair of cutting pliers, which is perhaps better than dividing one of the ligaments. But I think that, by attending to the directions given you in this lecture, and by perseverance, you will generally succeed in accomplishing the reduction.

It is observed, that compound dislocations of the thumb frequently lead to tetanus—so frequently, indeed, that some surgeons have thought it advisable to amputate in all such cases, rather than attempt reduction; but in this counsel I am not disposed to agree; for, from the observations, which I have delivered on the subject of traumatic tetanus, you will

understand that amputation is a very uncertain means either of preventing or curing this disorder.

*Dislocations of the vertebrae.*—The next dislocations we come to, gentlemen, are those of the vertebrae, or of the spine. The dorsal and lumbar vertebrae have such extensive articular surfaces between their bodies, and their ligaments are so strong and numerous, and the motion between any two of them so trivial, that they hardly can be dislocated; and, indeed, Sir Astley Cooper, who is one of the most experienced surgeons in the world, states, that he has never seen a dislocation of the dorsal or lumbar vertebrae unaccompanied by a fracture of the oblique or articular processes; never from a simple laceration of the intervertebral substance, unaccompanied by a fracture of the processes or body of the bone. You will generally find that the dislocation occurs in the way described in my observations on fractures of the vertebrae:—you have fracture of the articular processes and of one or more of the bodies of the vertebrae, with dislocation of the articular process of one vertebrae from that of the next. But, a case of dislocation, arising from a laceration of the intervertebral substance alone, may be deemed an impossible event in the whole of the lower part of the spine. But, in the upper part of the vertebral column, there may be a dislocation of the vertebrae unaccompanied by a fracture, because the articular surfaces of the bodies of the cervical vertebrae are less extensive, and the spinous and articular processes less oblique. At St. Bartholomew's Hospital, there is a preparation in which a portion of the intervertebral substance is lacerated, between the fifth and sixth cervical vertebrae, with a partial separation of those bones from each other, and a dislocation of the articular processes on both sides. There is another instance in the museum of the same hospital of partial fracture of the bodies of the two lower cervical vertebrae, accompanied with dislocation of the articular processes. But the case in which there was dislocation and no fracture of the articular or oblique processes, is sufficient to prove, that there may be dislocation of the upper vertebrae without being accompanied by any kind of fracture. That case has been described, by Mr. Lawrence, in the *Medico-Chirurgical Transactions*, and the preparation is, as I have stated, in the Museum of St. Bartholomew's Hospital.

The treatment is not different from that which I described for fractures of the spine. In truth, the case is exactly the same as what I have treated of. You will find, in the last volume of the *Medico-Chirurgical Transactions*, a case recorded, in which the body of one of the dorsal vertebrae was fractured, and, at the same time, there was a dislocation of one of the articular processes of that bone from the corresponding articular process of the first lumbar vertebra, without fracture of them; so that you may have dislocation of the arti-

cular processes even so low down as the point specified, without fracture of them.

*Dislocations of the head.*—There is no case on record, in which the os occipitis has been suddenly dislocated from the atlas by external violence; they are tied so firmly together that such a case has never been met with. Of course, it would be fatal if it were to happen. But there may be dislocations of the os occipitis from the atlas in consequence of disease. Now, this kind of displacement generally arises from a scrofulous caries of the joint, or of the atlas itself. There are also cases on record, in which exostoses from the occipital bone, or from the atlas, or from the neighbouring petrous portion of the temporal bone, have led to displacement of the atlas;—such cases are to be found in the annals of surgery. Here, of course, the space for the medulla spinalis is diminished, yet is not rendered sufficiently narrow to produce fatal consequences; and there is room enough for the spinal marrow, notwithstanding the displacement of the os occipitis. If the patient live long enough under these circumstances, ankylosis of the atlas to the os occipitis may follow, the ankylosis sometimes extending to the dentata and to the vertebrae even below that. There are several specimens in this Museum, which I have already shown you, and which I will exhibit to you again when I am on the subject of ankylosis, in which this sort of bony consolidation is illustrated. I have no doubt they were taken from persons who had had scrofulous disease of the bones concerned. Now, the symptoms of scrofulous disease of the upper cervical vertebrae, leading to displacement of them, were first accurately described by Professor Rust of Vienna, and subsequently to his publication, a good account of them was drawn up by Mr. Lawrence, and inserted in the *Medico-Chirurgical Transactions*. You will find, that most of those, who suffer from this sort of disease, are young subjects, as is the case with the generality of scrofulous patients. I have had several cases of it within the last three or four years, and these were all in young persons, two of whom were girls. At the Bloomsbury Dispensary, we have a boy, who has been under my care two or three years with this disease, which I think will terminate in ankylosis.

The symptoms of this affection are great pain on moving the neck or turning the head; after a time more or less difficulty in swallowing is felt; if you press on the part, the patient experiences great agony; the voice is hoarse; and there is oppression of the breathing; but the most characteristic symptom, when the patient is not lying down, is that he is almost always found supporting his head with both hands placed under the lower jaw, either because motion of the head gives him pain, or because the support of it gives him relief. After some time, the patient mostly becomes afflicted with vertigo, or is attacked by convulsions, which suddenly carry him off, or

he lingers for a considerable period, and dies exhausted in a state of hectic. Sometimes, before the fatal termination, you may feel a kind of crepitus in the situation of the disease.

The treatment of this particular case is conducted on the same principles as that of other scrofulous diseases of the bones and joints, that is, if there be pain and inflammation, you apply leeches to the part, and if the affection partake of a more chronic character, you use either an issue, the moxa, a blister, or a seton, to keep up a discharge from the neighbouring parts, and also to excite a counter-irritation, which may stop the morbid process in the bones.

*Dislocations may take place between the atlas and the vertebra dentata.* The rotatory motion of the head is performed by the atlas moving on the dentata, or rather by the former bone and the os occipitis revolving on the latter. Hence, when the rotatory motion is carried beyond a certain point, a dislocation is the consequence. Here, then, gentlemen, a dislocation may be produced by external violence, though not between the atlas and occipital bone; and, in fact, many cases on record prove the possibility of a dislocation between the atlas and dentata. If the ligament, which ties the processus dentatus to the edge of the foramen magnum, receive a violent twist, by a forcible turn of the head to the right, the left side of the dentata may be carried in front of the corresponding articular process of the atlas, while the right side of the dentata is found behind the corresponding articular surface of the atlas. When the processus dentatus is dislocated from the space between the transverse ligament and the body of the atlas, it will press upon the medulla oblongata and spinal cord, and produce immediate death. Here you must understand, that the processus dentatus does not quit its situation by a rupture of the transverse ligament, but it slips under it. Sometimes, however, the dislocation of the processus dentatus backwards may be preceded by a rupture of the transverse ligament; but that can take place only in two ways; first, by a fall with great force on the occiput, as happened in a case recorded by Boyer; and, secondly, by a violent fall on the chin, as mentioned by Sir Charles Bell. In these circumstances, you may have a rupture of the transverse ligament, and a direct displacement of the processus dentatus backwards. In children, the processus dentatus is particularly weak, and therefore liable to be broken; indeed, in any subject, in whom it is more slender than usual, it may be broken, and then the lower portion of it, passing under the transverse ligament, makes fatal pressure on the spinal marrow. In consequence of this process not being fully developed in children, and in consequence too of the ligaments being weaker in them than in adults, the common trick of lifting them up by the chin and occiput ought to be censured, for it has led, in many instances, to

a sudden displacement of the processus dentatus, and instant death.

As these cases are inevitably fatal, it is unnecessary to say any thing about their treatment. We do hear, it is true, of dislocations of the head being rectified; but these are not the same description of cases as I have been alluding to; they are merely examples of the displacement of one of the articular processes of the cervical vertebræ, which has been erroneously called a dislocation of the head; but this is, as you must immediately perceive very different from the serious case I have been describing. A cure of such displacement of an articular process of the cervical vertebræ is possible, and Desault actually succeeded in reducing an accident of the kind, by fixing the shoulders, and inclining the spine in the direction opposite to that in which it was thrown.

*Dislocations of the ribs.*—The ribs, gentlemen, cannot be dislocated at their vertebral extremities; no case of this kind is known to have occurred; but sometimes a separation of the ribs from their cartilages takes place, and then the bone is generally displaced outwards. You may read in Sir Charles Bell's Surgical Reports, the particulars of an interesting case, in which most of the ribs were dislocated in this manner, in consequence of the person being pressed between a post and a wagon. Dislocation of a single rib is sometimes met with. The proper treatment consists in the application of a long piece of pasteboard wetted, so as to fit the part accurately, and over this a broad roller should be applied, or a piece of linen, which is to be laced. When the pasteboard becomes dry, it forms an exact case for the part, and fits so closely as to prevent all motion of the end of the rib. Here it is also necessary to bleed the patient freely, as there is a chance of the supervention of inflammation of the chest, and even of the abdomen, for the violence, producing such a dislocation, is always very great; and, when a person is jammed between a wall or a post and a wagon, the contusion of parts is frequently not restricted to the chest.

Gentlemen, I will go on with dislocations on Monday evening, and hope to be able to finish them on Wednesday.

### CLINICAL LECTURES,

DELIVERED AT THE

HOTEL DIEU, IN PARIS,

During the Session of 1832-33.

BY BARON DUPUYTREN,

PRINCIPAL SURGEON OF THAT HOSPITAL.

Corrected by himself.

PATHOLOGY AND TREATMENT OF BURNS.

(Continued from p. 74.)

*ELEVENTH CASE.*—*Epileptic, burns of the four first degrees of the entire right side of the face and neck, and upper part of the chest*

—*Severe accidents—Profuse suppuration—Cured on the ninety-fourth day—Twelve epileptic attacks during the period of treatment.*

—Marie Floret, aged 40, of delicate constitution, subject to epilepsy for some years. Having, from this affection, been burnt five times, was admitted into the Hôtel Dieu for a new burn occupying the right side of the neck and the upper and anterior surface of the chest. It arose from her falling with her face in the fire during an attack of epilepsy. The eschars were large, deep, black, and hard to the touch. The burns of the two first degrees were but of small extent. She was in a state of great delirious excitement; pulse small and quick; respiration short and interrupted; great thirst; convulsions of the lower limbs. She was bled, and leeches were applied to the base of the cranium; revulsive and antispasmodic medicines were given; sinapisms to the feet, and an injection per anum. Cataplasms were applied over the eschars, and some light dressing was placed over the burns of the second degree, over which a light covering of charpie was placed to absorb the discharge. By this treatment the dead parts soon separated, and no accident happened during the time. Under the eschars was a wound of very good appearance. The discharge was at first very profuse, but soon diminished, and the cicatrix soon began to form. The profuse granulations were checked by proper remedies. As the suppuration decreased and the cicatrix increased, the cataplasms were changed for a light dressing with charpie, and convenient compresses and bandages.

*TWELFTH CASE.*—*Mental alienation—Burn of the right hand to the fifth degree—Cure of both affections.*—Clinard, aged 30, of a good constitution, was affected with mental alienation from severe distress. Active treatment restored her to reason, but she remained low and dejected. She was a servant: left the place where she was residing and came to Paris. Finding herself on one occasion alone, she made a large fire in a frying-pan, and put her hand on the burning coals. On the following morning she was brought to the Hôtel Dieu. The right hand was burnt down to the bones, everywhere were black, thick, and hardened eschars, separated only by some bloodless crevices on the dorsal surface; they extended only to the middle of the metacarpal bones. The other surface was covered by a large bladder filled with serum. There was a vivid red circle around the wrist, which still retained its free motion; the thumb and fingers were bent upon the hand; a joint of the ring finger and the little finger were exposed. The agitation of the patient was extreme, the face flushed, the eyes fixed, and the delirium continuing, which rendered it necessary for her to be confined. General bleeding, mustard pediluvium, light dressing, poultice over the whole hand, phlyctenæ opened without injuring the epidermis. On the third day fifteen leeches

were applied to the mastoid apophysis; pediluvium and injections. On the fourth day, seton over the nuchæ, purgative lavement. On the seventh day the eschars began to separate, and it was hoped that the tendons were not injured. There was a slight fetor in the discharge; cataplasms were continued. On the eighteenth day the cries of the patient were not so violent; and when her attention was strongly fixed she would answer. By the thirty-eighth day the mental alienation had completely left her, and she was much surprised on learning the nature of her accident. The last phalanges of the ring and little finger have fallen off, as have also the eschars. The cicatrization has commenced in some places, and small portions of dead tendon have come away with the dressings. The flexion of the fingers is less; they have been kept in an extended position that their flexion might not be increased by the growth of the cicatrices, and that the fingers might not contract adhesions. From this period nothing retarded the cure of the case; no further return of mental alienation presented itself, and she was discharged cured, being recommended to keep the seton open in her neck.

**THIRTEENTH CASE.**—*Burns from the first to the sixth degree on the left side of the face, and of the fifth degree on the external part of the left shoulder.—Destruction of a portion of the parotid gland.—Salivary fistula.—Necrosis of a portion of the zygomatic arch.—Cure.*—A portress, aged forty, and of bad health, subject to a sensation of swimming in the head, was seated near a charcoal stove. Being suddenly seized with giddiness, her left side and shoulder fell upon it. On the following day she was brought to the Hôtel Dieu. One burn extended from the zygomatic arch to the base of the inferior jaw, including the external angle of the eye, and reached from the labial commissure to the ear. All the soft parts were converted into a black eschar, which appeared chafed on its surface, and composed of the skin, sub-cutaneous cellular tissue, and a part of the parotid. It was surrounded by a vivid redness. The commissures of the lips and eyelids were drawn backwards, and to the left side. The second burn was over the left deltoid region; all the surface was black and scarified, and M. Dupuytren believed that the disorganisation extended to the muscle itself. That part of the face not affected was of a vivid red; there was fever and severe headach, and the burnt parts not dead were very painful. Copious bleedings, mustard pediluvia, lavements, anodyne potion, low diet. For the first few days there was little alteration; the pulse kept up its frequency, and she was again bled. On the fifth day the patient complained of a hard body in the cheek, which might arise from the eschar having destroyed the whole of the soft parts; but, on examining the mouth, the mucous membrane was found intact. On the sixth day the eschar began to be detached at the

edges; a red line separated the dead from the living parts, and a slight suppuration was established. On the eighth day there was considerable fever, tumefaction of the eyelids, erysipelas over the face, and delirium. Twenty leeches were applied to the neck, and emollient cataplasms. The delirium soon subsided, and the erysipelas appeared resolving. On the twelfth day the eschar was in a great measure separated. After a month's elapse the eschar on the shoulder separated, leaving an open wound covered with healthy granulations, which soon healed under the occasional use of the nitrate of silver and simple dressings. On the surface of the cheek, however, the progress was not so rapid. When the eschar separated, a portion of the zygomatic arch was found dead, as well as the parotid gland, a portion of which had been destroyed, and from which, during the dressings, the saliva was discharged. M. Dupuytren did not consider that this would aggravate the patient's case, and ordered the fistula to be cauterised. In the course of a few days the dead bone appeared sufficiently moveable to be extracted, which was done by a spatula lifting the dead bone from the living. After this day the extent of the wound diminished gradually, but the flow of saliva continued; and it is to be remembered, that it came from an ulcerated opening of the parotid, and not from Steno's duct. In the space of a few days the part was cauterised three distinct times, and pressure applied over it; and in less than a fortnight's space the wound and the fistula were completely healed. There remained a radiated cicatrix, depressed in the centre; paralysis of part of the cheek, and a drawing back of the eyelid and angle of the mouth on the left side. The cicatrix was red and vascular. A month after leaving the Hôtel Dieu she returned again, the fistula having re-opened. Cauterisation and compression were again resorted to, which permitted her to leave perfectly cured in three weeks.

**FOURTEENTH CASE.**—*Burn of the fourth degree of the right arm.—Profuse suppuration.—Unusual state of the wound.—Cure.*—A cook, aged 18, of good health and constitution, fell asleep, and a lighted candle fell on her right arm, burning the sleeve of her gown. On examination after the accident, a burn was found, extending from the deltoid muscle to the fingers; the anterior, posterior, and inferior parts of the arm were most burnt, and the hand was covered with phlyctenæ, filled with serum; there were also some on the upper hand. She was bled, and took emollients, and simple dressings were applied carefully to the burnt parts. The inflammatory process passed off without any unusual accident, but after the eschars had separated, the suppuration increased so much that it was feared she would sink under it. She was supported by quinine in drinks and lavements; the whole burnt limb had soon the

appearance only of a large wound; forty-five days after the accident the wound was still of some extent, greatly inflamed, and profusely suppurating, with extensive projecting granulations, and at the head of the elbow some new skin was already forming; the catamenia had not appeared since the accident. During the next month the wound was carefully dressed with simple ointment, with a layer of charpie, and bandages to support the wound, and parts of it were occasionally touched with the nitrate of silver, and care was taken not to expose the parts too long to the air. The patient was shortly after attacked with fever, the wounds became red, and covered with clots of blood, having the odour and colour of menstrual blood. This phenomenon coincided with the time at which the menstrual fluid should have appeared. For several days leeches were applied to the *valva*. The fever went off, and the wound re-assumed its usual appearance, but from the above unusual circumstances the suppuration became increased in quantity, but the cicatrization nevertheless increased; the discharge of menstrual fluid from the wound returned twice, the catamenia were not re-established, but she was bled in small quantities at definite periods of time. Her state of health continued very good. M. Dupuytren remarked on the above case, that menstruation was the performance of a simple function, which was nothing more than a sanguineous exudation; it was not, therefore, absolutely necessary that there should exist a special organ for that purpose, for it was seen that there were other exhalants or permeable tissues, through which this fluid might pass. The special organs for this secretion became complicated in proportion as the humours they separated from the blood differed in character from this secretion. Secretions were complicated functions, which could only be performed through special organs, more or less complicated; exhalations were simple functions, which might take place from any structure, because there were permeable or exhalant tissues every where. These latter were therefore subject to greater variety than the former. How difficult was it to supply a secretion which was stopped, as with the *urinal* secretion, which could not be brought on through the skin, and how comparatively easy was it to restore an excretion, as with the menstrual fluid in the above case.

OF THE DIFFERENT CAUSES OF PERMANENT RETRACTION OF THE FINGERS, AND OF THEIR DIFFERING DIAGNOSTIC.

The first case which I shall offer to your notice, remarked M. Dupuytren, is that of an old porter, aged seventy-four, who, for some years past, has been a street-sweeper. Five or six years ago this man was wounded in the palm of the hand by a piece of wood, but it is only within the last two years that he has re-

marked a retraction of the middle and ring fingers of the right hand, since when the disease has much increased. He supposes the injury to arise from a severe cold which he felt during the course of a rigorous winter. The fingers to-day are bent nearly to one-fourth. It is impossible to retract them, employ what force you will. Two tight, hard, and projecting cords pass from the middle of the palm to the base of the contracted fingers. When any efforts are made to extend these, they project more, and the thin tendon of the palmaris muscle is seen to be stretched along the inferior portion of the fore-arm. I have chosen this case of true retraction of the fingers in order that the distinction may be clearly seen between it and those cases that simulate it.

In other cases one or more fingers may be bent on the hand without there being any wrinkling of the aponeuroses. There may then be only an alteration in the phalanges, as may be noticed in the report of the two following cases.

A boy, aged 14, was placed under the care of M. Sanson for a white swelling of the tibio-tarsal joint. On examining him, it was perceived that he had retraction of the little finger of the left hand, which he remembered up to his earliest years. The finger is curved in the demi-arch of a circle, the first phalanx is immoveable on the second, and the second on the third. It is impossible to move the one on the other, but the articulation of the first phalanx on the fifth metacarpal bone is perfectly free. There is no starting tendon here, consequently it is a case of affection of the phalanges, and not of the palmar aponeurosis.

The symptoms of the second case are precisely similar; there is the same absence of starting tendon, the same mobility of the metacarpo-phalangeal joint, the same immobility of the second phalanx on the first and of the second on the third; these, therefore, are the particularly distinguishing signs of this affection, and by which an anchylosis of these articulations may be known.

The contraction of a cicatrix from a wound may simulate a cord, but this is superficial, and the cause of it is otherwise known. The fourth case before us is one in which the two last fingers are bent on the palm of the hand, they may, however, be easily straightened back; there exists no cord; the phalangeal and metacarpo-phalangeal articulations are all free. By what then is this constant flexion of the fingers caused? The patient received a sabre stroke on the back of the hand, the extensor tendons of the two last fingers were cut, the divided ends did not unite, and the flexor tendons being no longer antagonised, constantly draw the fingers down to the palm of the hand. In this case consequently there exists no retraction, but a passive flexion of the fingers, and an impossibility of straightening them, owing to the tendons being divided.

The fifth case is one of retraction of the



little finger, which is bent in the arc of a circle, all the other articulations are moveable, as is the first phalanx, with the metacarpal bone; there is no extended cord; the flexor and extensor tendons are here healthy; the retraction depends on a disease of the skin of the palm of the hand, caused by a contused wound from a coach-wheel; the healing of this wound was done by drawing the edges together, and not by the formation of a new cutaneous tissue; a narrow cicatrix has thus been produced, which prevents the little finger being redressed.

Burns of the palm of the hand frequently produce this effect when they are not perfectly treated, and when, instead of the fingers being in a position to keep the edges of the wound apart, and to promote the formation of new cutaneous tissue to replace the old, they are put in a situation to bring the edges of the wound with loss of substance into contact. From this cause ensue bridlings and adhesions, which prevent motion and produce retraction, without, however, causing any projecting tendons.

The contraction caused by the deformity of the phalangeal surfaces in following certain modes of livelihood is common enough. Females who are the habit of knitting much, and who keep the little finger apart from others, and forcibly bent for a long period at a time, in order to support the hemp, linen, or cotton thread, have frequently a retraction of the little finger, arising from a deformity of the inferior extremity of the first phalanx, of the superior extremity of the second, and of the corresponding extremities of this and the third. This species of deformity was much more common formerly than it is now. It is still, however, frequently observed in Germany, where the ladies of Berlin and Dresden are in the habit of knitting very much.

Here is a young girl, a lace-worker, in whom the four last fingers of each hand are retracted towards the palm. They are curved to a quarter-circle, but the metacarpo-phalangeal articulations move freely. They may be easily moved backwards on the hand, causing no tendon to start. But the two second phalanges cannot be returned on the first, owing to a deformed articulation of the extremities of the first and second phalanges, produced by the occupation this young person generally works at.

The next case that I shall present to your notice, is a tailor. You know that individuals following this trade have the fingers always bent. In this case it is impossible to stretch the ring finger, the attempts to do it are very painful, but there is no symptom indicating lesion of the palm of the hand. The diseased cause is here in the articulation of the second phalanx with the third, where a serous tumour has developed itself, of a nature similar to the accidental synovial cysts; the nature of this affection is easily known, it is therefore impossible to confound this case with one arising from another cause.

The retraction of the fingers caused by wounds of the flexor tendons might seem at first sight to become a true cause of retraction, but in these cases the tension of the aponeurosis is more superficial, besides, in extending the fingers in these cases the tendon of the palmaris is thrown back.

The seventh case which I shall present to you is a case of retraction of the middle finger, bent in the half-arc of a circle; at its extremity is a cutaneous cicatrix, in the thickness of which a hard, round, resisting cord may be felt, this is the tendon. The patient had a whitlow, and the surgeon who treated it cut deeply down upon it, and opened the sheath of the tendon in its whole extent, from which maltreatment has resulted displacement and retraction of the fingers.

Wounds of a joint frequently cause retraction. This is the case in the eighth patient which I now present to you, in which the indicator finger of the right hand is retracted, the third phalanx is bent on the second towards the palm, and the joint is immovable. The patient received a wound from a cutting instrument on the back of the finger which penetrated the joint, and inflammation and suppuration ensued, and the ankylosis became complete. The other joints are perfectly moveable.

The next case is that of an engraver who received a pistol shot from a thief, which penetrated the fore-arm from before backwards on its superior and internal surface. The ball merely affected the flesh and not the bones. The cubital nerve was divided, and paralysis consequently ensued of the internal surface of the fore-arm and the two last fingers, parts to which filaments of this nerve are distributed. I was called immediately to the man, added M. Dupuytren, and laid the wound open to prevent any contraction, and dressed it as a simple wound; no accident interfered to prevent its healing, which it did in the course of a month. Paralysis only remained, with retraction of the two last fingers towards the palm. The articulations of the fingers and phalanges are free, but there is much impediment to straightening the fingers, giving the patient much pain, and accompanied with tension of the cicatrix. The flexor muscles in the spot where the injury was received having lost much substance, are shortened, and maintain a permanent flexion of the two last fingers of the hand.

Thus from amongst the observations which we have made with a view of establishing a differential diagnostic between the differing species of contraction of the fingers, we find some produced by a species of wrinkling of the palmar aponeuroses, by a deformity of the articulating surfaces of the phalanges, by a division or section of the extensor tendons, by a narrowed cicatrix of the skin, by a destruction of the fibrous grooves of the tendons, and finally, by disease or loss of substance of the flexor muscles of the fingers. I wished to offer you a pathological specimen which would

at once show you the seat of this affection of which we have been speaking. Fortunately I have specimens of the arm, fore-arm, and hand of a person who has been affected in a remarkable degree with retraction of the fingers, and I have had these parts carefully dissected, in order that you may judge of the truth of all that has been advanced upon the subject. The tendon of the palmaris and the palmar aponeurosis have been separated from the subjacent parts. If the flexor muscles had anything to do in the production of this disease, it is certain that in drawing upon them, as I do at the present moment, they would greatly increase the retraction, now this does not take place, and the cord before the two last fingers is not altered in position. If, however, the phalanges are bent backwards, the tight tendinous cord becomes very marked, but the flexor tendons are but slightly affected. If, likewise, the flexors had much influence in this affection, the section which I am going to make of them, whether superficial or deep, above the wrist, would put an end to the wrinkling of the fingers, which you see it does not do. The section of the tendons in the palm of the hand produces similar results. But if the tendons are not acted upon, the palmar aponeurosis is affected in a very different manner, for you perceive that the slightest traction of this augments the bend of the fingers towards the palm of the hand; if the fingers are at all bent backwards, the tightened cord, which is then solely formed by this aponeurosis, becomes stiff, in fact, isolated, as you now see this aponeurosis is; you can easily remark that it forms the sole obstacle to the retraction of the two last fingers. Should, however, any doubts still exist in your minds on the point, they will soon disappear, by remarking the effects produced by making a section of the palmar aponeurosis, which goes to the fingers; you perceive that this section completely restores the fingers to their normal situation and state.

## LECTURES

ON THE

PHYSICAL EDUCATION AND DISEASES  
OF INFANTS AND CHILDREN,

DELIVERED

BY DR. RYAN,

At the Westminster Dispensary, 1833.

LECTURE VI.

*On the Causes and Treatment of Genital Diseases.*

GENTLEMEN,—In the preceding lectures, which were introductory to those on the Physical Education and Diseases of Children, I have enumerated the various diseases of the genitourinary organs that disqualify for marriage, impede sexual commerce, cause impotence and sterility, and injure both parents and offspring.

I described the bad effects of excessive action of the genital organs induced by coition and masturbation. I shall now proceed to consider the indications of their treatment. Before I mention the modes of treating the numerous disorders and diseases caused by genital irritation, I must briefly allude to the opinions of the ancients on the injuries inflicted upon the mind and body by the loss of the spermatic fluid itself.

According to ancient and modern writers, the spermatic fluid is highly vitalised, and should be accumulated for some time in its receptacles, so that its thinner part may be absorbed and conveyed into the circulation, for the purpose of stimulating all the organs, and rendering all the functions more energetic. I have already stated, in a former lecture, that the absorption of the seminal secretion acts as a stimulant, renders man and animals more vigorous, augments their courage, excites the intellectual faculties; and that its too frequent emission destroy these salutary effects and produce diseases of debility, and sometimes various inflammations. In corroboration of this position, it may be urged, that animals at the rutting season are more savage and more vigorous than at other times; and that their flesh exhales a peculiar odour. Every physiologist has observed that the mind and body are more developed at, than before, the age of puberty; and this remarkable change has been attributed to the secretion of the spermatic, the menstrual and ovarian fluid. But, however salutary the absorption of the male semen, or the establishment of the menstrual fluid, may be, man was destined to propagate his species as well as all the inferior animals. The modern infamous doctrine to the contrary is unnatural, unchristian, and worse than beastly. The depraved advocates of anti-population may urge all the inconvenience and evils resulting from the excessive exercise of the genital functions against instinctive and natural enjoyment, but their arguments are contrary to the laws of nature and to the science of medicine. They may impose on the unenlightened multitude, but theirs is a most vicious and erroneous conclusion. It is opposed to the wise precept, "Increase and multiply," and is not more unscriptural than it is unmedical. It leads to the commission of the most horrible vices; and if followed generally, would not only exterminate society, but induce all the diseases that may be caused by the most excessive use of the genital function. It is true, that the too frequent exercise of this function will injure the mind and body; but this observation equally applies to the over-exertion of every other organ in the body; because the continual or excessive action of any organ will derange and injure the whole. Every medical practitioner who is versed in the science of disease must admit, that the monstrous and detestable practices recommended by the inhuman advocates of anti-population are infinitely more

injurious to health than even excess of sexual intercourse. It has been already proved, that the mind is more excited, and the body more convulsed, by unnatural than by natural use of the genital organs.

Every philanthropist is shocked at the frequency of unnatural crimes, which are now almost of daily occurrence, as is proved by the reports of the public press; and these, it is to be suspected, are not perpetrated by the ignorant vulgar only, but by persons of rank and education. Man, when his mind is depraved, debases himself below the level of the irrational brute, and violates the laws of nature and of Christianity. The enemies of excessive population forget that all the animated creation as well as mankind enjoy superabundance of every thing conducive to their well-being; and that even the birds of the air, "which neither sow nor reap," are amply supplied with nutriment. These men remind us of our former wise parliaments, who, in the reign of Elizabeth, passed laws to prevent the growth of London, and of the proclamations of James I. and Charles I. ordering the swarms of gentry, except those connected with the public offices, to return into the country, as "their continued residence in town raised the price of provisions, increased the number of mendicants, and brought so many loose and disorderly persons into the metropolis, that it could not be governed by ordinary magistrates." Modern experience, however, has convinced statesmen and politicians, that the greater the population the greater the power, wealth, and happiness of a nation. Reverting to the narrow-minded anti-population advocates, I may observe, they are few in number, and their wholesome checks to population are detested even by the lowest class of society. To them we may, with due deference, and without disclaiming our title to good manners, apply the words of a sacred writer to the philosophers of his time,—“they became vain in their imaginations, professing themselves wise, they became fools.” But the great bulk of mankind fall into the opposite extreme, become licentious, and induce the most troublesome disorders and the most fatal diseases, which have been already enumerated.

It has been observed, in a former lecture, that those who have injured their constitution by debauchery and libertinage are generally impressed with the conviction, that their generative functions are debilitated or destroyed. They suppose themselves impotent should they fail to accomplish their desires with a female, chosen indiscriminately. But this is very often an erroneous notion, for this reason—that if the venereal desire exists, and the organs are natural, the phenomena of procreation perfect (*erectio, penetratio, et seminis emissio*), there may be moral or imaginary, but not real or absolute impotence. There is no objection to marriage in such cases. I have known several enter into the connubial state in this condition, whose fears were dissipated and whose hopes

were realised. I have often been consulted in cases of this description, the parties being honourable and conscientious men, unwilling to commit a fraud upon others even to obtain the greatest wealth as marriage portions. Individuals of this description are generally imposed upon by the specious promises published by empirics in the newspapers, and are always swindled out of large sums, under the false pretence of obtaining a certain cure. So general is this plunder, that it is well known that some empirics expend a sum of £10,000 a year in advertisements and government stamps; in fact, there is scarcely a newspaper that does not contain their false and delusive promises. They succeed because every adult is most anxious about the vigour of his amorous powers; more especially as the genital function is almost universally abused; and as they profess to restore all defects, they are consulted by an immense number of persons, who ultimately discover, after having paid large sums, that no benefit has accrued.

The commonest observer must daily remark, that among the various kinds of imposture practised on society, quackery has been the most successful; because the great mass of mankind is credulous, or, as an able writer has said—an immense crowd of fools—“*ingens turba stultorum*.” Empirics are most successful in a great commercial country like England, and more especially in this vast metropolis, where the multitude have neither leisure nor inclination to detect imposture. The innate principle of self-preservation is so strongly entwined with the human heart, that cunning and unprincipled men, who profess to cure all diseases after physicians have failed, very easily impose upon public credulity. The love of life is predominant with all men; and when the physician pronounces disease incurable, the unfortunate sufferer will anxiously try any remedy, however useless or injurious, more especially when lauded in the newspapers as an infallible one. It is lamentable to observe that mighty engine, the press, under the controul of the venal and avaricious, who will not hesitate to publish any kind of deceptive puff for money. Another powerful protection to empirical impostors is the immense impost or duty paid by them to the state for advertisements and patents. They are legally authorised to proclaim their infallible and universal medicines, for they possess legal patents for defrauding the public. These impostors are not tolerated in any other country in Europe; neither does any other government derive a revenue from duty on patent and quack medicines, which are proposed by ignorant and dangerous persons, who venture to profess medical knowledge without a proper education. The amount of stamp duty on these useless nostrums is about £100,000 a year in the United Kingdom, and hence the toleration of empiricism, and the apathy of the College of Physicians. I need scarcely observe, that the belief in a universal remedy is

the most irrational that can be imagined. The existence of such a remedy is physically impossible. How can any rational person, on a moment's reflection, suppose that the same remedy should be capable of restoring strength and causing weakness? In many diseases the strength must be reduced, in others increased. Nevertheless, the daily papers, "the best of all public instructors," proclaim to the world the superior excellence of universal remedies; and the public is so stupid as to believe them. Some of these remedies are so infallible, yet so simple, that the patient may take them in the form of pills, to the amount of two or two hundred at a dose; and we have, I grieve to confess it, medical men, calling themselves surgeons, and pretending to be respectable, vending these pills, which they know to be valueless, and literally conspiring to defraud a gullible public. There is, however, nothing too absurd on the part of the public in believing in the efficacy of these and other nostrums, it has always been the custom; though modern quacks are far inferior to their predecessors, as will appear by the following advertisement, which refers to the diseases under consideration. There is nothing too absurd for our nobility, gentry, and community; we had noblemen, their wives, judges, members of parliament, bishops, and all ranks, believing in the infallibility of St. John Long, Johanna Southcote, metallic tractors, and every species of the grossest humbug. I might adduce ten thousand illustrations, but one will be sufficient. The following preposterous puff was credited by many in this country\*.

• TEMPLE OF HEALTH, ADELPHI.

To their Excellencies the Foreign Ambassadors, to the Nobility, Gentry, and Persons of Learning and Taste, this and to-morrow evening, exactly at eight o'clock.

The celestial brilliancy of the medico-electrical apparatus of the Temple will be exhibited by Dr. Graham himself, who will have the honour of explaining the true nature and effects of electricity, air, music, and magnetism, when applied to the human body.

In the introductory oration, the whole art of enjoying health and vigour of mind, and of preserving and exalting personal beauty and loveliness; or, in other words, of living with health and happiness in this world, for at least an hundred years, is pointed out and warmly inculcated.

Previous to the display of the electrical fire, the doctor will delicately touch upon the Celestial Beds, which are soon to be opened in the Temple of Hymen, in Pall Mall, for the propagating of beings rational, and far stronger and more beautiful in mental as well as in bodily endowments, than the present puny, feeble, and nonsensical race of probationary immortals, which crawl, and fret, and politely play at cutting one another's

Oh, incredible stupidity of mankind, to patronise such consummate absurdity! It is not, therefore, marvellous, that quack specifics for restoring the injured or lost function of the reproductive organs, should be anxiously sought after by the ignorant and credulous part of the public. It is well known that the medicines which cause genital irritation, are few in number, and require to be administered with great caution. They are much more likely to do mischief than good in the hands of the ignorant. They are never exhibited by the profession until the general health is restored by proper remedies; and even then they must be tried in succession, on account of the vast difference of constitution; because what will act on one person will fail on another. I have enumerated all the supposed spermatic and aphrodisiac remedies in my lectures on disqualifications for marriage, in the articles impotence and sterility, and cannot revert to them in this place.

I need not argue that it is the grossest deception to pretend to cure all diseases. The medical practitioner will treat all, relieve suffering, but never promises to restore or cure all his patients. He knows no such remedies as the Balsam of Life and Gilead, or the Balsams of Rakasiri, Columbo, &c. that can restore health and vigour to a constitution so diseased, its functions so destroyed, and its organs so changed by morbid action, that superhuman aid only could effect their regeneration or pristine condition. The scientific physician will not, and could not, pretend to effect impossibilities; the empiric alone professes to achieve this grand object. He holds out the balm of hope to the incurable, and the love of life, inherent in every one, induces the afflicted to grasp at any chance, just as a drowning man does at a straw.

But of all classes of diseases, those of the genital organs are the most lucrative to quacks. This arises from universal prevalence of libertinage, and from the inducements held out to dissolute young men, to persevere in their pernicious habits, under the mistaken idea, that a nostrum will finally act as a restorative.

Empirics, generally the lowest dregs of society, illiterate, ignorant of the construction or derangement of the human frame, proclaim their powers of restoring health in all cases, and of possessing more powerful remedies than the regular practitioners of the healing art. They can render the impotent vigorous, the

throats for nothing at all, on this terraqueous globe.

This apparatus, which visibly displays, as it were, the various faculties of the material soul of universal and eternal nature, is acknowledged by all who have seen it, to be by far the largest, most useful, and most magnificent that now is, or that ever was, in the world.

sterile prolific, and perform innumerable feats equally impossible.

The scientific physician or surgeon knows no specific, he employs remedies which act as counter-irritants, that set up a temporary excitement in a remote organ from that diseased, and lessen morbid action in the affected part. Upon this principle, a dose of aperient medicine will relieve a headach, not that the remedy goes to the affected part, but sets up an irritation in the stomach, bowels, and digestive organs, liver, pancreas, &c. It is true, however, that certain medicines act on particular organs, and increase or diminish their functions; but all have a physiological as well as a therapeutical effect, and influence many organs in a healthful state, before they relieve the affected part. But the first principle in the treatment of chronic or long standing diseases is to restore the general health, if this can be accomplished; and secondly, to improve the function of the affected organ or organs. The empiric begins at the wrong end, he attempts to treat local instead of general disease, and he almost invariably and inevitably fails.

It is quite surprising that our fellow countrymen, who are the most sensible and intelligent nation on earth, should be so grossly imposed upon by illiterate quacks, who assume the privileges and titles of those who spend their lives in studying the nature and treatment of the illimitable diseases of the human fabric—the most complicated machine, the most varied in its uses or functions and derangements, in the whole creation. As well might a lowly workman cast an artist's glance over the vastness of St. Paul's, and attempt to appreciate its exquisite beauties, as an empiric to comprehend the corporeal edifice of man, and estimate the beauties and harmonies of its perfectibility, or the innumerable derangements to which it is liable. The professors of the science and art of medicine, whose minds are enlarged by the best education, whose study is constant, whose observation is the most extensive, whose reflection on the multiplied experience of their predecessors is indefatigable, very often find it a matter of difficulty to detect and treat diseases; and it is the unlettered empiric only who can untie the gordian knot, and overcome all difficulties in the practice of medicine.

The spirit of reform is abroad, and these villains will be put down. I admit that they sometimes succeed in sexual diseases, because many persons imagine themselves impotent or sterile, whose organs are perfect, and whose general health is slightly deranged. These are a very numerous class; and may be benefited by local excitants, but in general such remedies are urged too far by those ignorant of their proper doses, and temporary excitement is produced; but this is followed by a proportionate collapse or want of power, and the remedy proves worse than the disease.

It is deplorable to think that the treatment of diseases of the genito-urinary organs, the most fatal to mankind, or of those maladies that strike at the root of population, should be almost entirely in the hands of the most illiterate of the community, though we have a College of Physicians, with ample powers to abate this monstrous and inhuman evil. No rational man can, on mature reflection, suppose, that an unlettered empiric can equal a scientific medical practitioner in the treatment of diseases, and no individual of an enlightened mind can allow himself to be so deluded. But the bulk of mankind is unenlightened, and therefore the victims of impostors. You must not be surprised when you discover hereafter that some of your patients have been deluded by empirics, and ultimately apply to you for advice. You should not feel angry at such applications, but pity those who are so weak in mind as to be deluded by newspaper puffs. Though you must naturally despise such deception, you are always to bear in mind, that the noble science you cultivate is ever the harbinger of good, and always subservient to the interests of your fellow creatures. Look with compassion on the frailties of our nature, and show that pity for the affliction of our species, which formed a noble trait in the characters of your predecessors. When the victims of sensuality and quackery apply to you, afford them consolation and relief, and treat them on the established principles of our science.

When masturbation is practised after the age of puberty, we should direct all our attention to the mind for its removal, because it is reflection and meditation upon amorous pleasure which excites the mischief that we have to combat. The seat of disorder is in the mind, and the effects of it in the body. We should explain to the unhappy patient the enormity of his crime, that it is contrary to religion, nature, the best interests of society, and to his own health. We should explain to him that it enfeebles his mind and body, destroys health, unfits him for the proper performance of all the duties of life, and injures his offspring, should he have any.

The next great precept to be enjoined is, that he make a firm resolution to avoid thinking or reflecting on amorous pleasure. He should suppress every impure idea as soon as it presents itself to the mind, and turn his thoughts to other subjects. He will be very much aided in this endeavour by engaging in some amusing and useful pursuit, which will occupy his entire attention. It is universally known that when the mind is actively engaged in literary or other pursuits, it has no time for indulging in meditation on the passion of love, or on any particular subject. Close attention to business, nourishing aliment, strengthening medicines, such as quinine, and other powerful tonics, with exercise in the open air, sea or cold bathing, and a residence in the country are indispensable to the cure.

Solitude, indolence, and idleness are to be strenuously avoided. A residence in the country, active exertion, as walking, dancing, equitation or horse exercise, hunting, sporting, swimming, fencing, and gymnastic pursuits, are advisable, whenever they can be followed or practised. A nourishing regimen, without exciting substances, such as red meats, spirituous wines, and exercise taken to fatigue; short sleep, on a hard bed, will very much contribute to the restoration of health. The patient should take repose on either side, and not on the back, as this last position excites the genital function. Libidinous dreams may be prevented by sedatives, administered at bed time. The head and shoulders should be raised, so as to facilitate the return of blood from the brain, and prevent dreaming.

The patient should be impressed with the absolute necessity of suppressing all impure ideas or meditations, and discontinuing the perusal of improper books or inspection of amorous prints. The derangements of the stomach and bowels should be removed by the ordinary remedies employed in dyspepsia and nervousness. Of all the restoratives, large doses of quinine are the best, the bowels being properly regulated, at the same time. Cold bathing, and affusion of cold water on the sexual organs, are extremely beneficial. The general health should be restored by ordinary remedies, and marriage recommended, when there is no physical impediment. Every scientific medical practitioner well knows that a vast number of the disorders of the genital organs may be removed by the aid of medicine and surgery. There are no such remedies as spermatorics, or perhaps aphrodisiacs, though many of those that act on the genito-urinary organs, were formerly supposed to possess these powers. The only rational mode of treating genital debility or disease, is to remove the cause, improve the appetite, produce more chyle or nutrition to be added to the blood, and through this fluid to all organs in the body. In this way only can health be established, and the genital organs, in common with all others, be restored to the natural condition. When we have fulfilled this indication, we may employ those remedies that have a specific action on the sexual organs. A great number of aliments and drinks have this effect on certain individuals, according to idiosyncrasy or peculiarity of constitution; eggs, oysters, wine, milk, &c., have this effect on certain persons.

The plans of treatment now recommended will be also most beneficial for those who are afflicted with diurnal pollutions, or frequent emissions of the spermatic fluid, popularly termed seminal weakness. This disease arises from irritability, or debility of the seminal receptacles, (*vesiculae seminales*), and the pressure of the perineal muscles during the evacuation of the bowels on them, will cause the expulsion of their contents. In such cases the seminal effusion may or may not be accom-

panied by the usual voluptuous sensation. Tissot describes numerous cases of this complaint, and I have met with some in which repeated emissions took place daily, without erection, but accompanied by a diminished sensation. Tonics, cold affusion on the genitals, and opiates every night, with attention to the bowels, very speedily cure this affection. But the most frequent diseases induced by the abuse of the genital function, are stricture of the urethra, affections of the neck of the bladder and prostate gland, accompanied by coldness of the scrotum, and a frequent desire to evacuate the bladder and void urine. These complaints are to be treated upon ordinary principles. It is long known that every organ whose function is injured by over exertion will become diseased; and this fact accords with the axiom, "*in eo loco quo quis peccat, puniatur.*"

In the preceding lectures I have described the qualifications and disqualifications for marriage, the good and bad effects produced by the generative function on parents, offspring, and youth, and I shall now conclude this important subject, which is so influential on population, with a summary of the hygienic precepts relating to procreation.

According to the conclusions of ancient and modern medical writers, the following rules or precepts should be observed to obtain the beneficial results and to obviate the bad effects caused by the use of the reproductive function.

1. To avoid sexual intercourse until nature excites desire, and not habit.

2. To refrain from it when it induces debility.

3. To avoid it as much as possible until the body is fully developed, which is about the twenty-fifth year in temperate climates, and also when the decline of life has commenced.

4. It should be used with caution by persons of sedentary and laborious employments, those who make great mental or corporeal exertions; and those who feel weak, or want proper nourishment.

5. It should be avoided during the presence of menstruation, and the lochial or childbed evacuation, which usually continues after parturition for ten or twenty days; as under such circumstances it is highly injurious to both sexes, may cause excessive menstruation or lochia, or even mania in the female, and gonorrhoea in the male.

6. It should be used sparingly by mothers during lactation or suckling, as it diverts the flow of blood from the bosom to the womb; diminishes and deteriorates the breast milk, and injures the infant.

7. It must be avoided in a great degree by pregnant women, as it injures their health, and indirectly the infant, and it may cause abortion or miscarriage, by disturbing the womb. All mammiferous animals avoid it when the female is with young.

8. Sexual commerce, or genital excitation, is highly injurious during acute diseases, such as

fevers, inflammations, &c.; and also during diseases of the generative organs, whether they be venereal or not.

9. It is highly injurious after taking food, until digestion is finished, which may be two or three hours after repast.

10. It is improper during drunkenness, hunger, the depressing mental emotions, such as fear, grief, or whenever the mind or body is enfeebled.

11. In order to effect procreation according to nature's dictates, the mind and body should co-operate, the parties should be in good health, and have arrived at the adult age.

I have now endeavoured to explain the received doctrines relative to the propagation of healthful offspring, and shall at our next meeting consider the moral and physical management of pregnant women, and the maternal influence upon the new being or infant in the womb after conception.

In conclusion I must observe, that some persons may consider any allusion to the abuse of the genital function, especially to self-pollution or masturbation, ought to be passed over in books and lectures. I cannot assent to this opinion, and I shall enumerate many modern writers, besides all the ancient, who have noticed it. The following works have been written on the subject.

Dict. des Sciences Méd. art. Masturbation, par M. M. Fournier et Begin; Dict. Abrégé des Sci. Méd.; Dissert. sur les Maladies produites par la Masturbation, par M. Tissot; Dissert. de Masturbatione, a Gruner, 1784; Praktisches Werk von der Onanie, i. e. A Practical Treatise on Onanism, by Boerner, 1778; Dissert. de Masturbatione a Huscke, Winke fuer Aeltern, erzicher und Juenglinge, die Selbstbefekung betreffend; Advice to Parents, Instructors, and Young Persons, concerning Masturbation, by Boetecher, 1791; Dissertatio de Signis Manustuprationis, &c., a Weise, 1792; Geschichte eines Onaniten, der sich selbstkurirthat.; An abridged History of a Masturbator who cured himself, by Kurze, 1795; Von der Wahre Ursache der Selbstbefekung und Ausschweifung in der Liebe, nebst der emzigen Heilmittln; On the true cause of Masturbation and of Libertinage in Love, with the only means to remedy them, by J. V. Rothe, 1798; Dissert. de Manustuprationis noxa, tenere in dubium vocata, a Goldstein, 1798; Ueber die heimlichen Sunden der Jugend; on the Secret Sins of Youth, by Salzman, 1799; Onanismus Medicè, politicè et moraliter consideratus, a Canestrini, 1801; Verhuetung und Heilung der Onanie; Means to prevent and cure Onanism, 1802, by G. W. Becker; Das wahre Gemelde der Selbstbefekung, die Ursachen und Folgen; A True Table of Masturbation, its causes and effects, by Curdus, 1802; and Ueber das Zerstoerende Larter der Selbstbefekung; on the Destructive Vice of Masturbation, 1802; Beddoes on Hygeia; Venus sine Concubitu, by Buchan. I might prolong these bibliogra-

phical notices to a much greater length; but enough has been given to prove the importance attached to the subject.

#### OBSERVATIONS ON PERIOSTITIS, SYNOVITIS, &c.

BY EPHRAIM M'DOWELL, M.D., M.R.S.A.

INFLAMMATION of the synovial membranes, not arising from injury, is well known to be frequently very acute, to run to a great height, and to cause so much constitutional disturbance as frequently to endanger life. In the sixth case given by Mr. Brodie, we have an example of arachnitis occurring on the sudden disappearance of synovitis of the knee joint; and his tenth and eleventh cases show the fatal constitutional disturbance that may succeed to ulceration of even a small portion of the synovial membrane. But I shall endeavour to shew that there are other peculiarities attendant on this affection which deserve to be noticed. Since January, 1831, I have met with several cases of acute synovitis combined with inflammation of the periosteum to a greater or less extent, attacking different articulations with great rapidity, and causing death in several instances, apparently by exciting pulmonary or cerebral inflammations, the affections of the periosteum and joints remaining throughout undiminished. I shall endeavour to convey, as clearly as possible, a knowledge of the facts as they presented themselves.

The disease did not shift from one joint to another, but continued in the articulation first affected, when another was subsequently engaged. In the cases where the periosteum was implicated, the inflammation was obviously extended to it from the joint in which it first commenced. The affection must be more common than is usually supposed, as within the last two years nine examples of it have come under my observation. It is one of great severity, and runs its course to a fatal termination in too many instances, apparently uninfluenced by the treatment ordinarily

adopted in cases of inflammation of the joints, or of fibrous structures. In many instances it was accompanied by a train of symptoms so marked, as at once to declare its nature. It occurred with and without injury, and may therefore be considered as either idiopathic or symptomatic. Its subjects were remarkably young, being from ten to twenty-two years of age. In several instances they had been exposed to severe cold, and engaged in labour beyond their strength. In one instance it was suddenly developed on the disappearance of the eruption of scarlatina maligna; there had been much cerebral excitement, and extensive inflammation and sloughing of the mucous membrane of the fauces. On the twelfth day from the commencement of the disease, sudden pain and swelling of the right wrist occurred, and in a few hours fluctuation was evident, accompanied by considerable symptomatic fever. On the following day the left ankle joint was suddenly and similarly affected. There was almost constant screaming, till a few hours before death, which occurred on the third day from the attack of synovitis, and with symptoms indicating effusion within the cranium. And in the ninth case to be related, synovitis of the left hip suddenly succeeded to acute inflammation of the fascia of the right leg. The rapidity with which the disease passed through its different stages was so various, as to occupy in one instance but the short period of fifty hours, and in the others from four to eleven days.

The local symptoms were characterised by an intensely severe pain, aggravated by the slightest pressure or movement of the affected limb, and causing frequent screaming. The tension and swelling were so considerable, that when incisions were made to give exit to fluid supposed to exist, the divided surfaces retracted considerably, and the swollen muscles protruded. When the inflammation was situated in the deep-seated joints, there was no discoloration of the skin,

but the veins were numerous and turgid, if the articulation was superficial, as the ankle, or when the periosteum of a bone situated near the surface, was engaged, redness of the integuments occurred early, ending, as in erysipelas, abruptly. In one very acute case variola and cuticaria were super-induced, and in another a large gangrenous looking vesicle developed itself on the inflamed surface.

The symptomatic fever was in every instance violent, and characterised by great depression, by an anxious countenance, flushed, and depictive of great suffering by moaning or screaming in a very peculiar tone; headach, restlessness, insomnia, and by more or less of delirium. In the case of a young girl with diffused periostitis of the tibia, hydrocephalic symptoms set in three days before death, and she died in convulsions. The respiration in every case was short and hurried, with a slight cough, and frequently with a mucous or sonorous r le. The pulse was always rapid, varying from 100 to 180, and generally feeble. The tongue was loaded, frequently dry, and brown or red at the tip or edges, with insatiable thirst. There were frequent bilious vomiting, tenderness and fullness of the epigastrium, and always constipation and high-coloured and scanty urine. The constitutional symptoms, viewed in connexion with the local, bearing, in fact, a striking resemblance to those accompanying inflammation of the lining membrane of veins. The morbid appearances were, in some instances, vascularity and thickening of the synovial membrane, in others, fluid was found with little or no change in the synovial sac. The contained matter was either healthy looking pus, or a thin brownish-red fluid, with portions of lymph. There was found ulceration of the articular capsule, and also thickening, vascularity, and frequently extensive detachment of the periosteum from the bone, which usually presented a peculiarly pinkish-red colour. In one case the periosteum, for a considerable



extent, was coated with a reticulated lymph, resembling that so frequently seen in pericarditis. On cutting down to the bone, purulent infiltration of the cellular tissue of the muscle was occasionally found, the muscular fibres being of a very deep red colour, and no communication existing between the matter in the muscles and that found between the bone and its periosteum. This matter varied in its appearance, and often resembled perfectly healthy pus. In one instance in particular, matter flowed from the femoral vein on its being divided. In the majority of cases which I have had an opportunity of examining after death, but few morbid appearances were found within the cranium, and these consisted in an effusion of a small quantity of serous fluid into the ventricles and the arachnoid sac. The brain was either soft and watery, or very firm, the pia mater was more vascular than natural, and its redness was either diffused or in patches. In one of the cases to be detailed, it will be seen that periostitis of the orbit terminated by inflammation and suppuration of the dura mater, the arachnoid sac, and substance of the brain. In the cavity of the thorax morbid appearances were much more generally met with than in any other, and they may be described as consisting in recent inflammation of the pleura with adhesions, the lymph occasionally deposited on the surface in considerable quantity, and reticulated; congestion of, and numerous small abscesses in, the lungs, more or less contiguous to the surface, containing a perfect or imperfectly formed purulent secretion, and combined with the first stage of hepatisation, and with bronchitis.

With respect to the treatment of this affection, I have found that all the remedial means recommended by authors have failed to such an extent, that only three out of eight cases terminated favourably. It should be remarked, however, that the greater number of fatal cases had been so far advanced on admission into the hospital that the internal organs were

seriously, if not immediately engaged. But upon the whole, such experience as I have had in the treatment of this disease, leads me to place more reliance upon the following plan than any other I am acquainted with; viz., early and active depletion; early and free division of the periosteum, the introduction of mercury, so as to bring the system rapidly under its influence, and lastly, the energetic employment of means to support the patient during the suppurative stage\*.—*Dub. Journ.*

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OBSERVATIONS ON THE TREATMENT  
OF VARIOUS DISEASES.

BY ROBERT J. GRAVES, M.D.

—  
*Suffocative Catarrh.*

MANY have written on the best means of affording relief when the patient seems in danger of being suffocated by the accumulation of fluid secretions in the bronchial tubes. In such cases, the secretion, instead of being scanty, is superabundant, and as long as the patient has strength, it is easily expectorated. The very abundance of the secretion, however, and the constant necessity of expectoration, interferes with the function of aëration, and at length the sufferer becomes so weak, that he coughs up with difficulty the sputa that obstruct the passage of air into the lungs. Every effort to do so fatigues him excessively, and adds to his debility; his countenance becomes more and more suffused and livid, the rattling of mucus is heard within the chest, the perceptive and mental faculties are dull and impaired, and, finally, the patient is suffocated after a painful and protracted struggle. This series of symptoms frequently attends common cold in the chest, in those who are debilitated by great age, and is not unusual in younger persons after a severe bronchitis which has lasted until their strength has been broken, and an excessive flux from the mucous membrane of the air-passage, has been the consequence of its

\* The valuable cases appended to this paper we shall give in our Hospital Reports.—*Eds.*

long continuance. The late epidemic influenza, in consequence of the extreme and immediate debility, and the violent determination to the mucous membrane of the air-passages which it occasioned, was a disease peculiarly well calculated to produce the state of things above described, and accordingly it often terminated in suffocation from the accumulation of mucus in the lungs. This state must be carefully distinguished in practice from the dyspnoea and tightness of chest accompanying a difficult and scanty expectoration, for stimulants are often serviceable in the former but never in the latter. When the danger is from excess of secretion and accompanying debility, we can only attempt a cure by medicines calculated either to diminish the quantity of fluid to be expectorated, or by means adapted to increase the patient's strength. Practitioners have sought to effect both or either of these objects by various means. Emetics, stimulating expectorants, such as decoction of polygala, with carbonate of ammonia, balsam of copaiba, combinations of antimonials, squills, and ipecacuanha, *lac ammoniaci*, *mistura ferri composita*, the frequent change of the patient's position in bed, the inhalation of various vapours capable of stimulating the respiratory apparatus to renewed action, the application of blisters to the chest and nape of the neck, of actual cantharides along the eighth pair of nerves, the use of wine or punch, have all proved occasionally successful in cases of this nature. Still, however, the instances of failure are so numerous and distressing, that it becomes the duty of every physician to seek for means still more efficacious and certain. Tonics and opium are well known to possess a powerful influence over the secretion of the bronchial tubes, and it has been long observed that when injudiciously exhibited, they are often observed suddenly to check expectoration, tighten the chest, and bring on the most formidable dyspnoea. A knowledge of those baneful effects induced me to hope

that these medicines might be so managed as to relieve the affection of the chest in which suffocation is the result of superabundant secretion and debility. As all practical men were agreed that sulphate of quinine and opium exhibited in the usual way had failed to produce relief in such cases, I determined to try these medicines in the form of an injection. (Three cases are related in which injections of three ounces of solution of starch, ten grains of sulphate of quinine, and twenty drops of laudanum, proved of the greatest service in restoring the patients.) In urgent cases of this nature, emetics occasionally snatch the patient as it were from the jaws of death; but they often fail, for, as has been well remarked by Dr. Stokes, the imperfect aëration of the blood frequently so impairs the nervous energy, that emetics cannot produce their customary effect upon the stomach. In such a crisis the practitioner may do irreparable mischief by exhibiting one emetic after another in the vain hope of exciting vomiting; and, therefore, when he finds that the ordinary emetic powder, consisting of a scruple of ipecacuanha and one grain of tartar emetic, has not produced the desired effect, he ought to desist from the attempt, and try other remedies. In addition to the list of those already enumerated, I beg leave to recommend a combination which I have lately used with considerable success, mustard seed and ipecacuanha. Five grains of the former in powder, with one of the latter, may be exhibited every hour, or every second hour, according to the urgency of the case. A man was evidently saved by this combination in the clinical wards of Sir Patrick Dunn's Hospital last April, after all remedies had failed, and at a time that his death seemed inevitable. A knowledge of the fact that the remedies most useful in this disease are taken from the class of stimulating expectorants capable also of producing nausea and vomiting, suggested to me the use of mustard seed. Combined

with ipecacuanha its medical qualities appear to be advantageously modified; when it is not desirable to excite vomiting the dose should not be repeated at too short intervals, but as was before observed, in bad cases of suffocative catarrh there is no danger of sickness of the stomach being produced, as was exemplified in the Meath Hospital, where a patient took with temporary benefit, and without his stomach being turned, fifteen such doses of mustard seed and ipecacuanha in twenty-four hours.

To conclude, I must observe that this form of disease will often baffle the most skilful practitioner, and therefore the remedies I recommend will, of course, like all others, frequently fail. The injection of sulphate of quinine and laudanum possesses very great powers, and for that very reason must be used with circumspection, for if exhibited at an improper period of the disease cases where expectoration is not scanty and difficult, it may produce dangerous consequences.—*Ibid.*

DR. O'BEIRNE'S REPLY TO MR.  
SALMON.

To the Editors of the London Medical and  
Surgical Journal.

GENTLEMEN,—I shall feel obliged by your inserting the following letter in your valuable and ably conducted Journal.

I have the honour to be,

Gentlemen,

Your obliged humble servant,

J. O'BEIRNE, M.D., &c.

North Cumberland-street, Dublin,

July 25, 1833.

TO FREDERICK SALMON, ESQ.

SIR,—In the London Medical and Surgical Journal for the 20th of last April, you have inserted some strictures on my recently published work. Your observations are addressed, it is true, to the Editors of that Journal, but it is obviously my duty to reply to them. That duty would have been discharged long before this, if it were

not for a strong aversion which I could not avoid feeling, to replying to your critique in the only manner that its general nature and tone left me at liberty to adopt. The aversion to which I allude, arose from the strange circumstance of your not having, as I shall soon plainly show, read the work itself, at the time that you sat down to display the fallacy of its doctrines. But your character, as a successful writer on the functions and diseases of the rectum, and the weight which is likely to be attached to your opinions, on points so intimately connected with that subject, are the considerations which have at length overcome this feeling, and convinced me of the imperative necessity of exposing the weakness of the objections which you have urged against the doctrines advocated in my work. The task is an exceedingly unpleasant one, but I shall endeavour to perform it in as respectful and moderate a manner as the circumstances will permit.

You commenced by stating, that I deny "the general opinion of physiologists, that the use of the rectum is to contain fecal matter, to allow its accumulation, and to act as antagonist to the sphincter ani muscles." In limine, here are two important misstatements. I do not deny that the rectum is intended to contain fecal matter, for every one knows, that the feces must pass through it, and you will find, first, that I describe the fecal matter as undergoing, in its course through that intestine, changes in respect of situation, volume, and compactness. Secondly, that I admit that, even in the healthy state, a small quantity of excrement may be found in the pouch, but in no other part of the rectum. Again, so far from denying that the rectum acts as the antagonist of the sphincter ani muscles; I have clearly shown, first, that while the intestine is contracted and empty, its upper annulus, or extremity, and not, as has been considered, the sphincter ani, is engaged in opposing the action of the diaphragm, abdominal muscles, and mus-

cular coats of the colon; secondly, that when the rectum is forced open and filled, it contracts upon its contents, propels them into the pouch, against the sphincter, and out of the body, and, in doing so, again excludes the sphincter ani from receiving any impulse from the diaphragm, abdominal muscles, and muscular coats of the colon. *This view of the subject actually makes the rectum the only antagonist of the sphincter muscles of the anus.*

Having made the important misstatements which I have just corrected, you proceed to refute my views of defecation, and then to detail your own. But as your refutation is, in a great measure, conducted upon premises, which I have not laid down; and as your views exhibit little of novelty, and depend altogether on the supposed unsoundness of the only part of my doctrine that you have stated correctly, namely, that the rectum is not intended to allow the accumulation of fecal matter, I shall take no notice of either one or the other, but apply myself to this, the only physiological point that appears to be at issue between us. Before I do so, however, you must permit me to exhibit another proof shewing that you had not read my work at the time that you penned your critique. It is this:— You ask four questions respecting the rectum, namely, “Why is its form so peculiar? why is its muscular power greater than that of any other portion of the intestinal canal? why is its capacity larger at the end than at the beginning? Lastly, why are the absorbents and mucous glands so much more prevalent at this point?” Asuredly you could not possibly have read the work itself, at the time that you put such questions as these, for if you had, you would have found that it discusses the three first points at great length, and explains them, I fearlessly assert, on the only principles upon which it is possible to explain them correctly. And as to the fourth and last of your questions, I formally deny that absorbents abound more at the

lower than at the upper part of the rectum; while common sense points out, that an extra sprinkling of mucous glands would be particularly required at a point where a considerable mass of dry and solid excrement was about to pass through so small an outlet as the anus.

Reverting, then, to the question of the rectum being or not being a depôt for the gradual accumulation of fecal matter, you advocate the former opinion. But how do you sustain it? By giving, as mine, an entire passage which is not to be found in my book; by omitting to notice several of my strongest proofs; and by mistaking one of the two which you have noticed, and discrediting the other. For example: you state, that I argue “that if it (the rectum) was a receptacle for feces, the accumulation of these would excite irritation in the bladder;” and after mentioning my name, you place this passage between inverted commas, as if it were mine; whereas, if you had read the work itself, you would have seen that, in adverting to the disadvantages of the rectum allowing the accumulation of fecal matter, I do not make any allusion whatever to the urinary bladder, but to that organ being mechanically prevented from discharging its contents. This is not all. By way of illustrating the truth of this supposed opinion of mine, you proceed to say, that irritation of the bladder “will happen if the rectum is not relieved of its contents.” I deny this to be the fact. I have frequently examined the rectum of persons labouring under irritable bladder, and have never found it to contain feces. It is well known that such an affection of the urinary bladder often exists without constipation; and it does not appear that the comparatively rare cases in which constipation is caused by indurated feces accumulated in the rectum, have been attended with irritability of the bladder.

Coming to the second of the proofs that you have noticed, “Dr. O'Beirne,” you say, “in proof of his theory, instances the loss of the sphincter by

syphilis, or carcinoma. Whether the former effect ever occurs I think is questionable; and surely he does not mean to say, that if this part is destroyed by the latter disease, that the patient will retain his motions as before; if so, I beg, from experience, to dissent from any such opinion, for there is no symptom of genuine carcinoma more invariable than an almost constant necessity to void the evacuations, which are passed with the most acute agony." In answer to your doubts that the sphincter ani may be destroyed by syphilis, you must permit me not only to believe what nearly thirty years spent in the study and practice of the profession have occasionally presented to my observation, but also to doubt, in my turn, that experience has shown any parts of the human body to be exempted from the ravages of that disease. Again; in reference to your assertion, "that a person whose rectum has been destroyed by carcinoma will not retain his motions as before," I have to remind you that the circumstances of his having "an almost constant necessity to void the evacuations," or of these being "passed with the acutest agony," are not those which bear upon the point in question, and for the present I shall confine myself to re-asserting, from experience, that such a person will rarely, if ever, pass his stools involuntarily, which he should do if your view of the subject were correct. I shall shortly have occasion, however, to discuss this point at considerable length, and must bespeak your indulgence until then. But why, let me ask, have you not adverted to the proofs which I have adduced in evidence of the same fact, from what is observed in cases of prolapsus ani, and after the operation for fistula in ano? How is it that you have thus noticed the first and sixth, and have not noticed either the second, third, fourth, fifth, or seventh series of proofs which I have advanced in support of the doctrine, that the rectum is not intended to permit the gradual accumulation of fecal matter? Simply

because, instead of consulting the original, you have trusted to reviews of the work.

You next proceed to animadvert upon my mode of examining the rectum, and pronounce it to be inconclusive, and "anything but a scientific exploration of the part." As far as I can collect them, the grounds upon which you pronounce this judgment may be reduced to these,—that the curves of the intestines would make it necessary to use force or pressure in order to pass them, and that this would be particularly the case in using "a straight, although it be an elastic, tube, not a third of the size of the natural calibre of the bowel." Here, however, you have obviously lost sight of the fact, that, as the rectum is contracted from its commencement to its pouch, and contracted so as to leave scarcely any cavity, the calibre of the tube must, of necessity, greatly exceed that of the rectum. If you had read the work itself, you could scarcely avoid inferring this to be the case; and you would also have seen it proved, that as the tube proceeds it is embraced so closely as to be compelled to move in the axis of the rectum, and in no other direction.

I have now arrived at a part of your critique, which would be perfectly unaccountable if you had read my work. "As to the causes," you say, "of contraction of the sigmoid flexure of the colon, the late Mr. White and myself long ago stated them to be just such as Dr. O'Beirne now describes." What is the real state of the facts? Just this: My explanation of the causes of contraction or stricture at the termination of the colon in the rectum is altogether founded on principles which every one who has, as yet, either read or reviewed the work, has admitted to be perfectly original. Is it possible, then, that either you, the late Mr. White, or any other author, could have explained the occurrence in the same manner that I have? I should think not. But are our explanations actually the same? Certainly not; for the merest tyro in

the profession has only to compare both, in order to see and be convinced that yours is as widely different from mine as light is from darkness. "I likewise have affirmed," you proceed to say, "in my writings and lectures, that I believe stricture at this part is sometimes congenital." Not having seen any report of your lectures, I can only reply to this passage by turning to the second edition of your work on the subject, in which I cannot find that you have qualified your opinion on this point by the word "sometimes." From this circumstance, it would really appear that the interpolation is of very recent date, and that you are likely to come round to my view of the matter, and which is this—that the narrow neck or stricture occasionally seen at the top of the rectum in infants and children, is not owing, as you have asserted, to congenital malformations, but produced by the same causes, and in the same way, as I have described it to be produced in adults.

Passing from the claim which you set up to being the first who made known the frequency of stricture at the termination of the colon, and which claim should, in my opinion, be decided in favour of the late Mr. White, of Bath, I come next to your observations on my opinions, as compared with those generally held respecting that disease. "Dr. O'Beirne denies," you say, "the existence of permanent stricture of the lower part of this intestine, an assertion so totally at variance with practical experience, that it is hardly necessary I should refute it. If, however, you or any members of our profession wish to be satisfied of the incorrectness of the doctor's judgment upon this point, I shall feel a pleasure in showing you, or them, numerous morbid preparations confirming the fact, in some of these the smallest bougie cannot be passed through the strictured surface." This, indeed, is coming to the point, and meeting the question in the best and fairest manner possible. Accordingly I accept

your challenge, and have written to my friends, Mr. Guthrie and Mr. Bransby Cooper, either of whom will, I am disposed to think, do me the favour of waiting upon you, and inspecting the morbid preparations to which you refer. If either of these gentlemen informs me that you possess preparations showing *distinct, thickened, and shelf-like projections* from any part of the interior of the rectum lower down than its upper extremity, I hereby bind myself to at once publicly recant my error. But if, on the contrary, either of these gentlemen should inform me that your preparations exhibit nothing more than a greater or less degree of uniform thickening of the parietes of the intestine, and extending to a greater or less degree downwards, without any distinct, thickened, and shelf-like projection internally, I shall expect you to adopt the same course. By acting thus, we shall prove that we do not contend for victory but for truth. In the fulness of this, the only true spirit of science, I am prepared to go still farther, and to invite you to examine the different anatomical museums of London, as I have those of Dublin, in order to see how far your inquiries do or do not sustain the conclusions at which mine have enabled me to arrive.

You go on to show, that the passive contraction of the muscular coats of the rectum, throws the inner or mucous coat into numerous folds, which are sometimes of a circular shape, and form prominent and irregular ridges in the bowel; and that it is from the resistance given by these folds in examinations per anum, and not, as I have shown, from the contraction of the muscular coats, that we may be deceived as to the existence of stricture in the rectum. Here, as well as in other parts of your critique, I have to complain that you avail yourself and speak of the naturally contracted condition of the rectum as if it were a fact well and generally known. But is it true that the contraction of this intestine throws

its lining membrane into circular folds? It is not; and I beg leave to remind you that Morgagni does not, as you would lead us to believe, apply the term "columns of the rectum" to circular, but to a number of longitudinal folds, which are almost the only ones found in the intestine, and which cannot, it is obvious, oppose any resistance to the passage either of the finger or the tube. These facts are so generally considered to be established by the controversy which I have lately had with Dr. Houston, and which you will find inserted in the last number of the "Dublin Journal of Medical and Chemical Science," that it is unnecessary to say more on this part of the subject.

You conclude your objections by asserting, "that the introduction of a bougie, which assimilates to the natural calibre of the bowel, will at all times dilate the intestine without difficulty or pain, whereas, if a small bougie is used, the rectum being irritated will contract upon it, and the action thus induced is considered to arise from stricture." Here, again, you have obviously lost sight of the fact, that the natural state of the rectum being one of forcible contraction, the natural calibre of this intestine is necessarily much less than that of the tube which I employ. I admit, indeed, that a bougie of the largest size will often pass up and dilate the healthy rectum "without difficulty or pain;" but this happens to be one of the circumstances which have so long deceived surgeons, and prevented them from arriving at a correct knowledge of the natural state and function of that intestine. How this has happened is clear, for a solid instrument of this size, by overcoming the contractile power of the muscular coats, dilates the bowel before it, and with such an imperfect sense of resistance, that operators have been led to conclude that the walls of the gut, instead of being imperviously contracted, stand wideopen. For these reasons, I maintain that the employment of a tubular, instead

of a solid, and of a moderate, instead of the largest sized, instrument, is a much more conclusive and scientific mode of making examinations per anum, than that which you advocate.

Having replied to all your objections, it remains that I should point out the source from which you appear to me to have derived your acquaintance with my doctrines, and upon which you have partly depended in undertaking to expose their fallacy. The source to which I allude, is a highly favourable review of the work, which appeared in two numbers of this journal, and which, with two or three exceptions, presents a remarkably faithful exposé of my opinions and practice. That this is the only natural conclusion to be come to, is evident, not alone from the circumstances to which I have already adverted, but also from the fact of your using and quoting the precise words of the writer of that review, and never those which I employ. Permit me then to say, that this description of criticism is not only unusual, but if tolerated, eminently calculated to prove extremely unjust and harassing to authors and reviewers in general. But it is necessary, perhaps, to place this truth clearly before you. An author, for example, often sustains his views by facts and reasoning so inseparably connected, that these must be carefully considered before either the merits or demerits of his work can be fairly estimated. Such a work comes before a reviewer, who, in catering for his readers, and in justice to other writers, is obliged to compress the whole of the author's views into as small a space as he fairly can, and it is well known, that in doing so his utmost care will often not prevent him from mistating some one or other of the minute details, which, by the way, he very properly leaves to be collected from the work itself. Then comes a gentleman who has views of his own to uphold, and who does not take time to read the work itself, but, in his eagerness to assail its doctrines, trusts to a review

of it, seizes upon some of the few loose statements of the reviewer, and aided by considerable talent and reputation, succeeds in prejudicing the minds of many against views which are, perhaps, eventually found to be much sounder and more useful than his own. Finally, the author is reluctantly compelled to wade through a mass of mis-statements, misconceptions, and false positions, in order to defend his doctrines, and expose "the nakedness of the land" upon which his commentator has appeared to have found such sure footing. This is not a hypothetical case, for, if I am not grossly deceived, it is precisely the position in which you now stand with me.

From the great attention which you appear to have paid to the subject upon which we differ so widely, there are few with whom I would more willingly enter on a dispassionate discussion of its debatable points. In the few months which have elapsed since the publication of my work, it has been reviewed in six different journals, and these, together with your own ample resources, cannot fail to furnish you with abundant objections, both theoretical and practical, to the new views which it advances. Let me hope, therefore, that the extreme importance and interest of the subject, will induce you to commence such a discussion; and you may rest assured that I shall lose no time in answering any communication with which you may be disposed to favour me.

I have the honour to be, Sir,  
Your obedient humble servant,

JAMES O'BEIRNE.

#### QUININE IN ODONTALGIA.

TOOTHACHE is not unfrequently periodical, and will continue to harass a patient long, if the usual anti-odontalgics only are used. Many a sound tooth has been extracted without the least relief to the suffering. Quinine in such cases as are obviously intermittent will almost always cure the

pain as rapidly and as effectually as it does an ague. In short, all diseases in which there are periodic invasions and remissions, even in hectic and intermittent fevers, dependent upon urinary disorders, the bark seldom fails to relieve for a time, if it cannot effect a cure.

#### NEW THEORY OF CHOLERA.

IN our Number of the 20th of July last, we gave an extract from the "*Journal Complementary*," stating that "M. Ledeschault, of Paris, and M. Levicaire, of Toulon, consider that the development of hydrocyanic acid in the economy was the cause of cholera. Its antidote they suppose is chlorine, or liquid chloric acid, given internally. The former gentleman treated eleven patients by this method with success."

On looking over some of our earlier Numbers, we observe that so far back as February 4th, 1832, we published a letter from Dr. Murray, of Dublin, Physician to the Lord Lieutenant, in which he advanced this theory, explained the undue evolution of the ultimate atoms which combine to form hydrocyanic acid in cholera; and recommended the inhalation of ammonia diluted with the vapour of water as an antidote to the poison.

Breathing air, impregnated with ammonia, is undoubtedly a more certain corrector of prussic acid than any remedy introduced into the stomach. At all events, the priority of this theory clearly belongs to Dr. Murray, as is proved by a reference to our very *first weekly* number.

His explanation, in our Journal for July 14th, 1832, distinctly points out how such untoward developments may originate in various situations from certain electrical influences set in operation by some disproportion of the *resinous and vitreous elements* composing the electric fluid, and where derangements result from the due balance of electricity having been altered in any part of the earth or atmosphere.



THE  
**London Medical & Surgical Journal**  
 Saturday, August 24, 1833.

PROGRESS OF MEDICAL REFORM.

It must have struck our readers with surprise, to notice the parliamentary documents which appeared in our last, as they prove that the legislature has determined upon an efficient medical reform. The College of Physicians, with its usual Jesuitism, withheld, in the first instance, its by-laws regarding the Licentiates; but, thanks to Mr. Hume, these illegal dictates, together with many more of the Sybilline leaves in the arcana of the College, must immediately see the light. It is evident that all the by-laws of the British colleges are unjust, for otherwise the parliament would not call for them. This inquiry proves, beyond the possibility of doubt, that reform in the medical profession is at hand. We know from the most authentic sources, that all the universities in Europe and in America, will be immediately applied to, and requested to furnish their curricula, or courses of education, and the laws relating to the practice of medicine. All these communications will be carefully examined, their merits extracted, and a plan for a British faculty drawn from them. No one acquainted with the course of education in foreign countries can hesitate to prefer it to our national systems. In other parts of Europe, the student in medicine must have obtained an excellent general education before he is allowed

to commence the study of physic. He must attend all the lectures required in these countries, before he can take a degree in medicine or surgery; and when he has procured one, he is not allowed to practise, until he has diligently attended a clinical hospital for two years. He then applies for admission into the faculty, but before he obtains it, he must submit to a rigid examination before that body, composed of physicians, surgeons, and apothecaries, go into the hospital and examine three medical cases, describe the causes, diagnosis, prognosis, and treatment; or if he intends to qualify for surgery, he must perform three capital operations on the dead body; and if he seeks for the qualification of apothecary, he must prepare three medicines in the presence of the faculty, such as calomel, nitric acid, &c. No one on the Continent is allowed to practise medicine or surgery who has not obtained a licence from the Faculty of Physic, while in this country any one may practice either with impunity. When candidates obtain a degree in medicine, or a diploma in surgery or pharmacy, in our institutions, they are not required to give the slightest proof of practical experience. Their whole knowledge is theoretical, and they are at once authorised to undertake the sacred duty of treating the most complicated and dangerous diseases. It is true that students are required to produce hospital or dispensary certificates, but few of them ever attend these sources of practical and valuable information, either

regularly or diligently ; and it is notorious that certificates are given, (especially in the large hospitals, where there are crowds of students,) to those who never attended one week. The truth is, that our clinical medicine and surgery, taking it on the greatest scale, is the worst and most inefficient in the world. Though our hospital surgeons exact large fees from students, is there one amongst them who gives a weekly lecture on clinical surgery ? The physicians in general are open to this charge, and the exceptions are few in number. We sadly want the continental systems of clinical instruction, which oblige students to take the charge of patients under the superintendence of their teachers. There is little doubt but parliament will compel the introduction of this system, and adopt every thing that is valuable in the foreign schools. We look to better times, and we are convinced they are at hand.

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THE CHOLERA BILL.

LEGISLATIVE wisdom has, in the present day, degenerated into a mere jest, declamation amounts, in many instances, to buffoonery, and sentiment to affectation. Proofs in abundance might be quoted in the support of such an opinion, for "great cry and little wool" is a proverb the truth of which might be applied to many of our senators. A few nights since, Lord Lansdowne brought forward his Cholera Prevention Bill, doubtless with a view to reinstate us again in all the glory of conta-

gion, contingent contagion, Boards of Health, quarantine, &c., but their Lordships, with a degree of critical acumen for which we are bound to give them due credit, quashed the intruder, and proclaimed it to be not wanted, and it died, if not of the disease it was intended to prevent, at least of one equally fatal.

Folly did not, however, rest here. Mr. Poulett Thompson was determined upon having a resurrection, and bringing the dead to life again ; the corpse was therefore placed on the table of the House of Commons, and sundry speeches were made over it ; but alas ! no sign of animation appeared, and Mr. Poulett Thompson stands a very fair chance of being appointed undertaker to this new species of monstrosity. Should the corpse move, our readers shall be acquainted with its motions.

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THE CHOLERA.

SINCE our last publication, the virulence of this epidemic, though in no way abated, has not in any prominent degree increased, and we believe we are correct in adding, that the remedies employed for its relief and cure, have not so signally failed as in many instances they formerly did. The season of the year is one greatly conducive to the increase of all bowel and biliary affections, which are at present very rife, and which if neglected, generally run on to the full development of cholera. The quantities of fruit and shell-fish which are eaten, tend to irritate the mucous membrane of the stomach and bowels

in a very great degree, and to vitiate the biliary secretion, whilst the objectionable practice of drinking brandy and water irritates and inflames those parts previously weakened by a poor or bad course of diet. Wholesome meat, with a moderate quantity of vegetables, may form the usual system of dieting in those whose health is good; invalids should be careful, and abstain from all that is likely to derange in the slightest degree the functions of the alimentary canal.

SUBJECTS PROPOSED FOR PRIZE  
ESSAYS BY THE ZOOLOGICAL SOCIETY OF DUBLIN.

FOUR gold medals are appropriated for this purpose.

1. The first medal will be given to the writer of the best essay upon the Comparative Anatomy of the *nervous*, the *respiratory*, the *vascular*, or the *digestive* systems, whether followed out through all the families of a given class, or traced from their first rudiments to their complete development in the same animal.

2. The second, to the writer of the best essay upon the Metamorphosis of Crustacea, as observable in the various genera, and as far as may be, in the several species which inhabit the Irish coast.

3. The third, to the writer of the best and most complete essay upon the General Zoology of any district in Ireland.

4. The fourth, to the author of the best monograph upon the species of any extensive division of animals found in Ireland, or in the Irish seas, with a minute description of their natural character, organisations, and habits.

The essays must be forwarded to the Secretary, with fictitious signatures, on or before the 1st of November, 1834.

It is the intention of the Council to refer the essays to a committee of

English naturalists to decide upon their respective merits.

HYDROCYANIC ACID.

To the Editors of the *London Medical and Surgical Journal*.

GENTLEMEN,—I have to request the insertion of the following extract from a lecture, as pointing out the influence of the mind upon the operation of medicine, and also as exhibiting conduct on the part of an apothecary highly unprofessional.

Yours, truly,  
JOHN EPPS, M.D.

89, Great Russell-street,  
August 19th.

“I now, gentlemen, have to notice a circumstance with regard to this acid (prussic) that you must guard against. It is the prejudice that arises from this acid having been much used for poisoning animals, more particularly cats. Many weak-minded persons would be very much offended with you if you were to give them a medicine, as they say, ‘used to poison cats.’ They would not, it is likely, take the medicine; and if they did, the prejudice against it would make them imagine that they were injured by it. I have known several such instances. The advisable plan is, to call the acid by its more scientific name, viz, the *hydrocyanic acid*. This they will not so readily understand, and the mystery will, in this case, be beneficial; and I may add, that as long as the majority of mankind consists of fools, we must have mystery in medicine.

“I now shall mention a circumstance, which shows either the grossest ignorance or the most wicked disposition on the part of an apothecary. A patient consulted me a short time since for an affection of the eyes and a partial deafness, for which he had been under the care of the first oculists in London and Edinburgh, without deriving any benefit. After examining into the case, I found that the digestive system and the nervous system were much disordered, and I concluded, that by treating these I

should cure the local disease. The result verified the inference. But, in the treatment of the case, I prescribed prussic acid according to the following formula:—*Rx.* Acidi hydrocyanici ad formulam Domini Scheele gtt. xxx.; to this, water to the amount of ℥iij. was to be added, and the patient was to take, three times a-day, one tea-spoonful, having thus only one drop to take three times a-day. The patient's father took the prescription to his apothecary to have it made up, and the man had the unprofessional audacity to paste on the bottle the word 'Poison.' Now, what might have been the effect of this welcome information upon my patient and his parents? The parents told me, that unless they had had the highest confidence in me they would not have given the medicine to their son; and even then, they much hesitated. They gave it, however, and benefit resulted. Had these persons been weak-minded characters I should have been reproached for giving 'poison' to their son. The liquid was not colourless; there were other ingredients therein, so that no excuse could be drawn from this."

RELATIVE WEIGHT OF THE CEREBRUM AND CEREBELLUM IN MANIACS.

To the Editors of the London Medical and Surgical Journal.

GENTLEMEN,—Having carefully examined the comparative weight of the cerebrum and cerebellum in forty cases, the following remarks may not be unworthy of a record in the pages of your valuable journal. The subjects affording me the opportunity of making the experiments, were between the ages of twenty and eighty-three, but principally of the middle age, and all were inmates of a mad house.

It appears that the weight of the cerebellum is not at all proportioned to that of the cerebrum. In the largest cerebrum, which weighed three pounds and eight ounces (avoirdupois), the

cerebellum only weighed four ounces and a half, whilst, on the contrary, a cerebrum that weighed only two pounds, had a cerebellum weighing six ounces and a half; and in another instance, a cerebrum of the same weight had a cerebellum weighing five ounces and a half. The weight of the largest cerebrum was three pounds and eight ounces, the smallest two pounds. The largest cerebellum weighed seven ounces, the smallest four.

From the cases taken collectively, I am led to believe that the average weight of the human brain (including the cerebellum,) is two pounds, fifteen ounces, and six drachms; but as all the cases exhibited relatively more or less a disproportion in their bulk, and considering they were all cases of confirmed madness, I wished to ascertain whether the same disproportion existed in other individuals who had not during their lives exhibited any symptoms of insanity.

That the size of the cerebrum in different individuals bears a different proportion to each other, is naturally to be expected, because the containing cavities vary in size, but that the cerebellum also bears a disproportion according to the largeness or smallness of that cerebrum, is rather extraordinary, and this as it appears, more particularly in individuals who had been afflicted with insanity.

Accordingly, I find that in the few cases I have examined, where there had been no pre-existing madness, the cerebral and cerebellic substances do bear a much more exact proportion towards each other, and when I have examined an equal number of cases, I will forward you the result, and the inference I draw from the circumstance.

I am, Gentlemen,

Your's very respectfully,

M. R. C. S.

Coventry,  
August, 14th, 1833.

### French Medicine.

*Treatment of Amaurosis, by M. Lisfranc.*—First of all we should ascertain whether there are any symptoms of inflammatory fulness and activity in the eye or head; as a matter of course such cases require depletion. When, however, we have reason to believe that the disease is one rather of debility, M. Lisfranc strongly advises us to direct our attention in an especial manner to stimulate the frontal and other branches of the fifth pair of nerves by means of repeated blisterings over the eyebrows and temples. Should this fail, we must endeavour to excite the torpid organ by acting immediately on the ciliary nerves, any irritation of which is speedily propagated to the ophthalmic ganglion and the origin of the trigeminus. This is most effectually done by the application of stimulants to the cornea, and of these stimulants the nitrate of silver in substance is the best. The inferior segment of the cornea is to be lightly touched till we perceive a whitish cloud, the eye is then to be immediately washed with water. Considerable pain is felt, the whole apparatus of the eye is put into a state of such increased activity, that on the morrow a stranger might suppose that our patient laboured under acute ophthalmia. This treatment sometimes induces vomiting, and as it always occasions temporary contraction of the pupil, it must not be employed when there is a tendency to this evil. The operation requires to be repeated several times.—*Journ. Complem.*

### Italian Medicine.

*Induction of Premature Labour by a Sponge and by Puncture.*—The first case was that of a woman in whom the pelvis was too small to permit the passage of a full grown child. Premature labour was induced in the eighth month. A plug of sponge an inch long, and of the size of a goose's

quill, was cautiously introduced into the cervix uteri and left there. In the course of three hours some short pains were felt, they alternately returned and disappeared till the evening, when the plug was withdrawn by the thread secured to it. The operation was repeated four times, and on the third evening labour regularly commenced. Both mother and child did well.

The second case was that of a young female aged seventeen, who was the victim of a very severe "eclampsia puerperarum," which threatened a fatal termination. Professor Lovati decided on bringing on premature labour, he punctured the membranes with a trocar, and discharged the liquor amnii. The labour did not commence till twenty-nine hours after the operation, and the patient ultimately recovered.

*Remarks.*—Professor Lovati generally prefers the employment of the sponge to puncturing the membranes, because the escape of the water before labour comes on, frequently renders that tedious and painful. He objects to the method of frictions over the uterus, of irritating the cervix uteri, and of separating the bag of membranes from its attachment round the cervix. He however admits, that in cases which require very prompt delivery, as in the second one reported above, we must resort to puncturing the membranes, as the use of the sponge is too tedious.

It is a singular fact that the inducement of premature labour is prohibited by law in France.—*Annal. Univ.*

*Chloride of Lime as a Lotion against Itch.*—Professor Fantonetti gives the result of nine trials. In seven of them the disease was cured in from six to eight days; in the eighth case the psorous eruption was removed, but was followed by an eczema, which gave way to the use of tepid baths, and he left the hospital well; the itch, however, reappeared, and then yielded only to the sulphurous fumigations. In the ninth, the psora

was cured, reappeared, was cured again, returned a third time, and was finally subdued by the sulphurous fumigations. The chloride of lime lotion is made by adding ℥jss or ℥ij of the chloride to Oj of water; it ought to be rubbed three or four times a day on the affected parts. A simple tepid bath is to be used every third day in order to soften the skin and clear it of any calcareous crusts. If the lotion is too irritating its strength must be reduced. The disease is generally cured effectually in eight days.—*Ibid.*

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## Hospital Reports.

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### ST. BARTHOLOMEW'S HOSPITAL.

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#### *Inguinal Abscess.*

JAMES DUNCAN, *ætat.* four years, was admitted into the hospital last week under the care of Mr. Earle under the following circumstances. About two months ago the child fell from a chair with some violence on the ground, but appeared to have received no injurious effects from the accident, which merely caused it to cry a little for a few minutes. A few days after the accident, the mother of the child, when in the act of washing him, discovered a swelling in his groin of an oval shape. The child suffered no inconvenience from the tumour. The mother applied immediately for his admission into the hospital. On examination, we found the tumour to occupy a considerable surface of the inguinal portion of the abdomen. It was soft and yielding. Mr. Earle seemed to entertain some doubts as to the nature of the tumour, and imagined that there was a connexion between the swelling and the descending colon. Mr. Stanley was of opinion that the tumour had nothing whatever to do with the intestine, and urged, in favour of his opinion, that no alteration had been discovered in the size of the swelling when the child was under the influence of powerful cathartics. He recommended Mr.

Earle to puncture the tumour. Mr. Earle accordingly proceeded to puncture the tumour, and having made an incision about an inch in length with a common bleeding lancet, a copious stream of pure laudable pus was discharged. Upwards of a quart of pus being evacuated, simple dressings were placed on the incision. It seems satisfactorily proved by many facts, that the intestine is not concerned in this tumour.

#### *Extensive Burn.*

A very fine child, about five years of age, was brought to the hospital some days ago for a very extensive burn of the breast, arm, and face. About six months ago the child fell into the fire, and received a very extensive and deep burn on the above mentioned parts. Unfortunately no medical assistance was applied for, in consequence of which a false adhesion took place between the chin and breast. The mother of the child applied for his admission into the hospital, at a time when it is probable little can be done for him. The child presents a very unsightly and disgusting appearance. The free motion of his head is entirely prevented, and he is obliged to keep it constantly in a downward position. The burn on the arm is going on well; but Mr. Earle is of opinion that nothing can be done with the burn of the chin and breast, with a view to separate the false adhesions which have taken place between them.

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### ST. GEORGE'S HOSPITAL.

JOHN THOMPSON, whose case we gave in our last, (inguinal hernia unexpectedly reduced,) is going on exceedingly favourably. The intestine has not come down since Monday, August 12; his bowels are regular, and he has greatly improved in his looks. The truss has been put on, and he will be discharged in a day or two.

#### *Femoral Hernia.*

Elizabeth Chapman was brought to the hospital on Sunday, August 18,

labouring under femoral hernia. She had been in the hospital on a former occasion, at which time the hernia was reduced, and she was discharged with a truss, which she happened to remove last Sunday, when the intestine suddenly fell down and could not be reduced. On her admission into the hospital her pulse was 96.

On examining the seat of the hernia a fulness was discovered at the superior and inner part of the femoral sheaths, which disappeared on pressure. It had much the appearance of an enlarged inguinal gland. It dilated when the patient coughed, and became less apparent when she lay in a recumbent position. The taxis was resorted to without success, and every attempt was made at reduction. An enema was given without delay. As the patient seemed rapidly sinking, Mr. Keate was immediately sent for. On his arrival, he found it impossible to reduce the hernia, and gave it as his opinion that an operation must be resorted to immediately. Accordingly at half past three o'clock on Monday morning he proceeded to operate. Having divided the integuments and superficial fascia, he exposed the hernial sac, and having cut through the stricture, he gently pushed back the intestine. The wound being dressed, the patient was conveyed back to bed. Up to Wednesday, August 21st, she has gone on well; has had several alvine evacuations, and does not complain of much uneasiness.

#### *Dislocation of the Hip.*

A strong and healthy-looking man was brought into the hospital on Monday with a dislocation of the hip. He was thrown out of a chaise on the Friday previous, and was unable to rise after the accident. On examination, it was found that the head of the femur was thrown upwards and outwards upon the dorsum of the ilium. The limb on the injured side was about three inches shorter than the sound limb. The knee and foot were turned in an inward direction. The motion outwards was entirely destroyed. The head of the bone was

felt distinctly on the dorsum of the ilium when the knee was rotated inwards. The glutei muscles, as also the triceps, pectineus, rectus obturator externus, &c. were shortened.

The patient was put into a warm bath at the temperature of 100°, with a view to accelerate syncope. When he became faint he was enveloped in blankets and brought into the board room on a bed. Mr. Brodie proceeded to reduce the dislocation by extension with bandages. A strong linen sheet being securely tied round his thigh, Mr. Brodie directed three assistants to pull gently; three other assistants held the man's arms and breast. Mr. Brodie, himself holding the thigh, gave the signal to the assistants to pull, and directed the head of the femur gently into the acetabulum.

Mr. Brodie said, that in cases of recent dislocation he always employed extension with bandages in preference to extension by pulleys.

The reduction being accomplished, the patient was carefully removed to bed lest a further displacement might take place, from the very relaxed state of the muscles. The patient has been discharged perfectly cured.

### *French Hospital Reports.*

#### HÔPITAL DES ENFANS MALADES.

*Pleuro-pneumonia—Bleeding and revulsives—Cure*—A boy, aged six years, was admitted on the 10th of January. From the report of his parents, it appeared that he had always enjoyed good health. Five days before his admission he was seized, without any known cause, with cough, general feeling of sickness, and want of appetite. On the following days the right side was seized with severe pain, increased cough, dyspnoea, vomiting after every fit of coughing, which prevented sleep.

11th. He was lying on his right side; complained of headach and dyspnoea, with a general feeling of *malaise*; pain occupying the anterior

portion of the left side of the chest, which was increased upon percussion, cough, or deep inspirations. In front of the chest respiration was free, and easy in each thoracic cavity; posteriorly and to the right side it was heavy and laboured. In the upper portion of the chest the *râle crepitant* was mingled with the bronchial respiration; œgophony was very manifest a little below the inferior angle of the scapula. The skin was hot; cough frequent, without expectoration; pulse 120, and quick; respiration 40; tongue slightly furred; nausea, without vomiting; pain in the stomach, with constipation, bowels having only acted once since the commencement of the malady. Syrup of mallows; mucilaginous julep; two scarifications on the right posterior surface of the chest; cataplasm over the stomach; half a lavement, with two spoonfuls of olive oil; low diet.

12th. Cough, dyspnoea, and pain in the side less; pulse 96; respiration 36; bowels freely opened; auscultation and percussion distinct; the same series of symptoms internally. A small blister was applied on the right posterior surface of the chest. In the evening the pulse rose to 101.

13th. Pulse 120; respiration 40; pain in the side slightly felt; acceleration of the pulse supposed to be caused by the blister, over which a poultice was placed.

14th. Pulse 96; respiration 30; bowels open daily; breathing obscure on the right side; voice firmer.

16th. Dyspnoea slightly increased; can lie easy on either side; stools natural; pulse 84; respiration, 32.

19th. Pulse risen to 120; respiration feeble on the right side; two scarifications.

On the 22nd he was quite well, and went home.

*Enterocolitis and laryngitis—Treatment of the latter by friction with the croton tiglium oil—Death from tubercular peripneumony—Healthy state of the larynx.*—Louis Lecomte, aged three years, admitted into the hospital January 18, has been

ill six weeks. Since the first coming on of the disease, there has been looseness of the bowels; evacuations generally yellow or green; pain and swelling in the stomach; slight cough.

19th. Tongue red at the edges; belly tense and painful on pressure; thin green evacuations during the night; skin hot and dry; pulse 100; cough frequent; respiration heard freely all over the chest. Syrup of gum; cataplasm over the belly; starch injection; low diet.

20th. Belly in same state; two green stools; pulse 120; respiration 36. Emollient bath; two leeches to the umbilicus.

24th. Cough worse; voice harsh; anterior part of the neck painful on pressure; no tumefaction; pulse 108; diarrhoea less. Poultice to the neck.

25th. Voice altered, harsh and weak; amygdalæ and pharynx covered with white mucous matter; cough and fever still continue. Two leeches to the sides of the larynx.

27th. Lowness and depression; pulse small and frequent; countenance anxious, and expressive of suffering; lips encrusted; tongue red and dry; diarrhoea complete; œgophony. Mallows; julep, with two drachms of syrup of poppies; lavement of poppy decoction; two more leeches to the neck. On the following day the tartar emetic ointment was rubbed on the neck but neither this nor the fresh application of leeches was productive of any advantage.

30. Friction with three drops of croton oil.

Feb. 1st. Friction repeated; voice returned.

6th. Intense dyspnoea; cough frequent; pulse small and frequent; *râle crepitant* posteriorly and on the right side; sound obscure; respiration short and hurried; diarrhoea increased: syrup of guaiacum; mucilaginous julep with syrup of poppies; two dry cupping glasses to the parts affected.

9th. Ulcerations around the leech bites from the croton oil; diarrhoea; tongue dry; dyspnoea; extreme emaciation; pulse small, 150; respiration



every where feeble. Death occurred two days afterwards.

*Necropsy.*—The meninges of the brain were healthy, about a spoonful of serum was found in each lateral ventricle; in the chest were found some old adhesions of the lower lobe of the right lung, which contained many incipient isolated tubercles; hepatisation and redness of the middle lobe, in which was a tubercle of the size of a filbert; inferior lobe of the left lung in the same state; many of the large bronchial glands were filled with tubercles; the mucous membrane of the larynx, trachea, and bronchiæ were perfectly healthy, showing no morbid alteration whatever, either in colour or consistence; the heart and pericardium were healthy; in the abdomen the mesenteric ganglions were found tuberculated; liver very large; mucous membrane of the stomach was healthy, that of the cœcum was reddened, whilst in the descending colon and rectum it was softened, and in the latter intestine it was reddened, there were isolated red and black follicles also seen, but no sub-mucous tubercles.

#### HÔPITAL DE LA PITIE.

*Large cancer of the face—Operation.*—A man was placed under the care of M. Lisfranc with this disease. It was caused by his stooping down with a pen in his mouth, in doing which the point entered some lines in depth into the internal surface of the right cheek. A tumour soon showed itself, which, after a time, enlarged, and then ulcerated, accompanied with severe itching and deep lancinating pains, and discharging a sanious, acrid, ichorous pus, accompanied with fœtor. Gradually the ulceration increased, the edges were everted, and appeared, as well as the centre, of a greyish black and livid colour. The pains were much increased, and the sub-cellular tissue was crossed by large injected veins. In performing the operation the ulcerated part was removed by one internal excision carried below the orbit, and down to the

labial commissure, and the other external one in nearly the same direction, and in this manner the two excisions were united at an acute angle, forming a triangular section. This part of the operation was soon performed, but the securing the vessels (twenty in number) occupied some time. The tissue of the gums, which furnished a large number of vessels, bled freely, which was, however, arrested by cold water. The edges of the wound were brought into apposition by the twisted suture supported by a bandage. The man did very well.

#### LATEST ARRANGEMENTS OF GOVERNMENT RESPECTING CHOLERA.

We have just heard from authority on which we can place the fullest reliance, that Government are at present collecting private information from authentic sources, respecting the average spread and mortality of the epidemic Cholera, and that no steps will be taken, and no plan acted upon until such information is obtained. It is probable that ultimately one or more inspecting medical officers will be appointed to those districts where the ravages of the disease are most felt, and they will report the healthy or unhealthy state of the district over which they are placed, to the Secretary of State for the Home Department.

#### OBITUARY.

##### DEATH OF DR. DARWALL.

Our readers will have seen by the public papers the death of this excellent physician, from wounding himself in the examination of a body after death. In Birmingham, where his professional talents were much valued, his loss will be deeply felt; for few have passed through the rugged career of professional life more blamelessly than did the lamented subject of this obituary notice.

#### CORRESPONDENTS.

Mr. Hewlett's letter is received.

*A. B.*—The first book which the worthy Professor of Zoology wrote was entitled "The Duties of a Lady's Maid."

The statement of the arrangements of King's College for the ensuing session, 1833-34, will be noticed in our next.

Dr. Sutton's communication has been received.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

## LECTURES

ON THE

PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,  
BY PROFESSOR SAMUEL COOPER.*Delivered at the University of London,  
Session 1832—1833.*

LECTURE LI., DELIVERED FEB. 11, 1833.

GENTLEMEN,—On the subject of the separation of the bones of the pelvis from each other, I have little to observe. Of course, such an accident cannot happen without the application of immense mechanical force; indeed, you will hardly ever find that it does happen, except there be at the same time a fracture of some part of the pelvis. Thus there may be in front a fracture through the ramus of the ischium and pubis, and behind, a separation of the sacrum from the os innominatum. Now, a case of this description might, from its appearance, lead one to suppose, that there was a dislocation of the thigh bone; for the ilium might be drawn upwards, and then there would also be a shortening of the limb; such cases I know have occurred, been mistaken for the dislocation alluded to, and extension has been employed under that supposition. When there is a separation of the bones of the pelvis at their sacro-ischiatic symphysis, nothing effectual, I believe, can be done to restore them to their proper position; you cannot effect reduction; all that you can do, if the patient live for any length of time, is to employ antiphlogistic means, and enjoin perfect quietude. These cases are generally fatal; for the violence that has produced them must in all cases have been very great, such as to occasion serious injury of the contents of the pelvis or abdomen. I remember, however, that we had on the table, two or three weeks ago, a preparation, which showed that the patient from whom it was taken, had lived some considerable

time after a disjunction of the sacrum from the os innominatum, for a firm union had taken place between the bones in their new position.

I come now, gentlemen, to an important class of cases, viz.—

*Dislocations of the hip.*—The femur is liable to four dislocations, which are universally acknowledged to be capable of occurring. You will sometimes read of another form of the accident, but one which has not been seen by some of the most experienced surgeons of the present time. Those which are recognised by all surgeons are the following:—In the *first*, the head of the femur is thrown upon the dorsum of the ilium, above the acetabulum and a little behind it; this is by far the most common direction, in which the head of the femur is dislocated. The *next*, in order of frequency, is where the head of the thigh bone is thrown into the obturator foramen, or upon the obturator externus muscle, and the obturator ligament. In the *third* dislocation, the head of the femur is thrown inwards and upwards upon the horizontal branch of the os pubis; this, perhaps, is the next in the order of frequency. The last is where the head of the bone is thrown backwards into the sacro-ischiatic foramen, and is lodged on the pyriformis muscle. And with respect to the case which is not universally acknowledged, the head of the femur is represented as taking a still lower position, namely, behind the tuberosity of the ischium downwards and backwards. I conceive that such a dislocation, however rare, is possible; for even those who doubt the possibility of it, caution us, that when we are reducing a dislocation on the obturator foramen, we are not to incline the limb too forward, lest the head of the bone should slip into that very position. Sir Astley Cooper, who never met with such a case, cautions us against making extension, for the reduction of the dislocation into the obturator foramen, with the limb raised too much in front of the axis of the body. If I remember right, a case of this description has been recorded within the last twelvemonth

by Mr. Keate of St. George's Hospital. I think, in this instance, the dislocation behind the tuberosity of the ischium was a secondary displacement. A gentleman fell into a ditch, with his horse upon him; he lay under the animal for some time; his thigh-bone was dislocated; and the head of it was found to have been forced secondarily behind the tuberosity of the ischium. However, many surgeons only admit the possibility of four dislocations of the thigh, and Delpach is one of them.

Except where the capsular ligament is much relaxed by the effects of disease, there must always, in these dislocations of the thigh-bone, be a laceration of the capsular ligament. There are instances on record, of persons who could dislocate the thigh-bone spontaneously, and afterwards replace it without assistance. A gentleman, attending these lectures, knows a person so circumstanced, and related some of the particulars to me. I suppose that in these cases there must have been an unusual relaxation of the synovial membrane, a rupture of the ligamentum teres, and perhaps an imperfect state of the acetabulum. But such examples are very rare; Sir Astley Cooper mentions one instance; I have heard of other cases, but I never saw one myself. In most dislocations of the hip, the ligamentum teres is ruptured: now, you would suppose, from a mere anatomical consideration of the joint, that the head of the femur might be dislocated on the obturator foramen, without any rupture of the ligamentum teres; for as that ligament is fixed to the anterior inferior part of the acetabulum, it seems to be capable of allowing the head of the bone to pass out of the socket on that side; but it is a disputed point, whether a dislocation can take place here without a rupture of this ligament. Sir Astley Cooper says, that a dislocation downwards and forwards, or into the obturator foramen, cannot take place without the ligamentum teres being ruptured, and he details one or two dissections, which corroborate this assertion. On the other hand, Delpach asserts, that the ligament is not always ruptured, and relates some cases, in which he found the ligamentum teres unbroken; at the same time, he admits that it is sometimes broken. Sir Astley Cooper is of opinion, that the ligamentum teres is always ruptured in a dislocation of the femur, and that, notwithstanding the fact, that in the dead subject, the head of the femur may be drawn out of the acetabulum, and placed upon the obturator foramen without the ligamentum teres being ruptured, yet that the accident cannot occur to a living person, except when his limb is in a state of abduction; and that in such position, the ligamentum teres is on the stretch, and, therefore, if the force applied go so far as to dislocate the joint, the ligamentum teres must give way first.

*Symptoms.*—Now, gentlemen, with regard to the symptoms of a dislocation of the head

of the femur upon the dorsum of the ilium, which is the first case in order of frequency: in the first place, as the head of the bone is carried upwards, there must be a shortening of the limb; and, as it is also thrown backwards and the trochanter forwards, there must be an inversion of the limb; the knees and toes will be turned inwards; the great toe considerably, so as to be placed on the instep of the opposite foot; the prominence of the trochanter will be diminished, which necessarily happens, because the neck of the thigh bone takes the direction of the side of the ilium; the trochanter is also nearer than natural to the crista of the ilium. The symptoms, then, are a shortening of the limb, an inversion of the foot and knee; the change in the position of the trochanter, namely, its proximity to the crista of the ilium being increased, and its own prominence diminished; these are strong characteristic symptoms of the dislocation upon the dorsum of the ilium, particularly when the position of the great toe is considered, which is invariably turned towards the tarsus or instep of the opposite foot.

This dislocation upon the dorsum of the ilium can only happen when the patient has the inferior extremity in front of the axis of the body, with the foot inclined inwards. While he is in this position, if any great force act on the foot or knee, it will tend to throw the head of the femur out of the acetabulum upon the dorsum of the ilium. Surgeons have been much perplexed to know why, in this case, the toe should always be inclined inwards; they inquire why the head of the femur should always be thrown backwards, and the trochanter forwards. In this country no explanation has been offered of the fact, or none that has been admitted as a good one. In France, what has been considered there as a satisfactory explanation of the fact, has been offered, and is the following: The lower and inner part of the capsular ligament, not being lacerated, keeps the great trochanter forward, and the head of the bone is therefore always directed backward. Whether this explanation be admissible or not, it is difficult to say; but in France they not only account for the position of the femur in this dislocation, but in all the others, in the same manner, namely, by the consideration of the way in which the remains of the lacerated capsular ligament act upon the great trochanter.

The next most frequent dislocation of the head of the femur is that in which it is thrown upon the obturator foramen, on the obturator externus muscle, and obturator ligament. Here one particular symptom is always noticed, *viz.*, the body is inclined forward by the tension of the psoas magnus and iliacus internus muscles; the limb is lengthened from two to four inches; and the trochanter is separated further than natural from the crista of the ilium. With respect to the position of the foot in this dislocation, you will find contradictory statements. Sir Astley Cooper says, that the position of

the foot is very little to be depended upon, and that sometimes it is but trivially altered; though frequently turned a little inwards. Professor Delpech, who has paid considerable attention to this subject, states that the foot is generally turned outwards. Then the limb will be elongated, as I have said; and the position of the trochanter will be altered in the manner I have described. The trochanter should always be particularly attended to in this, and, indeed, in all the dislocations of the femur. Its situation and position with respect to the crista of the ilium is a point to be strictly looked after, and you know that in this instance the distance between the two is increased.

In the third case in order of frequency, the head of the bone is thrown upon the horizontal branch of the pubes, and you find the limb shortened and turned a little outwards; you may also feel the head of the femur forming a distinct prominence below Poupard's ligament, and to the outer side of the femoral vessels.

In the dislocation backwards the limb is turned inwards, but not in so great a degree as in the dislocation upon the dorsum of the ilium: there is also a slight shortening of the limb, for the natural position of the ischiatic notch is a little higher than that of the acetabulum. There is likewise a diminution in the projection of the trochanter, and the head of the bone may be felt in its unnatural situation on rotating the thigh inwards; but, in fat persons, it will scarcely be perceptible, though you may rotate the limb as far inwards as you can.

The particular direction, which the head of the bone takes in each variety of dislocation, is determined by the position of the limb at the moment when the force operates which occasions the displacement. Thus, there cannot be a dislocation into the sacro-ischiatic notch unless the lower extremity be, at the moment of the accident, elevated in front of the axis of the body, or the body bent forwards over the thigh, which is the same thing.

I will now, gentlemen, explain the principles of reduction applicable to dislocations of the femur, and perhaps I shall render things more intelligible by repeating to you the symptoms of each case as I go on. I should mention, that the dislocation upon the dorsum of the ilium being attended with a shortening of the limb, might be mistaken for a fracture of the upper part of the femur; but the discrimination between the two cases is easy, when it is recollected, that in ninety-nine cases out of a hundred, the toes are everted in the fracture, while in the dislocation upon the dorsum of the ilium they are always turned inward. Another difference is, that the limb is altogether less moveable, or more rigid, in the dislocation than in the fracture. Then, in a fracture, even if it be one of the neck of the femur, you may, on drawing the limb downwards, feel a crepitus, and on discontinuing the extension, the shortening of the limb will

immediately recur; so that he must be a very careless practitioner who would confound a dislocation upon the dorsum of the ilium with a fracture of the upper part of the femur.

In reducing dislocations of the femur, three grand, or leading principles must constantly be attended to; namely, counter-extension, extension, and the employment of the shaft of the bone, as a lever for reducing its head. These are the principles which are of the greatest consequence, as you will find, that you cannot fulfil the principle of relaxing the muscles in these cases, because the bone is actually fixed in a particular position. But, gentlemen, though you cannot avail yourselves of the principle of relaxing the most powerful muscles by *position*, it is in your power, when great difficulty is encountered, to weaken them in another way, that is, by bleeding the patient; and, indeed, it will mostly be necessary to do this pretty largely. You may also find it necessary, in some instances, to reduce the force of the muscular system by giving nauseating doses of tartarised antimony, by which means a temporary weakness and collapse will be produced, during which you will be enabled to overcome with facility the slight resistance of the muscles. These, then, are the principles, and the only principles upon which dislocations of the thigh are to be reduced.

Counter-extension is performed by fixing the pelvis, which is done by means of a girth passed between the scrotum and the upper part of the dislocated thigh, and fixed to a point directly opposite that towards which the extension is to be made. Extension is generally made in this country at the lower part of the femur; but abroad the lower part of the limb, or the ankle is preferred for this purpose, and thus a longer lever is gained. The length of the lever is indeed of great advantage, and hence I am not surprised, that the best French surgeons should adopt this method of making the extension. The pelvis then being fixed in the manner I have mentioned, by means of a girth or table-cloth, you are next to apply the extending means. Now, in whatever situation you make extension, you must always take care to apply something next the skin to prevent it from being chafed; therefore, if you make extension with a sheet, you must apply underneath it, a wet roller; if a pulley is used, there is an apparatus for the purpose, which is frequently lined with flannel.

Now, gentlemen, when the dislocation is upon the dorsum of the ilium, the direction of the extension must be obliquely across the other knee; and of course the counter-extension should be made towards some point precisely in the opposite direction. I may now mention the symptoms of this dislocation again; there is an inversion of the foot, so that the great toe rests upon the opposite instep; the limb is shortened from one inch and a half to two inches; the trochanter is approximated nearer than natural to the crista of the ilium,

and is rendered less prominent on account of the neck of the femur lying in the direction of the side of the ilium; the limb too cannot be moved away from its fellow; it may be bent in a slight degree, but it cannot be moved into the position of abduction. Suppose the counter-extending means to be properly fixed on the pelvis, you then buckle an apparatus of this kind round the limb (*showing it*), you next fix the pulley. It is usual, in reducing the dislocation upon the dorsum of the ilium, for the patient to be placed on his back, either on the floor, or on a four-post bedstead such as this before me. Then, if it be the right femur that is dislocated, extension must be made in a direction obliquely across the left knee, with the pulley attached to the left post at the foot of the bed; while the counter-extending means are applied to the pelvis, as already described, namely, between the scrotum and the dislocated thigh, and fastened to a point precisely opposite to that towards which the extension is to be made. Now, as the pulley is fixed high, in this instance, the counter-extending girth must be fixed lower down than the edge of the bedstead, as is illustrated in this engraving. As soon as the extension has been carried far enough for the apparatus to be tense, and the patient to feel the effect of the power employed, you should not go on increasing the force at random, but proceed very cautiously and slowly, lest mischief should result. It is best, as soon as the muscles are put on the stretch, to wait a little, and let them gradually fatigue themselves, until their power of resistance is lessened. In short, the principle is, not to relax the extending power, but to keep it up until the head of the femur has descended near the acetabulum; then, when it is low enough for the lever-like movement to operate efficiently, it is of no use to increase the extension any further. You are now to put in practice the principle of making the shaft of the bone a lever for the reduction of its own head, which is accomplished by taking hold of the lower part of the limb, and rotating it outwards. The head of the bone is thus inclined directly towards the acetabulum by the lever-like movement of the limb. But, supposing great difficulty were to be experienced in effecting the reduction in this way, you would then apply a napkin, or band, to the thigh below the groin, and draw the upper part of the femur outwards with it, at the moment that the limb is suddenly rotated outwards, and the foot carried a little across the other. The napkin acts as a fulcrum for the lever-like movement, and the reduction is readily effected. When the brim of the acetabulum is very high, and the patient particularly strong, immense difficulty may be encountered in the reduction, unless the band be applied round the thigh in the way I have mentioned. The principles, upon which this dislocation of the thigh-bone is reduced, are therefore very simple; they are only three, namely, counter-extension, extension, and the

employment of the shaft of the bone as a lever for reducing its head; the latter being performed by rotating the limb outwards, and inclining the ankle inwards, as soon as the extension has been carried far enough. This latter manoeuvre will bring the head of the bone towards the acetabulum, but if unusual difficulty is experienced, a band should be applied round the upper part of the thigh, in order that this portion of the femur may be drawn outwards. Such a band is in fact a fulcrum to assist in the execution of the lever-like movement of the limb. By these means, gentlemen, the dislocation, if not of too long a standing, may always be reduced.

I come now to the reduction of the next most frequent form of dislocation of the femur; that in which the head of the bone is thrown upon the obturator foramen. The symptoms of this case are a lengthening of the limb from two to four inches; the feet and knees of the dislocated limb are widely separated from those of the opposite limb; in other words, the limb is always in the position of abduction; the body is bent forwards, which is reckoned one of the most invariable symptoms, and arises in consequence of tension of the psoas magnus and iliacus internus muscles; the position of the toes is not constantly the same. This, as I have said, is a symptom not to be depended upon; for sometimes, the toes are turned a little inwards, and sometimes a little outwards. I think, however, this subject of the position of the toes in the dislocation upon the obturator foramen, ought to be more particularly studied, and recorded, because, as I have already observed, many contradictory accounts of this part of the diagnosis are given, and Professor Delpech, so far from agreeing with Sir Astley Cooper, in this matter, represents the toes as being very much turned outwards in this dislocation. Sir Astley Cooper says, that the position of the toes is not to be depended upon, but, that they are generally turned a little inwards. In consequence of the glutei muscles being on the stretch, the buttock is flattened; and in this, as well as in all the dislocations of the thigh, the prominence of the great trochanter is diminished. Now, gentlemen, you will recollect that the limb is in the state of abduction, and, consequently, if extension were made in the direction in which the limb is thrown, without taking some precautions to prevent the pelvis from being drawn to one side, this would inevitably happen. Therefore the common means of fixing the pelvis will not be sufficient; it will be necessary to put a girth or napkin round the pelvis, to counteract the tendency which the extension would have to carry it too far sideways. In the reduction of this dislocation, then, two means are made use of for the counter-extension, and without them the principle would not be conveniently fulfilled. The reduction of the dislocation on the obturator foramen is a most simple proceeding; in fact, as soon you have dislodged the

head of the bone from its situation, it will generally return of itself into its right place, or inclining the ankle or knee inwards. But if you cannot succeed by this plan, then you will be obliged to have recourse to the band round the thigh, in order to draw the upper part of the femur outwards, and thus you will have a fulcrum to promote the effect of the movement of the lower part of the limb inwards. In this manner you will succeed perfectly. There is one caution, however, to be observed in reducing a dislocation upon the obturator foramen, which is, to be careful, that while you are making the extension, the limb does not incline forward too much, otherwise the head of the bone may slip backward behind the tuberosity of the ischium, and thus constitute another form of dislocation, which is sometimes considered to be irreducible. Sir Astley Cooper states, that such a displacement could not be rectified, though I don't know upon what facts this view is founded; however, whether correct or not, we should wish to avoid the second kind of displacement at all events, and I therefore recommend you to recollect the caution given for the prevention of it.

Here, gentlemen, is a representation of the mode of reducing the dislocation upon the obturator foramen. You may observe the band, passed round the pelvis, to prevent the extension from carrying that part too much to one side; and here is the other counter-extending means, applied in the ordinary way, between the scrotum and the dislocated thigh. In this plate, the surgeon is represented as taking hold of the ankle, not for the purpose of performing extension, but of making the lever-like movement of the bone; but, you are not to suppose that no extension should be made. Certainly, this kind of dislocation does not require so much extension as that upon the dorsum of the ilium; yet a moderate degree of it is necessary.

In the dislocation into the sacro-ischiatic notch, the direction of the extension should be across the middle of the opposite thigh. The patient is most conveniently placed on his side, as shown in the drawing before us. This is a more difficult dislocation to reduce than that upon the dorsum of the ilium. Hence, you will generally find it necessary to apply the band round the upper part of the thigh, as a fulcrum, or rather as a means of raising the head of the bone over the brim of the acetabulum. At the period of attempting this, you should also give the lower part of the limb a twist outwards, by which movement the head of the bone will be inclined towards the acetabulum, with all the force of a long and considerable lever.

In the dislocation on the horizontal branch of the os pubis, the patient is also to be placed on his side; the pelvis is to be fixed with the common apparatus, and a band applied round the upper part of the thigh for the purpose of raising the head of the bone over the brim of

the acetabulum. The direction of the extension ought to be in a line rather behind the axis of the body, and, as soon as the head of the bone has been drawn low enough for the lever-like movement to be put in practice, then the extension should cease, or, at all events, not be increased. The usual means are now to be put in force for completing the reduction, namely, the lever-like movement of the limb, and the use of the band round the upper part of the thigh as a fulcrum. In short, all dislocations of the thigh are reduced on the same principles; and whoever understands these well and scientifically can never be at a loss. Relaxation of the muscles cannot be accomplished by position, though it may be so by the effect of bleeding and nauseating doses of tartarised antimony. In many cases, indeed, and especially in those of long standing, such means become important auxiliaries, without which there would be no chance of success.

LECTURE LII., DELIVERED FEB. 13, 1833.

GENTLEMEN,—In the lecture delivered on Monday evening, I explained that the thigh bone is liable to four dislocations. The most frequent case is that upwards, in which the head of the femur lies under the glutæus minimus muscle upon the dorsum of the ilium, with the trochanter forwards. The symptoms are, a shortening of the limb, from an inch and a half to two inches; an inversion of the foot and knee; the great toe pointing towards the tarsus of the other foot; and as the head of the bone may be plainly felt on the dorsum of the ilium, there can be no difficulty in making out the nature of the accident. Then, the second dislocation of the femur is that upon the obturator foramen, or foramen ovale, in which the head of the bone lies upon the obturator externus muscle and ligament. In this case, the limb is lengthened from two to four inches; the position of the toes is not to be depended upon, for, in some cases, they are turned considerably outwards, while in others, they are inclined a little inwards. You may distinctly feel the head of the femur in its new situation, so that no great difficulty can occur in making out such a case. In this dislocation, two other very prominent symptoms present themselves; first, abduction of the limb, and secondly, an inclination of the body forwards, in consequence of the tension of the psoas magnus and iliacus internus muscle. In the third dislocation, the head of the femur is thrown upon the horizontal branch of the os pubis, on the outside of the femoral artery; and of course may be plainly felt in this situation; the limb is considerably everted; and, be it remembered, that this is the only dislocation of the thigh in which such eversion is invariably present; or, at all events, the only common dislocation; for, in the dislocation downwards and backwards, in which the head of the femur is thrown behind the tuberosity of the ischium, it is alleged that the toes are

turned considerably outwards. Then, the fourth dislocation is into the ischiatic notch, in which the head of the bone is lodged upon the pyriformis muscle: here the great toe is turned inwards, but not so much as in the dislocation upon the dorsum of the ilium, and, instead of being directed to the tarsus, it is merely turned towards the ball of the great toe of the opposite foot.

Gentlemen, I mentioned to you, in the last lecture, the possibility of the dislocation downwards and backwards, in which the head of the thigh bone is absolutely thrown behind the tuberosity of the ischium. Such a case presented itself last February in the practice of Mr. Keate; the patient being a gentleman, whose horse fell with him into a ditch. It appears that the animal lay upon him for some time—for five or ten minutes—during which he continued struggling to liberate himself from his painful situation as well as he could. From the particulars, as related in the Medical Gazette, it seems that the original dislocation was upon the obturator foramen, but by a secondary displacement, which occurred during the patient's struggles, the head of the bone was thrown behind the tuberosity of the ischium, the very situation from which Sir Astley Cooper considers that the reduction would be impracticable. However, in this case, the reduction was really attended with no very great difficulty; the bone was first replaced upon the obturator foramen, and afterwards, by pursuing the plans proper for reduction of the dislocation on the obturator foramen, the head of the bone was replaced with tolerable facility. In this instance, there was abduction of the limb, and the head of the bone could be plainly felt behind the tuberosity of the ischium; the toes were also turned considerably outwards. If there be no mistake in the account, the case proves, in the first place, the possibility of such a dislocation, and secondly, so far from its being irremediable, that there is no very great difficulty in effecting the reduction. We also find an enumeration of the symptoms, namely, a lengthening and an abduction of the limb, eversion of the toes, and the being able to feel the head of the bone in its unnatural situation. It is worth your while, gentlemen, to remember, that this dislocation, though rare, may be met with.

These drawings represent the position of the limb in the dislocations upon the dorsum of the ilium, and upon the obturator foramen. You will observe, that, in the latter, the limb is represented as everted.

*Dislocations of the patella.*—The patella, gentlemen, is liable to three dislocations; first, outwards on the external condyle; secondly, inwards on the internal condyle; and lastly, upwards, when the ligamentum patellæ has been ruptured, which sometimes happens. There are also some other modes of displacement, for occasionally the patella is simply twisted, with the inner edge forwards and the

external one backwards, so as to form a considerable projection on the front of the knee; and sometimes it is thrown on the external condyle and twisted round. But the most frequent form of displacement of the patella is, where it is thrown flat upon the external condyle. This dislocation is most frequently seen in those persons, whose knees are considerably inclined inwards. In persons of this conformation, you may easily conceive how the action of the extensors of the leg may draw the bone outwards. When persons are knock-kneed, as it is called, and the ligament of the patella particularly loose, this dislocation is very apt to take place, the action of the extensors of the leg being often sufficient to produce it, without the aid of external violence. I mentioned, a few evenings ago, the case of a young girl brought up to tumbling, in whom the ligaments of the knee-joint and patella were so loose, in each limb, that both patellæ slipped to the outer side of the external condyle of the femur, whenever the extensors acted. The dislocation inwards, however, is generally produced by external violence, or a blow on the external edge of the patella, by which it is driven inwards. Both these dislocations are reduced on the same principles, namely, relaxation of the extensors of the leg, by bringing the knee as near as possible to the ilium, and then pressing the displaced bone outwards or inwards, according to the direction of the displacement. There is generally no great difficulty in effecting the reduction. However, instances are known in which considerable difficulty was experienced; and such an instance occurred to Mr. George Young, who found, however, that by placing the patient's foot against his own shoulder, and pressing on the patella with both hands, while the limb was in this position, the reduction became very practicable, though the ordinary method failed. I should mention, that owing to the looseness of the ligaments in certain individuals, and an extraordinary obliquity of the articular surface of the lower end of the femur, it is sometimes difficult to maintain the reduction after it has been accomplished, and therefore it becomes necessary to apply a roller over the patella, in the figure of 8 manner, to keep it steady, and in its place. If there be much swelling, the roller should not be applied until the inflammation has been lessened by cold lotions, purgatives, leeches, &c.

When the dislocation takes place upwards, in consequence of a rupture of the ligamentum patellæ, there is generally a vast degree of swelling about the joint, for this dislocation can only be produced by great and direct violence, by which the capsular ligament is also torn, so that a severe degree of inflammation commonly follows. Here also the principle of relaxing the extensors of the leg should be observed, by placing the limb on an oblique plane, extending from the tuberosity of the ischium to the heel. You will not be able to

apply a bandage at first; but after three or four days, when the inflammation and swelling are diminished, a roller should be put round the lower part of the thigh, so as to confine the patella as near as possible to the tibia. After about three weeks, it is advisable in these cases to have recourse to passive motion of the joint; that is, a person must be directed to bend and extend it a little every day, for the purpose of preventing the risk of ankylosis.

I observe, that a case is related in the last number of the Medical Gazette, in which the patella was not only thrown outwards upon the external condyle, but twisted so that the front surface of the bone was turned backwards, and its posterior surface forwards; but such an accident is far less common than the simple dislocation outwards.

*Dislocations of the knee.*—The knee-joint, gentlemen, as you well know, does not derive much strength from the conformation of the bones; but it is rendered immensely strong by the number, the strength, and the arrangement of its ligaments; so strong, indeed, that dislocations of this joint are as rare as those of any other joint of the body; at all events, no other joint, equally exposed to external violence, is so seldom dislocated. However, you will meet with dislocations of the knee-joint, which may take place in four directions; the head of the tibia may be displaced inwards or outwards, but when the dislocation is in either of these directions, it is always incomplete, and the accident is exceedingly rare. Lateral dislocations of the knee-joint are more uncommon than those in which the head of the tibia is thrown either backwards or forwards. There was a case in Guy's Hospital some years ago, in which the tibia was dislocated backwards, and the condyles of the femur displaced forwards, and in that case there was such pressure on the popliteal artery by the displaced tibia, that the pulsation in the anterior tibial artery at the instep was stopped. All dislocations of the knee are exceedingly rare, yet you will occasionally read of them; perhaps, in the course of twenty or thirty years, there may be one case brought into a large hospital. There can be no difficulty in recognising the nature of these cases, for the projection of the tibia and femur will render them sufficiently obvious. When the tibia is dislocated forwards, there is generally some laceration of the gastrocnemius and popliteus muscles. Sir Astley Cooper met with a case of incomplete dislocation of the knee-joint, in which the external condyle was thrown off the head of the tibia forwards, and the internal condyle backwards, and in this case, he found that there was no laceration of the crucial ligament; but if the tibia be completely dislocated backwards, then the crucial ligament, the lateral ligaments, and the muscles I have mentioned, are lacerated.

The principles of reduction in these cases, consist in bending the knee, so as to relax the strong muscles of the calf; and while the

femur is fixed, in making extension and pressing the head of the tibia in the proper direction.

Gentlemen, these dislocations, as I already observed to you, are rare cases; I have never seen one myself, and Sir Astley Cooper, whose experience is immense, has recorded but very few examples of them in his work on the present subject.

There is another form of dislocation of the knee-joint, which it is necessary to mention, namely, the dislocation of the condyles of the femur from the semilunar cartilages. It sometimes happens that the ligamentous bands, which fix the semilunar cartilages in their natural situation, become more elongated and relaxed than usual; now, this is particularly liable to be the case, when there is a collection of fluid in the joint, and under these circumstances, if the person in walking, happens to bring his foot in contact with any obstacle, one or both condyles of the femur may be dislocated off the corresponding semilunar cartilage, or cartilages; the result is, that the patient cannot straighten his leg, this is one of the symptoms; another is, a sudden attack of severe pain in the joint at the time the accident happens. Now the plan, adopted with success in these cases by Mr. Hey, consists in forcibly extending the limb, and then bending it as far as possible; this plan has succeeded, and I have tried it with success myself. In some cases, it will not answer, and then other plans may be tried. One of these consists in bending the thigh, and twisting the leg suddenly outwards; this plan has occasionally had the desired effect. Sir Astley Cooper, I think, mentions the case of a patient, who could never get the condyles replaced upon the semilunar cartilages, unless he followed this plan; he used to put himself on the floor, and then, by bending his thigh, and twisting his leg outwards, he was always able to accomplish the reduction, and procure instant relief. You will find that, when once this accident has happened, it will be liable to recur ever afterwards; on this account it is frequently prudent that the patient should wear a laced knee cap, so as to keep the knee steady and afford support to the joint.

*Dislocation of the Fibula.* The upper head of the fibula, gentlemen, is rarely dislocated by external violence; I have never seen a case thus produced; but you will occasionally meet with a dislocation of the upper head of the fibula in consequence of disease, and then it is thrown backwards. This is not a common case. The treatment consists in the employment of such remedies, as are calculated to stop the morbid process going on in the joint, which is generally of a scrofulous nature; you will be obliged to blister the part, and when you have stopped the further progress of the disease, you should perhaps employ compression to fix the head of the fibula in its proper place.



*Dislocation of the ankle joint.* The ankle joint, gentlemen, is frequently dislocated. The tibia may be dislocated off the astragalus in four directions. The most frequent case is that where the tibia is dislocated inwards, the tarsus being forced outwards; in this incident, there is a fracture of the fibula about two inches and a half or three inches above the malleolus externus, or the lower end of the bone; when the tibia is forced inwards off its articulation with the astragalus, the fibula mostly gives way at its slenderest part, which is at the point I have mentioned. In this case, there will be a considerable projection of the malleolus externus, rendering the integuments over it exceedingly tense; the broken part of the fibula inclines inwards towards the tibia; the position of the foot is strangely altered, its outer edge inclines upwards while its inner edge is turned downwards, so as to come in contact with the ground. When the accident has been caused by great violence, that portion of the tibia which is bound by ligament to the fibula is split off, and remains connected to the broken part of the latter bone, the ligament binding the fibula to the tibia in this situation being so strong, that a portion of the tibia splits off, before the ligament gives way. The nature of the case will be sufficiently obvious, from the projection of the tibia inwards, and the twisting of the foot in such a way, that the inner edge of it alone comes in contact with the ground when the patient attempts to walk.

There are two methods of treating this dislocation; though the plans of reduction approved of by all surgeons are the same; namely, you are to relax the strong muscles of the calf, this is an invariable principle, and then by making the requisite counter-extension, and practising extension from the end of the foot, the tibia may be easily replaced. But, whether the leg should remain in the bent position, or should be kept extended, after the reduction has been effected, seems to be a point, on which some of the most experienced surgeons differ. Sir Astley Cooper is an advocate for the straight position of the leg, and for the application of lateral splints, each having a foot piece attached to it, in order to prevent the foot from moving to either side. On the contrary, Baron Dupuytren adopts another plan; you know that the foot is displaced outwards; well, he first applies a thick wedge-shaped cushion at the lower part of the inside of the leg, with the thick end downwards, and over that he applies a long splint; the wedge-shaped cushion is to fill up the space between the inner edge of the foot and the splint, which must extend some way beyond the foot. Having secured the splint with a roller above, he next applies a bandage below in the form of the figure of 8, and thus draws the foot inwards towards the splint, which serves as a convenient fixed point. This engraving represents the appearance of the limb, in the dislocation of the tibia inwards.

The other lateral dislocation of the ankle joint is where the tibia is thrown off the astragalus, in the direction outwards. This is a rarer accident than the former; in fact, it cannot happen without the application of immense force; and, when it does take place, there is generally, or I may say always, a fracture of the tibia attending it, as well as of the fibula, a portion of the tibia being split off. Here is a representation of such a dislocation, taken from one of the preparations in the museum of St. Thomas's Hospital; a portion of the tibia, as you see, is broken off, and there is also a fracture of the fibula. This case is more uncommon than the other; for it requires the application of greater force; but a violent twist of the foot inwards may produce it. In this dislocation the position of the foot is the reverse of what it is in the case which we have been considering; you will find that it is the outer edge of the foot which comes in contact with the ground, while the inner edge is thrown inwards and upwards. The reduction is effected on the same principles, as in the dislocation of the tibia inwards, and therefore comprises relaxation of the strong muscles of the calf, counter-extension and extension; I may add, that there is no great difficulty in effecting the reduction. Sir Astley Cooper adopts the same method of treatment in this as in the dislocation of the tibia from the astragalus inwards; he puts the leg in the extended position, and applies lateral splints with foot pieces. Baron Dupuytren also adopts the plan, which I have mentioned as his practice in the dislocation of the tibia inwards, but he puts the wedge-shaped pad and the long splint on the outside of the leg, for here the object is to bind the foot in this direction. In the third dislocation of the ankle-joint, the lower head of the tibia is thrown off the astragalus forwards upon the os naviculare; you will therefore notice a lengthening of the heel and shortening of the foot. The dislocation may be either complete or incomplete; the tibia may be thrown either off the astragalus altogether, or only partially, half of it resting upon that bone, and half upon the os naviculare. In the latter case, the shortening of the foot may be very inconsiderable, and scarcely noticed by a careless practitioner.

The fourth dislocation is exceedingly rare; some of the most experienced surgeons have never seen it; I mean the accident in which the head of the tibia is thrown off the astragalus backwards, with immense elongation of the foot and shortening of the heel. This case is so rare, that Sir Astley Cooper gives us no instance of it in his valuable work, and Baron Dupuytren has never met with an example of it: consequently, it must be quite unnecessary for me to waste your time on what cannot be interesting to practical surgeons.

Another more interesting kind of dislocation to you is that of the astragalus itself forwards from the os naviculare and os calcis, so as to

form a considerable projection on the instep. This is not a very common accident, but it sometimes happens. I have seen not less than three examples of it. The dislocation may be either complete or incomplete. The reduction is sometimes exceedingly difficult, and when it cannot be effected, the accident is a serious one, for the patient is never afterwards able to put his heel to the ground, and his ankle remains permanently stiff. I remember being called in to a lady in Hunter-street, who had met with this accident two or three weeks before I saw her. Reduction was quite impossible; she was a fat woman, and the injury was attended with so much swelling at first, that the surgeon who saw her directly after the occurrence of the accident, could not make out the case. I perceived that it was a dislocation of the astragalus, and reduction being impracticable, she remains lame, with a stiff ankle joint.

In consequence of this dislocation being sometimes irreducible, even under the most skilful treatment, it has been proposed, when reduction cannot be effected, to cut away the astragalus altogether. This has sometimes been done, and when it is a case of compound dislocation of the ankle joint, accompanied by displacement of the astragalus, it may be the best practice to cut away the bone; but, in simple dislocations, I think, this proceeding would hardly be justifiable. Of course, in all cases you would first try to reduce the bone. The plan of reduction is to relax the muscles of the calf, extend the foot as much as possible, and then press the bone into its place. In some instances, as I have said, you will not succeed; and cases have happened, in which the skin covering the displaced bone has inflamed and sloughed, as you see represented in this plate, so that the bone is exposed. Sir Astley Cooper in the case I am now speaking of, divided the exposed ligamentous connections of the astragalus, and the bone came away; there was not so much weakness of the joint produced as might have been expected, and in eleven months, the gentleman who was the subject of the accident, was able to perform his duties as a cavalry officer, which implies a considerable power of using the joint.

I have now, gentlemen, delivered as much information on the subject of dislocations as can be done in this course of lectures: the subject is so endless, that it is impossible to follow it up with proper minuteness. However, I would particularly recommend you to improve the views which I have given, by the careful study of Sir Astley Cooper's work on dislocations, which is the most practical book on the subject. To complete your knowledge of dislocations, I would recommend you also to read Baron Dupuytren's numerous observations on the same topic; for he has paid great attention to this branch of surgery, as well as Sir Astley Cooper: they seem, indeed, to have chosen the same cases for their particular consideration. Now, as there are many

valuable practical observations in the lectures of the one, which are not contained in the publications of the other, while Sir Astley Cooper's work comprises numerous facts and reflections not to be found in the lectures of Baron Dupuytren, I recommend you to weigh attentively what each of these great and experienced surgeons has taught. Gentlemen, as this is the conversazione night, I will not detain you any longer.

### CLINICAL LECTURES,

DELIVERED AT THE

HOTEL DIEU, IN PARIS,

During the Session of 1832-33.

BY BARON DUPUYTREN,

PRINCIPAL SURGEON OF THAT HOSPITAL.

Corrected by himself.

#### *Particular species of encysted fibro-cellular Tumours, better known as Ganglions or Nervous Tubercles.*

EVERY accidental membranous production similar to a shut sac formed around any body, which, by some morbid process may be developed in its interior, is called a *cyst*. This species of morbid tissue may be separated into two great divisions, one comprising all those cysts which are organised around a foreign body, whether fluid or solid, the other including all those formed spontaneously, and which existed before the substances which they contain.

Effused blood, grains of lead, balls, urinary calculi, extra-uterine or ovarian foetuses, hydatids, &c.—these are the substances around which cysts are usually formed. In the second division, including cysts spontaneously formed, and pre-existent to the substances which they contain, are included serous, synovial, melon-bodied, steatomatous, atheromatous, oily, mucous, and gelatiform cysts, and a small hydatiform tumour, well described by M. Dupuytren, and which has been hitherto only observed on the palmar surface of the wrist, though sometimes seen over the tibia-tarsal articulation, but always around synovial membranes and tendons.

In the third division, finally, are placed those fibrous productions which are characterised by a dense white resisting tissue, little extensive, generally disposed in lines, the greater number of which are contained in fibrous or fibro-cellular membranes. These latter have the greatest analogy with those small encysted tumours which we are now going to describe. By their nature, configuration, seat, and termination, they cannot be confounded with any of the preceding descriptions, for they are fibro-cellular in their structure, are nearly round in shape, never exceed the size of a pea, are generally seated beneath the skin in the direction of a limb, and which the eye has a difficulty in distinguishing, and they terminate in scirrhous ramolissement.

It is difficult at first to believe that such a small tumour can become the seat of such severe pain and suffering, and which eventually forms the point of fixture for one of the most serious lesions which can affect the animal economy.

Many authors have given a tolerably exact description of these tumours, but they have believed them to be situated in the nervous tissue, or specially in their course. Thus:—Antoine Petit, in his discourse upon Pain, after having stated that the minute ramifications of nerves are more sensible than the nervous trunks, says, “the nervous ganglions are but little known; they show themselves under the form of small bodies of the size of a bean, hard, moveable, colourless, frequently showing themselves in parts which have been struck, and sometimes occurring without any very evident cause, occasioning severe pain when touched in the slightest manner, or on the gentlest motion, or by change of weather. No topical application relieves them, extirpation only can effect a cure. The dissection of them discovers a white tubercle covered by a fibrous membrane, generally adherent to the skin, and mostly free in the cellular tissue, where it appears connected only to the nervous filaments, of which it is the centre. The greatest number on which I have operated have been in the legs, one only on the arm.

Cheselden, in the tenth edit. of his Anatomy, page 136, after describing the structure of the skin, adds, “I have seen, twice, under the cutaneous envelopment of the tibia, a small tumour of the size of a pea, extremely sensible and hard. In the two cases I allude to, the pain was so great as to lead to the belief that the tumours were cancerous, and they were only cured by extirpation. Camper, after Cheselden, in his work *Demonstrationum Anatomico-Pathologicarum, liber primus*, p. 11, says that it is a common thing to observe small tubercles in the cutaneous nerves, which are true ganglions. Although they do not exceed the size of a pea, they yet cause the patient both by night and by day very severe pain; they do not yield to external remedies, and they must be removed with the scalpel. I have met with them frequently among males. Internally they are white, are as hard as cartilage, and are seated in the tunics of nerves.

M. Chaussier, in his Synoptic Table of Neuralgia, speaks thus:—“Tubercles or nervous ganglions are seldom larger than a bean, often smaller; they are oblong, hard, flattened, white, and cartilaginous, sometimes brown on their surface or their interior. Enveloped by a fibrous membrane, freely moveable in the cellular tissue, they only seem adherent by nervous filaments, the pain accompanying them is very great, more or less extended, and is renewed at longer or shorter intervals, by the pressure of the tumour, the motion of the part, and sometimes without any apparent cause. They are more frequently observed on the lower extremities, and have been seen on

the back. They are situated in the thickness of the skin and cellular tissue, and in the course of a nerve. The pains they cause, radiating from one common centre, extend to a longer or shorter distance, following the distribution and connexion of the affected nerve. Excision is the only remedy. Finally; in a dissertation on local nervous affections, read in 1822, before the Faculty of Medicine, in Paris, the author, in speaking of these small tumours, to which he gives the same name as English surgeons—*painful subcutaneous tubercles*—says of them,—“they are developed beneath the skin in general, surrounded by cellular tissue, and appearing only adherent by nervous filaments. At other times they are situated in the thickness of the nerve itself, of which the filaments surround it.”

Thus we see that these authors whose sentiments we have just quoted, speak of the nervous nature of these tumours, without supporting this opinion by any positive fact. Some report that after their extirpation, nervous filaments were detected on their surface, but they give no observation on the dissection of these parts. This *comp d'œil*, which we have just rapidly glanced over, will have been sufficient to convince you that the history of these nervous tumours is far from being completed. Numerous observations have proved to me that the nerves are not implicated in them. I have dissected many most minutely in the dead body, and in order that I might be the better assured of their nature, I have in extirpating them from those who possessed sufficient moral firmness, removed at the same time a sufficient quantity of cellular tissue and I have never seen nervous filaments adhering to their surface. Their tissue is evidently fibro-cellular, slightly albuminous, and in time becomes scirrhous.

These tumours most frequently have their situation on the sub-cutaneous or sub-aponeurotic cellular tissue, and may also be developed in other parts. I have observed them in the mammae. They present themselves of the size of a grain of wheat or coffee, or of a small pea, sometimes long, lenticular, flattened, never attaining a greater size than that of a small bean, their exterior surface is smooth and opaque, and they are hard in substance. If they fall from a height on an even and resisting surface, they will rebound. Their tissue is homogenous, their colour of a dull white, without any cavity or partition, of a fibrous, fibro-cartilaginous, or cartilaginous consistence. If the nail be indented in them, a slight crackling is heard; they are enveloped in a dense, opaque, fibro-cellular covering, forming a complete cyst, preventing any further growth or enlargement of the parts within, which may perhaps be the cause of the severe pain they give.

These tumours are never affected by inflammation, not even by redness. The cellular tissue environing them undergoes no alteration. The skin covering them is generally healthy,

without any adhesions in the greater number of cases, and preserving its colour, sometimes, however, it is altered, and becomes of a violet colour, adhering firmly to their surface, and rendering them immovable. Neither in their substance nor on their surface, are any nervous filaments, they are independent of these organs.

**FIRST CASE.**—A woman came to the Hospital, having complained for some years past of severe pains of the cheek, which had been treated as rheumatic, or as neuralgia of the sub-orbital nerve. Blisters, leeches, pills, bleeding, &c., were used, but they were of no effect. One of the medical men who was consulted convinced that the pains depended on an affection of the nerves, made a section of the sub-orbital nerve at the sub-orbital foramen. Instead of diminishing the pain, it became more intolerable, and was insupportable when first we saw the patient. In passing the fingers over the seat of pain, a small hard tumour could be felt, which was moveable beneath the skin, which was of its natural colour; pressure on it caused severe pain. I extirpated the tumour, and at the same instant the pain was subdued, and she has felt nothing of it since.

It is very evident that if in this case the tumour was dependent on a nervous filament of this branch of the fifth pair, the section of the nerve ought at the moment it was done to have given the patient relief, but it continued with the same severity, and was only subdued by the excision of the tumour.

It is very easy to remark that the descriptions, which authors have given of the early stage of scirrhus or cancer, are exactly similar to those of these tumours. M. Cruveilhier, in his *Pathological Anatomy*, in speaking of scirrhus, says that it is formed of a fibro-cellular tissue here and there albuminous. Finally, like scirrhus, these tumours become softened, in the great majority of cases they become painful, in others indolent.

**SECOND CASE.**—A woman, aged 70, had a small tubercle of the shape and size of a pea, flattened, seated superficially beneath the skin a little above the internal surface of the knee joint; it was circumscribed and very moveable, and the skin over it was not at all changed. This woman pretended that the pains which this small body caused her were extreme and rendered life a burden to her. She said that it was eighteen years since she had at first remarked it, and that its increase had since been very slow; that it had only caused her inconvenience for eighteen months; the tumour was removed, the pain disappeared, and has not returned since.

If this tumour had been formed on the course of a nerve, or in its substance, would it have remained insensible to pain for seventeen years. This fact is a very proper one to prove the justness of our position.

**THIRD CASE.**—A woman, aged 59, had a small tumour situated immediately beneath the skin on the anterior surface of the fore-arm in front of the radius, about three inches above the wrist. The tumour was about the size of a large pea, slightly moveable, hard to the touch, and extremely sensible. It gave the patient no pain except when pressed upon, in which case the pain extended from the tumour upwards towards the body, and not downwards towards the fingers. It had gradually increased in volume during seven years, and for one year it had remained stationary. It was extirpated by an incision made in its centre, and in its nature it was evidently encysted.

M. Dupuytren remarked that their slow and chronic progress might be explained by the natural hardness of their enveloping texture. Their tendency to become softened after having existed for some time, formed a new proof of their scirrhus nature. When they become changed in structure the disease is reproduced in the neighbouring lymphatic ganglions if they are extirpated. I removed one from the upper part of the arm, which was already softened, and after a certain space of time the glands in the axilla became enlarged, and the disease reappeared in them.

Age and sex appear to exercise some degree of influence on the development of these tumours. Women are more subject to them than men, and they are more commonly remarked between the ages of thirty-five and sixty years. Their appearance is generally attributed to blows or falls upon the parts where they are situated. In some cases they appear to arise from pricked wounds.

**FOURTH CASE.**—A shoemaker pricked his finger with his awl. Soon after the accident, he experienced severe pain, and gradually a tumour developed itself over the wounded part, and seven years afterwards the paroxysms of pain were more severe and acute. Caustic was applied in vain; extirpation afforded complete success, and the patient felt no further inconvenience from it. The tubercle was small, hard, and of a cartilaginous texture, and enclosed in a cyst. These tumours will sometimes develop themselves during a rheumatic affection, and disappear when the patient is relieved from those causes producing the principal malady.

**FIFTH CASE.**—A medical student slept in an alcove built in a damp wall. Soon after coming to the hospital he had an attack of arthritis in the great toe, and in a short time afterwards, a tumour developed itself under the skin, covering the saphenous vein and nerve; it was hard, of the size of a grain of wheat, and when touched caused pain almost similar to an electric shock. In the course of a few days he was cured of the local affection, as well as of the sub-cutaneous tubercle. The occasional cause of these tubercles is in general obscure, and in the

majority of cases it is difficult to ascribe them to any cause.

The encysted fibrous tumours generally show themselves on the limbs, more especially the inferior ones. They have been observed on the back, the scrotum, the face and the mamma. They are seldom united together, when there are many they are generally isolated from each other. The affected parts are in general painful for some time before any swelling is perceived. Soon, however, the slightest friction or pressure causes lancinating pains. At the end of a certain space of time, generally long, they are felt below the integuments, which they lift up, and then are easily perceived, are generally hard and moveable, and the slightest pressure upon them is insupportable to the patient, and in the greater number of cases the skin preserves its natural colour, and generally the pain comes on in regular accessions, sharp and lancinating, as in cancer; those caused by pressure are similar to an electric shock, and they extend, spreading far from the seat of the tumour, especially when they are situated near to a nervous trunk: otherwise the pain is continued, they leave the patient but little respite, there is loss of sleep, and the health alters rapidly. If they are seated on the lower limbs, they retard and prevent progression. There are some irritable subjects who during the paroxysms suffer from real convulsive spasms. I was consulted by a young woman, who had for some time been troubled by a small tubercle of the size of a pea, situated over the superior and posterior part of the thigh, and from which she had suffered most horrible pain from the time of its first appearance; the slightest pressure on it caused convulsions; it was removed, and all her pains immediately disappeared. In many cases they remain for a long period of time indolent even to pain. The pain produced by these fibro-cellular encysted tumours, invisible almost from their smallness, has been frequently confounded with that produced by rheumatic or neuralgic affections, and the patients have in consequence been submitted to leechings and blisterings, and other energetic means. Two women, of whose cases we shall afterwards treat, were leeches and blistered the whole extent of the limb, although the tumour could be plainly felt and seen.

In neuralgia the pains are severe, extending the whole length of the affected nerve, and returning by regular periods of accession every hour, day, or week, and pressure does not increase them. But those which arise from a fibro-cellular encysted tumour, do not come on in regular accessions; they are frequently continued, do not always extend in every direction, pressure increases them, and they never have an interval of many hours without tormenting them. The name of ganglion, which has been given to them, might cause them to be confounded with those tumours which are developed in the sheaths of the tendons about the wrist, and to which a similar name has

been given; but the indolent state of these latter ones, their seat, their mobility during muscular contraction, their immobility under the skin, the presence of a cavity lined by a synovial membrane and filled with a synovial fluid, are characteristic distinctions sufficient to prevent their being confounded together.

If the tumour is moveable, and the skin over it of a natural colour, if it is situated away from any important internal organ, as a blood vessel, or a considerable nerve; if, in a word, it is sub-cutaneous, the prognostic is favourable. If, on the contrary, it is immoveable, adhering to a violet-coloured skin over it, and it begins to soften, the prognostic is unfavourable; for in that case, if it is removed, the disease, as was remarked before, is re-produced in the neighbouring lymphatic glands, and the patient soon shows all the symptoms of a cancerous diathesis. Caustic, said M. Dupuytren, has been sometimes used to destroy these tumours, but they hasten the softening of them, and do not remove the disease. It is true, some rare cases seem to show the value of narcotics in these cases to those whom the idea of an instrument gives great terror. A woman aged sixty years had one of these tubercles over the internal and posterior part of the knee. Notwithstanding the severe pain she suffered, she never would consent to an operation for its removal; narcotics were applied for a long time over the seat of the tumour, and they relieved the pain, which never returned.

The most sure, prompt, and least painful means, continued M. Dupuytren, is to extirpate them. When they are very small, a slight longitudinal incision made over the surface they occupy will be sufficient; if they are larger, about the size of a large pea, an incision in the form of a T will be necessary. In both cases the tumour must be seized and divided from the cellular tissue which unites it to the surrounding parts by a bistoury; the edges of the wound are then brought together and kept in union by strapping.

If the skin covering the tumour adheres to it, and is of a bluish colour, it must be removed with it; if the tumour is already softened, it must not be touched.

SIXTH CASE.—Marie Hareny, journey-woman, married, aged 55, came to the Hotel Dieu to be cured of continued severe pains, which came on in regular exacerbations. She was of a good constitution, and the catamenia had ceased, and dated the origin of her illness eighteen months back, to being exposed to severe cold, and catching rheumatism. Every means had been employed without avail against these attacks of pain, which still continued, and were exasperated by any fatigue. They presented two distinct characters. First their continuation; second, the accessions recurring about four times in the twenty-four hours, and being prolonged from a few minutes to one hour. These causes of pain might be determined

by compression or by a blow on the tumour, which was situated on the upper and inner part of the thigh, and the pains were lancinating and numbing in the direction downwards to the knee. They were extremely severe, harassing the patient greatly, and seeming as though the pained parts were being torn away. M. Dupuytren removed the tumour by an incision in the form of a T, each branch incision being about one inch in length; the skin and cellular tissue were divided, and the tumour was found imbedded in the latter, and of a white colour, it was removed by a probe-pointed bistoury, the pains immediately ceased on its being removed, and the edges of the wound were brought together by strapping.

On examining it, it was found to be surrounded by cellular tissue in a normal state. It was about the size of a small filbert, spheroidal in shape; its colour of a dull white, it was elastic in structure, and showed no trace of red vessels; in its interior there was no cavity or thickened substance, and it was finally formed of a filious envelope, and of a fibro-cellular tissue, wherein fibre predominated. The after treatment presented nothing worthy of observation, the wound healed kindly, and she left the hospital quite cured.

SEVENTH CASE.—M. Dupuytren was consulted by an old military man for a small tumour situated on the outer and upper surface of the right leg. He could give no precise epoch of its origin, but he had for some months felt shooting pains in the part, and had felt a small hard substance, the pressure of which caused extreme pains, and which had increased so much as almost to bereave him of his senses. They occurred many times in the day at greater or lesser intervals, and they extended from the seat of pain to the neighbouring parts. These symptoms left no doubt as to the nature of the malady: it was a fibro-cellular tumour. Its situation, extent, and the severity of the pain upon pressure, were so many proofs in favour of this opinion. An incision was made over it, it was seized with the forceps and removed. Four days afterwards the wound healed and the man did well.

EIGHTH CASE.—Two years since, M. le docteur Maux was called by le docteur Audibeck to a patient, who, for two years, had suffered most severe pains in the left thigh, leg, and knee. He had taken every remedy employed in rheumatic and neuralgic cases. M. Maux, taught by the experience of M. Dupuytren, examined the limb with great care. Under the skin of the internal surface of the left knee there was a small tumour of the size of a pea, movable, and giving great pain on pressure. A small incision was made over it, and it was removed. The patient was completely freed from all further inconvenience of pain afterwards. M. Dupuytren examined the tumour carefully, and found it to be formed, externally, of a fibro-cellular membrane, and inter-

nally, of a fibrous structure, disposed concentrically, and somewhat similar to the fibrous structures situated between the bodies of the vertebrae.

NINTH CASE.—Madame P. had felt for three years most severe pains in the right leg, recurring three or four times a-day, and frequently causing syncope by their violence. On examining her, M. Dupuytren found a small fibrous tumour of the size of a cherry-stone on the inferior and anterior portion of the leg over the spine of the tibia. An incision was made over it, and it was at once removed. It was of a fibrous nature, enveloped in a cellulo-fibrous cyst. From this time the pains ceased, a slight blush of erysipelas developed itself around the wound, which soon yielded under gentle laxatives. The patient was perfectly cured in ten days, and never afterwards suffered any pains.

PLAN OF A UNIVERSAL ASSOCIATION  
OF MEDICAL MEN IN THE UNITED  
KINGDOM OF GREAT BRITAIN.

BY ALEX. THOMSON, M.B. OF ST. JOHN'S CAMB.

“ Qui rectè vivendi prorogæ horam,  
Rusticus expectat dum diffuât amnis; ut file  
Labitur et labetur in omne volubilis ævum.”

OBJECTS PROPOSED TO BE ACCOMPLISHED BY  
THE ADOPTION OF THE FOLLOWING PLAN.

To melt the profession into one harmonious mass.

To recognise, in the spirit of the times and of reason, the equality of all the members of the profession.

To do away with the system of centralising medical knowledge.

To furnish a stimulus to the members of the profession to keep up their knowledge, if not for their own mental satisfaction, for sustaining the contact with their fellows in examining.

To put an end to the public lies, introduced into the various systems of medical government.

To assure to the country that those passed, really possess substantially and practically the elements of their profession.

To repress effectually the tampering with the public health by quacks, allowed and winked at by the existing bodies.

To abolish the false system of certificates.

To destroy the monopoly of lectureships.

To enforce a good, without vexatious, system of preliminary education.

To prevent examiners unfit for the office being elected or retained.

To protect the pupil from unfair questions or captious treatment in the examination.

To secure by a fine for rejection, that no man shall present himself without a proper quantity of elementary knowledge.

To stigmatise dishonourable and recreant conduct in the members.

To create a fund for the wants of the society.

#### A. The Society to consist of

1. All members of the Colleges of Physicians of London, Dublin, Edinburgh, and Glasgow.

2. All members of the Colleges of Surgeons of London, Dublin, and Edinburgh.

3. All members of the Apothecaries' Company of London.

4. Doctors and Bachelors of Physic of the Universities of Cambridge, Oxford, Dublin, Edinburgh, Aberdeen, Glasgow, and St. Andrews'.

5. Persons of whatever nation, and however and wherever educated, who may pass successfully through the examination.

6. The museums, libraries, property, and buildings of the medical part of all these bodies to become common property.

7. Forty-one examiners, under 60 years of age, to be elected by a simple majority of all the members in each of the three countries, England, Ireland, and Scotland, in order to commence the operations of the Society.

8. Eleven of these examiners to be chosen by simple majority, as the first council for each of the countries, from the examiners resident in the metropolitan towns.

9. A president to be chosen by simple majority of each council for each of the countries.

#### B. The Members.

1. Members chosen by the majority out of five examiners.

2. Members equal in all their rights and privileges.

3. Members deciding all questions of government by secret ballot.

4. Members yielding to the decisions in all cases of a simple majority.

5. Members chosen by the examiners, cease to be so on the examination being found to be unfair.

6. Members eligible to the office of examiners, after twenty-five years of age.

7. Members expelled *ipso facto*, upon conviction before any public tribunal of perjury, or of any other crime, or of having seduced the daughter or wife of a patient.

8. Members paying to the general fund an annual subscription of ten shillings.

#### C. Membership.

1. Candidates for, to be upwards of twenty years of age.

2. Candidates for, furnish no testimonials of study or acquirement, but in place of this,—

3. ——— give notice to some one examiner, whether of their own country or not, of their intention to submit themselves to examination, one month previously to the day on which they wish to be examined.

4. Candidates for, deposit in the hands of the examiner to whom they apply, previously to drawing out from the urn the names of the other four examiners, the sum of forty pounds.

5. Candidates for, receive from the examiner a receipt for the same.

6. Candidates for, draw from an urn, into which the examiner has placed the names of all the examiners in the county in which he, the examiner, resides, the names of four examiners to complete the examining committee.

7. Candidates for, retouch one half of the sum deposited, in the event only of their successfully passing their examinations.

8. Candidates for, forfeit the sum deposited, if they do not present themselves on the appointed day for examination.

9. Candidates for, are obliged to answer no questions except upon the established points of the sciences and arts indicated in the next regulation.

10. Candidates for, are examined in, *Latin*.—Cicero de Oratore and Celsus.

*Greek*.—Herodotus, and the aphorisms of Hippocrates.

*English composition*.—On a medical subject, drawn from an urn, in which each of the five examiners had deposited one in a sealed envelope, by the candidate.

*Logic*.—Duncan's or Whateley's.

*Geometry*.—First six books of Euclid.

*Algebra*.—First part of.

*Philosophy*.—Locke on the Human Understanding.

*Anatomy*.—Descriptive, regional, general, developmental, morbid.

*Pathology*.—Internal, or nature of diseases; external, or surgery.

*Physiology*.—Magendie's; Bell on the Nerves.

*Chemistry*.—Elements of analytical, elements of synthetical.

*Botany*.—Elements of physiological, descriptive, medical.

*Materia Medica*.—Of the British Pharmacopœias alone.

*Legal Medicine*.—Toxicology, medical evidence, &c.

*Midwifery*.—Embryotomy; labour and its consequences.

Some one system of each selected by the London Council.

#### D. Examiners.

1. Examiners to be unlimited in number.

2. Examiners to be chosen from members by the majority out of five examiners.

3. Examiners to have no privileges over the members, save that of being eligible for the council.

4. Examiners to cease their functions after sixty years of age.

5. Examiners degraded to mem-

bers upon being convicted by any one of the councils of refusing, except in case of illness, to examine, and of partial or unfair conduct in the examinations.

6. Examiners to be paid for their journeys and loss of time by the body in general.

7. Examiners to meet for examination in an apartment open to all members of the profession.

8. Examiners to assemble for examination in the chief town of the county to which they belong.

9. Examiners are special or general; special for one or more sciences, general for the whole of them.

10. Examiners to examine whenever called upon, three weeks' previous notice having been given them.

11. Examiners five in number for each examination.

12. Examiners—three of the five are always general examiners.

13. Examiners to place the names, whenever applied to individually for examination, of all the examiners in the county in which they reside, each in a sealed packet, into an urn, and allow the candidate to draw out four to complete the committee of examiners.

14. Examiners susceptible of being refused to the number of three after the first drawing by the candidate.

15. Examiners when refused by the candidate, replaced by a second drawing from the same urn; the names of the refused examiners having been replaced in the urn.

16. Examiners to advertise the four examiners so chosen of the time, place, and object of their re-union, three weeks previous.

17. Examiners to refuse examination in the country, if there be not in it a sufficient number of examiners to constitute a committee.

18. Examiners to choose, in the committee for examination, one of their number for a presiding examiner, to direct the examinations and defend the person examined from vexatious and unfair treatment.

19. Examiners to demand from the



candidate for the membership, previously to his drawing the complement of the committee from the urn, a deposit of £40, and in the event of his success, return him immediately £20.

20. Examiners to demand from the candidate for the examinership, previously to his drawing from the urn the complement of the committee, the sum of £20 as a deposit, and in the event of his success, return him immediately £10.

21. Examiners to decide, by a simple majority, the acceptance or rejection of the candidate.

22. Examiners to transmit the funds received, with a written account of the result of the examination, to the Metropolitan Council.

23. Examiners to give to the successful candidate a certificate signed by the whole of them, of his success.

24. Examiners prohibited from putting any questions to candidates for the memberships, except on the established points of the science.

25. Examiners permitted to put any questions they may deem necessary on the sciences connected with medicine, to the candidates for the general examinership.

26. Examiners required to examine for the special examinership in the science or sciences only in which the candidate demands examination.

27. Examiners to conduct the anatomical and surgical examinations on the body.

28. Examiners to conduct the pathological examinations in an hospital or dispensary, in which there are at the time at least a hundred patients; the tickets in the former case being removed from the beds, and require the candidate to examine diagnose, prognose, and prescribe for all the cases, or for such of them as the examiners shall think proper to select.

29. Examiners to conduct the chemical examinations by causing the candidate to compose and decompose all or any of the substances named in the British pharmacopœias, the materials being placed before them, and

by questioning generally on the elements of the science.

30. Examiners to conduct the botanical examinations by questions on the elements of physiological botany, and by causing the candidate to recognise by sight, or by examination with the aid of a general system, the plants of the British pharmacopœias.

#### E. Examinership.

1. Candidates for, to be at least twenty-five years of age.

2. Candidates for, to give notice to some one examiner of their intention to submit themselves for examination one month previously to the day on which they wish to be examined.

3. Candidates for, to produce the examiner to whom the notification is made, their certificate of age, and of membership.

4. Candidates for, to deposit in the hands of the examiner to whom they apply, the sum of twenty pounds, previously to drawing out from the urn the names of the four examiners to form the complement of the examining committee.

5. Candidates for, to receive from the examiner the receipt for the money.

6. Candidates for, to draw after having made the deposit from an urn into which the examiner has placed the names of all the examiners in the county in which he the examiner resides, the names of four examiners to complete the examining committee.

7. Candidates for, to retouch the half of the sum deposited in the event of their successfully passing their examinations.

8. Candidates for, to forfeit the sum deposited, if they do not present themselves on the day appointed for the examination.

9. Candidates for, to answer any questions, theoretical, practical, or positive, that may be put to them for the sciences in which they demand examination, if for specific examiners; in all the sciences connected with medicine, if for general examiners.

F. Councillors.

1. Councillors, to be eleven in number for the Metropolitan towns of each of the three kingdoms.

2. Councillors to be chosen by ballot and simple majority on the 1st of January every year.

3. Councillors to be elected by a simple majority of the examiners resident in the metropolis of each country.

4. Councillors to announce the day of election of the new Council in the public journals one month previously.

5. Councillors to choose, by simple majority, on the day of, and immediately after, their election, one of their own body as president for the year.

6. Councillors to assemble in an apartment open to all members of the profession.

7. Councillors to meet once a month for the despatch of regular business.

8. Councillors to meet also for the purpose of deliberation whenever there is any difference of opinion on points of government.

9. Councillors to be considered as honorary officers.

10. Councillors to be degraded, *ipso facto*, to examiners, when they refuse to meet, except in case of illness, after a notice of five days.

11. Councillors to be obliged to vote on all questions laid before them in Councils.

12. Councillors unable to change the principles of the Association without consulting, and receiving the assent in writing of, a simple majority of the members.

13. Councillors to confer, in reunion of the three kingdoms, and by simple majority, with the Government on all subjects connected with the profession.

14. Councillors of Dublin and Edinburgh subservient to the Council of London in all other circumstances.

15. Councillors to annul the election of a member, or of an examiner, on proof being laid before them of the elections having been unfairly or negligently conducted.

16. Councillors to conduct, and are responsible for, the affairs of the Society.

17. Councillors to determine the amount of fees to be paid to the examiners for the examinations.

18. Councillors to frame, and sustain to the level of the science, a common Pharmacopœia for the United Kingdoms.

19. Councillors to select the systems of elements in each of the branches of study, in which the examinations are to take place.

20. Councillors to take care of the museums and libraries, seeing that they are properly lighted, cleaned, and supplied.

21. Councillors to remove all obstacles to the study of the members, and of young men studying the profession.

G. President of the Association.

1. President to be considered an honorary officer.

2. President to be elected on 1st of January in each year.

3. President to be chosen from the Council by a simple majority of its members for each of the three kingdoms.

4. President is the depositary of the funds in London.

5. President disburses the funds under the approval of the Council.

6. President signs all obligations of the Society.

7. President calls all meetings of the Council.

8. President prosecutes, under pain of degradation to the rank of members, all persons exercising the arts of medicine or surgery, without the licence of the Association, and in its name.

9. President is degraded to the rank of member upon being convicted of unfair conduct by the Council, aided by the oldest on the list of Metropolitan examiners, who is to preside during the investigation of the charges.

10. President decides all questions of order in the meetings of the Council.

### Rebivets.

*The Animal Kingdom, arranged according to the Organisation, serving as a foundation for the Natural History of Animals, and an Introduction to Comparative Anatomy.*  
By BARON CUVIER, &c. &c. London, 1833. G. Henderson.

THE lovers of natural history have a vast source of knowledge thrown open to them by the publication before us, which renders the great production of the modern Aristotle accessible to English readers. The translation is accurate, and the work is published on such low terms that it must command a general circulation. It is to appear in monthly numbers to the amount of thirty-six, and its price thirty-six shillings, while that of the original with plates is as many pounds! We are surprised at the terms at which this splendid work is offered to the public, and we are convinced that it cannot fail to obtain extensive patronage. There are few subjects more interesting and amusing than the study of natural history, and here is the best work of reference and authority. We select the following extract to illustrate the style of the renowned author:—

“The birth of organised beings is, therefore, the greatest mystery of the organic economy and of all nature: we see them developed, but never being formed; nay more, all those whose origin we can trace, have at first been attached to a body similar in form to their own, but which was developed before them—in a word, to a *parent*. So long as the offspring has no independent existence, but participates in that of its parent, it is called a *germ*.

“The place to which the germ is attached, and the cause which detaches it, and gives it an independent life, vary; but this primitive adhesion to a similar being is a rule without exception. The separation of the germ is called *generation*.

“Every organised being reproduces

others that are similar to itself, otherwise, death being a necessary consequence of life, the species would become extinct.

“Organised beings have even the faculty of reproducing, in degrees varying with the species, particular parts of which they may have been deprived—this is called the *power of reproduction*.

“The development of organised beings is more or less rapid, and more or less extended, as circumstances are more or less favourable. Heat, the abundance and species of nutriment, with other causes, exercise great influence, and this influence may extend to the whole body in general, or to certain organs in particular: this arises the impossibility of a perfect similitude between the offspring and parent.

“Differences of this kind, between organised beings, form what are termed *varieties*.

“There is no proof, that all the differences, which now distinguish organised beings, are such as may have been produced by circumstances. All that has been advanced upon this subject is hypothetical. Experience, on the contrary, appears to prove, that, in the actual state of the globe, varieties are confined within rather narrow limits, and go back as far as we may, we still find those limits the same.

“We are thus compelled to admit of certain forms, which, from the origin of things, have perpetuated themselves without exceeding these limits, and every being appertaining to one or other of these forms constitutes what is termed a *species*. *Varieties* are accidental subdivisions of species.

“Generation being the only means of ascertaining the limits to which varieties may extend, species should be defined—the *re-union of individuals descended one from the other, or from common parents, or from such as resemble them as strongly as they resemble each other*. But although this definition is strict, it will be seen that its application to particular in-

dividuals may be very difficult, where the necessary experiments have not been made.

“ Thus then it stands—absorption, assimilation, exhalation, development, and generation, are functions common to all living bodies; birth and death the universal limits of their existence; an areolar, contractile tissue, containing within its laminæ fluids or gases in motion, the general essence of its structure; substances, almost all susceptible of conversion into fluids or gases, and combinations capable of an easy and mutual transformation, the basis of their chemical composition. Fixed forms that are perpetuated by generation distinguish their species, determine the complication of the secondary functions proper to each of them, and assign to them the parts they are to play on the great stage of the universe. These forms are neither produced nor changed by their own agency—life supposes their existence, its flame can only be kindled in an organisation already prepared, and the most profound meditation and lynx-eyed and delicate observation can penetrate no farther than the mystery of the pre-existence of germs.”

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*Principles and Illustrations of Morbid Anatomy.* By JOHN HOPE, M.D. Part VI. Whittaker.

In looking for a few years back towards the low degraded state of medical literature, and comparing it with the high rank in science which any work issuing from the medical press now holds, we cannot help feeling astonished at the rapid strides which this literary department of our profession has made within a very recent epoch of time. The thirst for the acquirement of medical knowledge has been proportionate with the demands which disease, sickness, and suffering have made upon it; those internal morbid affections of the heart and other viscera, those chronic changes of structure affecting the in-

testinal and other mucous membranes, which but a few short years since were enveloped in such complicated mystery, are now rendered familiar to the youngest tyro by the splendid specimens of morbid anatomy in the museums of every hospital in London; nor are these the only fountains of pathological knowledge whence rich stores of learning in this branch of our profession may be gleaned; the medical press teems with works in every department of pathology, and morbid representations of scirrhus of the pylorus, or *ramollissement* of the spinal marrow, are as familiar as the structure of a fatty tumour or the eruptive appearance of the small-pox.

These remarks have been called forth by the examination of the valuable work on “*Morbid Anatomy*” now before us. The sixth part which we have more particularly under our notice, represents and speaks of those morbid changes which occur in the alimentary canal below the attachment of the diaphragm, including lesions, hyperæmia, and softening, and these are illustrated by the accompanying representations of changes of structure, made by the author from the diseased surfaces themselves.

Hyperæmia always supposes some degree of redness to pervade the mucous membrane, which has led into the double error of supposing it in some cases to be the natural appearance of the part, whilst in others it has been regarded as the result of inflammation; in order to avoid these two extremes of judgment the pathologist should be well acquainted with the natural appearance of a part, the proper performance of whose functions is so essential to the healthy action of this portion of the animal economy.

“ The intestinal mucous membrane of a living animal, during a tranquil state of the circulation, is observed to be of a red tint, somewhat deeper than that of the mucous membrane of the cheek of a healthy man. This tint is replaced by uniform paleness, or at the utmost by a delicate

rosy tinge, when the animal is deprived of life without much loss of blood, which causes preternatural paleness, and without asphyxia, which causes mechanical injection. It thus appears that the mucous membrane, like the skin, tends to become pale after death. Accordingly, in the human species, as well as in animals, it has been found of this colour in most cases of accidental death occurring during a state of perfect health. The pale colour, however, is not of the same shades in all parts of the canal and at all ages. In the stomach, and still more in the great intestine of the adult, it presents a dead white hue, while in the duodenum and jejunum it is of an ashy or greyish white, which diminishes towards the end of the ilium.

“ In the foetus and very young infants the membrane is tinged of a rose colour, which, gradually diminishing, is replaced in children by a milky and satiny whiteness, this becomes dimmer towards puberty, and in the adult passes into the ashy-grey shade above described. In the aged the grey colour becomes more decided and general, being in some measure dependent on the dilated and congested state of the sub-mucous veins, which impart a colour to the super-imposed membrane. In extreme old age, however, and in young children who have died of marasmus, the *maximum* degree of paleness is sometimes observed, being connected with the anæmia which exists under both these circumstances.”

The performance of digestion, and the prevention of the return of the blood to the heart, will at all times occasion redness of the alimentary canal; after death, however, this state of parts may be referable only to two principal causes. 1. Gravitation of blood; and 2. Its transudation through the parietes of its vessels. In a diseased state of parts this redness may be reduced to four species, red, brown, slate-coloured, and black.

In the chapter on “Softening,” the author in speaking of this morbid

change occurring in healthy parts, includes softening from putrefaction, and solution by the gastric juice; as connected with disease the mucous membrane alone may be affected, or the entire gastro-intestinal parietes may be involved.

The drawings accompanying the letter-press are well executed, and present some of the most faithful delineations of morbid structural changes which we have ever witnessed. We shall notice the ensuing numbers of the work as they appear.

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*A Treatise on Diseases of the Skin, founded on New Researches in Pathological Anatomy and Physiology.* By P. RAYER, D. M. P. Translated from the French by W. B. Dickenson, Member of the Royal College of Surgeons. 8vo. pp. 400. London, 1833. John Churchill.

THE translation of M. Rayer has conferred a great obligation on the science of medicine in England, for the work is one which conveys to us not part merely, but the whole, of the information of our continental brethren on these difficult subjects.

M. Rayer had evidently bestowed great pains and industry in the observation of his cases, and much reflection and study in his deductions. Still the original work had been little circulated in this country, and its merits, but for the present translation, would have been perhaps but little known. Our countryman, Willan, appears to have preceded the French school by some years in the scientific investigation of cutaneous diseases, and his classification and arrangement founded on, and differing in no very material degree from, that of Plenck, has been adopted by M. Rayer, Alibert, and others, as the best at present existing. It is probable too, considering the difficulties which beset the subject, the constantly varying features of the different

diseases, their tendency to approximate each to the form of some other, and run from time to time through those changes which constitute pimple and vesicle, pustule, scall, scale, &c., it is the nearest to perfection we may be destined to see. Yet it is much to be wished it were more simple, for the divisions are so numerous, and the terms used so multiplied, as to make it a most discouraging task to attain a knowledge of them.

The descriptions of M. Rayer are remarkable for their correctness, and their value in diagnosis is, therefore, very great. Indeed, it is evident, that precision in this point is essential, and calculated to obviate much of the inconvenience above mentioned as regards the classification. The etiology of these diseases, he properly remarks, has been the subject of more hypothesis than positive research; their differential diagnosis has not been treated with the perspicuity desirable, and the therapeutic department has still many obscure points. This latter fact, he observes, is accounted for, inasmuch as there has been few experiments made in which the direct effect of the remedies has been clearly shown, their having been almost always limited to indicating the curative or distant effects. In fact, to announce that a patient affected by *diabys*, that is to say, acute or chronic inflammation of the skin, has been cured by *dulcamara*, *rhus radicans*, tincture of *cantharides*, or whey, or after having been bled once or oftener, and not to make known the form, extent, or degree of these inflammations of the skin, the state of the principal organs, and numerous other circumstances attendant on each individual case, is to publish a series of observations very nearly deprived of all interest. To say that such or such a remedy has sometimes succeeded, and that it has failed in cases exactly similar, without entering into the conditions which have influenced such opposite results, is to give us to

understand that chance presides over therapeutical experiments.

The capriciousness of these diseases, if we may use the term, however, constitutes, in our humble judgment, a very great obstacle to the due estimate of individual remedies or systems of management; for how often have we seen them obstinate and unyielding to all and every thing that theory can suggest, or empiricism itself hit upon, and yet vanishing spontaneously after the pursuit has been long given up in despair? In our opinion, when we consider the vast influence of mental and constitutional causes in the production of diseases of all tissues of the body made apparent to us, we are justified in thinking, that each of these are often operating unseen, and undisclosed, and unsuspected, and are therefore induced always to look with a more inquisitive eye into these points than at the disease of the surface. The influence of mental anxiety and distress is often so great as to produce the worst forms of lepra, and in these changing times it is not uncommon to see cause and effect clearly demonstrated. We remember a case a short time since of this kind, the patient was a stout-looking and rather corpulent man, a person whose appearance denoted what is termed good health. There was nothing tangible as explaining the cause of the disease. Every measure had been tried having a rational principle for its basis, when a crisis in his private affairs, which he had long dreaded and struggled to avert, arrived. His mind was relieved of its burthen, and he immediately recovered. Heberden, and later writers, considered lepra a rare disease in England; it is now, however, extremely common.

M. Rayer has culled with an unsparing hand from English authors, we are bound to say, in most instances, with due acknowledgments; but our readers have had these materials before them for some years. They comprehend a very valuable and very large part of the work, which con-

sidering its pretensions, and the probably grand object of the author of spreading the knowledge of cutaneous diseases on the continent, is no small praise. Continental authors have also furnished their quota of information, and the whole may be considered as a fair compilation of what has been published on these subjects up to the present time. The translation is, on the whole, creditably executed, though, we have no doubt, the author would have been better pleased, had it been accompanied by a copy of his illustrations.

We would not say anything against the book if we could, fearing to discourage the translation of scientific works in a country where every man's eyes are open from the highest to the lowest to the value of the propagation of knowledge. Its demerits are all of the negative kind; there certainly are deficiencies, but on the whole we think it our bounden duty to recommend our readers to place it on their shelves. What there is original in it may be read with advantage, and it will afterwards be found a useful book of reference.

ON THE USE OF THE CYNARA SCOLYMUS IN RHEUMATISM.

To the Editors of the *London Medical and Surgical Journal*.

GENTLEMEN,—Considering, as I do, that accumulation of facts as evidence is not barely useful but *essential*, in the establishment of the claim of any remedy, as efficacious in the relief of disease, I am happy in being able to add my testimony to that of Mr. Copeman, of the Norwich Hospital, in favour of the *cynara scolymus*, (the common artichoke,) in the treatment of rheumatism, and induced to forward to you reports of cases in which I have employed it with marked success.

The first case is of Elizabeth Harper, ætat. 75, a hale and strong woman, inhabiting a very exposed

situation. On June 10th complained of acute pain in both wrists, which on examination I found to be painful on being touched, and very much tumefied; bowels very regular, free from fever; pulse 80; tongue clean; pain aggravated at night. Gave the following mixture:—

R. *Succi cynaræ*, ʒiv,  
*Syrup. simp.* ʒij,  
*Aq. font. ad.* ʒvj.  
*M. Capiat partem iv am octavis horis.*

11th. Pain much relieved; swellings slightly reduced; has passed a better night.—Continue medicine.

12th. Pain has ceased; swellings considerably less, and wrists no longer tender. A gentle aperient was to day necessary.—*Cont. Mist. Cynaræ.*

14th. Quite well. The wrists have regained their proper size, and the hands their use. This patient continued quite free from pain until the 3rd of this month (August), when she complained of pain in one shoulder, similar to what she had felt at the wrists, and begged that she might have some more of such medicine as she had had on the former occasion. It was immediately sent to her, and she was relieved as before.

SECOND CASE.—Mary Smith, ætat. 56, applied on July 16th for relief from severe pain in the loins, occurring soon after exposure to damp and cold. The pain was acute in the direction of the sciatic nerves of the left side, at times when the lumbago would be less distressing. On the preceding night had not slept, the pain being almost incessant. Tongue clean, and secretions regular; pulse 78. She being a younger woman, and more robust than Case 1st, I gave

R. *Succi Cynaræ*, ʒvj, c.  
*Syrup. com. et aq. font. in formâ misturæ, capiat ut supra.*

17th. Pain has disappeared from the lumbar and sciatic regions by metastasis to the shoulders, which do not suffer so severely, but are very stiff. *Cont. med.*

18th. Better; shoulders less pain-

ful, but not less stiff; the bowels slightly confined; gave

*Magnes. Sulph.* ℥iv.  
*in Aquâ font.* ℥xij.

19th. Draught operated satisfactorily, and pain considerably less. No second metastasis has taken place.

*Cont. Mist. Cynaræ.*

20th. The pain has ceased, and she can use the arms better; bowels regular.—*Perstet in usu Cynaræ.*

21st. Quite well; no pain, and the stiffness is now inappreciable. Up to the date of this communication this patient has continued well.

**THIRD CASE.**—July 19th. Henry Smith, husband of the above, ætat. 46, was attacked in a precisely similar way, the seat of pain in him being the lumbar region and knee of the left side; ordered him a mixture like his wife's.

20th. Metastasis to the right shoulder, yet with considerably less pain.—*Pergat.*

21. Pain has ceased, and not since returned.

**FOURTH CASE.**—Aug 3rd. Samuel Fleur, ætat. 36, complains of considerable pain in his right shoulder which prevents his taking any rest at night, when it appears to be slightly aggravated. Bowels confined; pulse 90, and tongue white. Gave

*R. Magnes. Sulph.* ℥iss.

*Syrup. Sim.* ℥ss.

*Aq. Ment. Pip. ad ℥vj. M. Copiat coch iij mag. pro re natâ, secundis horis.*

4th. Bowels relieved soon after finishing the mixture; pain in the shoulder unabated, limb incapable of being moved from extreme pain and stiffness; pulse 80.

*R. Succî Cynaræ,* ℥vj.

*Aq. Ment. Pip. ℥vj. M. Copiat part. iv am nocte maneque.*

5th. Relieved; pain in shoulder less; has slept for the first time for three nights.—*Perstet.*

7th. Gradually improving; bowels in good order; tongue clean, and pulse 70; shoulder less stiff.—*Perstet.*

12th. Is now so far recovered as to be able to go out to glean corn, and has discontinued medicine.

The foregoing I consider to be cases in which the efficacy of the medicine employed was very marked, and are the only ones of which I have preserved any notes. In more acute cases I have found the same medicine equally useful after bleeding, and in many cases where I had previously given the *Pulv. Ipec. c.*, antimonials, and the whole tribe of medicines usually esteemed in the treatment of this class of disease, without effect. I have never found it produce catharsis, as Mr. Copeman reports he has done\*. The first hint which I received on the subject of the value of the *Cynara* in treating rheumatic affections, was from Mr. Johnson of Norwich, and for the first sample of a tincture prepared from it, I am indebted to Mr. Cooper, also of Norwich, two gentlemen indefatigable in the pursuits of science, and as eminently useful as esteemed in the practice of our profession.

The mode of making the preparation which I use being as simple as the remedy is useful, I will describe it, and recommend an inquiry for the leaves before they are destroyed for the season, and which has already been done in some gardens.

I use the juice only, which I extract by cutting the fibrous and fleshy portions of the leaf into short lengths, convenient for bruising in a marble mortar. The juice is then very easily separated from the pulp by pressure, and I find it keep very well by adding, after filtering, to every five ounces, one ounce of *spî. vin. rect.*

I am now in the daily habit of giving it, and have not yet employed it in any case in which it has not proved of service.

Finding this simple preparation so useful, I have not been induced to make either an extract or tincture. They are doubtless the most eligible

\* Med. Gaz. vol. xi., page 844.



forms of preparation, more particularly for convenience, but scarcely likely to prove more efficacious, and are certainly in either process more expensive,

With sincerest respect, I remain  
Your attached and constant reader,  
JOHN JAMES HALLETT.  
*Yarford, Suffolk,*  
*August 16th, 1833.*

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THE

**London Medical & Surgical Journal**

*Saturday, August 31, 1833.*

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**PROGRESS OF CHOLERA.**

THE cholera is still very prevalent, and is not confined to the lower classes. It is much modified in its symptoms, when compared to those which characterised the disease last year. There is in general a premonitory diarrhoea, but the evacuations may be of varied appearance, rice-coloured, yellow, brown, and even black. We have seen a lady aged 76, who was seized with vomiting and diarrhoea at 7 o'clock in the morning, whose alvine discharges were black; we saw her at noon, and at the desire of her medical attendant used the saline transfusion, which did no good whatever, and she died in a few minutes afterwards: the skin of the face, hands, arms, legs, and feet being perfectly blue. We have seen two other blue cases since our last, in which the extremities were cold, pulse very weak, the tongue and the breath cold, the spasms in the abdomen and limbs violent; and all these symptoms were removed by strychnine, in the dose of one-twelfth of a grain every ten minutes. In the first

case, that of a strong woman, reaction took place as soon as twelve pills were taken, the pulse returned, voice became stronger, the countenance brightened, the vomiting, purging, and cramps ceased. The pills were continued every half hour afterwards, but collapse speedily ensued, and death occurred. In the second case of a delicate man who had been out of employment for three months, who eaten unripe apples the day preceding his attack, and was seized with all the symptoms of cholera at 10 o'clock on Saturday morning, his family did not discover his condition until 5 o'clock in the afternoon. He had vomiting, purging, cramps, with blueness of the face, hands, arms, and legs. He took eight strychnine pills from a quarter past five to half past six o'clock. His symptoms ceased, but he had no pulse. He continued the pills every half hour until one o'clock on Monday morning, when he expired. Reaction did not take place in this case, though heat, friction, &c. were sedulously employed. In several other cases life was saved by the strychnine in the first stage of the disease. In another case of a gentleman, ice was given by the mouth, cold water and broth injected by the rectum, and three drachms of calomel given before our arrival. Nevertheless the patient sunk. From all we have heard, read, and seen of the disease, we think strychnine is one of the best remedies when administered before collapse has commenced. We are convinced that it fails in the last stage of the disease, as all remedies

hitherto employed have repeatedly done.

As to the idea of the disease being contagious, we have held, since its appearance in this country, the opinion which was afterwards deliberately given by Magendie and all his fellow-countrymen, that it is **ABSURD**. We have sat upon the patients' beds for an hour at a time to dissipate the horrid notion entertained by relatives, that the disease was contagious, and then put this question to them:—"Do you suppose I should wish to communicate this frightful disease to my own family, or to any human being?" This was the *argumentum ad rem*—not the *argumentum ad absurdum* of the believers in contagion. Lastly; with respect to saline injections, we believe them, upon the whole, to be useless. They are founded upon the doctrine of Dr. Stevens, which every physiologist considers erroneous. Sanguineous transfusion bears much more similitude to reason and science, and ought to be more extensively employed. We have heard of three cases only that were supposed to be cured by saline transfusion, but as many have been cured with cold water and various other remedies.

THE CORPSE OF THE CHOLERA  
BILL.

WE promised in our last to lay before our readers any further account we might receive of this Bugaboo Bill. It has risen from the dead and come to life again, and has, moreover, been christened by the above name. The

ceremony of baptism was, however, but a very *blue* affair after all. The font was made of *blue-stone*, the clerk looked *blue*, the parson looked *blue*, the child, of course, was obliged to look *blue*, but a contemporary of ours, who officiated as god-father on the occasion, cut the poorest figure of all—he seemed fairly done *blue*. However, the prospect of the cholera child soon coming of age rallied his depressed spirits, and by his last pages we are glad to say he appears as frisky and foolish as ever:

After apostrophising SIR DAVID BARRY, and SIR WILLIAM RUSSELL, and apologising for his prematurely denouncing them as "*unprincipled*," he goes on with more eloquence than we had ever given him credit for, to describe himself and his similitude. "An editor of a medical journal," says he, "who is (*quære*, like myself) *literally stupid*, may be likened to a harnessed horse\* which has the misfortune to fall prostrate in the mud. The miserable condition of the fallen animal excites the compassion of the friendly driver and all surrounding spectators. Every one in turn attempts to raise the fallen creature, and in turn every one receives a splash of mud or a kick as a reward for his compassionate exertions †." We will be scotched if the TOM

\* We understand that in the original MS. the word was written "*ass*," but the printer's devil, out of respect to his friend, wrote him down "a gentler animal."

† The latter portion of the above is a *travestie* sketch of what actually occurred when certain worthies and the police met in such *amicable* contact in the theatre of the College of Surgeons.

PAINÉ-BONE-MAN did not help our contemporary to concoct the above splendid specimen of pig-tail.

After this, however, he fairly breaks down; and when supporting the cholera contagion doctrine, he comports himself most marvellously like a merry-andrew, and like his friend, the horse, he kicks and splashes right and left. His doctrine is, "that one instance of indisputable contagion is sufficient to establish the whole doctrine of contagion;" for the premature delivery of which indisputable nonsense he is doubtless indebted to a pretty smart dose of ergot of rye. But we cannot afford space to follow this "ignis fatuus" any further. The truth is, that the "contagionists," with our contemporary at their head, the No-Bats, the Tittle-Bats, and the Anti-Bats, are in perfect ecstasies; they verily believe the Millennium is at hand; and it would be an act of real charity if the Commissioners of Lunacy would drop down upon them and send them all off to a mad-house.

We understand that the Editor of the *Cholera Gazette* has been sent for express from Paris, and is expected to arrive in a few days with a crew of Saint Simonians to undertake another *Cholera Gazette* "by authority." We here, however, beg to assure our worthy friend, that if we catch him "napping" any more, we may read him such a lesson as he never had read to him before; he shall eat his own words and swallow his own book.

THE Cholera and Irish Infirmary Bills passed on Wednesday night.

#### PERCUSSION IN CHOLERA.

To the Editors of the *London Medical and Surgical Journal*.

GENTLEMEN,—As some cases of cholera asphyxia have occurred to me in which a new mode of practice has been adopted, I request you to insert the results in your weekly *Journal*.

This practice was first begun in a case which appeared to have received no relief from the use of cold water plentifully allowed, with the addition of calomel in ten grain doses. It was the case of a boy of twelve years of age, who had been taken ill on the morning of the 28th of June. He had gruelly stools and no secretion of water, with cramps in the legs. He wished much to indulge in drinking cold water, in which he was encouraged. He took three doses of calomel of ten grains each, which, with a terebinthinate clyster, formed the treatment of the first twenty-four hours. The pulse was perceptible for the first twenty hours, during which time he had frequent colourless stools and vomitings. At eight o'clock on the second day, after a restless night, he was in a state of asphyxia. Extremities deadly cold; body in a state of complete torpor; stools and vomitings of the same character, but less frequent. He had, of his own accord, discontinued to drink cold water. In this state, when it was thought by Messrs. Hainson and Watsford, and myself, that the case had become one of extreme danger, it occurred to me to try the new remedy. Directions were given to percussate sharply with the hand on the right side in the region of the liver. This was done for nearly five hours. After the first hour the circulation in the face seemed to rouse; after the second, a slight pulsation was felt at the wrist, and in five hours, four of which had been employed in percussion, a black stool, with discharge of urine, took place, and the pulse was restored, and, in two hours more, two other black stools were voided. The next day, liquid coloured stools were passed, with the

natural appearance of bile in them. From this time the boy gradually recovered.

The next case of cholera asphyxia was in a patient of Mr. Smith's, of Deptford Bridge. On the previous day, costiveness and pain in the bowels were complained of, which were removed by a dose of calomel and aperients. On the second day the patient was found in a state of complete asphyxia, with gruelly stools, vomitings, severe cramps, and no discharge of urine. The case altogether appeared to him to be of the most serious character, and the friends were not inclined to disturb the patient by adopting those means of relief usually resorted to, thinking the case wholly hopeless. But Mr. Smith having had some conversation with me on the subject of percussion, determined to adopt it in this case, without the use of any other remedies. In five hours the patient appeared to be satisfactorily better in regard to circulation, and the percussion was continued two hours longer, when, in a short space of time, coloured stools came away, and the pulse was recovering itself, but no water was discharged until two days afterwards. The circumstance of the recovery of pulse, and the passing of coloured evacuations occurred a week since, but the non-evacuation of water no doubt kept up much irritation, the cause of which, from the first, seemed to be the want of power in the bladder to expel its contents. It now accumulates, and is drawn off twice or three times a-day. A degree of delirium still remains, with great restlessness, so that we cannot predict with certainty that he will recover.

The third case was in a woman aged 65. She had been taken with faintings and cholera asphyxia, seven hours before I saw her, accompanied with the usual stools and vomitings and want of urine. The surface of the body was cool, but the extremities and face were as cold as marble. A small dose of calomel was given, and friction and percussion were ordered to be used over the region of the

liver. This was assiduously done for five hours, at the end of which time the pulse at the wrist could be slightly felt, and some light bilious shreds appeared in the evacuations, and the face, with the exception of the nose, had lost somewhat of its marble coldness. The percussion was recommended to be persevered in during the night, which was attended to, to some extent. In eleven hours I again saw her; she had passed several stools, containing a considerable quantity of shreddy substance; the pulse had risen, and she was uniformly warm. For the next three days, I heard nothing of the case, until Mr. Jones, of Lewisham, who attended the patient, informed me, that after some hours, she had a free coloured evacuation from the bowels, with discharge of urine. The next day she took an opening draught, and appeared to be doing well.

As the treatment of this very fatal disease has led to no confidence in any one particular method, the above cases, though not numerous, may be worthy of attention. Sir William Pym, in a recent letter to me, says, that "all the remedies which were supposed to be successful last summer were afterwards found to fail."

I shall not at present go into a detail of my reasons for adopting the above method of treatment, but as I have related the results, the *modus operandi* may be perhaps sufficiently manifest. It may, however, be necessary for me to state, that in a case of cholera, where there was no loss of pulse nor deficient secretion of urine, the gruelly evacuations, after seven hours of friction and percussion, became wholly changed, and a fetid loose motion came away, but I know not the result of this case.

I ought to add, that although I have mentioned friction as having been employed, it was only done with a view of giving satisfaction to ignorant assistants, as it must necessarily be very inferior in efficacy to percussion, which, under the deception of friction, has always been enjoined. To those

also who may be induced to try this practice, it will be right to give this advice, viz that well performed as it may be, it must be continued for more than a few hours to ensure a favourable result. In the above cases, five or seven hours are stated to have been the periods of time; but in some instances this is too short a time for the remedy to prove of effect. In three cases where total insensibility had taken place, the remedy had no effect whatever, although it was thought right to make a trial of it, even in these hopeless cases.

I remain, Gentlemen,  
Your's, &c.

THOMAS SUTTON, M.D.  
Greenwich,  
Aug. 21st, 1833.

### French Medicine.

*Anatomical Anomalies.*—No 1.—In an infant which lived fourteen days, and exhibited no signs of cyanosis, not only was the foramen ovale largely open, but the pulmonary artery, after having given off its branches to the lungs, curved round to the left side, and was continued down along the vertebral column in the place of the descending aorta, which was wanting. The aorta arose, as usual, from the left ventricle, and ascended towards the neck, where it bifurcated.

No. 2.—The veins on the anterior walls of the abdomen were found enormously enlarged and varicose, forming on each side of the linea alba two immense pyramidal tumours. There existed probably some obstruction in the vena cava, and nature thus endeavoured to compensate by enlarging the anastomosing veins between the iliac and femoral veins on the one hand, of the vena portæ and umbilical vein, (which was not obliterated), on the other. Lieutaud and Manec have reported similar cases of a magnified communication between the iliac and portal veins, and it is curious that this is the normal arrangement of the

vessels in many reptiles. — *Trans. Méd.*

### German Medicine.

*Extraordinary Cases of Fasting.*—Angelica Vlies was born in the neighbourhood of Delft, in South Holland, on the 20th of August, 1787. In her early years her constitution was very feeble and delicate, and she was much subject to cramps induced by intestinal worms, which she voided both upwards and downwards in large quantities. She enjoyed tolerable health till 1811, about which time she was first seized with violent hysterical paroxysms, during which the bowels were obstinately confined. Subsequently she had repeated attacks of chronic enteritis, and her appetite, which had been throughout very sparing, now began to fail altogether. At one time better, and at another time worse, she continued in the above state till May, 1818, when she discontinued the use of solid food entirely, and took nothing but drinks, chiefly whey. All medicines were rejected by vomiting as soon as swallowed. For upwards of four years she tasted nothing solid, with the exception occasionally of a little fish and salad, which she sucked, but never swallowed. In the spring of 1822 the attack of hysteria became so violent as to threaten death; an enema was given on the 10th of March, the bowels and also the bladder were then relieved, and this was the last time that any evacuation by stool or urine took place. About this time she refused nourishment altogether, fluid as well as solid; and at this time the catamenia, which had been regular but scanty, ceased. She frequently moistened her mouth with a little cold water, to abate the burning heat which she felt there. In July, 1822, an erysipelas appeared on the abdomen, which was relieved by the constant use of bread and milk poultices. In the following year she had a severe attack of dyspnoea, and fixed pain in the left side of the

chest, for which she was ordered a blister. In 1824, she had repeated attacks of sub-acute arteritis, which in 1825 were greatly diminished in frequency and severity. In October of this year she voided, after most excruciating suffering, a small quantity of urine and fæces; during 1826, she only made urine twice, and at each time only a few drops. Thus, from the 10th of March, 1822, to this period, she had relief only once by stool, and three times by urine. The Dutch medical commission were very anxious at this time to induce her to remove to the Hague, in order that an opportunity might be had of strictly inquiring into her case; she would not however consent to this, but permitted four nurses to wait upon her alternately for the space of a month, the expense of their attendance was defrayed by government. Soon afterwards a memoir was drawn up by Dr. Voorstman, and published at Delft, 1827. According to the authentic reports of the nurses, Angelica took no food, fluid or solid, from Nov. 11 to Dec. 9. During this time she used to moisten her mouth with tea, water, or whey, but she immediately spat the fluid out again, and the quantity was thus frequently somewhat increased, and certainly never diminished; she had no evacuation by stool or urine, but had occasionally belchings of wind. During the days she sewed, and amused herself with reading. She rose, or rather was lifted from bed, at nine, A. M., and was carried back at eleven, P. M., but she slept very little, being much distressed with headach, swoonings, and cramp. Her age at this time was forty-one, but her appearance indicated more than sixty years; her face was shrivelled, and her eyes dull and lustreless; her tongue was clean and dry, the skin was parched, the pulse normal in frequency, but exceedingly weak and small; the sensibility of the cutaneous, and also of the deeper nerves was so much impaired, that she was scarcely aware of her skin being pricked or pinched.

Every hour and a half she was seized with shivering, followed by a convulsive lateral agitation of the head; these fits generally lasted about two minutes.

Dr. Schmalz (who reports this and the following case in Hufeland's journal) visited her in Sept. 1828, and had an opportunity of being perfectly satisfied with the truth of the preceding statements; she told him she had not eaten or drunk any thing since the report of the medical commission, nearly two years before, and if we go back we shall find that this extraordinary abstinence had now lasted six years and a half, from March 1822. The patient told Dr. S. that she would very willingly take food if she could in any way swallow it, but that this effort was impracticable to her. Here the report ceases, and Angelica was still alive at the last date of the report.

SECOND CASE.—Anna Garbero, aged 40, had hitherto enjoyed moderately good health, although her appetite had been always remarkably sparing, her food consisted generally of vegetables once a day, and the bowels were not usually relieved above twice a week. Gradually the appetite became less and less, and once she passed forty days without touching any solid or fluid aliment. But it was not till Sept. 1825, that a total inappetence for food came on; it was after a very scanty meal, consisting of only a mouthful or two of cabbage, and a draught of wine and water, that she was seized at once with intense gastralgia which continued for some time, till copious vomiting was induced, from this date she was unable to swallow any thing, and even her spittle was thrown back when she tried to allow it to pass down. Up to the 7th of the succeeding January, she neither eat, drank, nor had any relief by urine, or by stool, the only appreciable evacuation was that of the catamenia, which though very sparing, returned regularly.

Dr. Schmalz visited her at this period. He found her so emaciated that she seemed a mere skeleton over

which a dry skin had been forcibly stretched.

The skin was scarcely sensible to pricking or the strongest pressure, the limbs were cold and corpse-like, the pulse small and scarcely perceptible, but yet regular in frequency. The patient was quite willing to make an effort whenever desired to swallow food, but it was of no avail, and at length the mere sight of any victuals, however simple, brought on the most painful vomitings. Thus matters continued till the end of June, at which time she became insensible and lethargic, the state of apathy continued till the 25th of the following November, when she quite suddenly and unexpectedly recovered her senses and her speech. Her strength became weaker and weaker, and finally was exhausted in death on the 19th May, 1828.

On a *post mortem* examination, it was discovered that the omentum majus was drawn strongly downwards, and had become adherent to the rim of the pelvis, thus leaving the small intestines quite uncovered. This change had been caused by the falling down of the transverse colon, which was lying in the pelvic cavity, it was distended with hard fæces, the small intestines were on the contrary contracted to mere cords. On carefully tracing the colon, it was found that the canal of the descending portion was so much obstructed by the swelling of its mucous lining, that the fæces could only with difficulty be forced along; the obstruction was still greater at the commencement of the rectum, and completely prevented the transit of any solid matters. The contents of the ascending colon were more fluid, of a dark green meconium-like colour, and most intolerably fœtid, two lumbrici and several ascarides were found in the bowels.

The rationale of this latter case appears exceedingly simple. The patient was a beggar, and exposed to all the inclemencies of the weather, from which exposure no doubt chronic inflammation of the colon and rectum

had arisen; the appetite became directly impaired, the passage of the fæculent matter obstructed, and the general health became in consequence more and more disordered. Complete anorexia was the consequence of the accumulation of the fæces; the colon was dragged down by the weight, and at the same time the stomach and œsophagus were necessarily displaced in a similar direction, which must have seriously injured their functions. Besides, traces of a slow inflammation of the mucous coats of the small bowels and the stomach were found upon dissection. In short, the preceding case may be regarded as one of the melancholy results of neglected sub-acute enteritis, originally of the rectum and sigmoid flexure, and subsequently of the rest of the canal.—*Journ. der Pract. Heilk.*

### Hospital Reports.

ST. BARTHOLOMEW'S HOSPITAL.

*Operation for Femoral Hernia.*—At one o'clock on Saturday, August 24th, Mr. Stanley performed the operation for femoral hernia, in the operating theatre of this hospital, in the presence of a large number of pupils and visitors. The patient was a female, æt. 40. She had been subject to hernia for some time past, and the intestine having suddenly slipped down on removal of the truss and become strangulated, Mr. Stanley, after frequent futile attempts at reduction, found it necessary to operate. He was assisted by Mr. Earle, and having made the usual T incision through the integuments, he threw back the flaps, and cautiously dissected the various laminæ of fasciæ. The hernial sac being then discovered, he divided the stricture in the direction of Gimbernat's ligament; the hernial contents were then returned without any difficulty. During the operation scarcely three spoonfuls of blood were lost. The stricture in this case, as in most cases of femoral hernia, was formed by the superior part of the

like portion of the fascia lata. The patient after being about fifteen minutes on the table was carried to bed, and Mr. Stanley proceeded to make a few very general observations on the case, which, as they did not possess any particular interest, need not be inserted here.

Since the operation the patient has gone on well; several copious alvine evacuations have been procured; the pulse is not so feeble as it had been previous to the operation; there is, however, considerable anxiety of countenance and feverish irritability.

*Disunited fracture of eighteen weeks' standing in a healthy man, æt. 45.*—There is a very curious case of disunited fracture of the femur at present in the hospital. The fracture is of eighteen weeks' standing, and though the health of the patient is good, and he is a strong labourer about forty-five years of age, union of the fractured extremities has not as yet taken place. The fracture is almost as complete as it was on the day of his admission. In consequence of the failure of the splints in producing union, a tourniquet and strong bandages have been securely applied round the fractured part of the thigh with a view to attain that object.

*Fracture of the Pelvis.*—A stout athletic man, ætat. 35, was conveyed to the hospital on Thursday, Aug. 22nd, in a state of insensibility, having just fallen from a wall several feet in height. On examination it appeared that there was fracture of the front part of the pelvis, extending down to the acetabulum, which Mr. Stanley thinks is also fractured. The man is going on well, with strong bandages round the pelvis, but complains of great uneasiness in his position. Mr. S. desired the dresser to remedy this if possible, by placing a firm support under the pelvis.

ST. GEORGE'S HOSPITAL.

*Diseases of the Patella—Necrosis of the Tibia—Amputations of the*

*leg, with Clinical Remarks.*—On Thursday, August 22, Mr. Keate performed amputation above the knee in two cases. The one was for disease of the patella, the other for necrosis of the tibia. Both amputations were performed in the usual manner. After the operations, Mr. Keate remarked, with respect to the case of disease of the patella, "this patient had been in the hospital three years ago. At that time there was extensive ulceration of the cartilages of the knee-joint, and a consultation was held as to the propriety of amputating the limb. However, in consequence of the evident improvement caused by the application of caustics, we abandoned that determination; the patient was discharged, and seemed in a fair way of recovery. His occupation was that of a gardener. I did not see anything of him from that period till a few weeks ago, when he applied again to me for admission into the hospital. He had lost the use of his knee for a long time previously, and had suffered an immense deal of pain and agony. In short, the poor fellow seemed exceedingly anxious to have the limb removed, as it entirely prevented him from attending to his occupation, and rendered his existence miserable. Having taken him into the hospital, and tried every remedy without success, I have accordingly operated." Mr. Keate next proceeded to examine the limb. An immense quantity of scrofulous matter was found in the joint. The patella was soft, and had entirely lost its osseous structure; the entire joint was exceedingly diseased, and its morbid structure fully justified the steps Mr. Keate had taken in amputating the limb. "With regard to the other case," continued Mr. Keate, (necrosis of the tibia) "I do not know much of its history. The patient has been in the hospital since last April, and during that time I have frequently removed particles of dead bone from the tibia; the disease however lately presented a formidable appearance, and was making rapid



strides to the knee-joint. It is not unlikely that the knee-joint is already affected. The dimensions of the diseased limb you perceive have been unnaturally increased, while the other leg, and the rest of the man's body is in the last state of emaciation. About a fortnight ago, you may recollect, I took away a very large piece of the tibia in the ward." On dissection of this leg a large portion of fluid was discovered. There was considerable deposition of diseased osseous structure, the tibia was very soft and carious. On further examination it appeared that the disease had reached the knee joint. Both the cases have gone on well since the operations; the bowels have been kept open, and the patients have been put on broth diet. On Monday, Aug. 26th, Mr. Keate dressed the stumps. On removing the dressings the stumps presented healthy surfaces. On being informed that their bowels were inactive on Sunday, Mr. Keate ordered each

*Oleum ricini*, ʒi. *statim*.

Wednesday, Aug. 28. Both patients are going on favourably; they sleep well at night. Bowels in good order; pulse regular.

**Femoral Hernia.**—Elizabeth Chapman, whose case we gave in our last number (femoral hernia), has gone on favourably since the operation. Abundant alvine evacuations have been procured. Mr. Keate on dressing the wound last Friday found her very feverish, and she seems to labour under great nervous irritability. She seemed in great anxiety as to the success of the operation, and was crying the entire time Mr. Keate was dressing the wound, though she complained of no particular pain. Up to Wednesday, Aug. 28th, she has gone on most favourably.

#### OBITUARY.

##### DEATH OF MR. ALCOCK.

It is with feelings of considerable regret that we have to announce the death of Mr. ALCOCK of New Burlington-street. He was well known by many of his works, and justly

esteemed by every member of the profession who knew him.

#### LITERARY INTELLIGENCE.

A New English Version of Cuvier's great work "Le Regne Animal" is in process of publication.

Mr. Pettigrew has a work "On Mummies" in the press.

Dr. Ayre will shortly publish a work on the Treatment of Cholera, by small and repeated doses of Calomel.

Translations of the following works into German are announced—

Brodie on the Urethra.

Clement's Observations in Surgery and Pathology.

Lindley's Introduction to Botany.

Christison's Medical Poisons.

Sir Astley Cooper on Hernia.

Dr. Hope on Diseases of the Heart, and Lawrence's Lectures.

#### BOOKS.

Baillie's Morbid Anatomy.

This work has reached its eighth edition, a sufficient proof of its value.

A Report on the Treatment of Malignant Cholera, by JOSEPH AYRE, M.D. 8vo. pp. 167. Longman and Co.

We shall notice this work in our Review department at an early occasion.

The Dublin Journal of Medical and Chemical Science, No. X.

#### CORRESPONDENTS.

**THE SANCTUM.**—It is our intention, on and after our first October Number, to devote a portion of this page of our Journal to "The Sanctum," in which all our correspondents may expect to be immortalised; those, therefore, who may wish for immortality on the 5th of October must express to us their wishes on the subject (post paid) as early as possible.

We have inserted Mr. Thompson's paper without, however, pledging ourselves to support his "Plan" to its full extent.

*P. M.*—If our correspondent has acted as an apothecary by compounding medicines and attending medical cases in 1807, he can do so.

*H. H., Dorsetshire.*—We shall bear in mind the suggestion of our correspondent.

Dr. Seeds must be aware that we cannot republish articles which have already appeared in our pages.

We are much obliged by the communication of our Edinburgh correspondent.

We shall notice Mr. Dyer's communication in our next.

A *Constant Reader* shall hear from us.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

T H E

# London Medical and Surgical Journal.

No. 84.

SATURDAY, SEPTEMBER 7, 1833.

VOL. IV.

**LECTURES**  
ON THE  
**PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,**  
BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

LECTURE LIII., DELIVERED FEB. 15, 1833.

GENTLEMEN,—For the purpose of finishing the general view which I have lately been taking of the principal mechanical injuries of the body, I will now make a few observations on *contusions* and *sprains*.

*Contusions*.—A contusion, or bruise, is a mechanical injury of the soft parts, occasioned by the blow of an obtuse weapon, or by the violent collision of the soft parts against a hard body or surface, without any breach of the integuments; for if there were the latter mischief present, the injury would then rank as a *contused wound*. Besides the sudden and forcible compression of the soft parts, produced by a contusion—besides the inflammation which always follows the injury—there is a rupture of an infinite number of the minute blood-vessels of the part; and this circumstance explains why, after severe contusions, the swelling should come on so rapidly; and, in some examples, it comes on almost instantly, in consequence of the burst vessels being larger than usual, and the quick effusion into the cellular tissue. The same fact also explains why there should be that discoloration of the surface of a bruised part, which surgeons call *ecchymosis*—a dark blue, livid, and yellowish sort of discoloration of the skin, the most familiar example of which is seen in what is called a “black eye.” This arises from the effusion of blood into the cellular tissue from the small arteries and veins which have been burst by the violence of the blow. The various shades of such discoloration do not depend, however, merely on the effusion of blood, but on certain changes which it undergoes, the nature of which has not as yet been satisfactorily made out. No doubt the dis-

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coloration is produced by the effusion of the blood itself; but the reason why, at different periods, this discoloration should be greenish, or yellowish, or livid, is not precisely known:—whether the effused blood may undergo any decomposition, or any change in consequence of the action of the absorbents, or from some other cause, I cannot presume to determine.

A contusion sometimes produces a rupture of more considerable vessels, and then the consequences may be dangerous, or fatal; thus, in a contusion of the head, there is sometimes an extravasation of blood within the cranium, in consequence of one of the arteries of the brain or dura mater being ruptured, or one of the sinuses being burst, the consequence of which will generally be death; for, though in such an instance as this, the quantity of blood lost would not endanger life by its mere abstraction from the system of the circulation, yet its pressure on an organ, so important to the whole economy as the brain, must produce very perilous and even fatal effects. In other examples, there will be an immense extravasation of blood in consequence of a severe contusion, without the accident being productive of any danger: thus, from a blow on the head, sometimes a branch of the occipital artery, or of the temporal artery, may be ruptured, and so much blood rapidly effused as to lift up the scalp to a considerable height from the cranium, as for instance, to that of two or three inches, and of course so as to occasion immense disfigurement. I have seen many such cases, which would have been truly alarming judging from their appearance alone; and, if the prognosis had been founded on this principle, that is, on the ground of the mere disfigurement, it would have been erroneous; for, almost all these external swellings, arising from effusion of blood after contusions, are removed by the absorbents with surprising power and expedition. You must not, therefore, judge of the danger of a contusion from the quantity of blood effused, but rather from the situation of the blood: thus, if there be an effusion of blood into the abdomen, produced by a contusion, then the situation of the extravasated blood, independently of its quantity, will be a source of considerable danger. I had a

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patient, about fifteen months ago, who, in a fall, struck the sacrum violently against a stone step; the result was a prodigious swelling as large as the man's head, and equal in size, I am sure, to that immense protuberance on the sacrum of the Hottentot Venus, who used to be exhibited in London some years ago as a curiosity; but this swelling, immense as it was, disappeared completely under common treatment. It was not necessary to make any opening in it; and, in the course of seven or eight weeks, it had entirely subsided.

I should say, gentlemen, that it is generally better in these cases to leave the blood to the action of the absorbents, than to make an opening for its escape, for a reason which I will presently explain to you; in fact if, in the particular case I have just alluded to, I had made an opening in the swelling—and, by the by, one of the surgeons who saw it with me considered it impossible to avoid doing so,—if, I say, I had made an opening, I should not have got out all the blood, and the consequence would have been, that what remained would have putrified; for directly the atmospheric air has access to extravasated blood in the temperature to which such blood is usually exposed, putrefaction of the effused mass takes place rapidly, the surrounding parts inflame, suppuration and large abscesses follow, and frequently sloughing.

I may next remark, gentlemen, that the severity of a contusion does not depend simply on the violence with which it has been inflicted; and a moderate contusion of the head may cause urgent and considerable danger by extravasation of blood within the cavity of the cranium, and consequent pressure on the brain. A moderate blow on the hypogastric region may also rupture the bladder, if that receptacle happen to be full of urine at the moment. This fact is illustrated in two preparations on the table: one of them was taken from a patient who had been drinking, and who on going suddenly out of a light room into the street at night, struck the lower part of his abdomen against a post; and the bladder happening to be full at the time, was burst by the blow. The consequences were fatal, from the extravasation of urine resulting from the rupture of the bladder. The other preparation was taken from a patient of my own; a fine young man, who, as he was wrestling one day in the King's Bench, fell under his antagonist, whose knee came forcibly upon the hypogastric region, and ruptured the bladder, which happened to be very full at the moment. The same remarks apply to the intestines, which, if they are full at the time of a contusion being received on the abdomen, are in considerable danger of being burst, and their contents are likely to be extravasated. These circumstances will make you understand, that the danger of some contusions depends on the empty or distended state of the parts at the time when the violence is applied. Sometimes the danger

of a contusion depends on its effect on a distant part from that immediately injured, which effect is called a *contrecoup*. A remarkable example of this sort of injury is mentioned in the writings of Mr. Pott: a person fell with great violence on the tuberosity of the ischium, and no other part of his body was struck, yet he had every symptom of a violent concussion of the brain.

Now, gentlemen, there are three indications to be attended to in the treatment of contusions; the first is, to prevent or keep down inflammation; because, when a part has received a severe blow, there is of necessity a disposition excited in it to inflammatory action. You always remark more or less swelling in cases of contusion, for the effusion of blood from the ruptured vessels is immediate; and then inflammation will follow, unless some means be taken to prevent it. Sometimes the inflammation will be so violent as to lead to the formation of abscesses; and this will especially be liable to occur, if the patient be allowed to move the injured part, and no means be adopted for subduing the inflammatory action. The best applications for the fulfilment of this first indication, are in the beginning cold ones; cold evaporating lotions are the most proper at first; the application of cold tending to check the inflammation, and to restrain a further effusion of blood from the ruptured vessels. You must therefore at once see the reasons why cold applications should be so beneficial. But, in severe cases, it will not be sufficient to employ merely local treatment; antiphlogistic measures ought to be pursued further. In particular bleeding should be employed, purgative medicines administered, a low diet directed, and other general antiphlogistic plans put in execution; but, above all things, it is necessary to keep the part perfectly quiet. There are some exceptions to the use of cold applications; certain patients do not bear them well, and express a strong objection to them, especially when it is proposed to apply them to certain parts of the body; for instance, you would not judge it right to apply them to a female at the time of her menses, or to any person who is particularly disposed to inflammatory affections of the chest or lungs; under such circumstances you would avoid the use of cold applications. I may add, that in all cases after a certain time, you will find, that the application of cold does not afford that relief which it may have done in the commencement; it is considered generally beneficial, therefore, after a time to exchange them for warm ones, such as fomentations and poultices.

The second indication is to promote the absorption of the extravasated blood, the removal of the *ecchymosis*. You cannot safely attempt to do this, however, until the inflammation immediately following the accident has subsided. At all events, all active inflammation should be removed before the

most efficient remedies, called for by the second indication, can be prudently tried. The dispersion of the ecchymosis is promoted by the use of what are called *discutient lotions*, which generally contain the *muriate* or *acetate of ammonia*, *spirit of wine*, or *diluted acetic acid*. You may also apply to the part, the *liquor plumbi acetatis dilutus*, and perhaps, while a degree of acute inflammation still continues, this is the best application as a mild discutient to begin with, and after a time, when the inflammation has been still further subdued, you may have recourse to stronger discutient lotions, or even liniments, containing camphor or ammonia. Sometimes, also, pressure is exceedingly useful in dispersing the effused blood. In many cases, iodine has been employed in liniments for the purpose of exciting the absorbents to take up the extravasated blood; but it should not be used till the inflammation has been sufficiently removed.

The third indication in the treatment of contusions, is to restore the tone of the parts, that is, to bring them into a state in which any weakness or loss of action in them will be obviated, and they will regain a capability of performing their several functions. After a severe contusion, you will find that the parts always remain for a certain time exceedingly weak, and if they are at this time excited too freely, they will become the seat of an oedematous swelling. Now, the indication at present under consideration, is fulfilled by applying camphorated liniments, or having recourse to friction, shampooing, or the pumping of cold water on the parts; but perhaps no means is more effectual for restoring the tone of the parts, than pressure by means of bandages, or a laced stocking, an India rubber roller, or, if it be the ankle which is affected, strips of adhesive plaister, applied in the manner which I have formerly pointed out to you, namely, in circles, alternately in the perpendicular and transverse directions. When much rigidity continues, as well as weakness of the part, you may try *passive motion*, the meaning of which term I have already explained to you on more than one occasion.

There are certain instances, in which you will be obliged to deviate from the advice I have given you, not to make an opening in contused parts for the purpose of letting out the effused blood; for sometimes matter will form in the swelling, and the absorbents will fail in taking up the extravasated fluids. Then you must make an opening, not only to discharge the matter, but also to let out as much blood as possible. Under such circumstances, the opening ought to be a free one. Afterwards the case is to be treated as a common abscess.

With respect to *sprains*, gentlemen, when a joint is forcibly moved in a direction in which it was never intended to move by nature, or when it is moved in a natural direction beyond a certain limit, then the

ligaments and tendons become stretched, and the surrounding parts suffer considerable injury. There is not merely a stretching of the ligaments, but considerable injury done to the integuments and other soft parts. I may say, then, that when a joint has been moved in any direction further than the natural conformation of the bones, and the disposition of the ligaments will properly allow; or if it has been twisted, yet not so as to produce a dislocation, then the injury ranks as a *sprain*: or I may say, that a violent twist of a joint, or a forcible movement of it in a direction or degree for which nature has not fitted it, but without dislocation, is technically called a *sprain*. There can be no doubt, that in a *sprain*, the ligaments are not only violently stretched, but often partially torn; neither can it be doubted, that after a severe *sprain*, the muscles of the limb are considerably injured through the medium of their tendons, which the accident has caused to be violently drawn in one particular direction. The sheaths of the tendons themselves, we know very well, are likewise subject to inflammation.

The ginglymoid joints are observed to be those which most frequently suffer from the effects of sprains, and when you reflect a moment, you will see the reason of this fact. The orbicular joints are adapted for motion in every direction, and this circumstance must, in a great measure, protect them from sprains. The shoulder joint is one that admits of motion in every direction, and, therefore, is not frequently sprained; if the motion be carried beyond a certain point, there will generally be a dislocation. But, ginglymoid joints being restricted to motion in two directions only, if they are forced to move in any other direction, then they become sprained. It is then the capability of orbicular joints to move in every direction, which protects them very much from the effects of sprains; yet you must not adopt the opinion of some surgeons who contend, that orbicular joints are entirely free from all liability to sprains. Any person, who has had his arm forcibly and suddenly carried a considerable way behind his back, knows by experience that the shoulder joint may be sprained; and when the lower extremity is suddenly placed in a state of abduction beyond a certain point, if it be not carried so far as to produce a dislocation, it will suffer the kind of injury which is called *sprain*.

Gentlemen, the symptoms of a sprain are, first a considerable degree of pain in the injured part, a severe and peculiar kind of pain, which is supposed to arise from the injury done to the ligaments; it is in fact often suspected, that the sickness and faintness, following a sprain, are more owing to the mechanical injury done to the ligaments, than to the mischief done to other soft parts. Then, gentlemen, a rapidly formed ecchymosis is another usual consequence of this kind of accident.

In elderly persons, sprains are often very

tedious cases, occasioning as much confinement as a broken leg, and, in many instances, several weeks transpire before all the inconveniences of the accident disappear. It is a curious fact, that sprains are not uncommonly longer in getting well, than the pain and weakness left after the dislocation of such a joint as the shoulder. The inconveniences of dislocation of the shoulder are usually not felt beyond ten days or a fortnight after the reduction, and the individual then becomes able to move the limb about strongly and freely; but the effect of a simple sprain of the ankle or wrist are generally much longer in going off.

One essential part of the treatment of sprains consists in keeping the joint perfectly quiet; this is a principal indication. The next is to take measures calculated to prevent the super-vention of a serious degree of inflammation, and with this view, topical bleeding is often called for. For the purpose of relieving a severe sprain, you may apply leeches to the joint, or employ cupping; the latter plan is often had recourse to, when the sprain is attended with great violence, excessive pain, and much inflammation and swelling. Cold applications are also as useful in sprains, as in common contusions, but, after a few days, greater benefit will be derived from the application of emollient poultices and fomentations. Indeed, the treatment of these cases is conducted precisely on the same principles as that of contusions; for, in sprains, where the inflammation has subsided, liniments, and discutient lotions become as useful and proper, as they are under similar circumstances in contusions. In particular you must be careful to keep the joint perfectly quiet; for, such is the effect of prematurely moving the part after a sprain, that, even after all the acute inflammation is over, you will find the disturbance renew the pain, and bring on a troublesome degree of inflammation again. When the parts about the joint become oedematous, pressure is one of the best means you can employ. Pumping cold water on the joint deserves also praise. Straps of adhesive plaster, applied in the way I have already directed, are very useful for keeping up pressure, supporting the parts, and limiting the motions of the joint. You may form a sort of case for the joint with straps of adhesive plaster applied circularly and perpendicularly in an alternate manner. The plan has likewise a most useful effect in removing the kind of oedema left after a severe sprain.

A sprain is sometimes a more serious accident, in consequence of its occurring in a scrofulous subject; it will then frequently become the exciting cause of one of the worst diseases of joints, namely *white swelling*. When you think that the tediousness of recovery from a sprain is owing to a scrofulous diathesis in the patient, you must blister the part as soon as the acute inflammation has subsided. I make it an invariable rule, when I have a case of severe sprain in a scrofulous person,

and find that it does not readily get well, to blister the part, as soon I have removed the active form of inflammation.

Now, gentlemen, I will, if you please, employ the short time remaining, in asking you a few questions on subjects which we have lately been considering.

## CLINICAL LECTURES

BY DR. MAC ADAM,

*Delivered at the South Eastern General Dispensary, Dublin, Session 1832-33.*

### LECTURE VI.

#### *Pathology and Treatment of Dropsy.*

GENTLEMEN,—We have lately had several cases of dropsy among our dispensary patients, a few of which I have selected as subjects for our consideration this evening; but previous to a recital of cases, I think it may be instructive to the junior students to make a few general observations on this disease. I do not propose, however, to go into any detail of the species of dropsy at present, but shall principally direct your attention to that form of the disease of which the cases we have recently met with afford illustrations; as all the varieties of dropsy are very common among the poor of our district, abundant opportunities will be afforded you at a future period of witnessing the other forms of this disease.

Dropsy, you are aware, is the general term applied to a collection of serous fluid in the cellular tissue or natural cavities of the body. The word merely expresses an effect, without implying any theory as to the cause of the disease; in fact, the effusion of serous fluid is but an invariable symptom; it is the result of previous morbid actions, which may be different and even opposite in their nature in different cases. Before, therefore, proceeding to a rational method of cure, we should first investigate what deviation from healthful action or structure has caused the serous effusion, and having made this discovery, we shall be enabled to attack the root of the evil, which when eradicated, the effect in general will soon disappear, or be easily removed by appropriate means.

Whether dropsy proceeds from increased exhalation or diminished absorption, is yet undecided, the only points that we can assert as proved in the theory of this disease, are, as Dr. Darwall observes, "1st, that the balance between exhalation and absorption is broken, in consequence of which more fluid is poured out than is taken away; and 2nd, that this may take place from over activity or from debility of the general system."—*Cyclopædia of Medicine; article Dropsy.*

Dropsies may be either acute or chronic, idiopathic or symptomatic, general or local, sthenic or asthenic. A large proportion of dropsies are symptomatic of a disease of some internal organ, which may be either an inflam-

mation or an organic affection. Of the first kind we have an example when dropsy supervenes as a consequence of peripneumonia; of this I lately met with a case among our dispensary patients, in a boy seven years old who was swelled from head to foot with anasarca, there was some dyspnoea, but no pain in the chest, nor was the cough very urgent. The stethoscope, however, revealed both to Mr. Smyly's ear and mine, the sounds characteristic of intense inflammation of the substance of the lungs. The boy recovered rapidly after venesection, antimonial solution, and the other usual treatment for peripneumonia, and the serous effusion was afterwards quickly removed by the use of diuretics and purgatives. Dropsy is often the effect of organic disease of the heart; the peculiar symptoms of which frequently precede the appearance of the serous effusion for a considerable period. This species of the disease is often very easily relieved or cured for a time. I recollect a patient whom Mr. Smyly and I attended occasionally, for two or three years before his death. He had well marked symptoms of disease of the heart, as was afterwards ascertained to have existed on a necroscopic examination; this man had at several times serous effusion in the lower extremities and abdomen, which was removed with ease, by the use of small bleedings, and purgatives; at one time the lower limbs were swelled to such an enormous degree, that I considered the case as nearly hopeless, yet very much to my surprise, it entirely disappeared in the course of a few weeks under the employment of the treatment above mentioned. Inflammation of the peritoneum, disease of the liver, spleen, pancreas, kidneys, uterus, or ovaria, may produce dropsy, or it may arise from the repression of eruptions, the suppression of the catamenia, or any customary evacuation. It also often succeeds scarlet fever, and sometimes measles or erysipelas, it has in some instances originated from a powerful impression on the mind. Dr. Bateman mentions a case in which it came on in the course of a night after excessive fright, and was cured by the exhibition of cinchona. Dropsy also occasionally follows parturition, arising in some cases from debility unaccompanied by any sign of increased action, but in many instances where it occurs in the puerperal state, it is the consequence of peritoneal inflammation. Dropsy of the asthenic kind, may also be caused by hæmorrhage, any excessive discharge, or any cause which induces debility in a constitution predisposed to the disease.

We thus observe that the disease may arise from various and sometimes opposite causes, in some cases from local disease, when it appears to be produced by an obstacle to the free circulation of the blood, in other cases from mere debility, independent of disease of any particular organ, occasionally from an affection of the nervous system, as in Dr. Bateman's case, and lastly being the consequence of inflammatory action of the vessels of

the cellular tissue of all or the greater part of the body, as occurs when it is the effect of exposure to cold, wet, or the other causes which excite inflammation generally. This latter form of dropsy, will more especially engage our attention this evening. It generally comes on in a short time after the application of the exciting cause, is preceded by rigors, is attended with a full, frequent, and sometimes strong pulse; heat, thirst, headach, and other pyretic symptoms will generally precede or accompany the commencement of the serous effusion, an affection which forms rapidly, is often in considerably quantity, and frequently extends over a large portion of the cellular texture of the body. It has been called inflammatory dropsy, and may either co-exist with, or be totally independent of, an inflammation of an internal organ. In the latter case the disease may be considered as purely idiopathic, but I can best illustrate this form by describing a few cases which have lately occurred among our patients. I shall begin with

P. B., ætat. 33, of a leucophlegmatic temperament, a job car driver by trade, of rather intemperate habits, whom I found on my first visit affected with some degree of tumefaction of the abdomen, and considerable œdema of the legs and feet. The face also was a little swollen. He complained of some tenderness on pressure in the right hypochondrium, immediately below the lower margin of the ribs, and of occasional pain in the right shoulder. Tongue little whitish; pulse 66, full and strong; bowels rather purged; some dyspnoea, slight perspiration occasionally, urine undiminished in quantity. Was taken ill about three weeks before my first visit, after having been exposed to cold and wet, with rigors, shortly after which he perceived a swelling in his abdomen and lower extremities. A few days afterwards he had an attack of vomiting and purging of green and yellowish matter, which continued to recur occasionally, for two or three days, and then ceased, it was unaccompanied by any cramps or coldness of the limbs; during its continuance the lower extremities became more swollen, and the œdema got very considerable after the cholera had disappeared. Previous to this attack, he had been for some time subject to pain in the right hypochondrium and in the tip of the left shoulder, occasional headach, and bitter taste in the mouth. *Fiat venæsectio ad ℥xvi.*

On the next day he felt better, and experienced much relief from the bleeding; all dyspnoea gone; slept well last night; bowels natural; urine copious.

*R.* Pil. hydrarg. ℥j; Pil. scille comp. ℥ij; Pulv. digital. gr. xij; M. fiat massa in pil. xij. æque dividend., sumat j. ter die.

*R.* Spirit. æther nit. ℥iv; Potass. nit., potass carb., āā ℥iiss; Syrup. scille ℥ss; Mist. camphor, ℥vij. M. fiat mistura, capiat cochl. ij. ampla ter die.

This mixture and the pills were continued

a few days, with some unimportant alterations, with the effect of a rapid decline of the swelling both of the abdomen and extremities, and a mitigation of all the symptoms. He was also occasionally purged with supertartrate of potass. In about eight or ten days ptialism was fully established; the gums and inner surface of the cheeks became sore; he was considerably better; swelling of the abdomen quite gone, and the œdema of the lower extremities much diminished, but most perceptible towards evening. Had some pain in the right hypochondrium last night. Pulse 72, full; urine abundant.—Vesicat. hypochond. dext. Omit. pil. et mistura.

R. Pot. carb., pot. acet., āā ʒij; Spirit. æther, nit., acet. scillæ, āā ʒss; Tinct. digital., ʒxxx; Mist. camphor, ʒvi. M. capiat cochl. ij. ampla ter die.

He continued to improve under the use of this mixture; and a few days afterwards, when I called to see him, I found him out, having resumed his usual occupation. His wife reported that the swelling had entirely disappeared, and that he was quite free from all complaint.

This case exhibits a very fair specimen of inflammatory dropsy in a mild form, and also illustrates some points in the pathology and treatment of the disease generally. I shall, therefore, take a review of the predisposing and exciting causes to which this patient was exposed, the symptoms which he presented, of the prognosis and diagnosis which appeared to me deducible from a consideration of all these circumstances, and afterwards give my reasons for the line of practice which I adopted.

The predisposing causes in this case were, 1st. The temperament of the individual; 2nd. His habits of life; 3rd. His previous state of health. He was of the phlegmatic temperament. You are all aware that physiologists have long been in the habit of classifying constitutions according to certain physical and moral differences, depending on the various proportions and relations among the parts, which make up their organisation, as well as upon the different degrees in the relative energy of certain organs. These distinctions, I conceive, are founded on nature, but the detail belongs more properly to the physiologist; however, as far as it bears on the subject we are considering, I shall allude to it. The phlegmatic temperament is characterised by Dr. Gregory as exhibiting a "lax and feeble structure of body, in many cases attended with obesity, pale countenance, skin smooth without hairs, hairs white, pulse slow and feeble, blood-vessels small, fluids unusually watery, and languid in their motion, &c. &c." Our patient presented this general appearance. Such constitutions, is it obvious from the predominance of serous particles in their system, and also from the low degree of vital energy which they possess, will be more liable to dropsical effusions when exposed to the exciting causes,

than individuals of more active circulation and less diluted fluids. The habits of life of our patient also concurred with his temperament in rendering him liable to dropsy: he was intemperate—probably a dram-drinker. This vicious practice would operate in two ways in predisposing him to this disease; first, by inducing a general debility of the system, and secondly, by causing a diseased state of the liver, which we know is frequently productive of dropsical effusion;—this latter state, from certain symptoms to be afterwards considered, we had some grounds to suspect existed in this case. Our patient, then, being predisposed by temperament, habits, and previous disorders, to dropsy, was exposed to a powerful exciting cause, namely, cold and wet (probably from his occupation in life) long continued, while his body was in a comparatively inactive state. The immediate effects of this exposure were rigors, and some swelling in the abdomen and feet, with some symptoms of cholera, which, however, soon disappeared, and which probably originated partly from the epidemic influenza not yet quite extinct in this city, and also perhaps from a deranged state of the liver. This swelling continued to increase, and there could be no doubt of the diagnosis as far as the existence of dropsical effusion was concerned. The œdema of the feet, legs, and face, presenting a whitish uncircumscribed tumefaction, pitting on pressure, and the co-existence of the abdominal swelling, all sufficiently indicated the presence of dropsy; but the point of diagnosis to be determined was, what species of the disease existed—whether it was dropsy dependent on disease of the liver, or connected with an affection of some other viscus, or arising from general debility, or caused by inflammatory action. The latter opinion appeared to me most correct, for these reasons, namely, the exciting cause being most likely to produce such an action on the system; the swelling being preceded by rigors, which very frequently usher in inflammatory action; the rapidity with which the swelling set in and increased; and the character of the pulse, which was full and strong. There appeared, however, some reason to suspect disease of the liver; the patient was a dram-drinker. He also exhibited some symptoms of hepatic disease, such as tenderness on pressure in the region of the liver, and pain in the right shoulder. He had been subject to pain in the right hypochondrium, and in the tip of the left shoulder, headach, and bitter taste in the mouth, for some time previous to his present attack. Might not, then, the dropsical effusion be the consequence of an affection of this organ? I think it likely that some degree of hepatic inflammation might have been present in this case along with the dropsical effusion, and probably have contributed to aggravate it; but I feel convinced that the main exciting cause of the disease was a general inflammatory action producing serous effusion. The dropsy arising from disease of the liver

is generally chronic in its character, unattended with rigors, full pulse, &c. Symptoms of hepatic disease and derangement of the stomach usually precede it for a considerable time. It also frequently assumes the form of pure ascites, and is not uncommonly attended with an icteroid colour of the skin. It is obvious these circumstances did not exist with our patient, neither were there any symptoms indicating an affection of any other internal organ; and the age, previous state of health, and the rapidity with which the disease progressed, excluded altogether the idea of the effusion being caused by general debility. Our diagnosis, then, appeared fairly deducible from a close consideration of the symptoms and history of the case.

Having determined on the nature of the disease, the next point of inquiry was, what prognosis was most probable. It appeared to me that the prognosis, on the whole, was favourable. The patient was a young man; his constitution not as yet much impaired by his irregular habits; the affection was that species of dropsy which in general may be subdued by depletion; it was not very aggravated in degree; and the remedies first used were speedily followed by a mitigation of all the symptoms; we had therefore every encouragement to proceed on an active and decided plan of treatment, and the result realised our hopes. Inflammatory dropsy being then presumed to exist, our first object was to reduce the increased action which had given rise to, and probably was still increasing, the effusion. Venesection was accordingly performed to the extent of sixteen ounces, with the effect of a mitigation of all the symptoms; and another advantage was also gained—that of rendering the system more susceptible of the influence of medicine than it would be while the inflammatory action continued unabated. The next remedy was intended to keep up the effect produced by the bleeding, to excite the absorbents to take up the effused fluid, and to stimulate the kidneys to increased secretion. A combination of digitalis, mercury, and squill was therefore used. The digitalis being calculated to lower arterial action, while at the same time it excites absorption; the mercury produces the latter effect, while it also promotes secretion; and the action of the squills is more exclusively directed to the kidneys. Diuresis was rendered more certain and rapid by exhibiting, in the intervals between the pills, a fluid mixture, consisting of several diuretics combined, for this class of medicines act with much greater power when several are combined together, than when the formula consists of but few ingredients; and it has even been asserted, with some truth, I believe, that the effect is often in proportion to the complexity of the prescription.

Sulphate of potass was also used occasionally as a purge, which was not only well adapted to produce watery dejections, but also answered another important end, that of

acting with the mercury in its effect on the liver, which, as I before mentioned, probably also partook of the inflammatory state existing in the whole system. It has been observed of this salt, that it often succeeds in evacuating bile when other means fail, and this remark I have seen verified in practice, having often observed green stools follow the exhibition of this medicine. A blister was also applied to the hepatic region. The objects then we endeavoured to accomplish were, first, the reduction of inflammatory action; secondly, exciting the absorbent system; thirdly, stimulating the kidneys to increased secretion; and, fourthly, the removal of an inflammatory or congested state of the liver, and the result of the case seemed to confirm the propriety of our plan of treatment.

I have thus entered somewhat minutely into a consideration of the nature and treatment of this case, because I conceive the closest investigation is of the greatest advantage to the medical student, I would earnestly advise you not only to observe accurately, and to treasure up in your recollection, the phenomena which the case to which you are directing your attention exhibits, but also to exercise your understanding in reasoning on the symptoms, to endeavour to form a decided diagnosis and prognosis from your own judgment, to lay down the plan of treatment which would appear to you most likely to be successful, to consider the individual properties of the medicines you may select, the most judicious mode of combining and exhibiting them, to compare your conclusions with those of the more experienced practitioner, and also with the result of the case. You will, it is true, by this independent mode of thinking, often at first be mistaken in your judgment, but the discovery of your errors will be in itself a source of instruction. You will not only be less liable to err in similar cases in future, but you will learn caution in forming your conclusions, your habits of observation will be sharpened and improved, and you will be preserved from adopting an empirical routine of practice.

The case which we have been considering afforded an example of inflammatory dropsy affecting the lower extremities, the face, the abdomen, and probably the thorax in a moderate degree, and only requiring one bleeding, of no great extent, the use of diuretics for a short time, and purgatives to effect its removal. But cases do occasionally occur of much greater severity, requiring venesection to be carried to a degree which would appear quite unjustifiable to a practitioner who had not an opportunity of witnessing the result of the practice. I recollect having seen a most striking instance of this kind, a good many years ago, in the clinical ward of the Edinburgh Royal Infirmary; a detail of the case has been published by Dr. Graham, in the Edinburgh Medical and Surgical Journal, April, 1832, but it illustrates so strongly the



utility of active depletion in this species of dropsy, that I think I cannot occupy your time better than by giving you a short account of it. The patient, a strong Irish labourer, *ætat.* 21, was, on his admission, swelled all over the body with anasarca. There was some fluctuation in the abdomen; bowels open; urine scanty; pulse full and firm; considerable thirst. Three days previous to his admission he had been obliged to leave work in consequence of severe rigors; uneasiness in the stomach; urgent thirst, and vomiting of a bitter fluid, which soon ceased when the *œdema* began. Hydragogue cathartics and diuretics were tried for two days without effect; the swelling continued to increase, and the other symptoms became aggravated;  $\text{℥xx}$  of blood were then abstracted, with no effect on the pulse, but with some relief. The next day the same quantity was taken with little alleviation. Two days afterwards,  $\text{℥xxxij}$  more caused the pulse to rise in frequency and become softer. For several days after, the lancet was laid aside, the *œdema* went on increasing, attended with dyspnoea; he had a severe asthmatic fit; the pulse 68, large and firm. At this time he was distended like a sack, his weight and bulk preventing motion; his eyes sunk and small; his appetite gone, his nights restless;  $\text{℥lxxij}$  of blood were abstracted in one bleeding, the first  $\text{℥xviiij}$  flowed moderately free, the remainder in a very full stream; the pulse continued rising in firmness, and only becoming softer at the very last. There was no tendency to syncope; about half an hour after the bleeding he could lie in any position, and said he did not feel enfeebled, but became faint on assuming the erect posture. There was a slight buffy coat on all the blood; he said that he felt quite happy after the bleeding, and requested that it might be repeated; he slept well the following night, and every night afterwards. On the evening of the next day, in consequence of some return of oppression and increased fulness of pulse, he was bled again to  $\text{℥xxxij}$ , the blood was buffed and cupped, and from this period the disease rapidly declined. His bowels were purged by medicine, and the kidneys acted freely without the exhibition of diuretics.

This patient lost on the whole *one hundred and seventy-six ounces of blood* in the course of nine days, the two last bleedings amounting to *one hundred and four ounces* were taken in the course of thirty hours. The two first bleedings seemed to do no good, a little was effected by the third, which was carried to the extent of  $\text{℥xxxij}$ , the fourth, amounting to  $\text{℥lxxij}$ , seemed to produce a decided effect on the disease, which was confirmed by the fifth and last of  $\text{℥xxxij}$ . I have given you but a short outline of the history of this case, the details of which you will find in the journal before mentioned, together with some valuable clinical remarks; it was one which attracted considerable attention at the time, and is the

most remarkable example I believe on record of the extent to which blood-letting may be carried with success in the treatment of this form of dropsy, the good effects of which are not limited to the reduction of the inflammatory action which has caused and continued to augment the serous effusion, but it also assisted in promoting absorption, and in restoring the secretions of the kidneys and bowels, rendering them besides more susceptible to the action of diuretics and purgatives. Another most important object is also often accomplished by venesection. Inflammation of an internal organ not unfrequently co-exists with, and probably may prove the cause of, the dropsical effusion; in such cases the venesection will be obviously the most efficient means we can employ; but I would not of course recommend such immense depletion in ordinary cases; it is rarely, indeed, that such extreme measures are necessary. In the case I have just alluded to, the patient was a young man, of a full and vigorous habit of body; the inflammatory symptoms were strongly marked, and the effects of the flow of blood carefully observed by Dr. Graham, a physician of great sagacity and skill, and the result proved the propriety of his practice in this individual's case; but if this treatment was indiscriminately adopted in non-inflammatory cases, or with patients of less powerful constitutions, the result would most likely be injurious or fatal. The case illustrates a very important principle in practice, namely, that the same disease afflicting different individuals may require very different degrees of the same treatment. In some patients, a few ounces of blood abstracted produce all the effects of a full bleeding; others similarly affected, may require the venesection to be carried to thirty or forty ounces to produce the same impression on the system. I recollect having been some time ago called late at night to see a poor woman residing in this neighbourhood, whom I found labouring under all the symptoms of acute enteritis; she was of a very delicate constitution, and I feared much that venesection could not be carried to the necessary extent: I stood by until the blood flowed, and was much surprised to find that after she had lost five or six ounces, there was a most decided effect produced, both on the system and on the local symptoms, and she recovered rapidly without requiring a repetition of the bleeding. In this instance the loss of a few ounces of blood produced as much effect on the disease as I have known thirty or forty produce in other cases.

The cases we have been just considering were instances of general inflammatory dropsy, but this affection may be limited to a particular part of the body; in fact, be a strictly local disease, though derived from a morbid impression on the system. I have had lately a striking example of this in the case of a patient named E. D., *æt.* 24, of a phlegmatic

temperament. When I first saw her she exhibited the following symptoms:—

The face was very much swollen, and presented a whitish oedematous appearance; the swelling circumscribed, but principally occupying the left cheek, and extending around the left eye; pulse 96, full and strong; tongue white; no cough or dyspnoea; no tumefaction of abdomen, or any oedema of upper or lower extremities; some headach, a vesicular eruption on the upper lip; bowels confined; urine copious; four days ago her feet were wetted, the next day had rigors and pains in her limbs, and the following night the swelling of the face appeared. I directed her to be bled, and to take an electuary of jalap and supertartarite of potass. She was bled to ℥x. On the next day I found the swelling of the face nearly gone, the blood was not buffed, but slightly cupped, with abundant separation of serum; bowels not opened by electuary; a gum-boil had formed. She took a dose of sulphate of magnesia, which operated freely. In the course of a few days the swelling entirely disappeared, and she made no complaint but of debility. I directed her to use a mixture composed of ferrum tartariz., pot. supertart., and tinct. gent. comp. and she has continued to improve in her general health ever since. My reason for mentioning this slight case is not only to present to your attention the lighter and severer forms of disease, in order that you may have an opportunity of forming correct ideas of the different grades of the same affection, but I wish also to show, that serous effusion may be caused by inflammatory action of the vessels of a certain part of the body. If this case had been left to run on its natural course, the effusion would have probably extended itself more or less; but we see that a very moderate bleeding, in this case, produced as decided an effect on the disease as the large abstractions of blood did in the case that I have lately alluded to.

I shall now make some observations on the treatment of inflammatory dropsy, as supplementary to the few remarks I ventured upon when giving my reasons for the practice I adopted in the first case I recited. I then alluded to the effects of venesection, diuretics, and purgatives, in subduing inflammatory action, promoting absorption and diuresis. But bloodletting and evacuants have often produced these effects; in an opposite state of the system, debility may supervene, and continue or renew the effusion. Under these circumstances our object should be to restore strength to the constitution, while we stimulate the absorbents to action. The first indication is to be accomplished by the exhibition of tonics, such as preparations of iron, sulphate of quinine, or other vegetable bitters. The tonic I have been most in the habit of using in such cases is the ferrum tartarizatum; it may be given in doses of from gr. x. to ʒss. in powder or bolus, or in solution combined with an

aromatic or bitter. The form that I have in general used is the following:—

R. Ferr. tartar. ℥ iv.; spirit. junip. comp., ʒss; mist. camphor., ʒviiss. M. capiat ʒi ter quaterve die.

During the exhibition of this combination I have seen the dropsical swellings which had been reduced by other means continue to decline, and finally disappear, while the appetite and general health improved rapidly.

Iodine is another medicine of great power in these forms of dropsy, where no active vascular action exists. In some cases it surpassed my expectations in its effects, both on the general health and also on the serous effusion. The form that I have used is that recommended by Lugol, and is composed of Iodinae gr. ʒ; potass. hydriodat. gr. jss; aq. distill. ʒviii. M. Of this solution I begin by giving a table-spoonful three times a day. It improves the appetite and strength of the patient, acts as a diuretic, and also stimulates the absorbents. I recollect a case of ascites probably consequent to peritonitis, which I attended some time ago. The patient was an emaciated young woman, exhibiting every sign of debility from long indisposition. Her abdomen was swollen as large as that of a woman in the ninth month of pregnancy; there was no considerable oedema of the lower extremities. When I first saw her I considered her case as nearly hopeless, but I resolved, from theoretical views, to give iodine a fair trial. I accordingly ordered the solution of Lugol, and also directed the abdomen to be rubbed all over several times a day with a mixture of the mercurial and ioduretted ointment. In a few days there was a rapid decline of the abdominal tumefaction, with increase in the quantity of the urine, which continued; the patient's general health improved, and in the course of a few weeks her abdomen was not larger than that of a young unmarried female. She was slightly salivated while rubbing the ointment; in a short time she was able to attend at the dispensary nearly recovered. I then ordered her the solution of tartarised iron, with the best effects; and when I saw her last she was so improved in her general appearance that I should not have known her, if I had not been in the habit of seeing her almost daily. I never was so agreeably surprised at the result of a case in the whole course of my practice.

I have also used the iodine ointment in cases of local oedema with the best effects. A short time since I attended an old woman affected with pleurodynia; she was of a debilitated constitution, and laboured under a rheumatic affection, which when removed, her instep and ankles became very much swollen and pitted on pressure. The ointment of iodine diluted was rubbed on the affected parts each day; in the course of a week the skin of the swollen parts presented large wrinkles, from the rapid absorption of the serous fluid, and

in a short time the swelling entirely disappeared.

There are many other remedies useful in dropsy, which I have not at present time to consider; in the few remarks that I have made on the treatment of this disease, I have adhered to the results of my own experience. In the course of our clinical labours I shall probably have abundant opportunities of investigating the different forms of this disease. What I have said this evening refers principally to that species of serous effusion which is the result of inflammatory action.

## LECTURES

ON THE

PHYSICAL EDUCATION AND DISEASES  
OF INFANTS AND CHILDREN,

DELIVERED

BY DR. RYAN,

*At the Westminster Dispensary, 1833.*

LECTURE VII.

### *Maternal Influence on the Embryo—Monstrosities.*

GENTLEMEN,—The mechanism of the perpetuation of our species is involved in impenetrable mystery. It occupied the attention of naturalists and physicians in all ages, but it still remains unknown. After all the hypotheses and systems of naturalists and physiologists, there is but one certain conclusion, that there must be a union of the sexes for the perpetuation of the species. In my work on Midwifery, I have given a full account of the ancient and modern theories of generation, and the conclusion drawn by all who have written on the subject from the time of Plato to the present, which is, that both sexes contribute to the propagation of the offspring. Both should be of the adult age, and of sound constitutions, and their moral and physical energies fixed upon the desired object. Conception is most likely to happen a few days after menstruation, when the womb has performed its function. Repose and tranquillity of mind during the first days after impregnation are proofs of a regular conception; and if the passions of the mother can deface or deform the infant, which is undecided, they can only do so in the first days of its existence, when it is passing from the ovary through the uterine tube, whence it may escape or be arrested, and the pregnancy become ovarian, tubal, or extra-uterine. It is maintained by almost all writers, that the moral and physical dispositions of parents are transmitted to their offspring; and therefore that healthful parents will generate healthful infants, and delicate or diseased parents, feeble and delicate infants. It is also an axiom, that procreation cannot be effected at the will or desire of the sexes, nor can the sex or beauty of the offspring be

determined. Every one knows that many persons anxious for children never have any, and some wish to have none, but have them. We cannot therefore assent to the hypothesis of our Gallic contemporaries, that "the sex of the offspring may be determined by the will of the parents." If this were true, the anxieties of those whose titles and estates are to become extinct, or pass into the possession of others, on account of the want of a male heir, could not exist. Nevertheless our French contemporaries, who manage these points better than ourselves, "describe the art of procreating the sexes at will (Millot); infants of spirit without passions (Robert); of beauty (Quillet), and sound and vigorous." Such are the reveries of this age of intellect, which are opposed to common observation and to numerous anatomical and physiological facts. MM. Jadelot, Legallois, and Gardien have completely refuted these ridiculous opinions. If the will or the imagination of parents could fix the exact moment of conception, the sex, beauty, and vigour of their offspring, there would never be ugly, delicate, or deformed children. Few women, I should suppose, could fancy deformed offspring; yet it is the common opinion, that marks and deformities are caused by the mother's imagination. If the mind of the mother could prevent such blemishes, I believe they would never happen. I shall examine the validity of this doctrine hereafter, and, I think, refute it. There are some other curious inquiries with regard to the sex of the fetus. Women in all ages as well as the present, felt, and do feel, great interest in endeavouring to ascertain the sex of the fetus, or infant, during pregnancy. Every woman wishes to know whether she carries a male or female; this is the case in all countries. In remote ages, inquiries were made of astrologers, soothsayers, sorcerers, fortune-tellers, empirics, and midwives. The Egyptians and Indians referred to the state of the heavens, and to the conjunction of the planets at the time of conception. The Greeks and other nations invoked the phases of the moon, and the ancient physicians were of course consulted. Hippocrates and Aristotle held, that a male was more slowly developed than a female, that pregnancy was more protracted, and that the mother enjoyed better health, when she carried a male infant. There are various ridiculous experiments proposed in the work ascribed to Aristotle, which is now in great circulation, and the standard authority with midwives and others, though a production only published more than a century ago by an empiric named Salmon. This production is erroneous from beginning to end, and is highly detrimental to morals and to human life. I need scarcely mention, that it is impossible to discover the sex of the fetus in the womb, or the moment of conception. MM. Virrey, Girou, Dugès, and Velpeau, incline to the opinion, that the sex

of the infant will be determined by that of the parent who enjoys the most prolific power at the instant of conception. According to M.M. Alphonse Leroy, and Bailly, males are propagated by vigorous parents, and females by feeble and delicate. I think both these conclusions are erroneous. I have referred to the cases of some hundreds of my patients and acquaintances, and have ascertained in a vast number of instances that old men procreate male infants, though evidently less vigorous than their youthful and healthful wives; and delicate women have male children, though united to strong, athletic, and vigorous husbands. Some married persons have several sons or daughters in succession, though there is the greatest difference in the strength and constitutions of the parties.

The ideas of the ancients and some moderns on the influence of the right testis and ovary (male) and those of the left side (female), are perhaps false, because a woman and an animal with one ovary only have begotten male and female offspring. But there is no instance on record, at least as far as my researches enable me to judge, in which a woman or an animal deprived of one ovary, and a male wanting one testicle, corresponding right or left, have propagated offspring of both sexes. The absence of one ovary, the presence of both testes, and the generation of infants or animals of both sexes afford no evidence on the subject.

It is maintained by medical statistical writers that prosperity, salubrity of climate, high temperature, civilization, liberty, misery, calamity, and epidemic diseases, such as cholera, typhus, influenza, plague, &c. have great influence on reproduction, and that more infants are born in temperate countries, where the arts, industry, and the sciences flourish, than under opposite conditions, and that scarcity and famine produce great changes in the population. (Villermé.)

According to the received doctrines on generation, both sexes contribute to the formation of the infant, which is denominated germ or embryo, during the first-three months of its existence, the fetus during the remainder of the term of utero-gestation, the infant at birth and for two years afterwards. The embryo adheres to the womb, which supplies it with the mother's blood for nine months; and the source of this supply is the placenta, or after-birth. The embryo or future infant is a living being from the moment of conception; though the law of this country holds it to be inanimate until after the period of quickening, which is about the fourth month and a half, and orders a pregnant woman before this period to be executed. This is a most erroneous and inhuman decision, but it is founded upon the ancient medical error of animate and inanimate infants. There is another grievous error in our laws, in referring to a jury of matrons the difficult question, whether "a woman be with child, and whether she be quick with child." There is not a question in the whole domain

of medical science, more difficult to be determined than this, as you will find by reference to any of the works on medical jurisprudence. There is a host of evidence adduced in confirmation of this statement in a learned essay on pregnancy in the Cyclopaedia of Practical Medicine, by Dr. Montgomery, Professor of Midwifery in the Dublin School of Medicine. I have maintained in my work on Medical Jurisprudence, that a jury of infants or bedlamites would be as competent as one of matrons to decide the question. A forcible proof of this position was lately afforded at the assizes, I think at Norwich, where a jury of matrons decided that a woman who pleaded pregnancy in stay of execution, was not quick with child. The counsel for the accused, Mr. Sydney Taylor, appealed to the judge, and argued that medical evidence only was adequate to determine the question at issue. The learned judge Mr. Baron Bolland, ordered three surgeons to examine the woman, who decided that she was pregnant of a living child, and the execution was stayed. Mr. Taylor, much to his credit, has published a letter in which he states that this case has put an end to the appointment of juries of matrons.

The embryo or infant is alive from the instant of conception, and is nourished by the blood furnished by the womb. Nature, ever wise and provident in her works, sends the blood into the cells of the placenta, whence it is absorbed by the extremities of the infantine vessels. The circulation of blood between the mother and infant in the womb is not direct or continuous, for were it so, whenever the circulation of the mother was accelerated by mental or corporeal exertion, it would destroy the embryo in the first hours or days of its existence, when it is a mere atom and only perceptible by the strongest microscope. All obstetric writers agree that the circulation between the mother and the infant is interrupted, and also that there is not a direct nervous connexion between them. Nerves have never been discovered in the placenta or its continuation the navel cord, which passes into the infantine abdomen. The mind of the mother, therefore, cannot have a direct influence upon the fetus, no more than the circulation of her blood. Mental and corporeal excitement may derange the function of the brain, nervous system, heart, and digestive apparatus; but such derangements have only an indirect effect upon the fetus in utero. It therefore follows that the imagination of the mother cannot mark or deform the offspring, for if it could, no infant would be perfect; because there never perhaps was a pregnant woman, who was not frightened, or who was free from longings during her condition; and yet how few deformed or disfigured infants are born. The imagination is excited in every case of pregnancy, there is a constant cause, but very rarely an effect. This is bad philosophy. Every obstetrician engaged in practice

has repeatedly known pregnant women, who had ungratified longings, who had been frightened by dismal objects, or had met with dreadful accidents or misfortunes, and yet their infants were perfect. We see this fact illustrated every day in this immense capital. Nevertheless, the belief is general among the middle and lower classes, and even among some medical practitioners, that the frights, longings, and imaginations of the mother can mark and deform the offspring; but this opinion is contrary to nature, reason, common observation, and medical science. I have known hundreds of instances in which women feared that their infants would be marked; but I never met with one case in which such anticipation was confirmed. The belief in this error is, however, of great antiquity.

The older writers supposed that certain positions, as lying on the right side after coition, would ensure a male, and on the left, a female; but the will has no power over fecundation. It is not in our power voluntarily to create the sexes, neither with respect to the number of children, nor with regard to their future physical or moral qualities. This is the most modern opinion of physiologists, and of course controverts the vulgar notion that the imagination of the woman can disfigure or injure the infant, an idea that clearly shows the low ebb of physical knowledge of former times, and the gross materialism with which the philosophy of the human mind was contaminated and degraded; a doctrine inconsistent with right reason, experience, and anatomical knowledge. The belief in the power of imagination is, however, of very high antiquity, as appears by the contrivance of Jacob, to increase the lambs, calves, and kids which were to fall to the share of Laban, (*Gen. cxxx. 37, 39.*) But the divine influence had interposed in that instance, and therefore it is out of the ordinary course of nature. The ideas of mankind, at this early age, on this subject, were vague and ill-defined. The popular opinion prevailed in Greece, and was sanctioned by Hippocrates and Galen. The Spartans had their pregnant women to gaze on pictures, or figures of Nereus, Narcissus, Hyacinthus, Castor and Pollux, and on the more youthful divinites. Hesiod and Hippocrates speak of imagination; Galen and Oppian on the force of mere vision. The doctrine was adopted by the Arabian physicians, Avicenna and others, and in time by the schoolmen of the twelfth and thirteenth, and by the physiologists of the fifteenth and sixteenth centuries. Albertus Magnus, an ecclesiastic, described the power of imagination, and said it arose from celestial influence. He enters on a long discussion on the influence of the planets on the fœtus in the womb. These mysterious and extravagant notions were first imbibed by Thomas Aquinas, the angelic doctor, and made more unintelligible by a mixture with universals, substantials, elementary qualities, &c.; and these opinions were

received by the most eminent physicians of the age, even by Roger Bacon, Arnold de Villa Nova, and the Hon. R. Boyle, the distinguished philosopher and chemist. Fiennius, of Louvain, published a work on the subject, in 1608, and the greater part of the seventeenth century was remarkable for this imaginative philosophy, and its offspring—the gross credulity in the collection of all sorts of marvellous and prodigious stories. An unanswerable objection to all these stories is, that not one of them is sufficiently authenticated. Towards the end of the seventeenth century, even Stahl, Hoffman, and Boerhaave, believed in this doctrine. Van Swieten and Turner were also strong advocates in favour of this view of the subject. In the year 1716 M. Marcet wrote against it in the Transactions of the Society of Medicine, at Montpellier. He denied that there was either a direct vascular or nervous connexion between the mother and infant, and also that the infant could see or hear in the womb of the mother, as asserted by the Abbé Malebranche; and that although there are hereditary diseases, they are independent of the imagination of the mother. He ridicules the idea that James the First was terrified at the sight of a sword, because Queen Mary had been frightened, during pregnancy, by the murder of David Rizzio in her chamber; for he proves that the fears of the mother are generally discovered after the birth of the infant, and then laid hold of by the friends to explain the deformity. The best work against the imaginative doctrine, which I have seen, was published by Dr. Augustus Blondell, of London, in 1728; and he was opposed by Dr. Superville, a German, in the Transactions of the Royal Society of London, in 1740. This writer was opposed, in turn, by the celebrated Buffon; who contended that marks were more dependent on the fancy of others, as to resemblance, than of the mother; he explained the influence of change of season, and why marks on the skin were redder in summer. He maintained that it was as easy to suppose a hen on her eggs, who sees the neck of a cock twisted off, can produce chickens with crooked necks, as for a woman to bring forth a dislocated child, by seeing a man broken on the wheel. As to dislocations and fractures of infants before birth, the imagination could not cause them; but scrofula, syphilis, rickets, or mollities ossium, may. The doctrine was also opposed by Eller, in the Transactions of the Berlin Academy, by Krauv and Røederer, at Petersburg, and most successfully by the illustrious Haller, in 1766. This latter eminent physiologist admitted that he saw marks that might arise from any cause capable of corroding the skin, which might, by a lively imagination, be transformed into fruits, mice, sparrows, flames, &c.; but most of them happen without any affection of the mind, or disorder of the female.

The case of Malebranche and others Haller

regarded as erroneous. No nerves pass directly from the mother to the fetus, and hence no mental power can directly affect the latter. The question had been settled by Haller, sixty years ago, and was never doubted until 1825, when Sir E. Home opposed it in the *Philosophical Transactions*. Where is the instance that can be indubitably shown, in which any object that can act on the mother's imagination has unquestionably influenced the fetus? Is it proved in the relation of cause and effect? In truth, we have in medicine more false facts than false theories. Sir E. detected nerves in the placenta, by the assistance of M. Bauer, of microscopic celebrity; but it is surprising that no other anatomist or physiologist should have observed the placental nerves to this time. It is rather extraordinary that these nerves should have eluded inspection, if they proceeded in a body from the placenta to the child; yet Sir E. found them in a preparation of a placenta belonging to Mr. Brookes, which had been in spirits for forty years.

The theories of the imaginationists have varied in every age; and it is impossible that experience can support such contradictory and different assertions. Thus the supporters of the doctrines are not agreed as to the person whose imagination is excited, when it is excited, or the exact extent of its influence. For example, Pliny was of opinion that the imagination of both sexes, male and female, was reputed to imprint or confound the similitude (book. vii. chap. 12). Others asserted that it was the fetus that caused the longings; and where they have not been duly gratified, the wise women, thinking that the infant was in want, have supplied all deficiencies after birth, by making it suck a piece of roasted pork, as a certain panacea to supply all former disappointments. This custom still prevails among the vulgar, and no doubt is rather obscurely consonant with physiological science, with fair logical deduction, and with the due connexion between cause and effect. The variations of the power of the imagination, as to time, are very remarkable; some say it is effected at the moment of conception (Pliny, *op. cit.*); others, before quickening, that is between the third and fifth months, and that there is no danger afterwards; and others, that the imagination is most powerful after quickening. (Turner on Diseases of the Skin.)

If we examine the reputed cases detailed by Dr. Turner and others, we shall in every instance discover the credulity of the witnesses, the inconclusiveness of the evidence, and the absurdity and folly of the narrations. Thus, a woman in Italy longed for a lobster, and not being gratified, brought forth a lobster. Such is the story of Aldrovandus. There was a child said to be born in Normandy, in 1682, with horns and cloven feet, because his father, having represented a satyr on the stage, had connexion with his wife in his stage dress. (Zodiacus Martius.) Hildanus was informed

by Hornicæus, a physician of Frankfort, that a woman being frightened by a musket shot, brought forth a child with a wound in its back, as if made by a musket ball. I would ask, was this wound made by the imagination, and what stopped the bleeding? The Abbé Malebranche relates various incredible stories of this kind; one in which all the bones of the fetus were broken in the womb, because the mother had witnessed the breaking of a malefactor on the wheel; another, where the child was born, resembling Saint Pius, as the mother had gazed on his picture. About the year 1700 a boy was exhibited in Moorfields, in this city, who had the word "Elohim," in Hebrew characters, round one iris, and "Deus" round the other. This deceit was managed by two thin pieces of glass, or artificial eyes. A child was lately exhibited in London, with the words "Napoleon Empereur" on each iris, and said to have been caused by the mother having cried over a French coin, which was left her by her brother. I visited this case, and aver that there was no letter whatever visible, but the usual appearance of the blue eye of an infant for the first three months. Malebranche asserts, that the infants in the womb see and hear, as their mothers, have the same passions, &c. I would ask, how can an infant, enclosed in the membranes, see without light; and surrounded by the womb, the membranes, and a considerable quantity of fluid, hear external sounds, without vibration of the air? The good father relates a case in which the bones were soft from imagination, the mother having witnessed the execution of a criminal; but will not mollities ossium, or softening of the bones, better explain such an occurrence? Hesiod recommends men not to cohabit with their wives after the latter returned from a funeral; but in this country people are not so fastidious or cautious, and pregnant women attend funerals; and although the mind is naturally depressed, we never hear of or observe a child marked with a coffin, scarf, or white feathers. There is no truth whatever in the fabulous stories that Ethiopians have produced white children, or Europeans children perfectly black. There is good reason to suppose that there were other very solid and more legitimate causes to account for the phenomena. Bartholin relates the case of a woman who, in 1638, produced an infant with the head of a cat; but a flat nose, a short chin, and a few hairy moles would account for that sage report. The same writer describes a case where a rat was produced. How unfortunate it was that the cat happened not to be in the apartment! This writer also speaks of a woman who was brought to bed of two small fishes, with scales, which were no sooner born than they swam in the neighbouring lakes!! But the semen of one species of animals will not impregnate another; for if the converse of this held good, there would be an endless confusion, and no distinct generation.

One of Pope Nicholas's family (the Ursini) brought forth a substance like a bear; but how very singular that the lady should be frightened by looking on her own coat of arms. I should not dwell on these absurd stories, had not Sir Everard Home lately attempted to revive this ridiculous doctrine.

Ludovicus Vives informs us, that a loose fellow, at Brabant, who personated the devil in a play, said he should have to do with his wife in his stage dress, which so frightened the poor woman, that she in due time brought forth an infant of a diabolical figure. An American woman is said to have brought forth a child with a wooden leg, and a ferule at the end of it, exactly similar to her husband's. Though physiologists assure us that the blood produces all the tissues in the human body, they have overlooked the power of its producing a wooden leg with an iron ferule. In this country the blood does not take on that action, as fathers with one leg produce infants with both natural,—neither of them cork, wood, or iron.

All these monstrous facts occurred in the sixteenth and seventeenth centuries, which were famous for superstition, ignorance, and credulity. A most singular illustration of the credulity of that era is afforded by a writer named Gofr. (Hegenitii Itinerarum, &c. 1630.) This traveller states that he saw a tablet in the church at Lensdown (Lausdunum), about five miles from the Hague, with an inscription to the following effect:—that a certain illustrious countess, whose name and family are given, in the fortieth year of her age, brought forth, at one birth, in the year 1276, three hundred and sixty-five infants, all of whom were baptized by Guido the suffragan, who called the males "John," and the females "Elizabeth," all of whom with their mother died on the same day, and were buried together in the above temple. This happened on account of a poor woman who carried twins in her arms, which the countess held were not the offspring of one man, which incensed the mother, who prayed that she might have, at one birth, the same number of children as there were days in the year. No rational individual can credit this story, though it is attested with much plausibility, as will appear by the inscription itself, which I cannot help quoting.

"Lausdunum sive Loedunum. In templo hujus pagi tumulus comitissæ, quæ uno partu trecentos sexaginta quinque infantes edidit. Pelves ex æro illic pendens cum hæc inscriptione.

"In dese tree Beckens sÿn alle dese Kinderen ghedoopt."

"Quin et historia ibidem duplici sermone Latino et Belgico tabulæ inserta legitur. Latina sic incipit, uti quidem juxta tenorem formæ authenticæ huic bonæ fidæ memoro.

"En tibi monstrosum nimis et memorabile factum,

Quale nec à mundi conditione datum.'

"Margarita Hermani Comitis Henenbergiæ uxor, quarti Florentii Comitis Hollandiæ et Zelandiæ filia, Gulielmi Regis Romanorum ac postea Cæsaris seu gubernatoris Imperii, atque Alitheie Comitis Haponiæ soror. Cujus pater Episcopus Trajectensis, avunculi autem filius Dux Brabantiæ et Comes Thuringiæ, &c. Hæc autem illustrissima Comitissa annos quadraginta circiter nata, ipso die Parasceves nonam, circiter horam, anno millesimo ducentissimo septuagesimo sexto, trecentos et sexaginta quinque enixa est pueros, qui prius à Guidone suffragano Trajectensi omnes in duabus ære pelvibus baptisati sunt; quorum masculi quotquot erant 'Johannes,' puellæ autem omnes 'Elizabethæ' vocatæ sunt, qui simul omnes cum matre uno eodemque die fati concesserunt, atque in hoc Laudunensi templo sepulti jacent. Quod quidem accidit ob pauperculam quandam foeminam, quæ ex uno partu gemellos in ulnis gestabat pueros, quam rem ipsa Comitissa admirata dicebat id per unum virum fieri non posse, ipsamque contumeliose rejecit; unde hæc paupercula animo perturbata ac perculsa mox tantum prolium numerum ac multitudinem ex uno partu ipsi imprecabatur, quot vel toties anni dies numerentur. Quod quidem præter naturæ cursum, obstupendâ quâdam ratione ita factum est, sicut in hac tabula in perpetuum hujus rei memoriæ ex vetustis tam manuscriptis quam typis excusis chronicis breviter positum et enarratum est. Deus ille ter maximus hæc de re suspiciendus, honorandus, ac laudibus extollendus in sempiterna secula.—Amen.

"Hæc lege, mox animo stupefactus lector abibis."—*Op. cit.*

It is difficult to imagine how such a tale as this could be palmed upon the public in any age or country, but is as well worthy of credit as the narrations about monstrous births related about that same period. This countess must have been of an incredible size during pregnancy. According to the ordinary weight of infants at birth, she would have carried more than a ton burden; and lastly, only fancy the size of a woman three hundred and sixty-five times larger than one at the end of pregnancy! Fables as incredible occur in our own days. I shall give you an example or two. I attended a premarious lady five years ago, whose mind was full of all kinds of marvellous notions regarding parturition; and whose nurse had gravely told her, that a woman in the immediate vicinity was delivered a few days before of a demon. I questioned the nurse on this sage report, and requested to know the address of the woman who brought forth such a frightful object; but she, as in all such cases, had merely heard it accidentally, and knew nothing concerning it. Another lady aborted about the third month, on account of a fright she received in one of the markets by a rat running close to her feet. She was greatly alarmed about the appearance of the abortion. A member of the profession called on me in great tribulation, as he feared his wife would

be delivered of an infant with a hare-lip, "for she had seen a hare the day previously." I dissipated his groundless fears, and convinced him of the absurdity of the notion he entertained. He called on me at a future time with joy on his countenance, to inform me that his wife had been delivered, and the child was perfect. It has been recorded, that infants have been marked with the figures of frogs, mice, rats, &c.; but thousands of women have been frightened by these vermin, and no mark has appeared on their infants. How often do we find marks, when the mother can recollect no fright to account for them? Those who are imaginationists forget that women pass through pregnancy contrary to their wishes; and, notwithstanding all mental, medicinal, and mechanical means wickedly and designedly tried to effect abortion. If the imagination could convert the fetus into a shapeless mass, their wishes could be easily accomplished.

Again; the nutrition and growth of the infant go on according to the laws of nature, whether the woman wishes or not. It is also out of the mother's power to choose a boy or girl; to have one or more children at a birth; to cause the infant to be fair, dark, large or small, weak or strong, or to give it her own or the father's features. If, then, women cannot, by imagination or will, promote or impede conception, how can any one believe, without derogating from the power and wisdom of God, that they can disfigure the infants, and injure the works of nature? Is it not absurd to suppose that the mother has more influence over her child than over her own body? The idea is preposterous. If she cannot, by the strength of her imagination, make any mark on her own body, or change the figure, situation, quantity, and number of her own limbs, why should we believe she can do so to the body of the infant? Is it not silly and ridiculous to think that if the affrighted mother apply her hand to any part of her body, which may be done accidentally and undesignedly, this can affect the same part of the infant? Does she mark that part of her own body by such application of the hand? (chirapsy.) But the child hears and sees, and feels the passions of the mother. How can this happen when there is no nervous connexion between the mother and infant? Surely every obstetrician has observed, on dividing the navel-string, that the child suffers no pain whatever, neither does the mother. And can nerves be divided in any other part of the body without pain? Again; how can the mother communicate her thoughts to the child, when her soul is distinct from that of the infant? That marks and deformities frequently happen cannot be denied; but they can be accounted for in a much more scientific and natural manner than by the influence of the mother's imagination.

Why should we be surprised at some irregularities on the skin and other parts of the body, when we observe the same happen to

vegetables, though incapable of imagination? They have their moles, their hairy parts, their discolorations, their excrescences, their unnatural shapes, which resemble animals and other bodies, and all without the help of fancy. There are many deformities never referred to the imagination, as the irregular conformation of the viscera. Is the whole empire of the microcosm, or world of the human body, so divided between nature and imagination, that one governs the internal and the other the external parts? We ought to be little amazed at the deformities, when we consider the wonderful uniformity that exists among all living creatures. We should remember that the rudiments of all animals are infinitely small, and composed of an infinite number of minute parts, which the least shock may put out of order; and yet they remain whole and entire, except in a few extraordinary cases, which we can readily account for by the following reasons; firstly, the variety of particles, and of their combination; secondly, the distempers of the children in the womb; thirdly, the interrupted developments of some parts in the children; fourthly, force and violence upon the body of the infant; and lastly diseases from inheritance.

The variety of particles, and of their combinations, is the first cause of marks in children. If we examine ever so many bones of the same kind, and as near as possible of the same kind, we shall find a vast difference in their shape, in their cavities, in their extremities, and surfaces, and in the number, situation, and disproportion of the foramina or holes through which the blood vessels pass. This proves that the arteries and veins have not the same diameters, situation, or branches, in all individuals, a fact known to every anatomist; thus the particles which make up one body, differ from those of all others. This accounts for the several irregularities and deformities of different bodies, and for the congenital diseases of new-born infants. The diseases of children in the womb are numerous, and known to all practical obstetricians; and these are causes of defects, marks, and deformities.

The excessive development and unnatural growth of any of these parts will cause deformity, and is of frequent occurrence. The same development accounts for deformities on the external surface of the body; thus the various tumours.

Every part of an infant in the womb may be more or less diseased or defective. We often observe cataract, amaurosis, aneurisms, varices, jaundice, hydrocephalus, and various other congenital defects in infants; but who could seriously think that any of these defective diseases, these marks and deformities, depended on the imagination of the mother. The passions or imaginations of the mother can only act in an indirect manner on the infant, by debilitating the mother only; but all marks, deformities, and diseases of the infant



depend upon unnatural development of certain particles or parts which compose its body. The parts of the fœtus are delineated in the ovum, but they do not increase in the same proportion; and the increase of some parts being prevented, will induce deformity. Force or violence upon the body of the fœtus, or pressure of the womb by tight lacing, will cause deformity in the infant. Dr. James Augustus Blondel, about 1728, published a curious work on this subject, which was the best that had appeared against the power of the imagination of the mother. He maintains, among many other original and interesting opinions, that the rudiments of all plants and animals now existing, have existed from the creation; and that there is no new creation or equivocal generation. He contends, that there is no child born but whose lineaments have existed somewhere since the first creation, and in that somewhere, are liable to many vicissitudes. This somewhere was the primitive ovum, which had several ova within one another; and that, although there is no transmigration of soul, there is of body, and that each fœtus has been successively in different women.

That the ovum, undergoing so many revolutions, may receive some damage, as all these mothers must have been liable to bruises, cuts, and wounds, to many diseases, scrofula, consumption, cancer, &c.; and therefore, that infants must be affected with various defects and diseases. He contends, that the largest oak has been in a small single acorn; and that a single acorn not only contains the oak, but also all the trees and acorns which shall be produced from thence successively, as long as the world lasts. If we look back to first causes, we should readily perceive the force and authenticity of these opinions; for it is manifest that the whole human race must have existed in the first of the species.

At our next meeting I shall describe the hygiene relative to Pregnancy, Parturition, and the Puerperal State, together with that of Infants.

#### WRIGHT ON CARDIAC PATHOLOGY.

##### *Carditis and Pericarditis.*

F. Antony, a female, aged about fifty, was admitted into the Baltimore almshouse in October, 1831, affected, as had been supposed, by pneumonic catarrh, now in a somewhat chronic stage. She had cough of some weeks' duration, without pain of the breast, and only slight impediment of respiration. A considerable degree of mucous rattle was discoverable in her breathing; expectoration trifling, of common pituitous matter. There was no fever; pulse soft, rather small, in-

dicating great debility. Personal appearance in this case was indicative of naturally robust constitution. The woman was above the middle size, still muscular, and reported herself to have enjoyed general good health, without any former serious illness, and had for many years past performed laborious services, chiefly as a cook; present indisposition, altogether, of three weeks' duration.

The information obtained of the patient respecting the early circumstances or symptoms of her present illness was partial and uncertain, fitted rather to obscure than explain the cause or condition of her sickness at this moment; she was either unable or unwilling to give any consistent or intelligible account of her recent state; appeared to think her illness slight, and was impatient of inquiries on the subject. The signs of danger were now manifest; evidences of serious impairment of vital power were revealed, both in the respiration and the pulse; the first was imperfectly performed, and attended by symptoms of pulmonary infiltration to an extent which must greatly embarrass the office of the lungs; the latter was deficient of tone, in a degree betraying unsafe diminution of that nervous influence by which the heart's action is sustained. Brain embarrassment was the interpretation to which the symptoms appeared to point. Diagnosis—congestion, vascular engorgement of the membranes, more especially about the tuber annulare and medulla oblongata; cerebral serosity in excess, and increasing. Prognosis—death in a few days by effusion.

The patient prostrated more rapidly than was anticipated, and died on the night of the second day after admission. There was no convulsion, nor any violent tumult before death; neither did coma or insensibility supervene, the patient continuing conscious and intelligent as long as she lived. The difficulty of respiration augmented gradually after admission, unattended by cough, but with constant

increase of the pulmonary rouchus before noted, showing progressive decay of that particular innervation on which the lungs mainly depend for their vital endowment.

*Examination.*—The contents of the thorax free from any signs of recent inflammation; lungs natural, neither reddened nor hardened in any appreciable degree; serous membranes pale, and looking natural; partial adhesions and thickening in places, showing traces of former phlogosis; some pleuro-pulmonary serosity, apparently old. In the head was found large excess of surface fluid, quantity greatest toward the base, (cerebro-spinal dropsy;) membranes of the brain very much tinged by patchy redness; colour highest over posterior lobes. The vascular plexus about the pons was highly engorged; arachnoid of cerebellum and medulla oblongata pink-red; aqueous accumulation large around the pons, crura cerebri and cerebelli. The ventricles exhibited only small serosity; substance of the brain apparently natural.

The heart of this subject was taken out for examination, in consequence of apparent uncommon density of its envelope. The pericardium proved on incision to be one-eighth of an inch in thickness, and so hardened in texture as to cut like wet leather. This unnatural thickness and solidity of the bag of the heart was uniform, or the same every where; and when it was laid open fully, its interior, or cavity, presented a singular spectacle. The apex of the heart cohered firmly to the bottom of the sac, and every part of its body and sides was tied to the interior of the pericardium by fibrous interlacements, of considerable length, but so close and strong as to present the appearance of a dense network, that could not be broken down by the fingers by any common force. The cavity of the bag of the heart, in fact, was a perfect web of fibrous or filamentous formations, about the size of large sewing cotton, crossing each other in every direction, and filling almost completely the naturally free

space between the heart and its capsule. The body of the heart itself was unusually pale, almost white, and instead of its proper smoothness, its exterior was overspread and roughened by indentations very much resembling the pits of small-pox, apparently the remains of extensive puncturated ulcerations.

*Remarks.*—All the appearances about the heart, noted in examination, were plainly effects of some ancient inflammation, which from the consequences, could hardly have been slight. It is manifest that both the heart's substance and its investing sac must have equally participated in the morbid actions which bound them together by such a multitude of preternatural ligaments. Yet from the patient's account of herself, her report of general good health, and almost total exemption from sickness until very recently, the laborious nature of her occupation, regularly followed until the commencement of her late illness, and from her personal condition, fleshy and well nourished, it would appear, first, that the time and circumstances of the morbid development in the textures affected, was not marked by corresponding signs of illness or danger; and secondly, that the great lesion of structure betrayed by these parts, had not afterwards materially interfered with the important function performed by the heart, and did not sensibly abridge the comfort, or impair the health of the individual, to whom had occurred a change replete in contemplation with so many probable and serious evils.—*Amer. Jour. of Med. Science, May, 1833.*

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DR. E. HUNTER ON FUNCTIONAL  
DISEASES.  
OF FEVER.

Is fever an assemblage of disordered functions; or is it dependent uniformly on some structural cause? The question is of great importance, and deserves a more particular examination than we can allot to the subject. The

definitions of fever; as given by our most learned nosologists, would lead to the first conclusion, and the investigations of our ablest pathologists tend decidedly to the second. The subject must ultimately be decided by a reference to dissection. Many pathologists attribute fever to a local cause—to inflammation of some vital organ, as the brain—spinal cord—lungs, or intestinal canal, &c.; and although a great discrepancy of opinion exists regarding the uniform seat of this morbid affection, facts are sufficiently numerous to prevent us from falling into the error of attributing all febrile ailments to a cause purely functional. I have no reason to think that fever arises from a morbid state of any one vital organ, because the symptoms are never exclusively referable to one organ, but indicate a morbid condition of the whole system. Pain in head and back—acceleration of pulse, and irregular respiration—thirst, with unnatural urinary and alvine evacuations—increased or diminished heat, with irregular cutaneous discharges—torpidity of all the senses, and deficiency of muscular power. These symptoms exist in a greater or less degree in every fever, and consequently no morbid condition of any one organ can explain all the phenomena. That inflammation frequently exists in some part of the body during fever, must be conceded; but that inflammation of *one* organ is the proximate cause of fever, I cannot admit, for the following reasons:—1st, Inflammation of any one vital organ does not produce a train of symptoms similar to fever in its intermittent, remittent, and continued form. 2nd, In fatal cases of fever decided marks of inflammation are frequently not to be found. Did time permit, it would not be difficult, I think, to show that fever consists in a morbid state of the capillary vessels of the whole body—a morbid condition of tissue which leads, in the first place, to congestion and accumulation, and afterwards, according to external circumstances or state of

the constitution, to inflammation, or even disorganisation of some of the textures affected. Let us suppose that fever may arise both from cold and contagion, we can easily conceive that these causes could act mechanically both in a direct and indirect way on the living textures. That they could affect the capillary vessels to which they are directly applied, can scarcely be doubted, and the affection could then be supposed to extend itself over the whole body. In those cases of fever which I have had an opportunity of examining, although in some I have been able to discover no trace of inflammation, in no instance have the capillary vessels of the internal organs been free of congestion; and in some cases I have found them gorged with blood to such a degree, as obviously to render the organs incapable of executing their functions. What may have been the cause of this congestion I cannot tell. It is easy to say that it arises from a want of action in these vessels, and thus connect the disease with a functional cause. But where is the proof of this assertion? It is still a disputed point among physiologists whether the capillary vessels have any action or contractile power, and when we have a palpable change of texture in all such diseases, and a change of texture capable of explaining all the attendant phenomena, why should we hunt after causes which lie beyond the scrutiny of our senses, and which may have no existence save in the imagination of the investigator?

Lastly; when a man dies without any apparent disease, as from pure old age, we might be inclined to view death, under these circumstances, as a simple cessation of action, or as a functional disease. Death from pure old age is, I conceive, a very rare occurrence, but when it does take place, it is, in my mind, clearly from a structural cause. At the early periods of life all the textures of the body are soft and pliant; as age advances, the textures become more rigid; and in extreme old age when the eye becomes

dim, all the senses more torpid, and the muscles refuse to obey the impulses of volition, with what show of reason can we maintain that all this arises from functional derangement? Do we not find an obvious change of structure in almost every organ of the body, and a change of structure so palpable, that it cannot be mistaken? The changes of the *outward* character of the man are so well marked, that we can deduce from them the age of the individual. Corresponding changes take place in his *internal* organs. As the individual advances in years, the structure imperceptibly changes, till at last it is no more capable of evincing the phenomena of life than the rudest block of inanimate matter, or the piece of clay moulded by the hands of the artist into the likeness of humanity. There is a period beyond which an animal body cannot survive. Constituted as we now are, a corporeal immortality is physically impossible, and this arises not from any thing necessarily mortal in the vital principle, surely, but is attributable alone to the inevitable changes or deteriorations that take place in the corporeal structure.

Enough, I presume, has been said to show that the above reputed functional disease is really of a structural kind, and that diseases purely functional cannot exist. The more pathological anatomy is known, the more striking will the truth of these observations appear; and till that department of medical science is more studied than it is, medical language must remain ambiguous and incorrect, and medical practice unsettled and empirical.—*Glasgow Med. Journ.*

### Reviews.

#### BRIDGEWATER TREATISES.

*The Hand, its Mechanism and Vital Endowments, as evincing Design.*  
By SIR CHARLES BELL, K.G.H.,  
F.R.S. L. & E.

SEVERAL of our numerous readers cannot be aware of the cause that led

to the publication of this work. It is our pleasing duty to give them correct information. The Right Hon. and Rev. Francis-Henry, Earl of Bridgewater, by his last will and testament, bearing date Feb. 25th, 1829, directed that certain trustees, whom he named, should invest in the public funds the sum of 8000*L.*, (Oh, that we had many noblemen like him!) with accruing dividends thereon, to be held at the disposal of the President of the Royal Society of London for the time being, to be paid to the person or persons appointed by him, who would publish 1000 copies of a work—"On the Power, Wisdom, and Goodness of God, as manifested in the Creation; illustrating such work or works by all reasonable arguments; as for instance, the variety and formation of God's creatures in the animal, vegetable, and mineral kingdoms, the effects of digestion, and thereby of conversion; the construction of the hand of man; and an infinite variety of other arguments; also discoveries, ancient and modern, in arts, sciences, and the whole extent of literature." He desired, moreover, that the profits arising from the sale of the works so published should be paid to the authors.

When this will was executed, that truly scientific and admirable character, DAVIES GILBERT, Esq., was President of the Royal Society; and he, with that integrity which ever characterised him, requested the assistance of His Grace the Archbishop of Canterbury and of the Bishop of London, in determining upon the best mode of carrying into effect the intention of the testator. Acting upon their advice, and with the concurrence of a nobleman immediately connected with the deceased, the President appointed the following eight gentlemen to write separate treatises on the different branches of the subject proposed by the benevolent testator.

The REV. THOMAS CHALMERS, D.D., Professor of Divinity in the University of Edinburgh,—“On the Power, Wisdom, and Goodness of God, as manifested in the Adaptation of

External Nature to the Moral and Intellectual Constitution of Man.”

JOHN KIDD, M.D., F.R.S., Regius Professor of Medicine in the University of Oxford,—“On the Adaptation of External Nature to the Physical Condition of Man.”

THE REV. WILLIAM WHEWELL, M.A., F.R.S., Fellow of Trin. Col. Cambridge,—“Astronomy and General Physics, considered with reference to Natural Theology.”

SIR CHARLES BELL, K.H., F.R.S.—“The Hand: its Mechanism and Vital Endowments as evincing Design.”

PETER MARK ROBERT, M.D., Fellow and Secretary of the Royal Society,—“On Animal and Vegetable Physiology.”

THE REV. WILLIAM BUCKLAND, D.D., F.R.S., Canon of Christ Church, and Professor of Geology in the University of Oxford,—“On Geology and Mineralogy.”

THE REV. WILLIAM KIRBY, M.A., F.R.S.—“On the History, Habits, and Instinct of Animals.”

WILLIAM PROUT, M.D., F.R.S.—“On Chemistry, Meteorology and the Function of Digestion.”

His Royal Highness the Duke of Sussex, the present President of the Royal Society, intimated a desire that no delay should take place in the publication of the treatises above mentioned; and therefore it was unanimously resolved, by a numerous meeting of the Society, that the treatises should appear as soon as they may be ready for publication.

It is highly gratifying to record such a munificent bequest as the above for so laudable a purpose as diffusing, in the most extensive manner, the brilliant lights of religion and philosophy. Many learned and scientific members of the peerage, as well as of the upper ranks of society, in this country, have, from age to age, encouraged and promoted the greatest of all knowledge to man—the consummate wisdom, power, and benevolence of the Omnipotent Author of all things, and the gratitude

that man owes to his Maker and best benefactor. These treatises elucidate the wisdom and design of the whole creation, and render them intelligible to every one arrived at the age of reason. They are eminently calculated to inspire the human mind with the greatest veneration for the great Architect of the universe. Of these excellent works, that by Sir C. Bell claims our especial attention. It is purely physiological, and treated so familiarly, that every one can comprehend it. We shall insert a few extracts to show the manner and style in which it is executed.

After some observations on the complexity of animal organisation, the celebrated author observes:—

“These views lead us to another consideration, that the complexity of our structure belongs to external nature, and not of necessity to the mind. Whilst man is an agent in a material world, and sensible to the influence of things external, complexity of structure is a necessary part of his constitution. But we do not perceive a relation between this complexity and the mind. From aught that we learn by this mode of study, the mind may be as distinct from the bodily organs as are the exterior influences which give them exercise.” p. 7.

This extract very clearly shows that Sir Charles Bell is no phrenologist, no materialist who would make man a vile and perishable insect. Every sentiment he utters accords with religion, reason, and physical science. He illustrates the most difficult points in human and comparative anatomy; and shows the harmony and design in the animal creation. Like Dr Arnott, he sees nothing but perfection in all things.

“If the child upon the parent’s knee is unconsciously incurring a debt, and strong affections grow up so naturally, that nothing is more universally condemned than filial ingratitude, we have but to change the object of affection to find the natural source of religion. We must show that the care of the most tender parent is in nothing to be compared with those provisions for our enjoyment and safety, which it is not only beyond the ingenuity of man to provide, but which he can hardly comprehend while he profits by them.

“If man of all living creatures, be alone capable of gratitude, and through this be

capable also of religion, the transition is natural, since the gratitude due to parents is abundantly more owing to Him 'who saw him in his blood, and said, Live.' p. 9.

The illustrious author displays in every paragraph, that inimitable comprehensiveness of knowledge and information which has ever characterised the eminent physiologist and the christian. During our editorial and literary career, we have not read a work whose perusal has given us more pleasure. It instructs while it amazes the mind, and excites the profound admiration of man, in learning the consummate wisdom and unbounded benevolence of the Author of all things. If Sir Charles Bell had never published another work, his name would pass down to the latest posterity as one of the greatest biologists of the past or present eras. The information contained in this production is adapted to the commonest capacity, and will be received with delight by every one blessed with reason and common sense.

The author concludes a well-written, modest, and sensible introduction in the following terms:—

"In the following essay I shall take up the subject comparatively, and exhibit a view of the bones of the arm, descending from the human hand to the fin of the fish. I shall in the next place review the actions of the muscles of the arm and hand; then proceeding to the vital properties, I shall advance to the subject of sensibility, leading to that of touch; afterwards I shall show the necessity of combining the muscular action with the exercise of the senses, and especially with that of touch, to constitute in the hand what has been called the geometrical sense.

"I shall describe the organ of touch, the cuticle and the skin, and arrange the nerves of the hand according to their functions. I shall inquire into the correspondence between the capacities and endowments of the mind, in comparison with the external organs, and more especially with the properties of the hand; and conclude by showing that animals have been created with a reference to the globe they inhabit; that all their endowments and varied organisations bear a relation to their state of existence, and to the elements around them; that there is a universal plan, extending through all animated nature, and which has prevailed in the earliest condition of the world; and that finally, in the most minute or most comprehensive study of those

things we every where see prospective design." p. 15.

From the previous expression of our opinion of the manner in which the author of this work has elucidated the arduous and most difficult task, very properly assigned to him we need not state, that he has treated every part of the subject in the ablest manner. It is a matter of deep regret to us, that our arrangements as weekly journalists prevent us from making more copious extracts; but the work is so interesting, so instructive, so valuable, that were we at liberty we should most cheerfully transcribe the whole of it into our pages.

ROYAL COLLEGE OF SURGEONS IN LONDON.

In pursuance of a resolution of the council, on the 29th of January last,

"That an exposition of the state of the College be from time to time made to its Members."

The Council publish the following Statement:—

The Corporation of Surgeons, established as a distinct body, by Act of Parliament, in the year 1745, having become dissolved in consequence of an accidental informality in their proceedings, the present Royal College of Surgeons was founded in the year 1800 by His Majesty King George the Third, for the advancement of Surgery, for the examination of surgeons in the army and navy, and of other individuals who might wish to engage in the surgical profession.

The repute in which the corporation was held appears to have been so limited, that a large proportion of the practitioners throughout the kingdom had undergone no examination, and had not even a nominal connexion with it. The inheritance derived by the College from the corporation was as follows:—10,135*l.* 7*s.* 5*d.*, 3 per cent. consols; 1233*l.* 15*s.* 0*d.* due from the City of London for the Hall in the Old Bailey; 2862*l.* 16*s.* 7*d.* in Exchequer bills and at the banker's; the house in Lincoln's Inn Fields, which then occupied one half of the site of the present premises, and a rent charge of 16*l.* per annum on premises in Snow-hill, bequeathed by Mr. Gale for the endowment of a Professorship of Anatomy. There were no certain funds of any other description, for defraying the expense of maintaining the great national collection purchased by Parliament of the executors

of Mr. John Hunter, and which the College now holds in trust for the public.

When the College received its charter from the crown, it derived no assistance of any kind from the other branches of the legislature: the charter was simply permissive, allowing the Court of Examiners to examine those who might voluntarily present themselves, but giving them no legal authority whatever, to compel practitioners in surgery to obtain their diploma, or to prosecute those who took upon themselves to practise without it. The College, therefore, possessing no other influence than that of opinion, was left to rest altogether on its own character. Under these circumstances, it would never have advanced to its present state of prosperity, if it had failed to obtain the confidence of the profession and the public; and the best proof that it has succeeded in this object, is to be found in the increased and increasing number of the members. In the first two years after the establishment of the College, the diploma was granted to 300, and in the last two years to not fewer than 770 members.

Although the College derives an important accession to its scientific character, from the possession of the Hunterian collection, its preservation and public uses have been a source of great expense to the institution.

The sum of 27,500*l.* obtained from parliament having been insufficient for building the Museum, an addition, amounting to nearly as much, was supplied from the funds of the College. But independently of what has been laid out on the building of the Museum, about 36,000*l.* have been expended on its contents. The council have always regarded the charge of the collection as one of the most important trusts of the College; and they believe they have best performed their duty by sparing no expense which might tend to make it as complete as possible.

Thirty lectures are delivered annually in the theatre of the College by two professors appointed by the council. To these the members of the College are admitted by right, and the senior students of the metropolitan hospitals by courtesy.

The library, collected within the last six years, and comprising the most valuable works in medicine and surgery as well as in general science, is open to the members of the profession and other scientific persons, on the most liberal conditions.

Notwithstanding the large demands made upon the funds of the College by the maintenance of the collection, by the formation of the library, and by the management of the general business of the institution, the annual expenditure has hitherto been kept within the limits of its income, so that a considerable funded property has gradually

accumulated, which is now at the disposal of the council, to be applied, as opportunities may occur, for the advancement of the sciences connected with surgery.

The following are more detailed statements, relating to the Museum, Library, and finances of the College.

#### MUSEUM.

By a vote of parliament, 13th June 1793, the sum of 15,000*l.* was paid for this noble collection; and grants amounting to 27,500*l.* were subsequently voted for the erection of a building suitable for its reception.

Stupendous as this collection appears when it is recollected that it was the work of one great mind, yet in the lapse of years it has been found that many chasms were left to be filled up by future labours and researches.

The Museum comprehends systematic series of specimens and preparations illustrative of animal and vegetable structures in healthy and morbid conditions.

Each series was originally commenced by Mr. Hunter, but many valuable additions have been made subsequently to his decease.

Subjoined is a detail of the present state of the Collection, comprising a summary of the original preparations, and of the additions in the respective departments of the Museum; from which it will be seen with regret how much the want of space precludes a due display of the valuable specimens.

#### I. *Physiological Series, or Natural Structures from the Animal and Vegetable Kingdom, in Spirit.*

Hunterian Preparations	3745
Additional Preparations	527

— 4272

The whole of this series is displayed in the gallery of the Museum. It is that which came into the possession of the College in the most complete state, and to which Mr. Hunter appears to have devoted the greatest share of his attention.

The Catalogue of this series, authenticated by the revision of the founder, consists of quarto fasciculi containing manuscript prefaces and introductions explanatory of the several divisions, with general observations on the functions they were designed to illustrate. It comprised descriptions of about a fiftieth part of the series, whereas the portion of the catalogue now printed contains descriptions of about one fifth part of the whole.

#### II. *Natural Structure of Animals and Vegetables, not osteological, dry.*

Hunterian	. . . 617
Additional	. . . 123

— 745

The printed catalogue of this division contains both the Hunterian preparations and the additions.

III. *Osteology, Human and Comparative.*

Hunterian . . . . .	963
Additional . . . . .	973
	— 1036

Of these specimens about a fifth part only is displayed. The catalogue of this division is printed. In the basement of the Museum are upwards of 400 boxes, containing either the entire skeleton in a separated state, or portions of the skeletons of animals dissected by Mr. Hunter. These, from want of accommodation, have never been displayed or catalogued.

IV. *Natural History, in Spirit.*

Hunterian . . . . .	1743
Additional . . . . .	355
	— 2098

This series appears to have been designed to convey an idea of the natural affinities of the animal kingdom in an ascending scale. The printed catalogue includes the *Invertebrata*, named principally according to the nomenclature of Cuvier, but retaining the Hunterian arrangement. This division is regarded as a preliminary to the physiological series.

V. *Natural History, dry.*

a. *Stuffed Animals.*

Hunterian . . . . .	87
Additional . . . . .	13
	— 100

b. *Dry Specimens of Insects, Shells, Zoophytes.*

Hunterian and additional about 1000  
No catalogue of these exists.

VI. *Fossils.*

Hunterian . . . . .	1215
Additional . . . . .	200
	— 1415

There is a manuscript catalogue of this series with an introduction by Mr. Hunter.

The specimens are chiefly contained in cubes on the floor of the Museum, but the present accommodation does not admit of their proper arrangement and display.

VII. *Pathological Preparations, in Spirit.*

Hunterian . . . . .	1084
Additional . . . . .	308
	— 1392

The catalogue of the Hunterian portion is printed, and the preparations are arranged on the left side of the floor of the Museum.

VIII. *Pathological Preparations, dry.*

Hunterian . . . . .	625
Additional . . . . .	95
	— 720

This series had originally the most perfect explanatory documents of any in the Collection from the pen of Mr. Hunter, who bestowed great pains on its arrangement, preparatory, it has been supposed, to a work on the "Diseases of Bone." There is a printed catalogue of the Hunterian specimens, which are contained in drawers beneath the north platform.

IX. *Calculi and Concretions.*

Hunterian . . . . .	536
Additional . . . . .	1245
	— 1781

About half of this series is displayed in cases on the floor of the Museum. A manuscript catalogue of the whole is completed, but the chemical composition of many specimens remains to be ascertained.

X. *Monsters and Malformations.*

Hunterian . . . . .	218
Additional . . . . .	127
	— 325

There is an original catalogue of this series containing a classification of monsters by Mr. Hunter; according to which they are now arranged in the printed catalogue.

In addition to these are about 150 miscellaneous specimens, including casts, surgical instruments, &c.; chiefly additions, and a collection of drawings and oil paintings, amounting to about 1000.

Besides the boxes of skeletons, before mentioned, the basement contains about 1520 store specimens, chiefly donations.

Of the preparations in spirit, a total of 8067, about three fourths are capable of being arranged and displayed in the present Museum. Of the dry preparations, a total of 7697, not more than one seventh part can be displayed, and even this proportion cannot be usefully arranged; so that little more than one half of the entire collection is at present capable of being exhibited to advantage.

Some room may be gained by new arrangements, and also by clearing the Collection of specimens of great bulk and little value; but it is evident that no measure, short of an addition to the actual capacity of the Museum, will be effectual for the purpose of usefully displaying the present Collection, and providing adequately for its increase. This subject has long occupied the deliberation of the Council, and its paramount importance will not fail to ensure their unremitting attention.

In proof of their sense of obligation to the father of his present majesty, by whose gracious favour the College was appointed the depository of this great national trust, the Council refer with satisfaction to a liberal expenditure for the due preservation and continual augmentation of the Collection; to its suitable display, so far as the building, erected for this special purpose, permits; to the endowments of professorships for its elucidation; and to the institution and encouragement of prize dissertations, some of which have proved valuable contributions to surgical literature.

Finally they refer to the formation and advanced state of the Catalogue, a work of peculiar difficulty, not only on account of



the defective state of the manuscript documents authenticated by Mr. Hunter, but from the scantiness of information respecting numerous specimens. Of this important work, now in steady progress towards completion, the following parts have been printed:—

1. Series of Pathological Preparations, in Spirit.
2. Series of Pathological Preparations, in a dry state.
3. Series of Comparative Osteology.
4. Series of Dry Preparations, not Osteological, in Comparative Anatomy.
5. Series of Monstrosities and Malformations.
6. Series of Exterior Natural History, in Spirit:—comprising altogether 708 pages in quarto.

A more elaborate Catalogue of the two first subdivisions of the physiological series, including the organs of locomotion and digestion, accompanied by explanatory notes and illustrated by engravings, will be published in October next.

The illustration from time to time of rare specimens and of such portions of the several series as are little known, by means of accurate engravings and descriptions, is already commenced in the memoir of the *Nautilus Pompilius*.

The Museum affords an inexhaustible fund of information to the student of natural and medical science, and the Collection, taken as a whole, may be regarded as unequalled. No one who makes himself familiar with its treasures and is endowed with a philosophical spirit, will quit it without deriving a powerful stimulus to his anatomical studies, and discovering many interesting paths by which that spirit may be gratified.

It is open to members, and to visitors properly introduced, from ten until four o'clock, on Monday, Wednesday, and Friday in each week; and to scientific foreigners daily. The conservator attends to supply, as far as possible, the deficiencies of the Catalogue.

#### LIBRARY.

It has ever been the conviction of the Council, that the splendid Collection of Mr. Hunter was limited in its useful application to surgery without the addition of a library, which should be so extensive as to comprehend all the objects for the promotion of which the Collection was formed,—the science as well as the art of surgery. It was not, however, until the year 1827, that the Council considered the time to have arrived when they would be justified in devoting a liberal sum to its formation, and an ample annual outlay for its increase. A commencement indeed had been previously made; one of the members of the Council, the late Sir Charles Blicke,

having bequeathed the sum of £300 in trust for this purpose.

Since the year 1827, the gross sum of £210,172 has been expended in promoting this important object, which the Council believes to have met with general approbation, and to have been found eminently useful as a means of study to the younger, and of reference to the older members of the profession.

The Library comprises a splendid collection of standard and valuable books, as well as of periodical publications in all branches of medical literature and of the sciences connected therewith. It contains nearly 16,000 volumes, and is continually receiving additions of new publications, and of ancient works. It is as accessible to the members of the college, and to the public, as is compatible with due regulations for its security and preservation, with the advantage of a librarian, who is constantly in attendance, and whose services are rendered more valuable by his intimate acquaintance with general medical literature and with the languages in which most of the interesting works appear.

From the extent and rapid increase of the Library, the want of a sufficient space for its arrangement is as severely felt in this department as in that of the Museum.

The Library is open every day from 10 to 4 o'clock, from the 1st of October to the 1st of April; and from 10 to 5 o'clock, during the remaining portion of the year, for all members of the College and their articulated students; except on Saturdays, when it is shut at 1 o'clock, and except also during the month of August, when it is closed for the purpose of revision. In this and in other points the regulations of the British Museum have been as nearly as possible followed.

#### FINANCES.

The receipts of the College are, and ever have been, chiefly derived from the sum paid for the Diploma\*; and inasmuch as there is no well defined law obliging a student to seek this distinction previously to his commencing practice as a surgeon, the income from this source is uncertain. The expenses of the College and Library, and especially those entailed by the possession of the Hunterian Collection, have been very considerable. It has therefore been a great object with the Council to

\* From the period of incorporation up to March 1821, a subscription of one pound per annum was paid towards the current expenses of the College by each member resident in and around London, and two pounds by each member of the council. But as soon as the income and capital justified the remission of these yearly payments, they were discontinued.

realise such a permanent income as may be sufficient to meet this unavoidable expenditure, in the event of their usual annual resources being materially diminished.

The average receipts of the College for the last three years have amounted to, *per annum* . . . . . £11,116 10 3

The average annual expenditure for the same period has been . . . . . £8840 18 10

It has been distributed as follows:—

1st. College Department*, including Council, Court of Examiners, Auditors, diploma stamps, taxes, salaries and wages, &c.	£	s.	d.
	4750	17	9
2nd. Museum Department, including the purchase of specimens, spirit, bottles, catalogues, printing, engraving, stationery, taxes, salaries and wages, &c.	1937	10	11
3rd. Library Department, including the purchase and binding of books, book-cases, catalogue, stationery, salary, &c.	954	14	0
4th. Miscellaneous Expenses, including repairs, furniture, law expenses, and incidental payments, &c.	530	15	0
5th. Expenditure under Deeds of Trust, including lectures, Hunterian oration, and Jacksonian prize	187	1	2
	8840	18	10

The present funded property of the College is as follows:—

3 per cent. Consols	£40,000
3 per cent. Reduced	23,000
	63,000 0 0

\* In explanation of this total, it is right to mention, that, upon an average of the last three years, the Court of Examiners met forty-five times in the year, that each meeting occupied at least six hours; each examiner receives half-a-guinea for every examination for the diploma, and one guinea for his attendance, provided he be present from the commencement to the termination of the court, but no fee for the examination of surgeons and assistant surgeons for the army, navy, and East India Company's service. In addition to the quarterly meetings of the council, their extraordinary meetings, averaged for the last three years, amounted to twelve in each year, that each meeting occupied from two to three hours, and that each member present during the whole of the proceedings, received one guinea for his attendance. But for the numerous meetings of the several boards and committees, occupying much valuable time of the members, no remuneration is received.

The Trust Funds amount to  
3 per cent. Consols . . . . . 3,307 0 0  
66,307 0 0

It thus appears that the permanent and certain income of the College does not amount to the sum required to meet the annual expenses of the museum alone; and as much additional space is required for the proper arrangement and display of the respective contents of the museum and library, while other parts of the building need extensive repairs, a considerable inroad must of necessity be made at a very early period on the capital of the College, reducing still further its permanent income.

(By Order of Council.)

EDMUND BELFOUR, Secretary.

August 22nd, 1833.

THE

London Medical & Surgical Journal

Saturday, September 7, 1833.

THE CHOLERA CONTINUATION BILL.

OUR readers must be amazed at the consummate wisdom of the Legislature in passing a law for the continuation or diffusion of cholera. Though Parliament is almost omnipotent in its own opinion, we are happy to state that the cholera has set it at defiance, and has taken leave of this country during the last week.

The Legislature must have been guided in this noble attempt to stop the retreat of the enemy by our sagacious friends of Whitehall Place, whose "occupation" is "gone." Perhaps the next step of our Government would be in imitation of that wise monarch, the King of Prussia, who, a few years since, sent three thousand of his brave troops to stop the progress of the plague. We sympathise with the contagionists for the unfortunate non-arrival of their millennium. We congratulate a contemporary on his incontrovertible conclu-

sion as to the contagioness of cholera. Unfortunately, however, for his argument, this dreadful contagious malady has been destroyed by the equinoctial gales; and he, with his friends, may mourn the hopes that leave them.

The cholera, like all former epidemics, has defied human intervention—has suddenly appeared and disappeared.

It will form a curious statement for the pages of future historians, that in 1832 there was an act passed for the suppression, and in 1833 another for the continuation, of epidemic cholera!

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#### COLLEGE OF SURGEONS.

WE have received a statement from the Council of the College of Surgeons, which will be found in another page, relative to the present state of its different departments. On some future occasion we may examine this document at greater length than the late period of the week at which we have received it will allow of in this number. The present state of the Museum, Library, and Finance Department, are dwelt upon with a complacent spirit of self-satisfaction, which their individual importance (!) would scarcely appear to warrant. Yet are we thankful for the Resolution of the 29th of January—it indicates, we hope, that a better feeling is abroad, and that the Council are willing, as far as in them lies, to do away with that spirit of exclusiveness which has too long formed part and parcel of every one of their acts and deeds.

#### THE ANATOMY BILL.

WE have the best authority for stating that the Anatomical Bill has not worked its wonders in quite so satisfactory a way to all parties concerned as some of its most sanguine supporters and friends could have wished. The appointment of Inspector gave dissatisfaction to many; nor has the situation been free in its working from all charge of partiality. We know one anatomical lecturer whose prospects and class have been most seriously injured by this system. We trust, however, that the ensuing session will be free from all charge of a like nature, and that no more favour will be shown on the one side than on the other.

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#### TARTARISED ANTIMONY IN SPASMODIC AFFECTIONS.

*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN,—In your journal of June 1st, appeared a letter from my friend, Mr. E. Duncan, of Leadenhall street, on the power of tartarised antimony in spasmodic affections, with a case in which it proved beneficial. From repeated trials, I am convinced of its great efficacy. One recent case struck me forcibly when I read the communication alluded to.

Some short time since I was called to a female, *ætat.* 35, and of a thin spare habit. I found her labouring under violent spasmodic fits, particularly affecting the respiratory muscles, and threatening instant suffocation; the spasm would cease for a minute or two, and then recur as strongly as before. When she felt it approaching, she would express her conviction that it must be the last, and she would die in it. I immediately began, and for four hours administered the most

powerful antispasmodics without any effect. Being somewhat loth to have recourse to venesection or the tartar emetic, in one so apparently debilitated, and without any previous history of the case, I continued the remedies two hours longer without the slightest remission of the symptoms. I was then induced to take twelve ounces of blood from the arm, and used the stimulants for an hour more, but not the slightest amendment took place; two grains of tartarised antimony, with ten of powdered ipecacuanha, were then given in a little water, vomiting ensued almost immediately, a complete prostration of muscular power was the consequence; the pulse became exceedingly small; the skin was covered with a cold, clammy perspiration; the spasms ceased instantly; and the patient exhausted fell into a sound sleep. When she awoke, she felt weak and low, but was perfectly easy, and had no return of spasm. Ordered a gentle aperient.

The following morning I found that she had for four or five years been subject to repeated attacks of a similar nature to the above, at intervals of little more than a month, which usually continued more or less violently, sometimes for eighteen hours, and seldom less than ten. She had been to many medical practitioners, and taken much medicine, and had passed a portion of tape worm about nine months before. Complains of constant desire to eat, with a gnawing pain at the scrobiculus cordis, and loathing at the sight of food. Suspecting tania to be the cause of all her suffering, she took three strong doses of the *sp. terebinth.* at an interval of two days between each dose, followed by a draught of castor oil; this brought away no worm, but a very large quantity of slimy, offensive matter. She went into the country, where she has remained three months, has had no one symptom of her old complaint, and has now returned, to use her own words, "quite hearty." I think it right to state my belief,

that a large dose of the tartar emetic administered to a weak, debilitated subject, might produce fatal syncope, and it is not, therefore, a remedy to be used in trifling cases.

I am, Gentlemen,  
Yours, &c.

JOHN C. W. DYER.

*Chapel-street, Pentonville.*  
*Aug. 28th, 1833.*

### *French Medicine.*

#### *Cases of Hooping Cough treated by Tartarised Antimony.*

*Case 1.*—Jean Pierre Lamblia, aged five months and a half, was attacked with catarrhal cough, which soon degenerated into hooping cough, with twelve or fifteen paroxysms in the twenty four hours, and but little fever. An emetic composed of ipecacuanha and squill seemed to moderate the cough somewhat, but it soon returned with increased vigour. There were slight convulsions, and incipient hydrocephalus was feared. An ointment composed of ʒiiss. of tartarised antimony to ʒj. of lard was ordered. The third day there was a slight pustular eruption on the base of the thorax, and the hydrocephalic symptoms were diminished. On the fourth day the pustular eruption had increased, and the paroxysms of coughing, without being lessened in violence, had decreased to seven in the twenty-four hours. On the following day they were only three in the twenty-four hours. The ointment was ordered to be used in smaller quantity; but the parents, willing to spare the infant the pain, neglected it altogether, and the cough returned with increased violence every quarter of an hour. An emetic was administered, and the ointment used four times in the day. In four days the cough had degenerated into a common catarrh, and in another fortnight was quite well.

*Case 2.*—Jaques Brader, aged three years, had hooping cough for ten days.

The paroxysms occurred eight or ten times in the twenty-four hours. The tartarised frictions were commenced. On the following day, a slight pustular eruption was visible on the lower part of the chest; no abatement of the cough. On the fourth day the pustular eruption was more marked, and the expectoration was easy and abundant in quantity. The antimony was used for the two following days, and in the course of a week the cure was complete.

*Case 3.*—Lisette Ham, aged three years, had been affected with whooping cough for three weeks. The paroxysms, which were violent and frequent, were succeeded by vomitings. The whooping cough was preceded by measles. Four days after the use of the ointment there was a free crop of pustules; the cough gradually diminished, and in the course of a week had degenerated into a common cough; one or two large pustules had become ulcerated, but soon healed. In the course of a week the cough entirely ceased. This patient had two brothers who were cured in a very short time by the same means.

*Case 4.*—George Adam, aged six years, of strong constitution, had been affected with whooping cough for 20 days; the paroxysms accompanied by vomiting returned twelve or fifteen times daily. There was slight fever and irritation of the stomach. He was ordered the ointment, which soon brought out a pustular eruption over the base of the thorax and epigastrium; while at the same time the right half of the scrotum, and that part of the thigh in contact with it, had also a slight pustular eruption over them. These caused the little patient some pain, but they soon encrusted over and disappeared. At the end of sixteen days he was quite well.

*Case 5.*—J. Jung, aged 25, was affected with nervous irritation of the stomach, accompanied with oppression at the chest; it had lasted three

weeks, and he could assign no reasonable cause for it. The accessions came on at irregular intervals, and lasted sometimes for several days, accompanied with great pain over the epigastrium, which was slightly relieved by pressure; anxiety, want of appetite, but no fever. An ointment (3 iss. of antimony to ℥j. of lard), was ordered to be rubbed three times a day over the epigastrium and base of the thorax. On the third day there was a plentiful pustular eruption, which soon affected the scrotum. The frictions were discontinued for a short time; the eruption over the scrotum passed away; that on the chest remained, where one pustule degenerated into an ulcer, discharging freely, which was of great benefit to him; and in a short time he was free from all disease.—*Ibid.*

## Hospital Reports.

### ST. BARTHOLOMEW'S HOSPITAL.

#### *Rupture of the Urethra and Laceration of the Perineum from violence.*

—A young lad of thirteen years of age, came into the hospital some days ago, with a ruptured urethra. While playing with his school-fellows some days previously, he fell with great violence on an iron bar, which extensively lacerated the perineum, and ruptured the corpus spongiosum of the urethra. The urine has been since voided through the ruptured aperture. On Saturday, Aug. 24, in consequence of some clots of blood becoming solid and stopping up the opening, the urine could not be passed through it; nor on the patient's attempting to evacuate the bladder through the natural passage could he attain that object. Mr. Stanley accordingly passed the catheter, and about a quart and a half of urine was removed. The testes are considerably inflamed and enlarged, having received some injury in the accident.

*Fungus of the Testicle.*—There is a case of fungus of the testicle at

present under Mr. Vincent's care, which came on spontaneously. It commenced with an enlargement in the body of the testicle. The constitutional health of the patient has not been much impaired. The iliac glands are somewhat enlarged above Poupart's ligament. On feeling it, it is hard and firm, about the size of a small orange. The epididymis is also affected. The testicle has been leeches several times without any good effects, he is now ordered to take,

*Tinct. Iod., ℥i x. ter in die.*

*Extensive Syphilitic Ulceration.*—

There is a very strongly marked case of syphilitic ulceration at present in this hospital. The patient is a female of sanguineous temperament, æt. 40. Large ulcerated blotches are scattered universally over her body, and particularly on her face. By her own statement she was perfectly sound three years ago, and denies that sores ever existed on the pudenda. She however acknowledges that there was a discharge from the urinary passage. Mr. Stanley said that there might have been a sore there without her knowledge. Ordered her to have generous diet and prescribed,

*Ext. Sarsaparilla ℥ss. ter in die.*

Mr. S. added that he had no doubt whatever of being able to dry up the ulcers by this treatment.

*Erysipelas of the Head and Face.*

—In a case of erysipelas of the head and face Mr. Stanley ordered cold spirituous applications to the head; and, when the pulse indicated it, bleeding from the arm.

*Ventral Hernia.*—A robust man, æt. 42, came into the hospital the other day under Mr. Vincent's care, complaining of great shortness of breath and considerable pain in the abdomen on coughing. On examination, we found a small oval tumour situated on the surface of the abdomen, a few inches above the umbilicus, and between the recti muscles. There was a decided impulse given to the tumour

when the patient coughed. His general health is very much impaired, and he is deprived of sleep by the pain which every fit of coughing induces. Mr. Stanley, on seeing this case, said that the ventral hernia was the result of a deficiency of strength in the structure of the linea alba, in which it was not uncommon to find small openings, through which portions of fat and afterwards intestine protruded. The application of a truss will be sufficient for his cure.

ST. GEORGE'S HOSPITAL.

*Ligature of the Femoral Artery for secondary Hæmorrhage after amputation.*—In one of the cases of amputation of the leg (disease of the knee-joint) which we noticed in our last week's report, secondary hæmorrhage has ensued. The hæmorrhage commenced on the eighth day after the operation, and a considerable quantity of blood was lost by the patient. By the application of ice, &c. the hæmorrhage was for a time arrested, but recurred with great violence last Monday night. Mr. Keate was sent for, but some circumstances having occurred to prevent his attendance, Mr. Hawkins in his absence, in order to save the patient's life, cut down on the femoral artery, and after the usual incisions passed a ligature round it. The incisions were made within a short distance of Poupart's ligament. Since the operation the patient has gone on well. His strength however has been considerably lowered by this unforeseen occurrence.

*Concussion of the Brain.*—Mr. Keate on coming to a bed where there was a case of concussion of the brain, seemed highly displeased at finding the patient sitting with his clothes on reading a book, and desired him to strip off and go to bed immediately, and not to read any books for some time to come. Mr. Keate remarked, that in cases of concussion of the brain, the patient should be always prevented from reading for a long

time after the accident; he should also be kept in a dark room.

*Hæmorrhage from the Gums.*—There is an out-patient at present on Mr. Hawkins's books who has been troubled with hæmorrhage from the gums for several months. She was affected with fever some time ago, and on her recovery the bleeding from the gums commenced. Alum water, &c. have been used as astringents. The hæmorrhage though it has not entirely ceased, has become less frequent and copious by the astringent application.

*Enlarged Mammary Glands.*—There is also a case in Mr. Hawkins's out-patient book of enlarged mammary glands. The patient is a stout-looking woman about forty; the size of the breast is unnaturally enlarged, and she complains of the pain in her throat on coughing; this proves the bronchial glands also to be enlarged. Iodine has been exhibited to diminish the enlargement of the glands.

*Tumour on the Cheek.*—A man came to Mr. Walker the other day with a small hard tumour on his cheek, which he wishes to have extirpated. On its being examined it felt very hard and firm; it is situated on the lower part of the right cheek, midway between the mouth and ear. It first made its appearance in the form of a very small pimple, about the size of the head of a pin. It is now about the size of a nut, and does not inconvenience the patient in the least; he is however anxious to have it removed, as he considers it a deformity. It has increased in dimensions during the last few days. Mr. Walker will extirpate it next Monday. Mr. W. thinks it may have something to do with the duct.

*Hare Lip—Operation.*—A child was brought to Mr. Keate the other day with hare lip, it was only a fortnight old, and could not suck properly. The fissure extended from

the edge of the lip nearly to the nose. Mr. Keate proposed operation, to which the woman who had the care of the child at once consented. Having placed the child recumbent with his head over a pillow, Mr. Keate extended the incision from the nose, and having introduced a curved bistoury at the angle of the fissure, he brought it down to the red part of the lip, and in this manner removed the surface from each side. A needle armed with silk was then drawn through each side of the lip at that part where the skin joins the red part of the lip, then another needle was introduced through the integuments midway between the first suture and the angle of the fissure. The edges of the fissure were approximated by tying the silk threads. No adhesive plaster was applied, as in such cases it is better that the part should be exposed to the air as much as possible. There was some hæmorrhage from the superior coronary artery, but not such as to require a ligature.

Four days after the operation the sutures were removed; first the upper thread was drawn away, and on the next day the inferior one was also removed. The child can now suck very well, and a complete union has taken place between the divided parts.

*Compression of the Brain.*—John Walkins was brought into the hospital on the 26th August, having fallen from a height of several feet. On his admission his pulse was hardly perceptible; the pupil was considerably dilated; breathing stertorous and difficult. He fell into convulsive fits three times during the night; and vomited an immense quantity of blood. All the symptoms of concussion were present. When Mr. Hawkins saw the patient on Tuesday, he said that though he could not discover a fractured rib, he believed there was rupture of the lung, which accounted for the vomiting of the blood. The convulsion fits were caused by pressure of blood on the brain, and were to be

considered as bad symptoms. There was great nervous irritability in this case, and the patient could not bear the least touch without complaint. When Mr. Hicks (the house surgeon) was dressing his head, he vociferated most loudly, and spoke in a rambling incoherent strain. Mr. Hawkins ordered him to be bled, should the pulse rise. Purgatives were administered.

*Concussion of the Brain.*—Two working bricklayers were conveyed into the hospital on Tuesday morning, Aug. 27th. They had been working on a scaffold which suddenly giving way they were precipitated from a height of fifty feet. The fall of one of the sufferers was broken by his coming on a board, but the other fell with violence on the pavement. In the latter case the patient was insensible for many hours after admission; respiration slow and difficult. He lay in a tranquil sleep during the entire day of the accident, pulse beating steadily and with its usual velocity. The carotid arteries beat violently. Purgatives were given immediately on his admission. Mr. Hawkins requested Mr. Hicks to bleed him, after which the patient improved. Mr. Hawkins urged on the pupils the necessity of knowing well the state of the pulse before bleeding should be ordered. Bleeding should be used with great caution in cases of concussion, and should be resorted to as a means of avoiding inflammation, and not as a matter of course. A day or two after the accident will often be time enough in such cases, "but above all," said Mr. H., "let the pulse be your guiding star." In the evening Mr. Hicks took a large quantity of blood away from the patient's arm.

GUY'S HOSPITAL.

*Exostosis of the Scapula.*—A lad, st. 12, was admitted into the hospital a few days ago with a very large

exostosis, extending along the entire spine of the scapula. It is firmly attached to the scapula, and is as hard as ivory. It does not give the patient much pain, but seems to have considerable influence over his general health, which is much impaired. The lad is of a scrofulous habit, and has an anxious look. There is no other exostosis on his body. The exostosis on the scapula is unusually large. Sir Astley Cooper has seen the case, and recommends its immediate removal: he also advises the removal of the periosteum of the scapula.

SIR PATRICK DUN'S HOSPITAL.  
(DUBLIN.)

*Mortification of the Liver.*

MICHAEL BRYAN, aged 50, was admitted on the 4th of March. He states that he is temperate in his habits, and had been healthy until about six months ago, when having eaten a very hearty dinner, chiefly of vegetables, he was suddenly seized with violent pain in the stomach and right hypochondrium, which lasted for twenty-four hours and then subsided, leaving him, however, ever since, subject to pains in the side, cramp, and wind in the stomach, with some swelling in the abdomen, which last partially yielded to purgatives. On examination, the liver was found very much enlarged, and protruding far beyond its natural limits, so as to be distinctly felt, forming an extensive tumour in the right and left hypochondrium and epigastrium, which was hard and painful when pressed. The patient was jaundiced, and his stools destitute of bile, were loose and frothy, resembling barm; the urine was deeply tinged with yellow; he could not lie on his left side; had no pain in either shoulder; said that his present attack commenced about three weeks ago, at which time the pain and swelling of the liver were observed, and were followed by oedema of the feet and legs and ascites. His pulse is frequent, small, hard, and regular; tongue very foul; all appetite extin-



guished; and he complains of great debility.

It was evident that the patient's disease was of long standing; and I concluded that his liver must have been enlarged long before the period he assigned as the commencement of his illness. The combination of enlargement of the liver, evidently of long standing, with dropsy, emaciation, and jaundice, in a man of his age, I at once pronounced fatal. While in the hospital his sufferings were much increased by tympanic distension of the bowels; and from the day of his admission until his death, which took place on the 15th of March, he continued rapidly to grow weaker. No rigors or other symptoms indicative of any peculiar termination of the hepatic inflammation occurred until six o'clock in the evening of the 14th, when, after having all the day complained of excessive abdominal pain and tenderness, and being evidently sinking, he suddenly began to vomit an extremely foetid fluid, mixed with a dark grey substance. This vomiting returned at intervals until five o'clock on the following morning, when he died, without suffering much pain immediately previous to his death.

*Autopsy twelve hours after death.*

—On opening the abdomen, about one gallon of serous fluid, deeply tinged with bile, flowed out; the liver was greatly enlarged, extending below the umbilicus, and part of its surface was covered with recently effused lymph. Large white solid formations, resembling cartilage, studded its surface, and were found in its interior. They were cupped or concave on their surface, and homogenous, and consistent in their texture. By some they have been denominated *large white tubercles*, by others, their nature has been compared to *scirrhus*. Between them the texture was everywhere healthy. In the inferior portion of the left lobe there was an excavation larger than a man's fist, and half filled with a dark grey slough of an extremely offensive smell, and precisely similar to the substance he

had vomited. This slough was very dry, its fluid having probably been drained off by the large opening which formed a communication between the excavation in the liver and the stomach. The sloughy appearance extended to that part of the pancreas which lay in contact with the stomach, and another perforation of the latter had been formed in its place. An evident line of demarcation existed all round the hepatic excavation, closely resembling in breadth and appearance that which announces, in external parts, that nature has succeeded in arresting the progress of the disease, and is preparing for the separation of the dead from the living structure\*.

\* The above case, which we extract, is from the practice of Dr. GRAVES, recorded in the *Dublin Medical Journal*, and forms a very rare termination of hepatitis. Neither Andral, Morgagni, or Mason Good speaks of it. Richter observes, that in no organ is gangrene so rare as in the liver. Frank says, that its occurrence "may be conjectured from the presence of symptoms indicative of gangrene in general;" and Dr. Mackintosh remarks, that he believes gangrene to be unknown as a termination of hepatitis.—Eds.

BOOKS.

Description of an Apparatus intended to facilitate the Treatment of Fractures of the Lower Extremity. By T. M. GREENHOW. pp. 22. Highley.

Observations on Injuries and Diseases of the Rectum. By HERBERT MAYO, F.R.S., Surgeon to the Middlesex Hospital, &c. pp. 220. Burgess and Hill.

An Essay on Inflammation. By PHILIP LOUVELL PHILLIPS, M.D., pp. 153. Burgess and Hill.

CORRESPONDENTS.

*Inquirer.*—Our correspondent has no other alternative than to comply with the laws of the Apothecaries' Company. We are sorry to say there are thousands in his condition.

Dr. Slade's communication has been received.

The review of Dr. Abercrombie's work has been received.

*Q. Z.*—We shall attend to the suggestion. We are much obliged to our numerous contributors to "The Sanctum."

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

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VOL. IV.

## LECTURES

ON THE

## PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

Delivered at the University of London,  
Session 1832—1833.

LECTURE LIV., DELIVERED FEB. 18, 1833.

GENTLEMEN,—We now enter upon the consideration of the *diseases of the blood-vessels*. The diseases of arteries and veins may be said to constitute one of the most interesting departments of surgery. In the lectures, already delivered on the mechanical injuries of arteries, I partly introduced you to this subject, the greater portion of which still remains to be explained. In the account of the mechanical injuries of arteries, I reminded you, that these vessels are furnished with arteries, veins, lymphatics, and nerves, of their own. It would, therefore, be superfluous to detain you again on this topic, on which I have no doubt you will receive the most correct information from the Professor of Anatomy. As the arteries partake of this general organisation of other textures, you will of course see, that they must be liable to many of the ordinary forms of disease, to which other parts are subject; and especially, that they must be liable to inflammation, ulceration, suppuration, and sloughing. They are also subject to the deposition of calcareous matter between their internal and middle coats, and to several other deviations from the natural and healthy state: particularly, to a steatomatous thickening of their coats, to a dilatation of them, to an obliteration of their canal, and to various other affections, which will presently be noticed.

The internal coat of the arteries is more subject to inflammation than the external and middle ones. This is proved by the frequency of effusions of lymph on the inner coat, in consequence of inflammation of the neighbouring parts; and the same effect follows the application of a ligature, or any accidental irritation in the neighbourhood of the vessels, like that

resulting from the pressure of a tumour. Sometimes the inflammation, thus excited, will extend to a considerable distance along the canal of the artery—in some instances, even as far as the heart itself; and when the affection thus spreads to any great extent, the name of *arteritis* is usually given to it. *Chronic inflammation* of the arteries is frequently met with, as a consequence of the deposition of calcareous matter between their internal and middle coats. However, gentlemen, I would not always have you to conclude, that an artery has been inflamed, merely because the internal tunic may have a red appearance in the dead subject: this criterion is frequently a deceitful one; at all events, remember, that after exposure to the air, and the commencement of putrefaction, the inner coat of the arteries commonly presents a red tinge; and you should be careful not to confound this condition with the appearance presented by real inflammation.

Although the larger arteries are capable of resisting *ulceration* for a long time, they are occasionally attacked by it. While an artery is healthy, and under circumstances not unfavourable to its nutrition, it is capable of resisting the destructive effects of ulceration for a very long period. But when the external coat has been separated for some distance from its surrounding connexions, the vessel is then liable to ulcerate, and even to slough; and I may make the same observation respecting an artery in a diseased state. You will find arteries, not only pervading the generality of diseased structures, without becoming ulcerated, but absolutely situated in the midst of the worst fungoid, tubercular, and cancerous diseases, defying, as it were, for a surprising length of time, the ravages of those complaints. This disposition of the arteries to resist ulceration is strikingly illustrated by what occurs in the extensive abscesses often found in the lungs in tubercular phthisis. Here you will find bands, or filaments, extending across the chasm, which are, in reality, blood-vessels that have as yet escaped destruction. According to the investigations of Professor Andral, it would appear that blood-vessels sometimes extend, in the form of filaments, across abs-

cesses in other situations; so that if an instrument be introduced into the collection of pus, through which such filaments extend, hæmorrhage is occasioned by the laceration of them. These fræna are thus regarded by Andral, as consisting chiefly of blood-vessels which have escaped the destructive ravages of the ulceration going on around them. Sometimes, however, arteries, surrounded by disease, at length ulcerate, of which we have frequent examples in cancer, phagedænic ulceration, and gangrene, and the dreadful disease termed *hospital gangrene*, which is, in fact, a kind of phagedæna.

The internal coat of an artery may ulcerate primarily. Andral mentions instances in which he has seen ulceration in this form, sometimes only at one point of the whole arterial system, sometimes at many points. Occasionally he has seen the aorta studded with small ulcers of this description.

Arteries are liable to *suppuration*. In one case Andral found, under the lining of the aorta, no less than eight abscesses, each of which was as large as a nut. Pus is also sometimes met with in the cavity of the arteries, a fact which I noticed to you in a former lecture. All the branches of the pulmonary artery have been seen in this condition, viz., filled with purulent matter. Pus is not found between the internal and middle coats of the arteries, so often as another matter which is peculiar to that situation, and which has been called an *atheromatous* or *pulaccenus substance*, with which you will generally find blended a gritty matter like sand: sometimes, indeed, the composition is more like mortar or plaster, than osseous matter. These calcareous depositions are more common in elderly persons than in young ones: in fact, they are so common in old persons, that, according to some calculations, after the age of sixty, the arteries of seven-tenths of the human race are thus affected. This estimate, which was made by Bichat, coincides with the observation of Dr. Baillie, who remarks, that after the age of sixty, the number of individuals, having arteries thus diseased, far exceeds the number of those who are entirely free from a similar affection. However, gentlemen, I do not wish you to imagine, that young persons are wholly exempt from these calcareous concretions; ossification of the temporal artery has been noticed in children under the age of fifteen months, and Mr. Wilson met with an ossification of the aorta in a child aged only three years. You are not to conclude, therefore, that this disease is confined to old persons. In a girl aged eight years, and in four or five others, whose ages were between eighteen and twenty-four, the aorta was studded with calcareous deposits; and in another under forty years of age, there was an ossification of the superior mesenteric artery.

Strictly speaking, the internal coat of the artery is not the seat of the calcareous formations now under consideration: as I have

already mentioned to you, they are produced between the internal and middle coats. Under these circumstances, the inner coat is often partially absorbed, so as to allow the calcareous matter actually to project within the cavity of the artery. This is illustrated in the preparation which I am now going to send round to you, and in which you will observe an immense number of calcareous patches, portions of which project into the cavity of the vessel, the aorta. The next preparation before us is the carotid of a horse, in which you may notice the same appearances. Cases do sometimes occur in which the inner coat itself is ossified, converting the artery into a true bony rigid tube; but that kind of change should not be confounded with the more ordinary form of disease, consisting of the deposit of calcareous matter between the inner and middle coats of the vessel. While these deposits are forming, the middle or fibrous coat undergoes some changes; sometimes it is wasted or absorbed; in other instances it is thickened; when it is absorbed, its place is occupied by the calcareous matter. An analysis of these calcareous formations, found between the internal and middle coats of arteries, proves them to consist of phosphate of lime and animal matter, in the proportion of 65 parts of phosphate of lime to 35 parts of animal matter in every 100.

These calcareous deposits are formed no where more frequently than in the aorta, and they have been met with in all its branches. However, some difference prevails in this respect in the abdominal branches; for, while the splenic artery is frequently ossified, the hepatic and the coronary artery of the stomach are rarely the seat of calcareous formations. The arteries of the limbs are well known to be frequently made rigid by calcareous matter, and there are few surgeons of experience who, in feeling the pulse, have not had many opportunities of perceiving, that the radial artery is liable to this change in the living subject. In the preparation which I now pass round, you have an example, in which the common iliac artery has between its proper coats a complete stratum of earthy matter; you may observe plainly, that there are calcareous deposits under the inner coat, which is peeling off. The next preparation is a portion of the popliteal artery, in which the same morbid changes are exhibited. The latter preparation proves, then, joined with what we know respecting the radial, temporal, femoral arteries, the arteries of the brain, and other vessels, that the disease is not confined either to the thoracic aorta or to the arteries of the abdomen.

But I ought to mention, gentlemen, that the arteries of the upper extremities are more rarely ossified than those of the thigh and leg. You will frequently meet with calcareous deposits between the inner and middle coats of the femoral and popliteal arteries, but very rarely between those of the brachial, ulnar,

and radial arteries. Sometimes you will find an artery completely encrusted with calcareous matter, so as to be converted into a rigid inflexible tube. Occasionally, the phosphate of lime is blended with the atheromatous or pulaceous matter, to which I have already alluded: and, then, it becomes the foundation of *aneurism*, a disease, with the nature and varieties of which all practical surgeons ought to be minutely acquainted.

This preparation, gentlemen, is a portion of the aorta, in which may be observed the commencement of an aneurism, following the secretion of calcareous matter under the internal tunic; it furnishes a good illustration of the disposition, which that peculiar change of an artery creates to aneurismal disease. You may remark, that, in this example, the aneurism is just above the semilunar valves of the aorta, the whole of which is studded with calcareous deposit.

There is one circumstance deserving of your attention, gentlemen, with respect to the pulmonary artery, and the aorta and its branches; the pulmonary artery is very rarely the seat of disease; the branches of the pulmonary artery do not anastomose and communicate together, but continue separate to their very termination; and notwithstanding the coats of the pulmonary artery are very similar in structure to those of the aorta, the former of these vessels is seldom the seat of any morbid changes. But the aorta is frequently the place of disease, and the same may be said of all its branches: we know also that they anastomose freely with one another every where throughout the body. The observations which I have delivered will at once inform you, that the pulmonary artery is far less interesting to the practical surgeon, than the aortic system of arteries.

Let us next, gentlemen, direct our attention to the subject of *aneurism*, the study of which will fully reward your industry, by convincing you of the inestimable value of surgery, as a means of relieving the most formidable diseases.

An *aneurism* may be defined to be a tumour arising from the rupture, wound, ulceration, or simple dilatation of an artery; for you may have a tumour containing blood, produced by any of these circumstances. An aneurism is generally represented to be a pulsating tumour; but this description does not appear to me correct, for, in particular stages of the disease, there may be no pulsation at all. The tumour is filled with blood, which is sometimes fluid, and sometimes to a greater or less extent solid. When an aneurism is recent, the blood is in a fluid state; but after some time, the portion of blood nearest to the interior of the aneurismal cavity is deposited in a concrete form, and arranged in concentric layers. Sometimes the aneurism arises from an alteration of structure, and consequent dilatation of all the coats of the artery; in other instances from the dilatation of the external coat alone,

the two internal ones having given way. As long as the sac, formed by the coats of the artery, is complete, the disease is termed a *true aneurism*, and this term might, perhaps, with propriety be applied also to examples, in which the internal and middle coats have given way, while the external one is simply dilated and not ruptured. When the coats of the artery have given way, or have been wounded or lacerated, then the case usually receives the name of a *false aneurism*. In this instance the blood may be injected to some extent in the cellular membrane; or if there be a wound, a part of the blood may escape externally, and on the external orifice healing, another portion of the blood may either be diffused in the cellular membrane, or accumulate near the aperture in the vessel in one mass. The two first mentioned cases would both constitute what is called a *diffused false aneurism*; and the last a *circumscribed false aneurism*. One particular form of aneurism is very rare, and, indeed, the reality of it has been doubted, namely, the case in which only the external coat of the artery gives way, and the internal and middle coats protrude, almost in the manner of an hernia, through the external one. I have stated, that the reality of this modification of aneurism has been disputed; but certain preparations, in the possession of Baron Dupuytren and Dr. Breschet at Paris, completely establish the fact, that such a form of disease may occur. However, gentlemen, you are to understand, that these preparations only demonstrate the possibility of this variety of aneurism, as far as regards the aorta, the lining of which is well known to be more elastic than that of any other artery, and is truly capable of protruding through the external and middle coats when a portion of these happens to be destroyed. The reality of the kind of aneurism, of which I have just now been speaking, was at one period denied, chiefly in consequence of the experiments of Hunter, Scarpa, and Sir Everard Home, who purposely dissected off the external and middle coats of the arteries, in order to see whether the removal of the support of those tunics would lead to the protrusion of the internal coat, in the form of an aneurismal sac. Now, they found that no such event followed, and hence they inferred, that the variety of aneurism alluded to, was only an imaginary disease. However, as I have said, as far as the aorta is concerned, its reality has now been sufficiently proved by careful dissections, the preparations from which are preserved in the museum of the Ecole de Médecine at Paris.

Besides the preceding varieties of aneurism, there is another, which is improperly called the *venous or varicose aneurism*, consisting of the dilatation of a vein, produced by the gush of blood into it from a neighbouring artery. Of course this implies a preternatural communication between the two vessels. As for the *aneurism by anastomosis*, as it is

called, it ought not to be classed with aneurisms, for there is no resemblance or analogy whatever between such a disease and what we understand by an aneurism. The former is, in fact, a new formation, the growth of a peculiar texture in the body, which is compared by French pathologists to the *erectile fissures*, and consists of a spongy vascular substance, that has an extraordinary tendency to bleed, so that the slightest wound or breach in it is frequently followed by an alarming and even fatal hæmorrhage. This species of tumour, I think, is more judiciously arranged with *nævi*, and, with this class of diseases I propose to consider it in this course of lectures.

The truth of the doctrine, that aneurisms may be formed by the dilatation of all the coats of the artery, unattended by the laceration of the two internal ones, or, in other terms, the correctness of the doctrine of true aneurism, was denied by Professor Scarpa, who considered that, in every instance of aneurism, there was either a wound, a laceration, or an ulceration of the internal and middle tunics. However, the best modern pathologists, deducing their knowledge from a wider field of observation than Scarpa happened to enjoy, pronounce the old doctrine to be correct, which maintains, that diseases of the arteries are met with, corresponding in every respect to *true aneurisms*, or those which consist of a dilatation of all the coats. Experience proves, that such dilatation sometimes presents itself in the early stages of aneurism, though in general the internal and middle coats afterwards give way. My friend, Mr. Hodgson, of Birmingham, has completely proved this fact by dissections of cases in his own practice. Here is a drawing, made from one of his preparations, and you may observe, that all the coats of the artery are implicated in the dilatation, and extend to every point of it. Another figure in the same plate is a portion of the popliteal artery in the state of aneurism, where the three tunics are distinctly seen contributing to form the aneurismal sac at every part of it. Then, in the next engraving, you see a delineation of an aneurism of the aorta, where the three coats of that vessel were traced to a certain distance on the tumour, where they were found to terminate. The rest of the sac was formed by the lungs; for it is the nature of aneurisms in general ultimately to make their way through all the coats of an artery, and then the contents of the tumour become bounded by the sheath of the vessel, which itself giving way, in a subsequent stage, brings the contents of the aneurism in contact with any texture that happens to be near the disease, which texture, whether lung, muscle, or any other soft part, or even the naked surface of a bone, then assists in forming the boundary of the aneurism. Here you see a portion of the lungs constitutes a part of such boundary. In the examples, from which these engravings were taken, the three tunics

were plainly and unequivocally dissected, and made out separately on the tumour: the cases, therefore, furnish a demonstration of the truth of the doctrine of true aneurism, or aneurism with dilatation of all the coats of an artery.

Now gentlemen, you will meet with this form of aneurism more frequently in the aorta, than in any other artery; but the possibility of its occurrence is proved by the preparation from which this drawing is taken, exhibiting a portion of the popliteal artery affected with aneurism. Mr. Hodgson has also noticed the same kind of dilatation at the bifurcation of the carotid, and at the commencement of the common iliacs. Notwithstanding the possibility of an aneurism with dilatation of all the arterial coats has been fully demonstrated, yet, gentlemen, in by far the greater number of cases, the changes do take place, which Scarpa insists upon, namely, the internal and middle coats become diseased, as I have explained, in consequence of the interposition of an atheromatous and calcareous secretion between them, ulceration follows, and then the external coat becomes dilated. In the early stage, however, you will sometimes be able to trace all the coats of the artery stretched over every part of the aneurism.

Frequently when the disease consists of dilatation only, without rupture of the internal and middle coats, the swelling is oval; but when those coats have given way, it is globular, and makes a kind of lateral prominence on the vessel. Scarpa considered, that, when the dilatation is such that the whole circumference of the artery is implicated, the disease is not aneurism, but simply *dilatation*; and he makes the following distinction between the two cases; in an aneurism, the blood is deposited in concentric layers of a fibrous substance; but, in simple dilatations, including the whole circumference of the vessel, no laminated blood is deposited, unless the internal and middle coats should give way or become imperfect, and then you will observe that at those points the blood will be deposited in concentric layers, and at no others. Then he remarks, that, in an aneurism, the communication between the cavity of the tumour and the canal of the vessel is narrower than the diameter of the swelling itself, so that the strength of the current of blood within the aneurism is considerably impeded and lessened, and hence the disposition of this fluid to coagulate, in the form of concentric layers is materially promoted; but, in the other form of disease, consisting of simple dilatation, the blood actually flows in its natural course, and its current is not checked, which is the reason of the difference I have mentioned. Whatever you may think of these distinctions, the facts are worth remembering; for they are incontrovertible. Another difference also of some importance between the two forms of disease, is this; the one consisting of a simple dilatation of the whole circumference of the artery, is incurable; whereas the aneurism may be suc-

cessfully treated. Scarpa admits, however, that a simple dilatation may become an aneurism, or rather that an aneurism may be grafted on it, on the giving way of the internal and middle coats at some point of the dilated portion of the vessel, examples of which he has given in his work.

Whether the aneurism begin with dilatation, or not, a rupture of the internal and middle coats generally follows after a certain period, and the external one then becomes dilated in the form of a sac, and constitutes the most convex part of the tumour. After a time the external coat itself gives way, and the sheath of the vessel constitutes a part of the boundary of the aneurism, until that also bursts, when the aneurism is supported by whatever texture happens to be external to the sheath: therefore, in an aneurism in the chest, you will frequently find, what I have already explained, a portion of the lungs forming the boundary of the aneurism. In the case from which this plate was taken, the sac at first consisted of all the coats of the artery, which giving way, extension of the aneurism beyond the ruptured or ulcerated opening followed, and a new cavity for the blood was formed in the substance of the lungs. In this instance, the patient ultimately bled to death, the hæmorrhage taking place through the bronchi.

In a few very rare cases, the rupture of the internal and middle coats is not followed by the aneurismal protuberance, or dilatation of the external one; but after the blood has made its way through the internal and middle coats, it travels a great way between the middle and external coats. Laennec met with an instance, in which the blood travelled in this manner down the aorta as far as the common iliac; there was a narrow transverse fissure in the internal and middle coats, through which the blood passed, dissecting, as it were, the middle coat from the external, from the arch of the aorta, even as far down as its bifurcation into the common iliacs. Fissures of this kind are the result of a calcareous deposit. However, these are exceedingly rare cases, and, I believe, only three well-authenticated ones are on record, namely, that observed by Laennec, and two similar ones mentioned by Mr. Guthrie. In the third vol. of the Dublin Hospital Reports; another still more curious case is described by Mr. Shekelton; where the blood, after passing through the internal and middle coats, travelled down between the latter and the external one, and by its pressure actually obliterated the original channel of the vessel, another communication with the continuation of the old canal below the obliteration being produced, so that the original course of the blood was entirely changed. This very singular case is worth remembering, as constituting one of the most extraordinary varieties of aneurism that I have ever heard of. However, I do not expect, that you will ever meet with such a case, and that reported by the late

Mr. Shekelton is the only one, I believe, that has yet been noticed. Gentlemen, I will go on with this subject in the next lecture.

## CLINICAL LECTURES

DELIVERED BY

DR. WILLIAM STOKES,

At the Meath Hospital, or County of Dublin  
Infirmary, Session 1832-33.

### LECTURE XI.

#### *Diphtheritis—Phthisis Laryngea—Dropsy.*

GENTLEMEN,—The first case, to which I shall direct your attention to day, is a remarkable instance of the disease termed *diphtheritis*, occurring in the person of a man named Lynam, who is at present under the care of Mr. Power. The general history of his case is, that he was admitted on the 10th of August, labouring under an attack of double pneumonia; he had, in fact, intense and neglected inflammation in both lungs; and, when he came into hospital, all the symptoms and signs of a violent pulmonary inflammation were present. The patient was, however, of a robust and strong habit, and did not, at the period of his admission, exhibit any appearance of gastro-enteric disease. A short time after he came into the hospital a quantity of blood was taken from his arm, which, on subsequent inspection, was found to be neither buffed nor cupped. Now, this was very remarkable, and interesting in a certain point of view, because, on a second bleeding, the blood presented an extraordinary coat of buff; and, in consequence of this, looking on it as an acute case, I was induced to treat him by bleeding, leeches, and tartar emetic. If he had manifested any symptoms of the typhoid pneumonia, or gastro-enteric inflammation, I would not have acted in this manner, for reasons which I have detailed in a former lecture. Under the treatment employed he experienced decided relief. He continued to use the antimonial solution for three or four days, during which he took eighteen grains of tartar emetic, and bore it remarkably well. On the fifth day a new train of symptoms appeared, and the report is as follows:—"His cough has, within the last few hours, assumed a laryngeal character; his voice is husky, and articulation difficult; his breathing laborious; and he complains of great soreness in his throat." On examination, several thick patches of a dense, firm, white substance were found on the tongue, velum, and back of the pharynx. Here, gentlemen, was a new disease, shown by exudation of this peculiar membrane and laryngeal cough. On the other hand, the original affection had been much alleviated; the right lung was almost healthy; and the left, which had been extensively dull on percussion, had nearly regained its natural

clearness of sound. We immediately omitted the use of the tartar emetic; in the first place, in consequence of the resolution of the pulmonary inflammation, and secondly, on account of the supervention of this new disease. A large blister was applied to the throat, and the exudation on the fauces was brushed freely with a camel's hair pencil dipped in the strongest muriatic acid. On the seventh day, the report is, that he is improving rapidly; the patches of thick mucus are nearly detached; and it has been thought advisable not to apply the acid any more. The next day, however, his voice again became husky, and the laryngeal cough returned; we therefore ordered him to have the decoct. polygale, to use the muriatic acid again, and have his bowels freely opened. To-day his voice is clearer and louder, his cough better, his breathing is not so stridulous, and he states that he feels much better.

Gentlemen, this diphtheritis is a most formidable disease, and one which I believe very few of you have witnessed before. It is analogous, in many of its most prominent features, to that affection which the old medical writers called *cynanche maligna*; at all events, it resembles it in this, that in both there is the formation of a dense albuminous pellicle (whence the name); and I think that, as far as it goes, we may call it a species of croup in the cavity of the mouth and pharynx.

I said before that this was a formidable disease, and you will ask, perhaps, in what its danger consists? In the first place, it is characteristic of a bad state of constitution; in the next, we have another source of danger depending on a mechanical cause. What is it that we observe in this affection? This membrane is formed on the tongue, velum, tonsils, and back of the pharynx; if not arrested, it creeps on until it reaches the larynx; the inflammation continues its destructive career; and the patient may die with all the symptoms of croup; in fact, he dies in the same way as a person who has swallowed a quantity of boiling water. When a patient dies soon after swallowing a quantity of boiling water, it is generally not from the amount of injury done to the digestive tube, but from an extension of the inflammation to the larynx; and in this disease the inflammation travels in precisely the same way. Lynam was on the point of losing his life by croup; his laryngeal symptoms came on with great violence; for several days he was in imminent danger; and though we have succeeded in removing the disease for this time, still we are not quite sure of his recovery. We have used the strong muriatic acid on the authority of Brettonneau, who states, that he has not found any application so useful in diphtheritis; and as far as I have seen of its use in this hospital it seems to be a remedy of the greatest power.

There is another source of danger in this complaint, connected with its peculiar nature, namely, that it is not amenable to the ordinary

resources of antiphlogistic treatment. We find local or general bleeding, blisters, purgatives, or antimonials of little avail, the only means we possess of combating the disease, are those recommended by Brettonneau, and I must repeat, that from the result of the present case, and a few others which have occurred in this hospital, we have no reason to doubt the efficacy of the application. It is a fortunate circumstance, indeed, that we can avail ourselves of a remedy so simple and valuable when disease appears in so threatening a form, and our ordinary resources are found to be so feeble and inefficient. I beg of you to hold this case in memory; and if during the progress of some acute disease your patient should get a violent attack of laryngeal cough, and on examining the throat you find the characteristic membrane of this inflammation present, take the alarm immediately, and have recourse to the application of Brettonneau. Fix a piece of lint on a gum elastic catheter, or some other appropriate instrument, and having dipped it in the strongest muriatic acid, brush the whole diseased surface, and continue to do this daily, or oftener, until your patient gets relief. I shall bring this case again before you at a fit opportunity; our patient is better to-day, and has had no increase in his symptoms for the last thirty-six hours, so that I hope we shall be able to effect a cure.

It may be asked, was the diphtheritis in this case produced by the employment of tartar emetic? Without denying that this might be the case, I must observe, that no instance of a similar kind has occurred among the hundreds of patients who have been heretofore treated with tartar emetic in this hospital, and that it would be therefore not unreasonable to infer, that the disease in question has not been produced by it. There is one more remark which I wish to make before I quit this subject. Whenever you have a case of this kind to manage, be cautious in your prognosis; it shows a bad state of constitution, and you cannot tell how it may terminate. I have seen many bad diseases come after it; and the mere occurrence of such an affection is sufficient to prove a morbid state of the whole constitution.

Gentlemen, the next case on which I shall make a few remarks, is one at present in the chronic ward. The patient is a man labouring apparently under an affection of the larynx; he has aphonia to a great degree and some cough. I direct your attention most particularly to this case, because it is one of extreme interest, and involving several considerations with respect to disease and its treatment. What are the symptoms observable in this man? Cough of a laryngeal character, loss of voice, emaciation, and hectic. This is a combination, to which you will hear the name of *phthisis laryngea* very frequently applied. It is commonly supposed, by persons not conversant with pathological ana-

to my, that we have a great many varieties of phthisis, and among the rest phthisis laryngea, that is to say, consumption depending on an affection of the larynx. More recent researches, however, have shown, that what has been termed laryngeal phthisis has on careful and accurate investigation often turned out to be phthisis pulmonalis. It has been proved, that in the great majority of chronic laryngeal affections, in addition to inflammation and ulceration of the mucous membrane of the larynx, the existence of tubercles in the lungs has also been discovered, so that when a case of the present kind comes before you, it is very probable that the patient is consumptive, although he presents nothing more than the symptoms of a laryngeal affection. This I believe is the opinion best supported by facts, and several of the most distinguished pathologists assert, that they have never seen the ulceration of the larynx without the co-existence of pulmonary tubercles. I draw your attention to this circumstance, as it is not generally observed or commented on by British practitioners, and yet, where is the intelligent practising physician who does not immediately perceive its importance? In a case of this kind, possessing such information we would not think of employing mercury, we would never have recourse to tracheotomy, nor would we adopt as therapeutic agents the severe means generally used. Surgeons are often not aware of the exact nature of this disease, or medical men in general. I remember having witnessed a case in which an error of this kind was committed; the patient was a gentleman, labouring under an inflammation of the mucous membrane of the larynx of considerable standing, which owing to some cause, was much exacerbated; he had been mercurialised for it, and when I saw him, he was like a person in the last stage of consumption. He had great rapidity of pulse, emaciation, hectic, and profuse expectoration. On applying the stethoscope, in order to satisfy myself, I found several large caverns in the substance of the lungs, which must have existed there for a considerable time. Now, any person cognisant of the fact, that most of these cases of chronic laryngeal disease are accompanied by pulmonary consumption, would certainly never think of employing mercury, which only accelerates the fatal termination of an incurable disease.

To persons unacquainted with pathology and medicine, it seems strange that diseases, apparently of so curable a nature, and particularly in their commencement, when the symptoms are only those of slight laryngeal cough, should prove so refractory to all modes of treatment; and this is apt to beget doubts of the efficacy of medicine. It is, however, no opprobrium to our art; the seeds of disease lie deeper and have been much longer planted than most persons are aware of; and at the very time when there are scarcely any phenomena

capable of exciting attention, except a mild laryngeal cough, and some slight wasting of flesh and acceleration of pulse, the structure of the lungs may have become extensively altered by tubercular development. I do not deny that the larynx may be the first seat of the disease, I only contend, that in a vast proportion of cases (of what is called phthisis laryngea), the primary affection has been the formation and growth of tubercles in the lungs; and that though in most cases the disease *appears* to commence in the larynx, still on closer examination we shall find that it is caused by pulmonary tubercles. What is the ordinary history of such cases? A medical man is called in to attend a patient who is labouring under laryngeal cough and sore throat; the case is set down as a chronic affection of the larynx in many instances, and the possibility of pulmonary complication is overlooked. Yet if you come to investigate such cases with accuracy, you will find, that previous to the appearance of symptoms of laryngeal disease, there were decided signs of pulmonary disorganisation. You will find, that at a period before the occurrence of his present affection, he had cough which was not of a laryngeal character, or he had spitting of blood, or some other symptom of disease of the lungs. I think we may safely lay it down as a general rule, that in all case of chronic laryngitis which have been preceded by pulmonary symptoms, there is every reason to suspect the existence of tubercles in the lungs.

This subject, gentlemen, is of importance also in another point of view; because in certain cases of disease of the larynx it is very difficult to determine with certainty whether the patient has an affection of the lungs or not. In some of these cases we have stridulous breathing, in others not; in some there is an obstruction to the entrance of air into the lungs, in others no such impediment exists. In those cases where there is a mechanical obstruction to the entrance of air into the lungs, we find that all the phenomena of respiration are masked, and it is extremely difficult to make a satisfactory stethoscopic examination. The air enters slowly and feebly into the lungs, its passage through these organs is marked by a corresponding want of intensity, and all the usual physical signs are rendered obscure. We may have a cavity in the lung, and yet the air will pass so slowly and feebly into the lung, that we cannot hear with any degree of precision the sound which it makes in passing through that cavity. There may be gargouillement, there may be cavernous râle, but we cannot hear them; all the signs of the different stethoscopic phenomena are almost entirely lost. Again, the patient is aphonic, and what is the consequence? We lose all the phenomena connected with the voice, we cannot examine the pectoriloquy or the resonance. The very sound of stridulous breathing obscures any other sound that may exist; so that many cir-



circumstances, as you perceive, render it very difficult in such cases to say positively that there are tubercles in the lung. *This, however, refers peculiarly to those cases where there is stridulous breathing*, for where this is absent, as in the man above stairs, we are better able to detect their existence, and in most instances can make a pretty satisfactory examination. But how are we to ascertain the presence of tubercular matter where the breathing is stridulous? This is a matter of difficulty, but by attending to the following directions you will (generally) be enabled to arrive at a proper diagnosis. In the first place we have a direct sign from percussion. The mere mechanical obstruction to the entrance of air into the lungs will not affect or alter the phenomena of percussion, and although the stethoscope is useless here, and gives us no certain information, we have a valuable auxiliary in percussion. If you should therefore meet a patient who has been labouring for some time under laryngitis, who has acceleration of pulse and wasting of flesh, and that on examination you find (the upper) portions of the chest dull on percussion, you may be almost certain that he has tubercles in the lungs. You must next inquire into the history of the case, and if you find that the laryngitis has been preceded by stomoptysis, or other pulmonary symptoms, your suspicions of the existence of phthisis will be more strongly confirmed. Lastly, if you take into consideration the very frequent complication of these two diseases, and combine all this knowledge, you will be able to make a correct and well-grounded diagnosis. You will discover on a careful examination that in most of these cases the formation of tubercles was antecedent to the occurrence of laryngeal symptoms. Remember this, therefore, in your prognosis, and you will never expose your patient to the torture necessary to remove a chronic laryngitis. With respect to the patient whose case I have been commenting on, it appears that he had symptoms of pulmonary disease before the laryngeal affection took place. He had first, as he states, hæmatemesis, then cough, and afterwards hæmoptysis. As he has no stridulous breathing, you can examine his chest more satisfactorily, and ascertain whether he has tubercles or not. You will find that he has distinct cavernous râle, that his voice is more resonant on the right side of the chest than on the left, and combining this with the existence of laryngeal disease, and recollecting that the pulmonary affection preceded that of the larynx, you may decide with certainty that he has consumption, and that the laryngeal affection is only an accidental complication.

There is a case above stairs under the care of Mr. Martin, which is exceedingly important in a practical point of view; the patient is a young woman affected with dropsy. This case illustrates well the truth of the proposition that dropsy is not to be generally considered

a disease *sui generis*, but as the result of some other disease, and that in order to effect its cure, we must carefully investigate its nature and ascertain its cause. The mere symptomatologist endeavours to remove it by the ordinary means, but we must accurately explore its cause, before we can hope to treat it with success. The history of this young woman's case is, that she had, some time since, an attack of acute peritonitis, that on the subsidence of this she had diarrhoea, and again symptoms of subacute inflammation of the peritoneum. She also had an attack of bronchitis, and afterwards became anasarctous with enlargement of the belly. Here, gentlemen, we have here in the first place inflammation of the serous membrane of the digestive tube, then of its mucous coat, and afterwards of the membrane lining the respiratory apparatus. Considering the origin of the complaint as consisting in a subacute peritonitis, we determined to treat it accordingly; she was bled, leeches, and blistered, and then we had recourse to iodine. We are rubbing with iodine ointment, and she is taking internally one grain of iodine and eight grains of the hydriodate of potash daily, dissolved in two pints of distilled water. This solution, called the iodine mineral water, is an excellent remedy, and under its use you have seen that the size of the abdomen has been very much reduced, and the patient materially improved. In cases of this kind I have witnessed numerous instances of the value and efficacy of iodine, and can recommend it strongly. A medical gentleman related to me some time back the particulars of a remarkable case of the wife of a respectable person who had ovarian dropsy to such an extent that her life was despaired of. Her belly was so enormously swelled, that at first sight he thought she had pillows over it. As he was called in, he, of course, wished to do something, and having recommended the employment of iodine mineral water, went away, leaving, as he thought, the woman to her fate. Some weeks after this, her husband called on him to express his thanks for the relief he had afforded her, and stated that she was amazingly improved. He had forgotten the case, and wished to see her again. He found her up and dressed, the abdomen quite soft and compressible; there were, as well as he could ascertain, some floating tumours in it, but the enormous dropsical swelling had almost completely subsided. It appeared that some short time after she began to use the iodine, a copious diuresis came on, and since that time she has been in the enjoyment of very tolerable health, and though while she has those tumours her life is insecure, still no one, I think, will deny that existence has been prolonged and much good effected. It is my intention to give iodine a full and fair trial, and to ascertain its comparative value in the treatment of dropsy. There is a patient at present in the male ward, who has enlarged liver and spleen with ascites; he is using

the iodine mineral water, but as yet has received but very little benefit. We shall however continue its exhibition, for it is frequently necessary to persist in the use of this remedy for a considerable time and never give it up in despair until thoroughly convinced of its inefficacy.

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CLINICAL LECTURES,

DELIVERED AT THE

HOTEL DIEU, IN PARIS,

During the Session of 1832-33.

BY BARON DUPUYTREN,

PRINCIPAL SURGEON OF THAT HOSPITAL.

Corrected by himself.

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Of Strangulation at the neck of the Hernial Sac.

It was believed for a long time that in inguinal hernia the strangulation depended on the constriction at the ring on the intestine. This erroneous opinion has had frequent fatal results. Acting on this false principle surgeons were in the habit of freely unbridling the ring and returning the strangulated portions into the belly, believing the strangulation to have been freely relieved; ill effects, however, were the invariable result of this, and the patients sunk without the real cause of death being known.

These unfortunate results which I have frequently witnessed after hernial operations, said M. Dupuytren, fixed my attention to the subject, and led me to research upon them, and I reflected that the ring was not the only seat of the strangulation, and the dissections I made proved to me, that in the greater number of cases, the neck of the hernial sac was the cause of the injury. Time has verified the truth of my ideas upon this point, and I believe I can now state it as a fact, that in nine cases of strangulation, eight of them are caused by constriction at the neck of the sac. Remember that my observations apply specially to inguinal hernia, for this disposition to strangulation is less common in crural and umbilical herniæ, the structure of the parts concerned in these latter will explain this difference. But that this subject be well understood, it is necessary to define what is meant by strangulation. No idea is more exact than that which defines strangulation as the action of an ordinary or foreign body, which presses of with greater or less force on all parts within the sphere of its activity. The results of this pressure may be naturally deduced, the action of the parts is augmented, the functions of life within them are in an altered state, or they may be effaced and gangrene may ensue. Strangulation may take place in many parts, but it exists more generally in those places where openings exist, in which the parts may be engaged, in particular the inguinal ring and crural arch.

Amongst the different species of strangula-

tion, some are external, others are internal. I have observed fifteen species of this latter, but in general the greater number are external. Art can only be rendered available in external strangulations; there is but little resource against internal ones. But between these two species there occur some which may be called mixed, such as those which result from a hernia being reduced *en masse*. Some years since the body of a woman was brought to the amphitheatre, externally there was nothing remarkable seen, but on the abdomen being opened, a tumour formed of intestine was found behind the crural arch, of the size of half a fist; its colour was of a livid red and a portion of epiploon was in the hernial sac. On examining the tumour a knuckle of intestine was found in a state of gangrene; the strangulation was at the neck of the sac. I learnt that two days before, this woman had been affected with symptoms of strangulation, attempts at reduction were made, the hernia returned, and was supposed to be reduced, when some accidental symptoms supervened; all efforts were unavailable, and she sunk in a short time. In other cases I have met with species of internal strangulation, the primitive causes of which were in the abdomen. In a person afflicted with hernia unequivocal symptoms of strangulation showed themselves. I performed the operation, but I found only a portion of epiploon in the sac. I drew the intestines outwards, and found that the strangulation existed internally towards the pubes. I drew it towards me, divided it, and the patient recovered.

But how does the strangulation of the neck of the hernial sac happen, and what are the anatomical conformations favouring its production? When the intestine is pressed forward, it pushes the peritoneum before it, forming a species of funnel, of which the pointed portion is directed downwards, and broader portion upwards; but that the tumour may not press further down, the relative situation of the parts becomes changed, and the broader funnel-portion presents downwards. This change is caused by the situation of the ring, the opening into which is so narrow as not to be more than four or five lines in diameter. In proportion as the hernia is augmented in volume, the neck of the sac is gathered up into folds by its weight, and by the tendency of the displaced peritoneum to return upon itself, a tendency which likewise shows itself in the obliteration of the tunica vaginalis in children, and in the form of the epiplocele—small near the ring and large at the base of the sac. But the principal cause of this circular-formed groove, and of this contraction of the neck of the sac, arises from the application of bandages over the hernia; the compression of these over the neck of the sac tends to pucker, contract, and even inflame it, as well as the cremaster muscle and cellular tissue, causing a retraction and structural formation, which if not fibrous, is

at least very resisting; the neck of the sac may even become cartilaginous.

The diameter and anatomical character of the sac contribute to favour strangulation. Indeed, in the greater number of cases the opening is scarcely more than four or five lines in diameter; its edges thin and sharp, and formed by the re-folded peritoneum, render the strangulation more dangerous than when at the ring, which does not act so strongly on the intestine. There is, however, an anatomical disposition strongly facilitating strangulation at the neck, which is this: the relative state of those persons in whom the testicle descends at a later period of life, and gives rise to the formation of a vaginal hernia, for the word "congenital" applies only to herniæ at birth. Examine a vaginal hernia, and you will constantly find the parts thus disposed:—the orifice through which the protrusion takes place is narrow, the edges are sharp; below you perceive the neck, the inguinal ring, and the species of ampulla in which the hernial intestine is contained, having their ordinary dimensions. If you then draw the intestine into the sac, you find the strangulation formed of itself, and you can understand from seeing this what takes place during life.

We have been presuming that the strangulation occurs in the majority of cases at the neck of the sac, we must now consider whether this neck be fixed or moveable. Observation demonstrates that it is always moveable, because the elements entering into its composition are united to the neighbouring parts by very loose cellular tissue. The soft adhesion of these parts to each other, and the little union they have with the aponeurotic openings, explain the facility with which the hernia may be reduced and brought down again.

Are there any symptoms diagnostic of the existence of strangulation produced by the neck of the hernial sac? Most certainly there are. And we may also add, that the symptoms differ from each other. Large herniæ are less frequently strangulated at the neck than cylindrical ones. Those herniæ, however, which follow this disposition the most frequently are congenital herniæ.

The circumstances tending to verify a diagnosis are these:—whenever the strangulation is at the neck, the whole, the half, the third, or the fourth of the strangulated parts may be returned without any noise, and may be made to come down again; added to this, however, the hernia must be cylindrical, the inguinal canal must be large, and the peritoneum non-adherent. It has happened in about forty cases, that such herniæ have been completely returned, without, however, their remaining so. If the tumour were at the ring, in the canal, or at the superior orifice, it could not be thus moved, because the parts are nearly inflexible, whilst the neck, on the other hand, is extremely moveable, on account, as

has been before said, of the lax state of the parts. Before going further it must be added, that this apparent reduction should put practitioners on their guard, because in these cases the strangulation always continues. In a case of this kind, every known means must be employed to reduce the tumour; if these should fail, the ring must be divided, and the intestine drawn from above downwards. I have been obliged, in more than ten cases, to have recourse to this plan, and always with success.

In cases of this kind the tumour is tense; and, by percussion, we may always recognise, by the seat of pain, where the hernia is situated. In this manner, after an operation, we may detect the spot where the portion of intestine has been returned, on account of a peculiar sensibility felt over the part. Thus the situation of the tumour and the seat of pain announce where a hernia has been reduced.

When the strangulation is at the ring, that is, at the lower part of the inguinal canal, the hernial tumour does not extend above this point, the canal is empty, soft, and indolent to the touch, and the ring feels hard, stretched, and tightened. On the contrary, when the strangulation is at the neck of the hernial sac, that is, at the superior orifice of the inguinal canal, this canal is always hard, full, and painful, and gives to the touch the sensation of a cylindrical tumour situated from above downwards, and from within outwards. It is sometimes impossible to insinuate the finger between the displaced parts and the ring. In some cases the strangulation exists in the whole length of the canal, and it must be unbridled from one end to the other, and over its superior surface. Sometimes there are two strangulations to relieve instead of one, with a little tightening at the ring, and a stronger constriction at the neck of the sac.

When the sac is very moveable, and may in part be returned into the abdomen, the strangulation sometimes mounts more or less towards the upper termination of the inguinal canal; and it may sometimes exist further from the ring than this, when the herniæ is reduced *en masse*. We are thus led, by a natural transition, to speak of those strangulations which occur in the abdominal cavity. These are more dangerous. The reason is easily discovered, the situation of external strangulations is known, and the accident follows a certain course; there can be, therefore, no error as to the diagnosis; whilst, on the other hand, internal strangulations have no fixed situation. This formation does not depend on certain organic dispositions, but on accidental and very varying circumstances. There is, however, a species of internal strangulation, which may be termed *mixed*; it is the most common one, and is easily known; it is that which follows the reduction into the abdomen of herniæ strangulated by the orifice of the neck of the sac which contains them.

It may be objected, perhaps, that these distinctions are useless, the answer to this is easy. I will suppose an individual has a strangulation at the neck of the hernial sac, and that the inguinal ring is divided, the strangulated parts will of course be immediately returned; this occurred at an operation at which I assisted, and I must add, that I had some doubts as to its success. The bad effects of the strangulation still continuing, peritonitis was feared. The patient died, and on opening the body after death, the cause of the injury was found to be at the neck. The ring had been laid open, and yet the parts had remained strangulated. This shows how highly necessary it is to know the precise seat of the strangulation. In discovering this, it will be necessary to draw the intestine towards itself and carry the finger along the hernial portion of the intestine, to discover the precise nature of the obstacle.

Does the strangulation at the upper part of the canal differ from that at the lower? Yes it does, as in the first instance; the parts are sooner liable to become mortified, as the borders of the superior orifice are so thin that they strongly compress on the neck of the hernial sac, whilst the inguinal ring being larger, and the edges not so tense, the strangulation is less in degree, and the intestine therefore not so forcibly compressed. The comparison drawn from a ring will easily show this difference. Thus, if you take a large ring, it makes no compression on the parts contained in it, but if the edges are sharp and cutting it presses narrowly on the organs. Strangulation at the neck of the hernial sac soon producing disorganisation of the parts, the operation for its relief should be immediately done, because the reduction of the hernia is with difficulty accomplished entirely, and because the cutting edges on the intestine keep up a constant cause for mortification. We must here notice something of the resistance of the tissues implicated; the peritoneum will sustain the pressure the longest, but the mucous membrane may become divided around; if the strangulation has lasted two or three days, the cellular membrane will then become divided, and finally in some cases the peritoneum will be cut through, so that the slightest traction will divide one portion of the intestine from another. In operating therefore on such herniæ as these, the intestine must not be drawn upon before the parts have been freely laid open, for but one portion of intestine might in such cases be drawn down, and effusion might occur into the abdomen.

#### ON CUPPING GLASSES.

BY JONATHAN OSBORNE, M.D.

ONE word on cupping glasses. Those which have broad spreading edges are

far inferior, both in convenience of application and in power of preserving a vacuum, to those with perpendicular edges. In using glasses it frequently happens that the rarefaction of the air is carried too far, and the suction becomes so great as to stop the circulation of blood through the part, and prevent the bleeding. This especially happens in cupping the abdomen and other soft parts. There should always be an assortment of cupping glasses, with oval and other shaped mouths, in order to be applied as occasion may require. By attention to these particulars, cupping may be rendered of much more general application than heretofore; and in public institutions where economy is an object, a great saving in the article of leeches may be effected.—*Dub. Journ.*

#### A TRANSLATION OF BARON ALIBERT ON DISEASES OF THE SKIN.

BY SAMUEL PLUMBE, M.R.C.S.

WITH such exceptions as I shall point out, the *teignes* of M. Alibert, with which I begin, correspond with the different forms of *porrigo*, according to the nomenclature of Willan and Bateman. With respect to the origin of the latter term, I shall be content to refer my readers to the writings of these authors. It was considered to be a better designation than that of *tinea*, or *tinea capitis*, probably because the use of the latter tended to encourage the absurd notion that the disease was produced by an insect or ringworm: that is, a worm burrowing in the skin, following a circular course, its ravages being marked on the surface by circular spots on which the hair had been destroyed.

Whether the terms *teigne*, *tinea*, or *porrigo*, however, are employed, it will be found, as we proceed, that though they may serve as landmarks to direct the student in his reading of what has been written, they have no other merit. They denote nothing of the essential characters, nothing of the causes, nothing of the pathology, of

the disease; and they are all liable to these serious objections—that they assemble, under one head, diseases of entirely local origin, which are contagious—diseases of the most manifestly constitutional origin not contagious, and of a decidedly salutary nature—and diseases which are the mere results of the irritation of filthy lodgments on the skin impeding its healthy actions.

Baron Alibert's work is professed to be, and undoubtedly is, a practical work. "I write what I have observed," says he, "regarding little what has been said before me." In this book he makes age no small recommendation.

SECT. I.—*Facts relating to the particular history of the Teignes.*

SPECIES 1.—*Teigne favouse—Tinea favosa\**.

This species of teigne shows itself in the form of scabs, or crusts, of a yellow colour, sometimes isolated and circular, sometimes approximating so nearly as to form large plates of scab on the scalp. Each circular scab is depressed in the centre like a saucer, the border elevated around, which gives it some resemblance to the cells of a beehive.

The favous teigne develops itself by very small pustulous pimples, which create an itching more or less violent on the scalp. These pimples contain a purulent matter, which dries up and gives place to the formation of several crusts, hollow in the middle, the dimensions enlarging successively, and still preserving the circular form which belongs to them. As these pimples sometimes show themselves in great numbers on different parts of the head,

\* The *porrigo lupinosa* of Willan and Bateman is a totally different disease from the *porrigo favosa*; it is, in truth, only the common ringworm of England, where the morbid secretions have been suffered to grow and accumulate without those interruptions which cleanly mothers and nurses deem to be their first duties towards children. Even if a reward were to be offered, it is more than probable that a case would not be found in England to correspond with Baron Alibert's description in all its parts.

they join each other by the edge to the point of forming by their aggregation plates of a considerable extent, in which the eye, nevertheless, distinguishes with facility the cup which characterises more particularly the favous teigne. This cup bears some resemblance to the cells of a beehive, or the fructifications of lichens which cover the trunks of certain trees. When this chronic exanthema is not very old, the crusts are sometimes of a yellow, sometimes of a pale red colour; but as these same crusts get old and dry, they become white, wear off, break, and detach themselves from the hairy skin, and then you only perceive on the head the remains of the favous scabs, which cease to assume a regular form.

The scales or scabs of the favous teigne have their bases chiefly encased in the cutis, and are strongly adherent to it. Indeed I have often wished to separate some of these from the skin, in order to preserve them, being in the habit of doing so in several cutaneous diseases; but I never could succeed without affecting sensibly the scalp, and producing a discharge, more or less considerable, of blood. The *T. favouse* carries its ravages very deep into the scalp, which cracks, and sometimes an ichorous, sometimes a purulent, matter runs from the crevices, which result from the progress of the disease. It destroys the skin, and, by ulceration, sometimes exposes the bones of the skull;—this last case is, however, very rare. With some individuals, the favous crusts do not confine themselves to the head; I have seen them appear on the forehead, the shoulders, the temples, the lower part of the shoulder-blades, the elbows, and the fore-arms. I have seen them extend from the top of the loins to the sacrum, on the front of the two knees, on the external and upper parts of the legs, &c.; in short, it appears that all the places where the cellular structure is hardest and thickest are subject to them. The itchings created by the favous teigne is, from the number of

the pimples, sometimes intolerable. From that time the children are induced to scratch themselves, and the sensation of itching or smarting is so intolerable, that they find a kind of voluptuous enjoyment in tearing the scalp with their nails. The lice which multiply in great quantities under the crusts add further to this torture. All the cavities are full of them, and the surface of the scalp, and the mass of scabs are so occupied by them, that they appear agitated with their movement. The smell emitted by this disease is as disgusting as its aspect. This smell which has more or less power, always preserves the same character. I have often remarked to my pupils that it resembled greatly the urine of a cat, or those apartments which mice have a long time infested with their presence. When by the help of emollient poultices, the favous crusts fall off, this smell changes its character, and has in it something insipid and nauseous. Independently of the favous scabs, which we have already described, you can see in the intervals which separate them, the surface of the scalp covered continually with furfuraceous scales, which are produced by the general irritation of the scalp. We have often proceeded to the examination of the scalp after the fall of the crusts, which have been softened by repeated lotions and poultices. It is then you see the reticular structure, red and erythematous; the epidermis has disappeared, and a yellowish viscous and fetid liquid runs here and there from numerous ulcerations. You may likewise perceive a greater or less number of small dispersed abscesses level with the scalp, sometimes, but not generally, taking a lenticular form, and appearing like so many centres of inflammation. But one of the most remarkable symptoms of the favous teigne, when you neglect it, and abandon it to its progress, is the alopecia that I have seen become almost universal. With certain individuals, in the places where the hair has been rooted up, the skin remains

smooth and shining on the surface. You may perceive, notwithstanding, here and there some thin hairs altered in their structure, as well as their colour, and offering a lanuginous appearance. I could mention some concomitant symptoms of the *T. favouse*, such as the obstruction of the cervical glands, the swelling of the cellular structure, the tumefaction of the skin in certain places, &c., but in addition to those symptoms not being constant, they are common to different kinds of scald head. I must not, therefore, swerve from the exact plan which I have imposed on myself by loading this description with superfluous observations.

CASE 1.—Isidor Lignon, aged five, was born of healthy parents, having been nursed by his mother, he enjoyed excellent health; in order to be able to attend better to domestic occupations, she confided him to the care of an old woman, who had been afflicted a long time with a favous teigne. The child lived near a year with the woman, and even slept with her. At the end of this time there appeared on different parts of the head yellow circular crusts, depressed in the centre and raised at the edges. This disease increased to so great a degree, that crusts united and formed one entire cap, which covered the scalp; each crust presented the form of a small cup, and even in the places where they were the closest, the confusion and number did not prevent the true character of the favous scab from being distinguished. In the small spaces which were not covered with crust, the skin was red and inflamed. The itching was great, and when the child eagerly gave himself up to the pleasure of scratching, he took off the scabs, and underneath there appeared a red and fetid sanies.

CASE 2.—Virginia and Julia Callengini, seven and five years of age, appeared with their heads covered with the scabs of this disease, of the usual colour and cupped form, the

greater part united at their edges with others, making an encrusted mass. Fissures and crevices occupied by lice, and a stench unbearable disgusted the senses of sight and smell beyond bearing. These children were cured by means we shall hereafter detail.

I have given these cases as specimens of the observations; if all were translated and printed, they would occupy too much of the pages of the Journal, to be consistent with its best interests.

SPECIES 2.—*Teigne Granulée*—*Tinea Granulata*.

The crust of this kind of teigne forms small lumps or grains, of sometimes a grey and sometimes a brown colour, of a very irregular and unequal shape; these have no excavation or hollow at the top, which clearly distinguishes them from the preceding kind.

The granulated teigne does not in general occupy so large a space of the scalp as the favous; it most frequently comes on the upper and back part of the head; it is composed of small brown or dark grey crusts, which resemble sometimes fragments of mortar, coarsely broken, or plaster fallen from the walls, which has been dirtied by damp and dust. These granulations have not in any case their surface hollowed in the centre; they are embossed and angular at the edges, like the seeds of certain plants; in short, extremely irregular, they are often very hard, and have a strong consistence, which poultices cannot soften. As the scalp of children covered with these scabs is extremely rough to the touch, we at first nominated it *teigne rugeuse*, in union with Monsieur Gallot. But this denomination is very vague; that of granulated teigne, which I adopted at last, is more suitable to express the kind of affection which I propose making known here. It is known vulgarly by the name of *galons*.

These crusts, which generally are a little distant from each other, are

not so deeply encased in the dermoid system as those of the favous teigne; but sometimes like them they are surrounded by a pretty considerable number of thin scales, dry and furfuraceous, which are here only an accessory symptom arising from the irritation of the skin. The granulated teigne has a nauseous smell, which greatly resembles rancid butter, or milk which is beginning to turn. This smell is particularly perceptible when the crusts are damp, and when there is a considerable discharge from the surface of the head, but it disappears as soon as these same crusts arrive to a complete exsiccation, and acquire a hardness which makes them resemble a gypseous or chalky matter.

The itching created by the granulated teigne is very great. When the crusts are separated from the scalp, the places they occupied remain red and erythematous; they are smooth, and polished, often swollen. Here and there may be perceived very small whitish abscesses, which are level with the scalp, and from which issues a small quantity of viscous colourless liquid, or a whitish matter, which thickens and dries from coming in contact with the air, and thus causes new crusts to spring up analogous in form and colour to those already fallen.

The granulated teigne scarcely ever attacks the different parts of the body like the favous, it confines itself at furthest to the face. I have seen it in some cases occupy the forehead near the hair, the eye-brows, the lateral parts of the nose; but this is very rare. I have further remarked that adults scarcely ever have this disease. I observed; however, two young girls who had arrived at puberty with it.

CASE 1.—Adelaide Bonne, aged four, of a melancholy constitution, and a brown skin, of unknown parents, had the small pox, and experienced no croup in her infancy; she had been afflicted at the hospital

St. Louis with an affection of the scalp, which presented the following symptoms:—Crusts of a brownish grey particularly fixed on the summit of the head and the back parts of the neck; these crusts, in some spots wide apart, in others approaching each other, and in consequence being confused, unequal, and irregular in their form resembled fragments of blackened mortar; there were grains of this matter glued to and suspended by the hair. In the other parts of the head were scales or thin crusts. At the base of the occiput there flowed a viscous humour, which glued the hair together; its smell was unpleasant, like milk or spoiled cheese, but bore no analogy with that of the favous form.

SPECIES 3.—*Teigne Furfuracée.* — *Tinea Furfuracea.*

This form does not produce crusts, but furfuraceous scales, white, more or less thick, sometimes damp, and adhering to the hair by the help of a viscous and fetid discharge, and sometimes dry and friable, detaching itself from the head with the greatest facility.

*Description of the Furfuraceous Scald Head.*

This affection is known under the name of *T. porriginæ*. We have studied it with rigid attention. It begins by a slight desquamation of the epidermis of the head, often accompanied by a considerable itching; an ichorous matter flows at the same time from the inflamed reticular structure, which attaches itself and forms by drying on the hair a more or less considerable quantity of scales. As this disease increases, by degrees it spreads over a large part of the scalp; these beds of scales thicken, their margins are of a whitish colour, sometimes reddish; in short, they resemble a heap of bran or coarse flour. When there is no fluid discharge, the scales fall off by the least friction exercised on the head. The cutis being cleared of the scales, we

have observed it was bereaved of its epidermis, that it was of a pink colour, and offered a smooth polished and shining surface like varnish. The furfuraceous teigne is not very common in hospitals, and that is undoubtedly the reason why several authors have refused to admit its existence. As it has been seen several times complicated and co-existent with the granulated and favous forms, it has been thought that it might be only a degree less advanced of these. To an accurate observer, however, the scabs which characterise this exanthema are of quite a different kind; besides, they glue and mat the hair, and form beds, which no other species do. When a finger is put on these beds they yield softly to the pressure. In some circumstances it is not merely the scalp which the *T. furfuracea* attacks. I have seen it with some children advance to the forehead and form plates which resembled heaps of bran, and often equalled snow in the whiteness of their particles; it has extended even to the eye-brows. Authors who have treated of the furfuraceous scald head in their works pretend to have observed it attack different parts of the body; but it is an error which proceeds from their having confounded this affection with the furfuraceous and squamous dartic. The furfuraceous scald head excites a considerable itching on the scalp, and generally maintains a great quantity of lice. It is accompanied with a certain phlogosis, which gives place to the formation of small vesicles or ulcerations on the skin; it is then damp, and exhales a glutinous humour, which has the smell of sour milk; at other times it is dry and quite inodorous. I have never observed the furfuraceous scald head attack adults, but it very often happens to children who have passed their first septenary, although a contrary opinion has been advanced.

CASE 1.—Lucie Colin had attained the age of six, when she was first attacked. She was endowed with a



bilious sanguine constitution; her skin was white, her hair chestnut colour; the disease affected the fore and hind-part of her head; it was a mass of furfuraceous scales, of a yellowish-white, other times greyish, and so dry that the most simple touch sufficed to make them fall in numbers on the child's shoulders. This exanthema did not emit any foetid smell; there was a great itching, which was occasioned by the presence of scales and lice, with which this affection abounded; the places on the head without scales were smooth, red, and much irritated.

(To be continued.)

RESEARCHES ON THE DIAGNOSIS OF  
PERICARDITIS.

BY WILLIAM STOKES, M.D.

IN a former paper I announced that in several cases I had been enabled to verify the diagnosis of Collin, relative to the sound of friction, produced by the rubbing together of the surfaces of the pericardium, when they are covered with lymph, which sound he compared to that of the creaking of new leather. I also stated, that the character of this sound varied in a remarkable manner, not only in different cases, but also in different stages of the same case; that in some cases it closely resembled the *bruit de soufflet*, produced by vascular disease; that there was the most complete analogy between it and the *frottement* of Laennec, as arising from inflammation of the pleura; and that the observation of this phenomenon would be found an important addition to the direct signs of pericarditis. Since that period, I have been so fortunate as to meet with several cases of pericarditis, all of which I have studied with the greatest care, both as to their symptoms and stethoscopic phenomena; and I can now announce, that in many cases of this disease the diagnosis can be drawn from direct signs with extreme accuracy, so that it can no longer be stated to rest chiefly on negative evidence.

CASE 1. *Violent symptoms of an inflammatory affection of the chest; sound of friction over the heart; healthy state of the lungs; pericarditis.*—A young man, named Keas, æt. 20, was admitted into the Meath Hospital about the middle of January, 1830, labouring under symptoms of gastric fever, and complaining of severe pain in the inferior sternal region, which symptom subsided in the course of a fortnight under anti-phlogistic treatment. He was again admitted on the 18th of February in a state of great distress from constant short cough, hurried and difficult breathing. He had inflammatory fever, rapid, small, and weak pulse, and great tenderness of the integuments of the chest. These symptoms had been of four days' standing. The anterior portion of the right side presented a considerable degree of dullness on percussion; but, with the exception of this sign, there was no other physical indication of thoracic disease. He complained of some pain in the lower portion of the chest. On the next day he complained of acute pain under the false ribs of the right side, where he said all his pain was fixed; his pulse was very rapid, and irregular in fullness and frequency; respiration 48. The following day respiration was found to be completely thoracic; yet even at this period no stethoscopic sign of pulmonary disease could be detected, sufficient at all to account for his symptoms.

The patient was somewhat relieved on the morning of the 20th, but in the afternoon was seized with a violent stitch under the left mamma, which continued until the middle of the night. On the following morning the pulse was extremely intermitting and irregular; the heart's action was strong, accompanied with a peculiar rustling sound, conveying the idea of two exceedingly rough surfaces rubbing one upon the other, and accompanied by a feeling of friction when the hand was applied over the region of the heart. The patient sunk in the course of the night, no treatment

appearing to have had any effect in removing or even indeed alleviating the severity of his symptoms.

**Dissection.**—Body somewhat emaciated; the heart was found greatly enlarged, extending to the right side, and extensively displacing the lung. The internal surface of the pericardium was found, as it were, completely mammilated by depositions of semi-cartilaginous lymph, and near the apex of the heart a strong cartilaginous band, nearly an inch in width, was found connecting the heart to the external fold of the pericardium. Besides these appearances, which were evidently the result of chronic disease, a recent effusion of lymph, of the colour of blood, was found forming a feeble and soft medium of union between the heart and pericardium; valves healthy; some cadaveric engorgement of the lungs, which were in other respects free from disease.

In this case the nature of the disease was not suspected until within a very short time previous to its fatal termination. As the patient was of a strumous habit, my first idea was that it was a case of acute phthisis, an opinion which I afterwards forsook from the absence of stethoscopic signs of pulmonary irritation which so constantly accompany this affection: in fact, the stethoscope detected nothing but intense puerility of respiration, with some slight bronchial râles. It was but a very short time before death that the pulse became intermitting, and at this time the phenomena of the heart, as noticed in the case, were detected; but I am not at all prepared to say that they might not have existed before, as one of the most curious circumstances connected with these phenomena is the very slight distance beyond the actual situation of the heart to which they are perceptible. The dulness of sound of the right anterior portion of the chest was evidently caused by the great enlargement of the ventricle and auricle, and was an additional

circumstance tending to mislead in the diagnosis of the tubercle.

**CASE 2.** *Extensive empyema of the left pleura; displacement of the heart to the right mammary region; acute latent pericarditis; nearly complete obliteration of the pericardial cavity before death; intense sound of friction disappearing in the progress of the obliteration.*—A man named Lennon, ætat 28, was brought to the hospital early last January, labouring under the most aggravated dyspnoea. On examination I detected an extensive empyema of the left side, and the heart was observed to pulsate to the right of the sternum, but presented no morbid sound whatever. His symptoms had been at least of four months' standing, and he stated that he had observed the displacement of the heart a month previous to his admission.

On the following day his breathing was much relieved, and he was placed in the medical wards under the care of Dr. Graves. He was treated by local bleeding and counter-irritation, towards the end of the month he suffered much from the supervention of bronchitis, which was greatly relieved by extensive dry-cupping and the use of the tartar-emetical solution. By the end of the month it was found that the dilatation of the side was considerably less.

On the 1st of February the patient came under my care, the displacement of the heart continuing, but without the occurrence of any morbid sound in its pulsations. The patient was treated by mild mercurials and narcotics. In the course of the week he began to suffer extremely from flatulent distension of the belly. On the 10th I made a careful examination of the whole chest, no change whatever was observed in the stethoscopic phenomena or impulse of the heart, but on the 12th having placed my hand accidentally over the displaced heart, I was astonished at feeling a most distinct fremitus over the entire region, giving to the hand a sensation of two very rough surfaces

rubbing violently one upon the other. On applying the stethoscope, we found that the sound varied over different parts of the heart. At the base the sound was similar to the *frottement* in ordinary cases of dry pleurisy, but towards the apex, it closely resembled the *bruit de râpe* of Laennec, its point of greatest intensity being between the upper border of the third and lower of the fourth rib. We observed also that if the stethoscope was moved to a distance of not more than an inch and a half from the situation of the heart, these remarkable phenomena ceased, though the contractions of the heart were heard distinctly. Pulse about 130, small but not at all irregular; the sound of friction accompanied both sounds of the heart; dyspnoea very urgent, but the patient made no complaint whatever as connected with the heart. The region of the heart was freely leeches, and the patient ordered digitalis.

13th. The *fremissement* is remarkably diminished; the sound is generally quite analogous to the double *bruit de râpe*; heart's impulse less; no increase of dullness on percussion. From this period till the 17th the sensation and sound of rubbing gradually disappeared; it was only by close questioning that the patient admitted he had some pain at the right of the sternum.

On the 18th all *fremissement* had disappeared, except in a spot which could be covered by the stethoscope, over the base of the heart and to the right side; in this situation a sound between a *frottement* and a *bruit de râpe* was distinctly audible. The patient sank on the 22nd.

*Dissection.*—The left pleura presented the usual appearance, which occur in extensive and chronic empyema, its cavity containing nearly a gallon of sero-purulent fluid. The right pleura contained about a pint of perfectly clear serous fluid, and presented no effusion whatever of lymph on its surface. The peri-

cardium appeared increased in size; it had lost its semi-transparency, and could not be made to glide over the heart. On opening its cavity, we found, with the exception of a small space at the base of the heart, exactly corresponding to the situation where the *frottement* was last heard, that it was completely obliterated by recently effused lymph, which was reddish, and though soft, presented a considerable degree of consistence, so that when the two folds were separated by traction a vast number of layers, perpendicular to the surface of the heart, made their appearance. On the anterior portion of the ventricles towards the apex, the union of the two surfaces was complete. Here the quantity of effused lymph was evidently much less than in other parts of the cavity. Around the origins of the great vessels, particularly towards the right side, no union had taken place between the surfaces of the pericardium; each face, however, was covered by lymph, presenting a considerable consistence, and giving the appearance which is produced when two smooth surfaces covered with tenacious matter are suddenly separated.

This case I look on as one of extreme importance, as it was the first in which the positive diagnosis of an effusion of lymph on the surface of the pericardium was verified by dissection, and it must be recollected, that the heart was extensively displaced by an empyema, and that the patient scarcely, if at all, referred any uneasy sensation to the situation of the recently suffering organ. The diagnosis was founded on the following circumstance:—first, the sudden appearance of the phenomenon of *fremissement*, and the sound similar to the *bruit de râpe*, in a case which had been long under accurate observation, and which presented no such signs two days before their first appearance; secondly, the similarity of these phenomena with those in the case of Keas.

But in the progress of the case

there was added to the diagnosis, and I recorded it as my opinion, that adhesion of the surfaces had taken place except over the base of the heart. This diagnosis was arrived at from observing the rapid subsidence of the phenomena under treatment, except in the above situation, *the region of the heart still continuing clear on percussion*, a proof that the disappearance of the signs was not owing to a liquid effusion, which opinion was still further rendered probable, by the impulse of the heart continuing to be felt with the utmost distinctness.

(To be continued.)

THE IRISH INFIRMARY AND DISPENSARY ACT.

OUR readers will recollect our animadversions on the draft of the Irish Infirmary and Dispensary Act, as passed by the House of Lords, which proposed, that the Lord Chancellor, bishop of the diocese, and rector of the parish in which any hospital or dispensary was to be established, should form a corporation, with perpetual succession, and so forth, to found, establish, and supply all vacancies in the same. We offered such strictures on, and objections to, this measure as we deemed unanswerable, and we are proud to state that the House of Commons acted on our suggestions, and expunged all the objectionable parts of the bill. The original act was calculated to destroy the institutions for the benefit of which it was intended. It was a narrow exclusive piece of legislation, which might have been tolerated three centuries ago, but was unsuited to the spirit of the present times.

There are two clauses (6 and 7) in the act as it stands that are decidedly beneficial, the power of enforcing subscriptions, and suppressing bribery at medical elections. We are confident that Mr. Hume and Mr. Warburton will insist upon the introduction of the last into the new law for regulat-

ing the education and practice of the medical profession in this country, which will most certainly be enacted during the next session of parliament.

The bribery at medical elections in London is the grossest that can be imagined. The candidates for the offices of physician or surgeon to London hospitals are appointed by family influence, relationship, or apprenticeship; while those for dispensaries very generally go to the treasurer the evening before, and make from fifty to five hundred governors or voters, and in this way persons who are totally disqualified, or, at least, infinitely inferior to the other candidates, get appointed. We could adduce a hundred instances of this kind. If this system be decreed objectionable in Ireland, we cannot comprehend how it can be otherwise in this part of the kingdom. We are extremely glad that the law has abolished it in Ireland, as this will be a precedent for the next parliament.

*A BILL, intitled, "An Act to explain and amend the provisions of certain Acts for the erecting and establishing Public Infirmaries, Hospitals, and Dispensaries in Ireland.*

"Whereas it is expedient that the provisions contained in certain acts relating to the erecting and establishing public infirmaries and hospitals and dispensaries in Ireland should be explained and amended:

"And whereas the vice-treasurer or treasurers of Ireland is or are empowered or directed, by an act of the parliament of Ireland of the fifth George Third, to pay a stated sum half-yearly to the treasurers of each infirmary or hospital in Ireland:

"And whereas it is enacted by an act of fifty-fourth George Third, that it shall and may be lawful for the grand jury of any county, county of a city, or county of a town in Ireland to present a certain sum as an addition to the salary of the surgeon or physician of the infirmary or hospital of such county, county of a city or county of a town, over and above the sum to

be advanced by the vice-treasurer or vice-treasurers aforesaid :

“ And whereas it is also provided by the aforesaid act, that before any such presentment shall be made, a certificate signed by at least five governors of such infirmary or hospital, as therein directed, shall be laid before the grand jury :

“ And whereas it is also provided by an act passed in the parliament of Ireland in the fifth of George Third, that the governor or governesses of any infirmary or hospital aforesaid shall at a general meeting appoint a standing committee to regulate the economy thereof ;

“ Be it therefore enacted, by the King's most excellent majesty, by and with the advice and consent of the lords spiritual and temporal, and commons, in this present parliament assembled, and by the authority of the same, That from and after the passing of this act no donor or donors of any sum or sums of money to any of the said infirmaries or hospitals shall be permitted to vote at any election, upon any vacancy which may hereafter occur for the office of surgeon or physician to such infirmary or hospital, unless he she or they shall have respectively paid the subscription by virtue of which he she or they claim a right to vote at such election, one year at least before such vacancy shall have occurred.

“ Be it further enacted, That all sum or sums of money directed to be issued by the vice-treasurer and vice-treasurers of Ireland, under the said recited act or acts, shall be applied either to the payment of a surgeon and a physician, or to the payment of a surgeon or a physician, except as excepted by the said act.

“ Be it further enacted, That the amount of any such presentment as is directed by the said recited act or acts shall be paid to the treasurer of such infirmary or hospital of such county, county of a city or county of a town ; and also that the certificate as directed by such recited act or acts aforesaid shall, in addition to what is

required by the said act or acts, contain the following words ; that is to say, ‘ that the said surgeon or physician hath since the late assizes diligently complied with the rules and regulations of the governors of the said infirmary or hospital ; and also that true copies of such letters testimonial as are required by the act of the parliament of Ireland of the thirty-sixth George Third, to be obtained by such surgeon or physician, shall be laid before such grand jury previous to their making any such presentment.’

“ Be it further enacted, That in every case where the surgeon or physician of any infirmary or hospital is now required or enabled by law to receive any patient into the hospital or infirmary in his charge, other than by the written recommendation of one of the governors or governesses aforesaid, the said surgeon or physician is hereby required to report such case to the standing committee at the next meeting, as well as to preserve the certificates of all persons recommended on their admission ; and should any patient be so recommended by any governor or governess of any such infirmary or hospital, who on examination by such surgeon or physician, shall appear to him or them to be inadmissible, from the rules and regulations of the governors or governesses of any such infirmary or hospital, it shall be lawful for the said surgeon or physician to reject such patient as an intern patient ; and he is hereby required to explain, in writing, on the back of such certificate of recommendation, to such governor or governess so recommending every such patient, the due cause of his not admitting every such patient as aforesaid.

“ And be it further enacted, That no subscriber to any dispensary, for the support of which any grand jury in Ireland shall hereafter present any sum or sums of money, shall be entitled to vote at the election of any surgeon or physician of any dispensary as aforesaid, unless such per-

son shall have paid his or her subscription to the treasurer of such dispensary at least two years completed before any such election shall take place, save and except such persons as shall have subscribed to the said dispensary at its original formation, or prior to the first grand jury presentment in aid of the same.

“And be it further enacted, That every person who shall become an annual subscriber to any county infirmary, dispensary, or fever hospital, shall be bound to pay his or her subscription until the expiration of one year after such person shall have given notice in writing to the treasurer of such infirmary, dispensary, or fever hospital, of his or her intention to withdraw the same; and in default of payment thereof, it shall and may be lawful for the treasurer of such infirmary, dispensary, or fever hospital, to sue for and recover the amount of all arrears of such annual subscription in any of his majesty's courts of record in Dublin, if the amount shall exceed twenty pounds, and if under that sum, before the assistant barrister in the county in which such person or persons shall reside, and if in the county of Dublin, before the chairman of the sessions of Kilmainham, or if in the city of Dublin, before the recorder of the city of Dublin.

“And be it further enacted, That it shall and may be lawful to and for any grand jury in Ireland, at the assizes or presenting term next ensuing after the election of any such surgeon or physician as aforesaid, to call him before them, and to examine such surgeon or physician so elected, or any other person or persons in said county, upon oath, touching the said election; and if it shall appear that any offer, gift, promise, or loan of any money, or other valuable thing shall have been made, with the privity or on behalf of any such surgeon or physician, either then or in prospect, to procure any vote or votes for his election, it shall then be competent for the said grand jury, and the said

grand jury are hereby authorised and required, thereupon to withhold any sum or sums of money, presented or to be by them presented for or as the salary of the said surgeon or physician of such infirmary, hospital, or dispensary aforesaid; and then and in that case such surgeon or physician shall be deemed incapable of receiving at any future time any money by presentment from the said county, for the management of any infirmary, hospital, or dispensary within the same.”

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Revised.

*Observations on Injuries and Diseases of the Rectum.* By HERBERT MAYO, F. R. S., Surgeon to the Middlesex Hospital.

MR. MAYO is well known as one of the first physiologists of the present day, and his work, which we have now under notice, will give him the same rank in the surgical department of the profession. The anatomical structure of the rectum, its physiology, and the injuries and diseases affecting it, which admit of surgical relief, have formed a fruitful subject for writers of late, yet are we not the less disposed to value the rich store of information which we have gained from these works on that account. The volume before us contains “an account of cases intended to exemplify the principal varieties which are observed in diseases of the rectum, with the appropriate methods of treatment,” and includes the following injuries and diseases, viz. fissure and laceration of the rectum; protrusion of the bowel; hæmorrhage and pain; piles; fistula; constipation; stricture and cancer of the rectum; and in the illustration of these Mr. Mayo has drawn largely from a variety of cases occurring in his private practice, for he remarks, that “diseases of the rectum are more common in the higher ranks of society than among the poor.” Outward piles commonly appear in the following manner and run the following course:—

“After twenty-four or forty-eight hours during which the patient has experienced f

ness, heat, and itching at the anus, a hard round lump, from the size of a pea to that of a chestnut, is felt on one side of the margin of the gut. It is extremely tender, so that the patient cannot bear to sit; and in every posture the pressure of the adjacent parts produces more or less aching pain. The patient finds relief sometimes from bathing the part with cold water, sometimes from hot fomentations and poultices, but more generally from the latter. Upon the use of one or other of these remedies, and a dose of laxative medicine, and rest and abstinence, the tenseness of the swelling and the sense of fulness and pain abate, and in forty-eight hours more so much amendment has taken place that the patient is able to sit and move about with comfort. The tumour, after a few days, shrinks entirely and disappears.

"The pain attending an attack of this description is of every degree, from inconvenience and discomfort, to intolerable suffering. The pain depends upon the fulness of the vessels of the part, and is often removed upon the occurrence of spontaneous bleeding from the mucous membrane of the bowel: it may always be mitigated by abstracting blood from the part by leeches. If the tumour is large the pain is generally greater, and, at all events, the swelling and induration are a longer period in subsiding."

We shall resume, next week, our notice of this work.

#### SPURZHEIM AND GALL.

A LITERARY journal (*The Athenæum*), has the following remarks on these phrenologists.

"The fact is, Spurzheim was an excessively uninteresting character, or rather he was a man of *no* character. He was a soft, easy, good-natured, and well-disposed man. We give him credit for believing what he taught, and following on with a sort of mill-horse sagacity the path that had been tracked out for him; but as far as there is any merit in the science it is all due to Gall. It was he who conceived the original idea, or we should more properly say revived it, as many rude attempts at mapping out the brain had been made before his time. It was he who attempted its extension and confirmation, by means of the most unwearied observations in prisons, schools, hospitals, mad-houses, in short every place where character was likely to be known or

developed. It was he who gave the first lectures on the subject, lectures of which Spurzheim was an auditor, and from which he derived the greater part of his knowledge. Finally it was he who first published those observations to the world in a connected form, for though the '*Anatomie et Physiologie du Système Nerveux*,' bears both names on the title-page, yet Dr. Elliotson says Gall assured him that every line of the four volumes was written by himself.

"Spurzheim's true merit, and that by which he will be known to posterity, depends on his accurate and faithful dissections of the brain. As an anatomist he might have shone. He had that untiring plodding disposition which, with a little mechanical dexterity, is the best qualification. He would scratch a little with his scalpel, look a little with his microscope, push a little with his thumbs, and then look again, until he had made out the minutest fibre, and unrolled the most intricate convolution.

"But the anatomical discoveries of Dr. Spurzheim, to which we are anxious to allow their full merit, have no manner of connection with his craniological opinions.

"Suppose we grant that the brain is the mind, in which case, of course, anatomical arguments would have most weight, how can we conclude that because the convolutions are separate, therefore they perform different functions, when we know that the liver of a monkey, or the kidney of a bird may be formed of many separate lobules, to which, however, no one ever thought of assigning different offices?

"This is a point on which we rather insist\*, because it is generally put

\* It is nevertheless a very weak one; we presume the reviewer to be ignorant of the circumstance that the liver and the kidneys have each their own *single* and appropriate function allotted to them, whereas the functions allotted to the brain are numerous and intricate, a fact which we have always thought tends to support many of the weakest arguments of the theory of Gall and Spurzheim.—  
EDS.

forward as an argument to ignorant persons, why they should take the facts relating to the brain on trust, 'for surely Dr. Spurzheim must be correct there.' We think he *is* correct there, though we will not say how far his opinions are indebted to Riel's admirable papers published from year to year in the *Archiven für die Physiologie*, but allowing all this, it still remains to be shown how his facts bear on his theories."

Rather caustic, but yet correct in many particulars.

ST. BARTHOLOMEW'S HOSPITAL.

*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN,—Allow me to correct some inaccuracies which occur in your report of a case at St. Bartholomew's, in your last week's Journal, and which you call a rupture of the urethra and laceration of the perineum. Now, the point of greatest interest in this case, consists in there being no *external wound* in the perineum from the injury. But as Mr. Stanley had no doubt of there being a rupture of the urethra, and thinking it probable that there was some infiltration of urine into the cellular tissue, as well from the great swelling, pain, and tenseness of the part, he deemed it advisable to *make* one, after evacuating the bladder by the catheter, the boy not having passed any urine for nearly twenty-four hours. In withdrawing the catheter, the end was protruded through the external opening in the perineum, proving the correctness of Mr. Stanley's diagnosis. The catheter has been kept in the bladder until within these few days, since which time the patient has passed his water by the natural passage. On another interesting point in this case, viz. the cause of the retention of urine, it was the opinion of Messrs. Stanley and Earle, that it arose from some improper action of the muscles of the bladder. Your accurate reporter

should have said that the scrotum was swollen and tense from effusion into its cellular tissue, and not that the testes were injured. As it is important that the reports of cases in a medical journal, should be correct, I do not apologise for thus intruding on you.

A PUPIL.

P. S. Permit me to acquaint you with an interesting result of the use of the tincture of iodine, ordered in the case of fungus of the testicle, reported also in last week's Journal, viz. that in about eight days the healthy testicle became evidently diminished in size, in consequence of which the medicine was discontinued, although the diseased testicle was improving under its use.

GENERAL DISPENSARY, ALDERSGATE-STREET. — RESIGNATION OF THE WHOLE OF THE MEDICAL OFFICERS.

At a meeting of the Governors of the General Dispensary, Aldersgate-street, took place on Wednesday, to take into consideration the proposition of the Committee—"To allow subscribers of three days' standing to vote at medical elections." This was opposed by the medical officers, who considered it injurious to the interests of the Institution, and to the respectability of the profession. The original motion was, however, carried, and thanks voted to the medical officers. Dr. Clutterbuck, Dr. Lambe, Dr. Birkbeck, Dr. Roberts, Mr. Salmon, and Mr. Coulson resigned, and announced that they would see their patients at their own houses.

Dr. Birkbeck read an extract from a letter addressed to him by his Royal Highness the Duke of Sussex, stating that in the event of the resignation of the medical officers, His Royal Highness would withdraw his name, as Patron to the Institution.

The Governors of the above-named Dispensary have often increased their funds, on former occasions, by tolerating a system of fictitious vote-



making, previous to medical elections. We believe they received, on one occasion, £500 from the supporters of one candidate, and, according to a correspondent, a like sum on other occasions. The medical officers, much to their credit, wished to put an end to this system of bribery, which evidently was injurious to the patients, as it enabled a man of wealth with slender medical attainments, to secure his election. It will be seen, in another page of this Number, that Parliament has put down this system of corruption at the medical elections in Ireland; and we have no doubt but it will be abolished in this part of the empire during the next session. We trust that there is not a physician or surgeon in London who will be so insensible to professional character as to sanction the bribery system of the Governors of the Aldersgate-street Dispensary, by disgracing himself in accepting office under them.

We could name another Charity, whose interests have been nearly destroyed by fictitious vote-making, contrary to the express wishes of its medical officers. We are satisfied that the time is at hand when the respect due to our profession will be duly estimated; and when interested tradesmen, clerks, and shopkeepers—men of narrow, ignorant minds—will, as governors, be divested of their insolence and impertinence to their superiors.

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THE

**London Medical & Surgical Journal**

*Saturday, September 14, 1833.*

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THE LEGISLATURE AND THE FACULTY.

WE congratulate our readers on the determination of the legislature to form one faculty of medicine and surgery, and to correct all existing abuses. The die is cast, and reform in all the medical corporations

must take place. We know, from authority which never deceived us, that numerous petitions and communications relating to personal injury, are daily pouring in upon Mr. Warburton and Mr. Hume. Applications are now being made to all the foreign universities and medical faculties, as regard education and the polity of the profession; and from the answers will be selected every feature worthy of adoption. The petition of the Licentiate against the College of Physicians astonished the committee of inquiry which sat upon the apothecaries' bill, and caused them unanimously to conclude, that while such abuses existed in the College, it would be impolitic to legislate for one branch of the profession until a general investigation into the whole faculty took place. The committee having thus concluded, it was a matter of course for the parliament to grant a committee of inquiry, of which the able, independent, and scientific Mr. Warburton will be the chairman. Happy for the profession, and more happy for the public, that a gentleman of such an enlightened mind, so much judgment, and such great influence with the legislature, will be the president of a court of inquiry, the results of whose labours will be of the greatest importance to humanity. Society is already indebted to this gentleman for the Anatomy Bill, that foundation of medical science, that fountain which supplies the limpid streams of a species of knowledge so important and beneficial to every rank in society, but

more especially to the poor and indigent. We are convinced that the philanthropic individual who proposed and carried that measure, will proceed in the great work of reform, secure to the public the blessings of health, and to the cultivators of the healing art, those rights and that encouragement which have been so long and so unjustly withheld from them, by the arrogant and illegal monopoly of those to whom the legislature and government intrusted the power of preserving the public health. We can most confidently assure our readers, that a complete reform will be effected in all our medical corporations, and that *religious tests* will no longer be suffered to exclude men of science and of eminence from places of rank and influence. Let the London and Dublin Colleges of Physicians digest this bitter truth as they can; the legislature prescribes it for their welfare. We are greatly amused at the commotion in all the corporations, and their liberal propositions of reform; but this shallow artifice is easily seen through; their fate is decided. We strongly urge our provincial brethren to meet and petition parliament against the present barbarous laws relating to the profession.

We take this opportunity of stating, that the reason the Licentiate's petition was not sent round to the physicians of London, was want of time, as it was suddenly got up on the eve of the adjournment of the committee on the apothecaries' bill.

DR. BAIRD AND HIS LIVERPOOL  
INQUISITORS.

WE perceive, by the *Liverpool Chronicle*, which reached us after our last number went to press, that the medical officers of the Manchester Infirmary, to whom the governors of the Liverpool Infirmary referred their charge of immorality against Dr. BAIRD, have unanimously resolved "that no imputation rests upon the moral character of Dr. Baird for his conduct on this occasion."—Signed Edward Lyon, M.D., James Lomas Bardale, M.D., J. Davenport Hulme, M.D., J. A. Ransome, Rich. Thorpe, W. James Wilson, Thomas Turner. We always anticipated this decision from such eminent physicians and surgeons as the medical officers of the Manchester Infirmary. But we felt convinced that such a decision would make no impression on the base calumniators of Dr. Baird. We were quite right. At a meeting of the Governors it was resolved, after reading the above, "it is the opinion of this meeting that no farther proceedings are necessary." We cannot comment upon this conclusion without reiterating our former conviction, that there are some influential but unprincipled knaves connected with this outrageous transaction. Did ever the world hear of such a proceeding, as to blight the character of a physician, to ruin, to beggar him, by trumping up an unfounded charge of immorality against him, and when he is acquitted the libellers think farther proceedings unnecessary. Even an expression of regret does not escape, much less a

vote of thanks. Were we concerned with these worthies, we should meet in the King's Bench, and show them that the reputation of a physician must not be unjustly injured with impunity. Dr. Baird may fear further publicity, but he might rest assured, that the whole profession in this metropolis would carry him triumphant in the same manner as their brethren in Manchester.

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THE ANATOMY BILL.

WE have had an interview with the inspector of anatomy, and have much pleasure in stating, that the charge of partiality urged against him is unjust and unfounded. We have perused all the documents for and against it, and are bound to declare, that no blame whatever is due to him. If those applying to him refuse to comply with the terms he has entered into with parishes for the supply of unclaimed bodies, terms approved of by nearly all the anatomical teachers in this capital, they must blame themselves.

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THE CHOLERA.—THE PUBLIC PRESS.

THIS formidable disease has nearly disappeared. We regret to notice the unjust and unmerited censures of an influential part of the public press, on the conduct of the medical profession in respect to cholera. It is maintained that medical men did not investigate the disease or endeavour to combat it. Never was there an accusation so unjust or so groundless. The truth is, that there is not a powerful remedy in any pharma-

copœia in the world which has not been repeatedly tried, and every effort made that science justified.

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**Hospital Reports.**

ST. BARTHOLOMEW'S HOSPITAL.

*Laceration of the Scalp, and Fracture of the olecranon and inner condyle of the arm.*—H. Ward was conveyed into the hospital on Friday Sept. 6th, having just met with the following accident. While asleep on the side of his cart, the shaft suddenly broke, and he was thrown with great violence on the ground. The wheel of the cart went over the right side of his head, and he was immediately brought to the hospital, when, upon his admission, he was bled to between thirty and forty ounces. Mr. Earle examined him, and found the scalp and temporal muscles of the right side of the head dreadfully lacerated; the bone was not fractured. Mr. Earle then dressed the wound; he removed with the knife some of the scalp and muscle, which, from the violence done to them, had lost their vitality. On further examination, it appeared that considerable injury had been done to the elbow-joint. The olecranon was fractured in two places, and also the inner condyle. The patient, on recovering from his state of insensibility, obstinately demanded to be let go home, but Mr. Earle entirely disapproved of such a step, and remonstrated with him on the rashness of leaving the hospital while in such imminent danger; the man, however, was determined on going, but was prevented by his suddenly falling into violent convulsions.

In reference to this case, Mr. Earle remarked in his clinical lecture of Saturday Sept. 7th.—“This, gentlemen, is a most interesting case, and I recommend you all to mark well its progress, and the treatment pursued by us. Now if the patient happens to survive this accident, we are to consider what is to be done with the

elbow-joint, which you know is severely injured; and in this we are to consider what position the arm should be kept in, whether in the flexed or straight position. I am decidedly of opinion, that the flexed position is the better, for when a patient, in such case, has an anchylosed elbow-joint, there can be no doubt of the flexed being the best position, as he can then feed himself, wash himself, and perform several other necessary duties which a man with an anchylosed elbow-joint, in the straight position, cannot do; indeed it is impossible to conceive a more helpless condition than that of a man with an anchylosed joint in a straight position. With regard to the injury done to the head we are to expect many results; from the great violence done to the scalp and bone, I think erysipelas will be a very probable consequence. This we must guard against. We may also expect considerable exfoliation of bone."

ST. GEORGE'S HOSPITAL.

*Rupture of the Spleen.*—A labouring bricklayer was conveyed into the hospital on the 27th August, in a state of insensibility, having just fallen from a height of fifty feet. His pulse was very small, and his pupils were very much dilated, respiration difficult and stertorous. He was bled shortly after admission, but remained insensible till 2nd Sept. when he died. On a post-mortem examination, the spleen was found to be ruptured, and all the abdominal viscera bore the marks of contusion. A great quantity of blood was found in the cerebrum.

*Femoral Aneurism—Operation by Mr. Hawkins—Double femoral artery on one side.*—Samuel Broadbrim, a stout athletic labourer, æt. 24, was admitted into the hospital on the 28th August with femoral aneurism of the left limb. About six months ago, while in the act of making a violent strain to grasp at some object, he felt a sudden twitching pain in the part where the aneurism exists; some time

after the thigh swelled and became painful, which prevented him from following his occupation, and obliged him to seek admission into the hospital. On examination we found the aneurism situated about the lower part of the femoral artery, two or three inches above the knee-joint; the limb was slightly œdematous. On pressing the femoral artery high up, near Poupart's ligament, the aneurismal tumour abated, and became even with the other parts of the thigh. On removing the pressure the tumour again enlarged, leaving no doubt of its being purely aneurismal. No other resource being left, Mr. Hawkins proposed to tie the femoral artery, which he did accordingly on Thursday 5th Sept. The artery was taken up within three inches of Poupart's ligament. Mr. H. having made a longitudinal incision through the muscles carefully dissected away the fat, and, having discovered the artery, he passed the ligature round it. The patient was then removed to bed; aperients were administered, and he is now doing as well as could be expected.

Mr. Hawkins, among other cursory remarks, which he made after the operation, said that he recollected a case in the Middlesex Hospital some years ago, in which two femoral arteries were found. The patient was in the hospital for femoral aneurism. The operation was performed, and the femoral artery taken up, but the patient died shortly after, the aneurismal tumour being supplied by the other femoral artery, which running under the one which had been tied, escaped observation and remained untied.

*Excision of Tumour from the Cheek.*—On Thursday, September 5, Mr. Walker performed excision of an indurated tumour of the cheek in Elizabeth Hedhes, a young woman, ætat. 20. The tumour was of some months' standing, and was deeply rooted. Mr. W. having made an incision through the integuments and

muscles, dissected out the tumour; one artery was tied. On examining the tumour, after the operation, it appeared glandular in its structure, less organised, however, than glands in general are. The operation lasted fifteen minutes, and was borne by the patient with great fortitude.

*Stricture of the Œsophagus.*—Jediah Cooper, a middle-aged woman of very unhealthy appearance, came to the hospital the other day complaining of perfect inability to swallow solids during the last eight months. Even the deglutition of fluids was accompanied with difficulty. Her general health has been much impaired, and looks are strongly expressive of anguish and pain. Mr. Babington passed a bougie down the pharynx, with a view to ascertain the exact seat of the stricture. The stricture exists at the termination of the pharynx in the œsophagus. A few days after the first introduction of the bougie, Mr. Babington passed another, the extremity of which was armed with lint, immersed in the solution of nitrate of silver. Mr. B. said, that in cases of stricture of the œsophagus, occasioned by a thickening of the surrounding coats, very little relief can be afforded by any measures. No change for the better has yet taken place in this woman, for whom Mr. Babington continues to introduce the bougie two or three times a week.

*Stricture of the Rectum.*—There is a case of stricture of the rectum at present in the hospital. The patient is a young woman, about thirty years of age. The stricture has existed from her infancy. Bougies are constantly introduced and allowed to remain in the intestine for some time.

The case of secondary hæmorrhage after amputation, mentioned in our last, in which it was found necessary to take up the femoral artery, is now going on well. No disposition to bleed has been discovered in the stump, and the patient is comfortable

in every respect. His bowels have been kept well opened, and he sleeps well at night. The stump presents a healthy appearance.

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MIDDLESEX HOSPITAL.

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*Ligature of the External Iliac Artery.*—Dyer, ætat 34, was admitted into the Middlesex hospital under the care of Mr. Mayo, Sept. 4th. Five weeks previously he observed a swelling of the size of a walnut situated above the middle and upon the inner and fore-part of the thigh. The tumour was painful, and the pain extended down to the inside of the knee. A fortnight after its appearance he was driving an open cart, the jolting of which increased the pain in the tumour considerably, and it enlarged rapidly in size.

At the period of his admission, the tumour was of great size, it was elevated about three inches at the centre above the surrounding skin, and had at its base a diameter of five inches. This, however, could not be so accurately circumscribed or defined; the mass of the tumour was moveable from side to side. The patient was very tall, and corpulent for his age. He suffered continued aching pain in the tumour, and over the inner surface of the knee and leg, and the instep was numbed from the pressure of the swelling on the saphenus nerve. The tumour was hard and firm, and could be seen to rise synchronously with each pulsation of the wrist. When the hand was laid upon it, the impulse was felt to be equal over every part of the surface, and the *bruit de soufflet* was distinctly audible.

The patient's countenance expressed distress, and the pulse was hard and frequent; he was bled with some slight diminution of pain. It was determined to tie the artery on the following Monday after his admission, after being kept perfectly quiet for a few days, and placed upon proper diet and medicine. Upon visiting the

patient on Sunday morning, Mr. Mayo found him much worse; the tumour had much enlarged, it was more painful, and he had slightly wandered in the night. A consultation was held, and by the advice of his colleagues, Mr. Mayo decided upon performing the operation, which was done at 3 P.M. The ligature was placed upon the external iliac, as the aneurismal swelling extended nearly as high as Poupart's ligament, and left not sufficient space for a ligature to be applied on the femoral artery.

One hour after the operation, the pain of the tumour had subsided, and the numbness of the leg and knee was considerably lessened. The limb had its natural warmth, but those who saw the patient augured ill of his recovery, from his anxious countenance and gross habit of body.

R *Pulv. ipecac. comp. gr. v.*  
*Hydragr. submurial. gr. iij. M. Fiat*  
*pulvis hac nocte sumend.*  
*Hauftus aperiens cras primo mane.*

On visiting him the following morning, it was reported that he had but little sleep in the night; the bowels had been relieved, and the patient expressed himself better, and freer from pain; the tongue was dry and slightly furred, and the pulse was feeble, frequent, irregular, and unequal. He complained of constant thirst, and was allowed soup in the course of the day and cold tea. As there was some tenderness over the lower part of the abdomen, twelve leeches were applied, and fomentations. At 10 P.M. he appeared much worse; pulse 120, feeble and irregular; breathing hurried; tongue dry, and considerable delirium. Mr. Mayo ordered him

*Pulv. ipecac. c. ℞j. statim sumend.*

Prognosis of the case highly unfavourable.

10th. On visiting him this afternoon (forty-eight hours after the operation), a very favourable change was found to have occurred in his symptoms. He had slept well; tongue

was moist, system tranquil; no restlessness and delirium. There is slight tenderness around the wound; tumour diminished one-third in size; discoloration and pain quite gone.

#### EDINBURGH SURGICAL HOSPITAL.

*Double Hare Lip in an adult remedied by one operation.*—Norman Robinson, ætat. 17. In this case there was no malformation of the jaws or palate, and the portion of lip which lay between the two fissures, though it presented a nipple-like appearance being of a triangular form and shorter extent than the parts on each side, was natural in its consistence and connexions. The respective edges having been rendered raw by removing a slice from each by means of a sharp pointed knife, a needle was passed through them, so as to transfix the apex of the intermediate portion, which was about midway between the nose and edge of the lip. Two other needles were then introduced, one being close to the *prolabium*, and the other at the margin of the nostrils. The edges of the wounds were brought into exact contact by threads applied round the needles. They united completely by the first intention, and the patient was dismissed greatly improved in appearance.

*Single Hare Lip in an adult.*—John Scott, ætat. 21. In this case there was a fissure of the palate throughout its whole extent, and considerable irregularity of the adjoining edges of the alveolar process. The operation had been performed when he was two years of age, but failed, owing to his restlessness afterwards. One of the incisors which projected between the edges of the fissure having been removed, the corresponding surfaces were prepared for union in the usual way with the knife, which was rather difficult, in consequence of the induration of the cicatrices that had resulted from the

former attempt. A needle was introduced close to the margin of the lip, and two stitches of the interrupted suture were employed to draw the remaining portion of the edges together, as the latter means seem less apt to occasion troublesome ulceration than the twisted suture, when the parts to be joined are put upon the stretch. The cure was completed without any unfavourable occurrence, and the patient returned home well.

*Hare Lip in a Child—Malformation of the Jaw—Operation postponed.*—Grace Crerar, ætat. 2. This was one of those cases in which the central part of the superior maxillary bone is produced into a round knob, having the corresponding portion of lip attached to its anterior surface, and to the *columna nasi*, in the form of another similar but smaller knob. Behind this projection there was a very broad fissure, or rather deficiency of the palate throughout its whole extent. As the intermediate portion of lip could not be rendered serviceable, owing to its situation and connexion, it was removed, together with the malformed portion of the jaw, and the cheeks were then drawn together by means of adhesive plaster, so as to prepare them for permitting the edges of the lip to be united. After a careful trial of this plan for several weeks, it appeared that no material advantage had been obtained, the child being so strong and unruly as to render it impossible even with the hands to retain the sides of the fissure in approximation, and it was therefore judged prudent to delay making any attempt to effect adhesion until the child acquired more docility, and until the two halves of the jaw became closer, as they might be expected to do in the course of time after the removal of the central portion.—*Edin. Med. and Surg. Journ.*

## French Hospital Reports.

HÔPITAL DES VENERIENS.

(Original Report.)

*Remarks on Tonsillar, Sublingual, and Anal Ulcers.*

BY ALEX. THOMSON, M.B. OF ST. JOHN'S CAMP.

(Continued from p. 27.)

*Ulcers of the anterior Palatine Pillars, their progress.*—From the 3rd to the 13th of April unchanged.

13th. The anterior palatine pillars have each, about the middle of their oral portion, an oblong regularly margined ulcer, with the long diameter parallel to their own free margin, with abrupt, red, hard edges, and a uniform yellowish-grey bottom, resembling chancres, and having each one quarter of an inch in vertical, by one-sixth in antero-posterior diameter.

From the 14th to the 16th unchanged.

17th. The only parts of the throat now red are the anterior palatine pillars, the ulcer of the right of which is doubled in magnitude, and occupies its free edge as well as its anterior face.

From the 18th to the 20th unchanged.

21st. The ulcer of the right anterior pillar of the soft palate is completely cicatrised, with a thin epiderm, generally redder, and a little more elevated than the face of the pillar itself, but without contraction or puckering of the surface. That of the left palatine pillar has ceased to be hollow, has its edges less red, and sunk nearly to a level with the face of the pillar; is irregularly round in form, one quarter of an inch in diameter, and covered on its surface with a whitish slough.

22nd. Unchanged.

23rd. The cicatrix of the right palatine pillar is again opened, and nearly covered with a whitish slough: the ulcer of the left palatine pillar is considerably diminished, level with the surfaces, and unsurrounded with redness.

24th. Unchanged.

25th. The right palatine pillar ulcer is again perfectly cicatrised and on a level with the surface of the pillar, the cicatrix being flat, but redder than the surrounding parts. The left palatine pillar ulcer very nearly cicatrised, on a level with the pillar surface, having scattered upon it two or three spots of the size of a linseed, and whitish, the cicatrising membrane being a little redder than the surrounding parts.

26th. The left palatine pillar ulcer all cicatrised, with the exception of a small spot about the size of a linseed, with a smooth, unswollen, flat, bluish-red cicatrix.

27th. Both anterior palatine pillars less red, the cicatrix of the right being now untraceable. The ulcer of the left is now also perfectly cicatrised, with an uncontracted, unpuckered, unelevated, bluish-red cicatrix, yet paler than the surrounding parts.

28th. The left palatine pillar cicatrix also of the same hue with the surrounding parts, but having in its middle two small, round, flat, thin, whitish-yellow spots, each one-third of a line in diameter, resembling little sloughs.

29th. Unchanged. 30th. Not seen.

31st. The yellow spot-like sloughs on the left anterior palatine pillar have fallen, and are replaced by cicatrices similar to those already described.

June 1st. Cured.

*Remarks on the nature, progress, and cure of these Palatine Pillar Ulcers.*—These ulcers it appears commenced at the same time with those of the tonsils, had all the external characters of chancres except the hardened base, but were not tested by inoculation; were regarded by M. Ricard as secondary ulcers. They were remarkable for the symmetry of their position, the uniformity of their characters, the unequal effects of the treatment on them, for their first cicatrices in both cases re-sloughing, and being speedily re-cicatrised, and for both terminating, without contraction,

in flat, even, unelevated, unpuckered cicatrices, speedily resuming the hue of the surrounding parts.

Both of them had lasted, without improvement, for ten days before I saw them, and continued subsequently without any very decided change in aspect for four days more, when, on the fifth, that is, the fifteenth after his application to M. Ricard, the right was doubled in magnitude. Repose in bed, half nourishment, barley-water drink, simple and opiated marsh-mallow gargles, and one gentle hot bath of an hour's duration, had therefore had no influence on them. On the fifteenth day the use of the protoioduret was commenced. The right ulcer was perfectly and finally cicatrised, and the left all but in that state, the day before the mouth became sore, this rapid improvement having taken place during the four days, in which the pulse was reduced to 66. The further progress of the left ulcer appears to have been slower after the affection of the mouth. Four grains were taken in successive days with the sarsaparilla drink, without any change whatever supervening, when the right ulcer became suddenly cicatrised after the fourth pill in the space of twenty-four hours, while, on the same day, the left had closely approached towards cicatrification. The right re-sloughed again after the eighth pill, and was again cicatrised after the seventeenth. The left cicatrised after the tenth pill, re-sloughed over scattered spots on the eleventh, and again cicatrised after the fifteenth pill.

#### HÔTEL DIEU.

*Anomalous nervous affection—Barking caused by a convulsive state of the larynx—Cure.*—A boy of a weak and delicate constitution, aged 10 years was admitted into the Hotel Dieu. Six months since (without being able to assign any appreciable cause for it) he was seized with nausea and a desire to vomit without ever having been previously affected



in a similar manner. From this period he became almost constantly subject to a spasm or convulsion of the larynx. He had at first a difficulty in pronouncing words and then in articulating them. His disease appeared to M. Dupuytren to consist chiefly in an alteration of the vital properties of the laryngeal muscles which were no longer under the controul of the will. The movements of the larynx were very great and rapid, it rose and fell half an inch with such constant rapidity, that it was difficult to follow its motions. It therefore necessarily resulted that the windpipe was alternately shortened and lengthened, and from this irregular contraction and relaxation of muscles, those destined to stretch or to narrow the vocal chords over the opening into the glottis being affected by spasm, produced sounds more or less full or sharp. The voice was likewise vitiated, and resembled that of an animal, more nearly that of a dog. Infusion of valerian and pills of megin were ordered; one dose only of these was taken, and on the following morning the boy spoke with ease and freedom.

#### LITERARY INTELLIGENCE.

DR. UWINS is preparing a new edition of his valuable Treatise on Indigestion and Nervous Complaints.

#### BOOKS.

Nature and Treatment of the Epidemic Cholera. By ROBERT VENABLES, M.D. 2nd edit. pp. 52.

Report on the Alterations necessary in the Act of 1791, made to the General Council of Apothecaries' Hall by the Parliamentary Committee. Pp. 11. Dublin.

Enchiridion; or a Hand for the One-handed. By G. W. DERENZY, Capt. H. P. 82nd regt. 8vo. pp. 60. Several woodcuts.

The design of the author of this work is to propose a number of contrivances for the one-handed, which show great ingenuity of invention. This little book deserves to be known to all surgeons in large cities and manufacturing towns, but especially to those of the army and navy.

Encyclographie des Sciences Médicales. Reimpression Générale des Ouvrages Péri-

diques sur ces Sciences, publiés en France, savoir:—Cours de Pathologie et de Thérapeutique Générales, de Broussais; Annales de la Médecine Physiologique, de Broussais; Bibliothèque Homœopathique; Archives Générales de Médecine; Revue Médicale Française et Etrangère; Transactions Médicales; Journal Universel et Hebdomadaire de Médecine et de Chirurgie Pratiques, etc.; Journal de Médecine et de Chirurgie Pratiques; Gazette Médicale; Lancette Française, Gazette des Hôpitaux; Annales de Hygiène Publique et de Médecine Légale; Bulletin Général de Thérapeutique Médicale et Chirurgicale; Journal de Pharmacie et des Sciences Accessoires; Journal de Chimie Médicale, de Pharmacie et de Toxicologie; Brochures, Mémoires, Thèses, etc.

The object of this work is to re-print in Belgium all the medical periodicals of France, and at so low a price, as to render the whole accessible to all persons engaged in the study of the medical, surgical, or pharmaceutical sciences. A volume, containing 300 pages, royal octavo, is published every month, at the moderate price of six shillings, while all the French periodicals it contains would amount to twenty pounds a year. Nine volumes have already appeared of this work. Those who are interested in the progress of foreign medicine, will find this work the most comprehensive and cheapest hitherto published.

A Synopsis of Systematic Botany, as connected with the Plants admitted into the pharmacopœias of London, Edinburgh, and Dublin; accompanied by a Planisphere, showing at one view the class and order of the medical genera, according to Linnæus and Jussieu. By THOMAS CASTLE, F.L.S. of Trinity College Cambridge, Member of the Royal College of Surgeons, London, &c. &c. pp. 17, 4to. E. Cox, New-court, Southwark, 1833.

A useful work for students.

#### CORRESPONDENTS.

Dr. Bardsley shall hear from us by letter.

*Riverius*.—Two six months' courses are sufficient, provided our correspondent be of age. Candidates cannot appear at the Hall until 21, or at the College until 22.

*King's College*.—We shall have much pleasure in inserting the article in our next.

*Philo's* communication is received.

We have to acknowledge the receipt of the following newspapers; The Liverpool Chronicle, The Scotsman, The Dublin Weekly Freeman's Journal, The Morning Register, The Caledonian Mercury, and the Hampshire Telegraph.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

## LECTURES

ON THE

## PRINCIPLES, PRACTICE, &amp; OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

## LECTURE I.V., DELIVERED FEB. 20, 1833.

GENTLEMEN,—In continuing the subject of aneurisms, the next circumstance to which it is necessary to call your attention is, that when the aneurism is of some size, the sac always acquires an intimate adhesion to the neighbouring parts. On this account, after the three coats of the artery have given way, and even after the sheath of the vessel has been absorbed, the blood does not in all cases become widely diffused, but is still confined within certain limits by the adhesive inflammation. Then the new part of the sac, of whatever soft texture it may be composed, increases gradually, like the rest of it. However, in certain examples, the sac bursts, or is lacerated so suddenly, that no time is afforded for the adhesive inflammation to produce the desirable connexion of parts, and then the blood is apt to be diffused through the cellular membrane. The tumour of course undergoes a sudden enlargement, and spreads itself over a greater space; this case is sometimes called by surgeons a *secondary false aneurism*, because the disease changes from the circumscribed to the diffused state, in consequence of the rupture of some part of the sac.

With respect to the symptoms of aneurism, I scarcely need inform you, gentlemen, that there must be a difference in them according to the *situation* of the tumour, and according as the aneurism may happen to be an internal or an external one. At present I will confine my observations to the symptoms of a true aneurism in an external situation, that is to say, an aneurism that is out of the boundaries of the abdomen and chest. Such an aneurism, as usually seen on one of the limbs, generally begins in the form of a small pulsating tumour,

which subsides on pressure, but, on the pressure being removed, the swelling immediately returns. While the aneurism is small, the blood which it contains may thus be forced out of it by pressure, but it returns into the aneurismal cavity as soon as the pressure is discontinued. You will also remark a diminution of the prominence and tension of the tumour, when the artery leading to it is compressed. The same circumstance causes the tumour to beat more feebly, and sometimes stops the pulsation altogether; but, as soon as this kind of compression is removed from the artery, the tumour becomes as full and tense as ever, and beats with its usual force. These are strong circumstances, which leave no possibility of mistake. While the tumour is of diminutive size, it does not cause much pain, or inconvenience; but when, from its increased dimensions, it begins to make a good deal of pressure on the neighbouring parts, and especially on any nervous trunk in the vicinity of it, then the patient complains of severe suffering. In the early stage, while the aneurism is small, and the sac contains no lamellated blood, the tumour beats distinctly and forcibly, the blood in it being entirely fluid; in a more advanced stage, as the tumour enlarges, a portion of the blood in it becomes solid, and cannot be completely pressed out, and not only does it assume a concrete state upon the inner surface of the sac, but the sac itself, and the adjacent cellular membrane become thickened. The cause then of the impossibility of completely emptying the tumour any longer by compression, and of the reduced force of its pulsations is manifest. Now also, in consequence of the pressure on the neighbouring parts, the disease begins to give severe pain, and from the same cause, the circulation begins to be seriously obstructed, the adjoining veins and lymphatics being included in the parts suffering from the pressure of the aneurismal tumour. The pulsation, however, though not now so strong as in the early stage, is still distinct. But in a more advanced stage, the size and solidity of the aneurism are yet more increased, and the pulsation of the tumour may become so weak as to be perceptible only at the point immediately opposite the communi-

cation of the artery with the aneurismal cavity. In fact the sac is sometimes almost full of solid fibrine, and the proportion of fluid blood in it is but small.

Now, gentlemen, there are two circumstances deserving your particular attention in considering whether a case be aneurism, or not. First, you must not regard the pulsation of a tumour as a certain proof that the disease is aneurism; secondly, you should not assume, as a matter of certainty, that the disease is not aneurism because it happens to present no pulsation. In the beginning of these lectures I mentioned a case which I visited at Egham in Surry, with Dr. Smith and Mr. Baker of Staines, and Mr. Gilbertson, of Egham; it was that of a young man, who had a prodigious swelling extending over a considerable part of the abdomen, especially the epigastric region, and attended with as strong a pulsation as that of the aorta. The question was, whether the disease was an aneurism? and as one portion of the tumour was on the point of bursting, the patient was in rather a critical situation. Now, though this tumour pulsated so forcibly, it was not an aneurism, and we arrived at that conclusion from the consideration of two or three circumstances. In the first place, it was inferred, that, with an aneurism of that size, the patient would have experienced more suffering than he did; the functions of the viscera, and especially of the stomach, and the action of the diaphragm would also have been interfered with in a dangerous degree, whereas this was not the case. These circumstances were decidedly in favour of the case not being an aneurism; then in the course of my inquiries, I happened to learn, that the patient, when a boy, had had disease of the hip-joint, which gave us an insight into the nature of his constitution; for the form of disease of the hip to which I allude, chiefly attacks persons of a scrofulous habit, and it is known that chronic abscesses of a large size are particularly disposed to form in individuals of the same kind of constitution. In fact this was the most complete example of chronic abscess I ever saw, for the patient made no complaint, till three or four days before I saw him, and had been able to follow his usual employ, and if I remember rightly, to attend the races in the neighbourhood. Thus you may conceive what an indolent description of abscess it must have been. A day or two after I saw this patient, the tumour burst, and a gallon or two of pus was discharged. The lad recovered. In the Blue-coat school, many years ago, I saw a case very similar to what has now been described; the gentleman with whom I served my time, was surgeon to Christ's Hospital, where one of the scholars had an abscess extending from the ribs to the back of the pelvis; the tumour throbbled as regularly and forcibly as the aorta itself, yet from a variety of circumstances, Mr. Ramsden was convinced the disease was not an aneurism, and he punctured the swelling; the result was an immense discharge of mat-

ter. Such facts teach you to be upon your guard, and not to consider pulsation as the sure proof of the existence of aneurism.

Some pulsating tumours may be distinguished from aneurisms by the circumstance, that, in the former, the pulsation is rather a change of place of the whole swelling, than the kind of motion arising from the injection of a fluid into its cavity; it is, in fact, a sort of displacement, occasioned by the impulse of the blood through a neighbouring large artery. However, in certain cases, it may be difficult to say, whether the motion is produced by the former or the latter of these two circumstances; the two abscesses, to which I have referred, could not have been so distinguished. There is another better plan, I think, of forming a judgment in ambiguous cases; when a tumour pulsates, in consequence of its being situated over a large artery, you may sometimes be able to lift it off the artery, or move it to one side, so as to place it out of the influence of the vessel, and then it will be evident that the beating does not depend on the injection of blood into the subjacent artery, for the pulsation of the tumour, thus removed a little way from the vessel, will be observed to cease. This is an useful fact to recollect, for, in some situations, very correct information may be gained by the mode of proceeding which I have described. But, gentlemen, one valuable source of information, in doubtful cases, is the stethoscope, or mere auscultation when that instrument is not at hand; for, by these means, if the disease be an aneurism, you may distinguish a *bellows-sound*, a noise within the tumour, usually compared to that of a pair of bellows at work. Having apprized you, gentlemen, that it is not every pulsating tumour which is an aneurism, let me now bring under your notice another fact, namely, that a swelling may be an aneurism, though it does not pulsate. When an aneurism suddenly changes from the circumscribed to the diffused state, there is generally a diminution of the force of the pulsation, and sometimes the beating entirely subsides. At first, when the blood escapes into the cellular membrane, so as to become extensively diffused through that tissue, the pulsation either becomes imperceptible or feeble, and, after a time, it ceases altogether. The same thing sometimes happens when aneurism has advanced beyond a certain stage, even though not diffused; thus, when its cavity is filled with lamellated blood, by which it is converted into a solid swelling, the jets of blood no longer pass into it, but for some time before the cavity of the aneurism is entirely blocked up in this manner, the pulsation is obscure, and at length it is completely lost. I once saw an aneurism of the popliteal artery, where, with the concurrence of several professional men, amputation was performed, on the supposition that the tumour was of a different nature, involving the bones of the knee-joint. Now this case was, as I have said, a popliteal aneurism, and

the disease had made considerable progress to a spontaneous cure. The swelling, which was remarkably hard, reached far over the side of the joint, and, according to the patient's account, had never pulsated; these circumstances, joined with the imperfect history given of the case, led to the conclusion, that it was not an aneurismal tumour. Before amputation was commenced, a lancet was thrust into the tumour, but the slight hæmorrhage, which followed the experiment, only tended to confirm the idea of the case not being an aneurism. The limb was therefore removed, after which the dissection made the true state of things clear enough; the disease was found to be an aneurism, the cavity of which had been filled with solid lamellated blood, so that the most essential preparation for a spontaneous cure had been made by nature.

Now, gentlemen, when the case is one of *diffused false aneurism*, the pulsation is generally feeble and indistinct, the limb is cold, and, in consequence of the extensive injection of blood into the cellular membrane, you may remark, that the skin is more discoloured than in true aneurism, unattended with inflammation; and you will see an appearance very like that of ecchymosis. When such an aneurism is the consequence of the bursting of a true aneurism under the skin, and this sometimes in rather a deep situation, the disease universally receives the name of a *secondary false aneurism*. At the moment when the change from the circumscribed to the diffused state happens, the patient is generally conscious of a sudden snapping, or breaking of something in the limb. The tumour immediately undergoes a remarkable increase of size and change of shape, and spreads over a great extent of the limb. Directly after these events, a sudden diminution of the force of the pulsations is noticed, and sometimes even a total stoppage of them, generally the beating is very suddenly reduced, but still continues in a feeble manner for a few days, and then ceases altogether. In the summer before last, I had a patient, on whom I was going to perform the operation for popliteal aneurism, but in consequence of his being attacked with gout, this proceeding was necessarily delayed. As the tumour was exceedingly large, I explained to the patient, at my first visit, and before his gout came on, that any delay of the requisite operation would be accompanied by a risk of the swelling giving way; but, as I have said, his attack of gout rendered it necessary to encounter the danger. In about a week, the aneurism really gave way. This happened at a period when the whole limb was enormously swollen and œdematous, the leg being as thick as the body of a person of ordinary stature. The sac gave way also in a deep situation, close behind the head of the tibia. A prodigious extravasation of blood immediately followed, a part of it being propelled even down to the heel; but, on account of the previously œdematous state of the limb, the dif-

fusion of blood in the cellular membrane did not produce much change in its shape, or in that of the tumour. However the pulsations underwent a sudden reduction, and the limb became all at once remarkably cold. The question now was, whether the lessening of the force of the pulsations was owing to the tumour being filled with lamellated blood, or to the rupture of the sac, and the change of the aneurism from the circumscribed into the diffused state? By means of auscultation Mr. Lawrence, who met me in consultation, ascertained most decidedly, that the jets of blood were still passing into the sac, and this circumstance threw considerable light on the case. However, as the temperature of the limb seemed higher than it was in the morning, I was led to recommend postponing the operation for aneurism a little while. However, urgent symptoms of gangrene coming on, I afterwards tied the femoral artery, but such was the effect of the distension and injection of the cellular tissue with blood, that the operation answered no purpose, and it became necessary to amputate the limb. This was done, and the patient recovered. In this case I amputated of course before the red line of separation had formed, and if I had waited six hours longer than I did, the patient would have been inevitably lost.

Then, gentlemen, you are to regard, as symptoms of the change of a true into a secondary false aneurism, the following circumstances:—a diminution, a sudden cessation of the pulsation in the swelling; a change in the shape of the tumour; a sudden extension of it over a greater part of the limb; a sudden diminution of the temperature of the limb, and a degree of discoloration of the skin; a kind of ecchymosis. If you should happen to meet with a case, where you could not immediately say whether the change in the circumstances and condition of the tumour and limb were owing to the bursting of the sac, or to the pressure of the tumour and its becoming filled with lamellated blood, you should use the stethoscope, which will give you positive information whether the jets of blood into the sac are still continued or not.

Gentlemen, the next fact to which I invite your attention, is, that the solid blood, or fibrine, in an aneurismal sac, is always deposited in concentric layers, which are invariably noticed to be particularly firm on the side, towards the interior surface of the sac. Here, too, they are also paler than they are more towards the centre of the aneurism, presenting an appearance very much like that of boiled meat. No doubt some of the coagulated blood, which is found in the aneurismal sac after death, is deposited there subsequently to that event; but you will find the true lamellated blood always more firm and pale the nearer it is to the parietes of the sac. Here is a large aneurism of the aorta, with lamellated blood in the sac, arranged in concentric layers. The outermost layer, you will

find, is always closely attached to the cyst, and sometimes so adherent to it, as to be almost inseparable. This deposition of fibrine, or lamellated blood, seems to be designed as a means of strengthening the sac, and as a protection against hæmorrhage; nature appears to arrange this solid substance; however, not merely as a barrier against hæmorrhage, but as a means of occasionally bringing about a cure of the disease. The deposition of lamellated blood in the aneurism generally commences at an early stage of the disease, and sometimes goes on gradually to such an extent, that the sac is completely filled up, and then the tumour, instead of consisting chiefly of fluid blood, is altogether solid, is afterwards absorbed by degrees, and what is termed a *spontaneous cure* follows.

I have explained to you, that the layers of lamellated fibrine differ in appearance according to their date; the most central ones, or those which are furthest from the sac, consisting simply of blood, more or less firmly coagulated; a little further outwards, or more towards the sac, they are paler, and evidently composed of a large quantity of fibrine, and still further outwards, they are exceedingly firm, quite pale, and very like boiled meat. I have seen some specimens, which could hardly be distinguished from boiled beef, except by the arrangement of their concentric layers. Those strata which have been recently deposited, adhere together but slightly, but the others are intimately connected. The deposition takes place more quickly in false than true aneurisms, and the reason of this fact is, that after the coats of the artery have given way or ulcerated through, the communication between the artery and the sac is not so free and wide as previously, the blood in the tumour, therefore, is retarded in its course, and this circumstance, we know, always promotes its coagulation and the deposition of a fibrinous substance.

Gentlemen, I have informed you, that the sac itself becomes intimately adherent to the neighbouring textures, nor do these parts remain unaffected; sometimes they are simply displaced, or compressed; sometimes they are thickened; sometimes they are more or less absorbed; in certain cases they ulcerate; in others, they slough. Thus, from the compression of an aneurism of the aorta, a large portion of the ribs and sternum is frequently absorbed; and if the aneurismal swelling make its way through the ribs in the back, it may displace the scapula, a remarkable example of which was under the care of Dr. Pinckard and myself, about a year and a half ago, at the Bloomsbury Dispensary. Frequently the bodies of the vertebræ are destroyed, and the tumour may even penetrate the spinal canal, and press on the medulla so as to occasion paralysis, though this is undoubtedly a rare occurrence. I now hand round a preparation, which is an aneurism of the descending aorta; the vertebræ have been so injured by

the pressure of the aneurismal tumour, that the medulla is exposed; if you look into the sac, you will see the spinal marrow completely denuded. In this instance, the scapula was displaced, but the aneurism did not burst externally in that direction, for another part of it gave way, the blood flowed into the trachea, and thus the patient was destroyed.

When an aneurism of the aorta injures the vertebræ by its pressure, it is curious to observe, that it generally spares the intervertebral substance, which has a greater power than bone of resisting the destructive effects of pressure upon it. In this preparation, you will observe that, though the bodies of the vertebræ are considerably impaired, the intervertebral substance itself is perfect, and this is commonly the case. The pressure of an aneurismal tumour does not produce the removal of a cartilaginous texture so easily as it does the substance of a bone.

Sometimes aneurisms of the aorta burst, and pour their blood into the viscera of the chest, or abdomen. They may make their way into the trachea, the œsophagus, or the air cells of the lungs; and they have been known to burst into the pulmonary artery, and occasionally into the right auricle of the heart. Instances are on record of all these occurrences. Aneurisms of the aorta, in fact, frequently burst into the œsophagus, the trachea, the bronchi, the air cells of the lungs, the stomach, or different portions of the intestinal canal. The patient may be destroyed by the aneurism bursting into any of the organs I have mentioned. Sometimes the vena cava is obliterated by the pressure of the aneurismal tumour. In the case from which this preparation was taken, where there was no regular cyst, where, in fact, the blood had passed down into the concavity of the sacrum, its pressure obliterated the vena cava at the point where it receives the common iliac veins. Sometimes an aneurism is found to produce great changes in the texture of an important nerve in its vicinity, flattening it into the form of a riband, and totally disorganising it. I have seen several cases, in which the popliteal nerve was so flattened and altered, as to be hardly known again. In one particular instance, which fell under Cruveilhier's notice, and of which I now show you a plate, the pressure of an aneurism of the aorta had obliterated a portion of one of the pneumo-gastric nerves, which was flattened and so altered that no appearance of nervous tissue was discoverable in it. In the same case another fact is illustrated, namely, the obliteration of a large vein; for here, you see, the left subclavian vein, where it passes across the back of the tumour, is rendered quite impervious, and almost effaced. Here, then, you have two important facts relative to aneurism well illustrated; but the case furnishes additional instruction, for it teaches you, that a patient with an aneurism may have more swellings than one of the same nature. In

fact, the patient, whose case we are considering, had an aneurism of the arch of the aorta, and another of the descending aorta. The case also exhibits another fact, which is, that the patient was not carried off by the bursting of the aneurism, but by its pressure on an important organ, namely, the trachea. Now, when an aneurism presses upon the trachea, it frequently makes its way into that tube by ulceration, and the patient dies of hæmorrhage, or is suffocated by the quantity of blood obstructing the entrance of air into the lungs; but here he was suffocated by the pressure of the tumour. However, you may observe that ulceration was commencing on the lining of the trachea at the point where it divides into the bronchi. I never heard of any other instance, in which so important a nerve as the pneumo-gastric had suffered in the manner represented in the engraving, and, no doubt, this circumstance influenced the symptoms, for the patient was incessantly vomiting, and had frequent swoons and profuse cold sweats.

Occasionally, the pressure of an aneurism on a bone, instead of causing the absorption of the osseous texture, will thicken the periosteum; and, under these circumstances, new osseous matter may be thrown out so as to surround more or less of the sac. With respect to the effects produced by the pressure of an aneurism on bone, it merits your attention, that when absorption of that texture is produced, the process differs from caries in not being attended with the secretion of purulent matter: there is a simple removal of the osseous texture; and generally, if the cure of the aneurism be accomplished, the change in the bone does not afterwards give trouble. Generally speaking, it does not prevent the patient's recovery; though, now and then, cases occur, in which the patient is obliged to submit to amputation after the cure of popliteal aneurism, on account of the extent of mischief in the bones and joint of the knee. One curious effect of an aneurism, occasionally noticed, is a dislocation: thus, the sternal end of the clavicle has been sometimes displaced by an aneurism of the arch of the aorta.

After the explanations which I have given, you understand, that when an aneurism has made its way through all the coats of the artery, and through the cellular sheath of the vessel, it is still generally surrounded by whatever textures happen to present themselves. Thus, in an aneurism of the aorta, you will frequently find, after this stage, that the blood is bounded by the sides of the œsophagus, by the trachea, by a portion of the substance of the lungs, or by the naked vertebræ, deprived of their periosteum. In the last lecture, I showed you one of Mr. Hodgson's engravings, in which a portion of the lungs was represented as forming the boundary of an aneurism of the aorta; and here is a preparation exhibiting the same fact. In another case, a preparation from which I now pass round, the tumour ultimately burst into the cavity of the

pleura; but, I believe, the existence of the aneurism had never been suspected during the patient's lifetime, for there was no external tumour, and no pulsation perceptible.

When an aneurism is about to burst externally, a small conical eminence is usually formed at one part of the swelling: a kind of rising, or *pointing*, takes place, and the apex of the prominence becomes a slough. These conical risings, which I have seen, varied in diameter, at their base, from the size of a shilling to that of a sixpence. On the loosening of the slough, the patient begins to bleed; sometimes he is carried off suddenly by one immense gush of blood; but, in other instances, he is destroyed more gradually by repeated returns of hæmorrhage. When an aneurism is about to burst into a cavity invested by a mucous membrane, like the œsophagus, intestinal tube, or bladder, the aperture is generally formed by ulceration; but if it burst into a serous cavity, the aperture is not formed by ulceration, but by a sort of crack or fissure: this is what takes place on the peritoneum and pleura. In the skin, the aperture is formed by a slough.

All these circumstances have been well ascertained by pathologists; and you will find an excellent explanation of them in Mr. Hodgson's work, which is one of the clearest and best that has been published on the subject of aneurisms.

Here is a specimen of three small aneurisms on the root of the aorta, just above the semi-lunar valves; and one of them, small as it is, occasioned death by bursting and permitting the escape of the blood into the cavity of the pericardium. This case teaches you, that though the aneurism may be small, yet, when it is so situated, it is liable to break in an early stage, and produce fatal consequences. Here the pericardium was completely filled with blood, the action of the heart obstructed, and the patient lost his life. You see, it was the pressure of the effused blood on an important organ that caused death, and not the pressure of the sac itself.

## CLINICAL LECTURES

DELIVERED BY

DR. WILLIAM STOKES,

At the Meath Hospital, or County of Dublin  
Infirmary, Session 1832-33.

LECTURE XII.

*Hepatic Abscess—Use of Iodine—Painter's  
Colic—Gangrene of the Lung.*

GENTLEMEN,—The case presenting symptoms of hepatic abscess opening into the right lungs to which I alluded on a former occasion, has within the last few days been doing remarkably well. You will recollect, that the last time I spoke of this man's case he was in a very precarious state; he had constant and

harassing cough, with copious expectoration of puriform matter, extensive dullness of the lower part of the right side on percussion, and symptoms of a cavity in the lung, which we considered to be the fistulous opening through which the contents of the abscess were discharged. There was one peculiarity connected with this and other similar cases, and he stated that it had been invariably present during the progress of his complaint. When he assumed the erect posture he had neither cough nor expectoration, but when he lay on his back or one side a fit of coughing with expectoration came on. This is a symptom the nature of which is easily understood, when you remember that, in the erect posture, the matter cannot easily find its way into the lung and excite pulmonary irritation, and is one which has been frequently observed in these cases. Of late this man's appearance has been very much improved, his breathing is much easier, the remains of the tumour in the right hypochondrium are scarcely apparent, the lower part of the right side sounds almost clear on percussion, and, lastly, the phenomena indicating the existence of a cavity have been gradually disappearing. We have, therefore, gentlemen, a correspondence between the general symptoms and the local signs, and this is the best and surest mode of establishing a correct diagnosis. It will not be deemed too sanguine in me, under such circumstances, to hope for a favourable result in this case, particularly when you recollect, that the bursting of an hepatic abscess into the lungs is one of the safest modes in which the disease terminates. It is obvious, that, under such circumstances, particular attention should be paid to diet; we have been giving this man nutritious food to support his strength, we also prescribed an infusion of bark and diuretics to act on the urinary system.

There is one remarkable feature in this case which it is difficult to explain, namely, that of late the cough has become more troublesome, though the lung is getting clearer every day. It would seem as if the removal of the mucus and pus, which protected and sheathed the bronchial membrane from atmospheric contact, was a source of irritation. To remove this we have ordered him to take the extract of conium, and he appears to have derived considerable benefit from its use.

There is another case above stairs, under the care of Mr. Martin, on which I shall make a few brief observations. The patient is labouring under an attack of chronic bronchitis, producing an emphysematous state of the lung, and an obstruction to the free circulation of the right side of the heart. What renders this case interesting is that, in addition to the foregoing symptoms, the patient has a tumour in the right side which, on accurate examination, turns out to be an enlarged liver, but which very closely resembles that which would be produced by an empyema of the right side. Now, in cases of emphysema of

the right lung, where there is considerable dilatation of the air-cells, the dilating force may so act on the diaphragmatic floor of the thorax, that we may have a displacement of the liver as in empyema. But this does not militate against the value of this sign in empyema, because if it be *empyema* you will have increased dullness of sound on percussion, but if it be *emphysema* there will be increased clearness, and this is sufficient to form a diagnosis. Such is the case of this man, but there is this peculiarity attending it, that we cannot pronounce before death whether there is enlargement of the liver or not. In many instances of disease of the heart, sufficient to cause obstruction to the circulation of the right side of that organ, we have a mechanical subsequent enlargement of the liver, and in some cases dropsy and swelling of the jugular veins, so that we may be certain that there is distinct hyperæmia of the liver. It is of importance to be aware of this fact, and to hold in memory what many practitioners appear to forget, that there is some other cause for the dropsy besides disease of the liver, and that it is necessary to know that in some instances this disease is consecutive to obstruction of the circulation of the right side of the heart. I have known many instances in which there was a great deal of confusion on this subject, and much consequent disagreement amongst medical men. I have seen cases where the patient had disease of the heart and enlarged liver, and one practitioner said it was beyond doubt liver disease, another said it was disease of the heart. In such cases we have generally found that the facts stated by Andral were correct, namely, that the *size of the liver varied in proportion to the state of the circulation*. If you relieve the venous plethora the hepatic tumour will subside, but it will again reappear when the action of the heart is excited, and the obstruction to the circulation becomes excessive.

We have in the house at present several cases under the use of iodine, to which I beg your attention. I have alluded before to the case of a woman named Green, who has been in the Fever Ward under the care of Mr. Martin. This woman first had symptoms of enteritis and peritonitis, she then had diarrhœa and subacute peritoneal inflammation, and, in the last place, enlargement of the belly, and swelling of the lower extremities. We employed the antiphlogistic treatment, but finding that it did not answer our expectations, and that the dropsy still continued, we had recourse to iodine. We ordered her to rub in daily a certain proportion of an ointment, composed of ten grains of iodine and one drachm of the hydriodate of potass, to an ounce of lard, and to use the iodine mineral water internally. She has been taking these for some time, and, as you perceived, with very great benefit, the improvement was remarkable on the second day after she began to use it, for an immense flow of urine

took place, and the anæmia of the lower extremities began to decline considerably. We have very great reason to think favourably of the efficacy of iodine as a therapeutic agent in the treatment of dropsy. In consequence of its energetic action on the system, we have reduced the dose in this woman's case to one half of the original quantity taken, but the effect, as you may have remarked, continues the same. We are also giving the iodine solution in two cases of dropsy in the male chronic ward, and in both its administration has been followed by a copious diuresis. I think the form we employ, namely, the iodine mineral water, the most eligible and easiest mode of exhibiting this powerful medicine, as it is a more agreeable, and, I think, certain mode than any other. By dissolving one grain of iodine and ten of the hydriodate of potass in a quart of distilled water, you have a solution, which is easily taken, and acts with surprising efficacy in such cases.

Before I proceed to direct your attention to an affection of the lungs, which has terminated in gangrene and abscesses, I wish to say a few words on some cases of painter's colic, which you have noticed in the wards. Painter's colic is a disease which is not uncommon in this country; during this season we are seldom without a case of it in the hospital, but it appears to me that with respect to its nature a great many erroneous opinions prevail. Some persons maintain that it is a mechanical obstruction of the intestinal canal, depending on spasm of its muscular fibres; and indeed when you look at the affection superficially, this opinion seems very reasonable, for there is great pain, constipation, spasm of the abdominal muscles, and contraction of the belly in general, which appears as if it was pressed backwards towards the spine. The coincidence, then, of pain, spasm of the superficial parts, and contraction of the belly, with a state of obstinate constipation, would lead a casual observer to think that painter's colic was a mechanical obstruction, depending on spasm, and that the constipation was to be attributed to the same cause. This doctrine also has been further countenanced by the occasionally favourable effects of remedies calculated to remove spasm, as hyocyamus, opium, and tobacco. It is not, therefore, very extraordinary, that many persons are of opinion that painter's colic is spasm of the muscular fibres of the lower part of the digestive tube. Another class of practitioners, particularly those connected with the school of Broussais, maintain that this affection is nothing but an enteritis, or inflammation of the mucous membrane of the intestines, and to be treated as such, although this is not the theory of the founder of the doctrine. In the present state of medical science, we have not many facts in support of these opinions; painter's colic seldom proves fatal in this country, and in those cases where dissections have been obtained, the patients have died of

some other disease. We seldom examine the body of a patient whose death has been entirely occasioned by this disease, and hence it is only under the circumstances above mentioned that we have an opportunity of investigating its pathology. Andral has recorded some cases of this kind, where he had an opportunity of examining the intestinal tube, and you will find that he states that the canal was free from obstruction. The next point stated by Andral, and it is one which is decidedly established, is that in such cases there is either *no inflammation* at all or only a slight blush of vascularity, quite insufficient to account for the violence of the symptoms. So far, then, as pathological anatomy goes, we are neither to consider painter's colic as an inflammation of the mucous membrane of the intestinal canal, nor as spasm of its muscular fibres. Indeed, with respect to the former opinion, if you consider the case attentively you would be surprised if dissection should prove it to be an enteritis. We have, to be sure, severe pain in enteritis, but never so intense nor of the same character as in painter's colic. Again, in enteritis there is generally disease of all the coats of the intestines, and high fever. This does not occur in painter's colic; there is no indication of an active inflammation of the digestive tube, and we have no fever present. So far, then, as the subject under consideration goes, it appears that many persons have painter's colic without any appearance of intestinal disease, that in some cases we have a slight degree of vascularity or congestion, but not sufficient to account for the symptoms. What then is the real nature of the disease? It appears most probably to be a nervous affection of the intestines, and it is also likely that the spinal system is also engaged. There is another doctrine also with respect to painter's colic, which is by no means fully established, namely, that the lead is absorbed into the system, and produces an astringent effect on the mucous membrane of the intestines, giving rise to pain and constipation. That the nerves, or at least that the spinal cord is affected in this disease, we have direct proof from the paralysis of the arms, which so frequently occurs during the progress of the complaint, and from the circumstance, that this paralysis is frequently removed by means calculated to act on the spinal marrow. We do not, however, in those cases find on dissection any marks of inflammation in the brain or spinal cord, so that we must class this disease with that singular group of affections to which we give the name of *neuroses*, that is lesions of function without any perceptible organic change.

In this country we generally observe painter's colic appearing in two forms. In the first of these we have great pain in the belly and obstinate constipation, but there is no paralysis or affection of the senses. In the other form which is much more severe, the pains are dreadful, the constipation constant,



the retraction of the abdominal muscles very great, and after these symptoms we frequently observe convulsions of an epileptic character, partial or total blindness, or deafness and coma. These continue for a period more or less considerable, and then subside, and the patient recovers. We have had many cases in hospital where the disease proceeded so far as to cause blindness and deafness with convulsive fits, and we have observed that such cases were to be treated differently from those of the former class, and that it was necessary to modify the plan of cure according to the form in which the disease appeared. When the disease appears in the simple form, we trust principally to the use of tobacco injections and purgatives, and employ the hip bath as a most valuable auxiliary means. There is a great deal of benefit in such instances derived from the use of tobacco, which I believe was first employed by Dr. Graves in the treatment of painter's colic in this country. The next thing we have recourse to is catharsis, as it has been proved by experience to be very efficacious, and this is a fact worthy of notice. If painter's colic were, as some of the disciples of Broussais think, a case of enteritis, the purgative plan would not do, it would only aggravate the disease. But, what is the fact in cases of painter's colic? The mucous membrane of the digestive tube, so far from being irritated by the exhibition of purgatives, is capable of bearing enormous doses of medicine, and experiences the most singular benefit from their employment. This system of severe purgation is that which has been pursued for many years in the Hospital of La Charité at Paris with decided advantage. In this hospital we are in the habit of prescribing castor and croton oils with a small quantity of tincture of opium, and we find that as soon as the bowels yield the symptoms are altered for the better. In a few cases where the pain has been very violent, we have recourse to the lancet, not for the purpose of subduing inflammation, but in order to check the intensity of spasmodic action. We generally trust to purgatives as we find an improvement in the patient's symptoms generally succeed their operation, and we repeat them according to circumstances. As I mentioned before, where the spasms are excessive we derive much benefit from venesection, and I have seen several cases where we could effect no good with the tobacco enemata or purgatives until blood had been drawn. In the violent form of the disease, where there are deafness, blindness, coma, and convulsions, I believe we cannot lay down any fixed rule with respect to treatment. We have, however, pursued the following plan. The head is to be shaved and blistered, for we have found that much good may be done in this way. There is one curious circumstance which occurred in this hospital some time back, which I shall mention here. We had a patient with painter's colic, who was labouring under profound coma, and I determined to try

whether an opiate would increase or diminish it, from my strong suspicion that the coma was, like the other symptoms of this disease, unconnected with congestion or inflammation. We gave him a full opiate in the evening, and next morning he was found sitting up in bed quite free from coma, and with his sight and hearing (of which he had been deprived) completely restored. I do not intend to draw any conclusions from this single case, but I think it is an interesting clinical fact.

I now, gentlemen, draw your attention to a very important case of thoracic disease, and one in which we have been enabled to form a correct diagnosis by means of the stethoscope. You remember a man of the name of Crowley who was for some time under the care of Mr. Ellison. He was admitted with pulmonary symptoms, on the afternoon of the 13th, and having been seen shortly after his admission by Mr. Ellison, it struck this gentleman immediately that there was something very peculiar in the case, and that it was no common inflammation of the lungs. He therefore called at my house the same evening, mentioned the circumstance to me, and said that he considered it a case of extreme severity, and that it was either an intense and rapid pneumonia, or effusion into the pleura. I shall give an outline of the case to show you how correct he was in his suspicions. It appears that four days previously, that is on the 9th, this man had been in a state of extreme intoxication. Here I must remark that Crowley had been a temperate man until the appearance of cholera, when he lost his wife, and then fell into a nervous desponding state, to relieve which he took to drinking, and has been since that time in the constant abuse of spirituous liquors. This is no unusual thing, gentlemen, since cholera visited this city, for I have known many instances of persons, not only of the lower order, but also of the respectable classes in society, getting into a habit of drinking from a fear of being attacked by the epidemic. I know a gentleman, who as a preservative against cholera drank brandy every day in considerable quantities, increasing the dose until he brought on a dangerous hæmoptysis. However, the history of the present case is, that the patient in a state of intoxication fell into the canal, and having remained for some time in his wet clothes, was attacked on the next morning with great fever and pain in his right side. On the 11th he went to a dispensary when the nature of his complaint was overlooked; he got some useless and inefficacious medicine, and was then sent away.

The first thing which attracted Mr. Ellison's attention to this case was the extreme prostration of strength which the patient manifested on his admission. It was next observed that his sputa were of an extraordinary kind, and different from those commonly seen in cases of pneumonic inflammation. They were of a dark red colour, and floated in an abundant quantity of fluid, which bore a strong resem-

blues to bloody serum. You will recollect that I directed your attention to this circumstance on several occasions during the progress of the disease, and stated that I had never seen sputa of a similar character. Mr. Hodson mentioned to me, that he had seen something of the same kind in a case which afterwards turned out to be gangrene of the lung; but I believe it is a thing very seldom witnessed. The respiration in this case was extremely feeble and bad; there was constant pain in the chest; dulness on percussion over the whole anterior and lateral portion of the right lung, except at the upper part, where the sound was somewhat clear. The patient was blooded to the amount of a few ounces, had his chest cupped, and took calomel and opium. On the next morning we found him extremely ill. He had raved and tossed himself about in bed during the night, and moaned frequently. *The whole lung was now dull on percussion, and the upper portion of it, all of a sudden, presented the phenomena of hepatization without the occurrence of crepitating râle.* He had twenty leeches to the axilla, and, as he felt extremely low, a small quantity of wine. In the evening he was again visited, and found to be rather worse; his breath had become more decidedly offensive since morning, but it was not a mercurial fœtor, nor was it the smell which accompanies gangrene of the lung. His pulse had now become extremely rapid, and his respirations amounted to fifty in a minute. On the 15th he was found lying on his left side, his countenance sunk and ghastly, and his tongue very much loaded. The phenomena of the chest were the same except that *bronchial respiration was more distinctly heard*, and there was an extensive mucous râle at the root of the lung. Some time before he died we found a considerable gurgling and cavernous respiration in the lower part of the affected lung; and the diagnosis we made was, universal solidification of the lung, and abscess in its inferior portion. The patient sunk on that night; and, on dissection, our diagnosis was found to be perfectly correct. Here, gentlemen, you see the diseased lung; you perceive that it is extensively solidified, and that a very large abscess occupies its lower portion down to its diaphragmatic surface. Observe, the abscess is bounded below by the serous membrane alone, which separates it from the pleural cavity and diaphragm; and in the centre of this abscess you may perceive an extensive slough which I can remove with my finger. On making further examination, we found the liver enlarged, a circumstance which was taken notice of during life, and the mucous membrane of the stomach in a state of acute inflammation. Examine it for yourselves; it is an excellent specimen of gastric inflammation. Here is the cardiac orifice with its mucous membrane thickened and vascular; and here is the lower portion of the œsophagus with its cuticle softened and abraded. It is

necessary to notice these circumstances as connected with the history of the case, and the complete failure of the treatment adopted.

Gentlemen, this is a case of importance in many points of view. You seldom have an opportunity of seeing so recent a case of gangrene of the lung, or one which was marked by so rapid a fatality. In the majority of cases the gangrene is very much localised; nature makes an effort to set bounds to the mischief, and the patient does not die so suddenly. But, in this instance, the whole of the lung is struck, all at once, with severe inflammation and extreme congestion; it passes rapidly into a state of disorganisation: in addition to this, the patient has intense gastritis; and the combination of these two affections, in a system broken down by habitual intemperance, will easily explain the extent of the lesions discovered after death. The ordinary diagnosis of gangrene of the lung is drawn from the existence of a peculiar symptom, namely, the fœtor of the breath. To such as have not had an opportunity of seeing a case of gangrene of the lung, and becoming acquainted with the peculiar stench attending it, I must say that there is not perhaps another smell so dreadful. In this man's case the fœtor was also remarkable, but not to such an extent; and from this I am led to conclude, that the peculiar stench which accompanies gangrene of the lung only occurs when the disease has been of some duration. If this man had lived longer we should have perceived this smell; but he died before its occurrence, in consequence of the combinations of severe gastritis and extensive solidification of the lung, with the phenomena of gangrenous abscess. You perceive, then, that we may have gangrene in the lung without the characteristic fœtor of that disease, or, at least, without that peculiar stench which is generally known to attend it. Hence it was, that, in consequence of its absence, we only diagnosed abscess.

Every thing in this man's case strongly tended to point out the decided prevalence of a typhoid condition. In the first place, he had a constitution broken down by intemperance; in the next, he had several important organs simultaneously affected, and his fever and the condition of the lung were overlooked in the commencement, and permitted to attain an unmanageable intensity by neglect.

This case further illustrates two stethoscopic points. The first is, *the increase of bronchial respiration coincident with the formation of an abscess.* We have shown in the Report of this hospital, in the fifth vol. of the Dublin Hospital Reports, that the increase of bronchial respiration may arise from diminution of disease. Now, if in place of resolution we have permeability from an abscess, the same result will follow. The next point is, *that here we had a rapid dulness without preceding crepitating râle;* and yet the disease

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is not pleurisy with effusion, but solidification. We must, then, make this exception to Laennec's and Andral's diagnosis.

MEMOIR

OF SOME FACTS OBSERVED AT THE HOPITAL DES VENERIENS.

BY PHELIPPE RICORD, D. M. P., SURGEON OF THAT HOSPITAL, &c. &c.

Read at the Sitting of the Royal Academy of Medicine on the 6th March, 1833.

TRANSLATED BY ALEXANDER THOMSON, M. B. OF ST. JOHN'S CAMBRIDGE.

CHARGED with a numerous service at the Hôpital des Vénéériens I have been enabled, owing to the changes going on in my wards, to see a great number of patients, and thus to make observations that have led me to some results that I am about to submit to-day to the judgment of the Academy.

I think I can affirm that in a hundred of the female patients in the venereal hospital, sixty are affected with discharges, either acute or chronic \*; blennorrhœa however being much more common than blennorrhœgia.

Most of the patients affected with chronic discharges are only sent to the hospital by the dispensaries when they have some other syphilitic symptoms, either primitive or secondary. Thus, in the commencement, when we questioned the women on their entrance, and when we perceived the discharges under which they were labouring, they stated that they had had whites for several years, and that all the treatment hitherto employed had been unavailing. It would appear, indeed, that, in a great number of cases, an infinity of means having been unsuccessfully employed, all treatment had been abandoned in their case, and that they had been sent most commonly to the hospital with their blennorrhœa as soon as the other symptoms had appeared.

It is known, and daily experience confirms it, that the women, under the inspection of the police, treat generally the venereal disease with the greatest levity, and would not trouble themselves about it, if there did not exist dispensaries to arrest them when they become sinks of infection. This indifference we must say comes from the facts, that three-fourths of the symptoms occur in them without producing pain, or even uneasiness, and that they seek to protract as long as they can their debauches without troubling themselves about their treatment; this moreover being calculated to withdraw them for a longer or shorter

\* I have caused the *recensé* of these cases to be made by M. Chandru, élève interne of my service, to whose zeal and intelligence I gladly seize this opportunity of bearing testimony.

period from the exercise of their shameful calling, without however assuring them against a new infection, which frequently may supervene the day after their cure. Hence their repugnance at entering into the hospital, and their desire, when once there, to go out as soon as possible, cured or not. Every body knows, indeed, all the stratagems, all the means, frequently ingenious, they employ to lull the attention of the medical attendant, and to dissemble the symptoms that might retain them in the hospital, which they regard rather as a prison than as a place destined to restore to them their health. On the other hand, while these women long but for the day of their exit, the patients received in the civil wards earnestly demand to be retained until perfectly cured; these far from hiding a symptom, exert themselves to unfold the whole of them, and often, even not content with exaggerating those that exist, they bring forward such as are but the result of their terrified imaginations, or of a calculation for procuring a prolonged residence in the hospital.

In the midst of these difficulties, to frustrate stratagem and to avoid being imposed upon by deceitful complaints, the only thing to be done was to submit the parts of generation to a rigorous examination. To accomplish that, as had been done before me, I placed the patient on a bed, similar to that employed for the perineal operation for the stone, a bed serving likewise in the hospital for the excision of vegetations, and placing the pelvic limbs in a state of half flexion and of abduction, examined the genital parts with great care; but the examination could only be made on a great number, owing to the disposition of the parts as far as to a level with the *caruncula myrtiformes*, and in the remainder only to a little beyond them; so that, in this manner, more than the upper half of the vagina and the neck of the uterus escaped in this investigation, which, on the day of exit, was frequently to afford them, erroneously, a certificate of health.

Convinced of the insufficiency of this mode of examination, I determined no longer to allow a patient to go out without having examined her, not only exteriorly but interiorly, by aid of the speculum †, an instrument capable of rendering visible the most remote parts of the vagina, as well as the neck of the uterus itself. The means doubtless was not new, but its general and universal application was undoubtedly so. From that moment I could affirm, that it was no longer possible to establish a rigorous diagnostic in venereal diseases in women without having recourse to this means of examination. From that moment I explained to myself how women, reputed to be healthy, had communicated the disease, and how a great number, who had retained dis-

† I shall soon have the honour of transmitting to the Editor a description of M. Ricord's improved speculum, and the mode of applying it.—A. T.

charges, had remained permanent sinks of infection; from that moment I was enabled to study well blennorrhagia and bleorrhœa, and to determine the frequency of the different ulcerations, vegetations, &c. upon the neck of the uterus, or in the remote parts of the vagina.

The results I have thus obtained have induced me to conclude, that the dispensaries, established by the police for the public women, could only be illusory until such time as the patients should, without exception, be examined by the aid of the speculum; while, on the other hand, by employing this instrument upon all suspected women, and by no longer contenting ourselves with an external examination alone, *one might, by sending into the hospitals the great number that might be found thus diseased, and who previously would not have been suspected, prodigiously diminish the number of venereal diseases.*

I do not intend to treat here of all the local exterior characters of the general and sympathetic symptoms, of the complications, and of the progress of blennorrhagia, of bleorrhœa, of the different species of ulcerations, which all the authors have more or less accurately described; I mean only to indicate the points which have not been sufficiently dwelt upon, or which appear not to have been known.

The whole of the genito-urinal mucous membrane may be the seat of blennorrhagic discharge; this is a fact generally admitted in the present day; but some points in the extent of this mucous surface are much less frequently so than others. Yet the observation of two hundred patients has taught me that they are even more so than had been believed. I have been astonished indeed at the frequency of urethral blennorrhagia, and I never could conceive how Swediaur could even deny its existence, and how modern authors, of the highest merit, have considered it as *very rare*. It is true, that I have frequently been obliged to seek carefully for it; the pus remaining only a short time in a very short canal, placed obliquely in some patients, so as to favour its flowing out from the declined position of the meatus urinarius, and being, moreover, every moment, carried along with the urine, of which, in many cases, the emission is frequent, or appearing to come from the parts adjacent to the urethra. But bearing all the circumstances in mind, and making my researches at a favourable period, the indicator finger being introduced far back into the vagina, and made to compress the urethra from behind forwards, I have produced the exit of pus, or blennorrhagic matter, eight in twelve times. In the majority of cases, the affection of the vagina exceeded that of the urethra, but in some the urethritis seemed to predominate\*.

\* In all the cases, of which there was here question, there was, as may be seen, urethro-vaginal blennorrhagia, but since the reading

All the women having purulent discharges from the urethra at the same time as from the vagina, have told me that these have been communicated to them, none have referred them to whites (*leucs blanches*). Consequently, notwithstanding what has been said by some authors, the presence of urethral discharges may, in a great number of cases, throw light upon the diagnosis.

I have often found buboes, in an acute state, coincident with urethro-vaginal blennorrhagia, when there existed neither chancres † nor ulcerations upon any other point of the genital parts. Hitherto I have not found the same coincidence between vaginal discharges alone and buboes.

On examining the vagina, in the acute stage, with the speculum, I have found,

First. The mucous membrane only redder than normally in the whole of its extent.

2ndly. In some patients this redness, accompanied with much heat, sensibility, and a species of tumefaction, may be referred to what Fabre called erysipelateous gonorrhœa, (*gonorrhée erysipelateuse*), and we have seen it terminate by a species of resolution, without giving rise to any secretion; but, in the majority of cases, it has been the precursor of the discharge.

3rdly. In several women there existed prominent patches, varying in size, and of which the redness was very marked, and abruptly terminated, while the rest of the vagina preserved its normal colour, of a more or less pale rosy hue.

4thly. In some the mucous membrane of the vagina presented a crowd of reddish papule; in others it was only spotted.

5thly. These different states, however, coincided with vaginal secretions of different kinds; some transparent and mucous, others serous and reddish-brown; finally, others purulent.

6thly. In some of those in whom the discharge was reddish-brown, it sometimes became sanguineous; but then there was an absence of the epithelium on the reddest parts; there was in these parts erosion of the mucous membrane, still these erosions most frequently gave rise to a purulent discharge.

7thly. In one patient, of a marked lymphatic temperament, we found in an acute

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of this memoir I have seen two cases of blennorrhagia, purely urethral, the vagina being perfectly healthy.

† From experiments made recently by M. Ricord, and of which an account will soon be transmitted, there is reason to believe that this observation is incorrect in a general sense. Buboes, it is true, occur with blennorrhagia, when no chancres can be traced, but in most cases it is more than probable that they are merely phlegmonous, and in many cases are actually extra-ganglionic.—  
A. T.

vaginitis, the vagina carpeted with fleshy granulations, similar to the *luxuriant* granulations that are developed upon scrofulous wounds; this patient was affected with a very abundant purulent discharge. We have found in several patients affected with purulent discharges this state less developed, and appearing to depend upon a development of the inflamed mucous follicles.

8thly. Three patients affected with recently commenced purulent discharges, and sent to the hospital as having blennorrhagia, had ulceration of the vagina, of from three to six lines in diameter; ulcerations of a slightly funnel shape, with abrupt edges, and a greyish bottom. There existed nothing upon the external parts of generation.

9thly. The different lesions we have just indicated as existing in the vagina, we have also found upon the mucous membrane of the neck of the uterus, which in a great many cases has appeared to us to be alone affected; sometimes, however, the portion of the vagina immediately covering the os tincæ, was at the same time affected, but in a very marked manner, so that in uncovering the neck of the uterus by the aid of the opening speculum (speculum lorite), one might have thought he had been looking at a gland, and its prepuce affected with balanitis. It is known, moreover, that Hunter has compared blennorrhagia in women to balanitis in men.

10thly. With inflammation of the mucous membrane we have often found the neck hypertrophied, and in some cases, the body itself of the uterus has appeared as if slightly swollen; the secretions furnished by the mucous membrane of the neck have been the same as those of the vagina.

11thly. But in many patients who had, on their arrival at the hospital, puriform matter at the entrance of the vulva, without there having been symptoms of inflammation of the internal genital parts, patients who made the date of their discharges remount but a few days, the vagina has been found healthy in its whole extent, while the os tincæ, swollen and red round its orifice, permitted puriform mucosity to escape in very great abundance; in these cases, however, as Brugnone has already indicated, the blennorrhagia seemed to be solely uterine.

12thly. An observation we have made upon more than a hundred patients is, that the uterine secretions simply mucous, or mucopurulent, which are so frequently met with in the other affections of the vagina or of the uterine neck, and which are frequently designated under the name of whites (*fleurs blanches*), have always a glairy or white-of-egg consistence, that is to say, that they are united together in flakes\*, which distinguishes them

from those of the vagina, which appear not to be agglomerated together.

13thly. In the acute state, I have found upon the neck of the uterus ulcerations seated, nineteen times in twenty, at the orifice, and once in the same number upon the circumference of the neck, more or less close to the blind sac with which the vagina surrounds superiorly the os tincæ. Of these last, of which I have six examples, four were seated upon the anterior and two upon the posterior face. It is conceivable, indeed, that if these ulcerations have been the consequence, as I think, of direct infection, that they must more readily have been produced upon the anterior than upon the posterior face, the public women presenting rather frequently a little anteversion, whence it results, that the posterior face of the neck is directed upwards, while the anterior face placed below, comes in contact with the penis, which tends itself to produce this turning backwards of the orifice, as has been observed by M. Lisfranc, to whom we are indebted for so many important facts upon the diseases of the uterus.

14thly. But the ulcerations we find so frequently upon the neck of the uterus, whatever may be their precise seat, may be eighteen in twenty times referred to the prominent ulcer (*ulcère saillant, ulcus elevatum*); frequently they are a species of fleshy granulations united together in groups; finally, in one patient, there existed true pustules, having a white, and, as it were, pappy summit. In some there was erosion of the mucous membrane, similar to that we have remarked as existing in the vagina; but finally, in others, and we possess six cases of them, ulcerations near the orifice running into the cavity, or placed upon the circumference of the neck, have presented us with all the characters attributed to true syphilitic chancres. It must be again called to mind here, that in these patients no exterior symptoms and no alleged uneasiness existed, that could have led to a suspicion of the existence of these lesions.

If we leave the acute to occupy ourselves with the chronic state, we find,

1st. This very remarkable fact, that in vaginal blennorrhagia the posterior part of the vagina is more affected than its anterior part, while most commonly the contrary occurs in the acute state.

2ndly. In some patients, the vaginal mucous membrane, as it were granulated, furnishes a milky secretion, spotting the linen with white

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with me that the term is badly chosen; but the fact is, that neither the English nor French language has a single and powerful word for expressing this appearance. I have seen the secretion upwards of a hundred times, and think it may be characterised well, as having a white-of-egg appearance, and being found in larger or smaller tenacious elongating drops or masses.—A. T.

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\* The French word here is *Macous*, but M. Ricord, the author of this paper, and who has kindly examined the translation, agrees

stains, a secretion, which becomes, as it were, caseous in others, particularly when it remains in contact with the air, or when it is about to become evanescent; seen round the neck of the womb, it much resembles the sebaceous secretion met with in man between the glans and the prepuce; this state may be referred to the whites.

3rdly. The vaginal mucous membrane permits also of the varying of a serous fluid, likewise spotting the linen with white stains, having sometimes a brown margin.

4thly. But most frequently in blennorrhœa, in those women we have examined, the vaginal secretions were purulent, yellowish, or greenish; in these cases the mucous membrane has been sometimes pale, and uniformly smooth, at other times thickened in different points, as it were deprived of epithelium, frequently woolly, reddish, as it were softened, and comparable to the conjunctiva in cases of chronic ophthalmia, or of eversion (*éraillement*) of the eyelids; this woolly state was particularly very remarkable in a patient in whom, each time we passed even very slightly the charpie brush over the neck, in order to remove the mucosity, it bled with the greatest facility, without there being, however, ulceration. This woman had at the same time a purulent vaginal secretion, and a very abundant purulent uterine catarrh.

5thly. Two patients have presented some patches in the posterior and most remote part of the vagina, much redder than the remainder of the mucous membrane, bleeding with facility, and giving rise to a purulent secretion. These patches were very superficially ulcerated, and led me to believe, previously to an examination by the speculum, in the existence of a slight uterine hæmorrhage.

6thly. With blennorrhagia we have found granulated vegetations, stalked vegetations, true cauliflower excrescences, upon all the points of the vaginal region of the uterus; sometimes the vagina alone has been affected; sometimes the neck of the uterus has been alone the seat of them; a more or less puriform and chronic discharge was the only symptom. In one of these patients, there existed, at the base of a vegetation, placed at two inches behind the myriform carunculæ, a deep ulceration, with abrupt edges, but elongated, irregular, and appearing to be the result of laceration; in a word, one of those chancres called mechanical.

7thly. In the chronic state, and in the greater number of patients, we have found uterine catarrhs; the mucosity coming from the orifice was always transparent, and similar to the white of egg; the mucous membrane of the neck was most commonly pale, and free from swelling of the *os tincæ*; sometimes the mucosity was of a line, and in those cases there was frequently redness upon the neck, or even slight ulcerations of the orifice; in other cases, finally, the neck was red and hypertrophied; there existed erosions round

the uterine orifice, or else true ulcerations, either prominent or deeply depressed, like those of which we have already spoken above.

8thly. In one patient, who had had many children, and in whom the neck was very much developed, and had a very large orifice, nothing was seen at the exterior; but on separating the lips of the *os tincæ* by the aid of the opening speculum, ulcerations were perceived upon their interior face, which ran into the cavity of the neck.

9thly. All these different ulcerations have appeared to us as the most frequent source of the never-ending discharges, of which the deceitful name of whites does not hinder the contagious nature.

10thly. Finally, in some women, the purulent mucosity coming from the uterine orifice, has been the only appreciable symptom.

Two morbid examinations, made by me at the Hôpital des Vénéériens, yielded me the opportunity of dissecting, in a woman thought to have been affected with blennorrhagia alone, a rounded funnel-shaped ulceration, with abrupt edges, with a bottom that was blackish upon the dead body, with an indurated base, and seated at about an inch and a half behind the carunculæ myriformes; in the other, two other ulcerations having the character of the preceding, without the form, which in these was irregularly elongated, one upon the anterior lip of the *os tincæ*, the other ascending into its cavity; the latter, however, was a little rounder. In these ulcerations, and in the indurated tumour (engorgement) of their bases, nothing bore resemblance either to cancer or to scirrhus.

As to the contagion of the different lesions we have rapidly enumerated, the following is what we have up to this period had occasion to remark:

A girl sent by the police, already treated for more than a month back for a prominent, but not very extensive ulceration of the left commissure of the lips of the *os tincæ*, having at the same time a slight opaque uterine catarrh, slightly purulent, without very marked vaginal secretion, was examined by the aid of the speculum on the day of her exit. The vulva was found healthy, as well the adjacent parts and the vagina; the neck of the uterus was likewise healthy, and normal in bulk. Only the ulceration of the orifice was not completely cicatrised; there remained a point of the magnitude of the head of a large pin, which appeared to us, however, on the point of cicatrisation; the mucosity escaping from the uterus was transparent. The patient was considered erroneously as cured, and I dismissed her. A student in medicine, one of my *élèves*, who had formerly had connexion with her, and who had seen no woman for a long time, had at the moment of her exit connexion with her again, and contracted an *ulcus elevatum* at the base of the glans, and a bubo. The patient returned to the hospital the next day; we examined her carefully by aid of the spe-

culum, and we found nothing at the exterior or at the entrance of the vulva; the vagina was also healthy, but the neck of the uterus was red; it appeared a little swollen; the cicatrix of the ulceration was ruptured, and the ulceration itself, doubled in extent, secreted a puriform matter. The patient was retained in the hospital, and afterwards dismissed perfectly cured.

A woman, recently entered into the civil wards, affected with deep ulceration of the uterine orifice, but not much extended in surface, and giving rise to a purulent discharge, without there being any thing at the vulva, or in the vagina, told us that her husband had a chancre; this man happening to be also at the Hôpital des Vénériens, we were enabled to determine the existence in him of a chancre of the meatus urinarius.

Three patients, two in the civil wards, and one in those of the police, affected with purulent blennorrhœa coinciding with red and ulcerated granulations of the uterine orifice, but without chancre of the vulva or of the vagina, have told us spontaneously in praying eagerly for their cure, that whenever they had connexion with men, they communicated to them very intense blennorrhœa, but never chancres. In taking a retrospect of the facts we have observed during the space of six months upon a hundred and sixty patients, renewed every eight days, we have found,

1st. That the vulva was more frequently affected in blennorrhœa than in gonorrhœa;

2ndly. That in chronic discharges, the deep-seated parts of the vagina, the neck of the uterus, and its cavity were on the contrary more frequently diseased;

3rdly. That the different ulcerations were most frequent in the parts of the vulva situated anteriorly of the carunculæ myrtiformes, then upon the neck of the uterus, and lastly in the deep-seated parts of the vagina;

4thly. That vegetations were met with in the following order; on the vulva, the vagina, and the uterus;

5thly. That the different lesions, in the acute state may exist at the same time in different points;

6thly. That acute affections associated with others pre-existing and chronic, were speedily cured, without the latter having been influenced by them;

7thly. That in some cases, on the contrary, the chronic state was rendered more intense by the recent disease, which most commonly rendered the case more serious.

8thly. That the different lesions tended to produce similar lesions by contagion\*, and

\* M. Pailoux, a very distinguished *interne des Hôpitaux*, who has been attached to my service, has collected carefully, in the men's wards and in those of the women who are under my care, some very valuable observations on this subject.

that at least, in the present state of our knowledge it must not be admitted that a simple blennorrhœa in a woman † can give rise to chancres in the man.

9thly. Finally, that a woman affected at the same time with blennorrhœa and with chancres, may, by having connexion with several men, give blennorrhœa alone, chancres alone, or these two affections simultaneously.

In coming to some points of treatment of the different lesions, of which the vulva, the vagina, and the uterus, may be the seat; permit me to say, that placed in the venereal hospital without preconceived ideas, and without any exclusive system, my intention is to observe rigorously the facts, profiting at the same time by the modern theories and the experience of the old observers.

Not admitting with Duran, so justly blamed by Fabre, that all discharges in women, acute or chronic, are of a syphilitic nature, and that there are no whites, whatever may be the period of their origin, that do not depend upon a venereal principle, I think it however prudent, even though it should be thought with Hernandez, that gonorrhœa is not identical with the pox, to regard with distrust every abnormal discharge proceeding from the vulva, particularly in public women, in as much as these discharges, of whatever nature, are generally contagious‡. But while we desire that every discharge should be carefully treated, admitting with Bell and others, that local treatment is the most efficacious, and ought to be placed in the first rank, we employ one which has in it nothing specific, nothing applicable rather to the syphilitic than to any other principle, and which we may, by modification, apply to all cases, leaving the particular principle, or the special complications of such and such a discharge to be subsequently combated by general means.

In the acute stage, whatever may have been the symptoms or their cause, antiphlogistics have succeeded well with us; but we have particularly derived great advantage in many circumstances from bleeding from the arm, so much and so deservedly recommended by our master and friend M. Lisfranc. Indeed, as he has so frequently proved in his clinical lectures, bleeding from the arm in diseases of the pelvis, particularly in those of the uterus and of its appendages, is far preferable to leeches applied to the neighbourhood of the diseased parts. However, when leeches have

† It will be seen by M. Ricord's next paper on the inoculation of *pox matter*, that there are gonorrhœas which cannot produce chancre even on inoculation, and that it is highly probable that no gonorrhœa can do so if it be not accompanied by a manifest or hidden chancre.—A. T.

‡ By contagious, M. Ricord here means what can produce gonorrhœa, as he informs me, for he thinks now that nothing but contagious matter can produce chancre.—A. T.

been requisite, we have caused them to be always placed for diseases of the vulva, of the vagina, and of the uterus, above the ligaments of Fallopius, and for those of the anus and of the rectum, upon the sacral region. In this manner we avoid the virulent secretions of the genital parts or of the anus coming in contact with the leech bites, and transforming these into very tedious and very difficultly curable ulcers, which frequently occurred to us in the commencement, when we caused the leeches to be applied in the fold of the thighs, or around the anus in patients affected with virulent discharges.

Again following the principles of M. Lisfranc, we have preferred having recourse to entire baths, they are generally more useful than seat baths, which frequently produce congestions in the pelvis.

Emollient injections are sometimes hurtful on account of the introduction of the extremity of the syringe; we replace them in such cases by charpie steeped in emollient injections placed at the entrance of the vulva, and frequently renewed, for the heat of the parts speedily renders these decoctions sour, and gives them irritating properties.

I shall dwell no longer upon what regards the acute stages of discharges, or of other lesions of the genital parts; my intention, I repeat, is not at present to make a treatise, *ex professo*, but only to indicate some points which have appeared to me deserving of attention.

As soon as the acute stage has been overcome, as the introduction of the speculum without pain is possible, the vagina and the neck of the uterus must be examined, in order that we may know whether there does not exist some indication to fulfil, such as excisions of vegetations, cauterisation of these same vegetations when they cannot be cut, cauterisations of the different deeply-seated ulcerations, and finally, treatment of the vaginal and uterine discharges.

For the examination of the vagina, an *entire*\* speculum, of a bulk proportionate to the parts, is preferable: it allows of all the vaginal mucous membrane, which unfolds before it as it is pushed forwards, being seen; but for the examination of the neck of the uterus, the opening speculum is better adapted; for it has happened to me, with the entire speculum, not to have seen ulcers seated upon the posterior face of the neck of the uterus, or to permit other ulcerations seated in the blind sac of the vagina around the os tincæ to escape my notice, or even not to have been able to see the os tincæ in the aperture of the instrument.

An observation that we have very frequently

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\* M. Ricord has since found by experience that the opening speculum is even preferable in this case, and now never uses the entire speculum.

had opportunities of making it, that the neck of the uterus, examined with the opening speculum, has not the same appearance or the same form as with the entire speculum. Attention must be paid to these differences, for, with the first instrument, the os tincæ may appear hypertrophied, while, with the second, it will present its normal bulk.

The following, after all, is the local treatment that enables us to dismiss, cured, the greater number of women affected with ancient and obstinate, simple or complicated, discharges, with lesions of the vagina, of the os tincæ, and, in some circumstances, with lesions of the uterine cavity.

I have almost generally renounced injections. Before we were so scrupulous in our examinations and in our dismissals, the women, paying little attention to their discharges, never gave themselves the trouble to make these injections. Since they have been convinced that they will not quit the hospital until they are perfectly cured, they have submitted to them, for the most part, with regularity, but, in the greatest number of cases, without any conceivable satisfactory results. In many patients, the injection does not reach so far as the neck of the uterus. M. Parent du Châtelet has told me, that he had assured himself of this fact, by placing upon the os tincæ a plug made of charpie, and causing, subsequently, a coloured injection to be administered, which did not stain the charpie. I know, however, that injections may be made to arrive at the most deep-seated parts of the vagina, by placing the pelvis so that its superior may become momentarily its most declined part; but even though injections may be well administered, the liquid remaining in the place too short a time acts but little, or even not at all; hence I have given the preference to the permanent application of liquids by means of charpie † imbedded with them—charpie that I make to bear upon all the diseased points of the deep parts of the vagina, and which I leave in place from twelve to twenty-four hours, according to the state of the parts and the greater or less abundance of the secretions. Then we have vaginal discharge without lesion of the mucous membrane. If that discharge is not great, a plug of charpie, steeped in a concentrated solution of acetate of lead ‡, is introduced into the cavity of the vagina by aid of the entire speculum, and it is not replaced until the expiration of twenty-four hours. The

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† Some persons have employed sponges.

‡ The ordinary dose of acetate of lead for the solution used by M. Ricord is half an ounce for a pound weight of water, in cases where the acute state is recently passed, and one ounce to a pound in chronic cases. We give the preference to this liquid in most cases; however, all those that have been recommended may be employed in the same manner.



discharge, is it abundant? The plug placed in the same situation is renewed twice a-day. A great number of patients whom we had caused to take astringent injections of every kind for a long time without success, have gone out cured after fifteen days' continuance of this treatment alone, aided by repose and regimen. The mucous membrane, is it covered with prominences similar to pale spongy unhealthy-looking granulations? Is it softened and woolly? The introduction of a plug of charpie, steeped in a mixture of twelve parts by weight of water to one part of acidulous nitrate of mercury, and left, according to circumstances, ten minutes, a quarter of an hour, half an hour, an hour, or even more, to be subsequently replaced by a plug steeped in a concentrated solution of acetate of lead (*Eau Blanche* of M. Ricord), has frequently well succeeded with us. For the time of leaving off the diluted acidulous nitrate of mercury, we must here take into consideration the condition of the parts, and leave it so much less time as we have to deal with more irritable women, and an adjacent lesion in an acute state; otherwise more irritation than may be desired for giving a spur to the chronic state may be induced, and thus more harm than good may be the result.

Have we ulcerations of the vagina or uterus to treat? Very frequently the dressing, with the acetate-of-lead plug placed upon them, suffices to induce their cicatrization. Are they accompanied with induration and swelling of the parts on which they are seated? Small revulsive bleedings are very efficacious. Are they atonic? Whether they be prominent or depressed we cauterise them with the pure acidulous nitrate of mercury, directed upon them by aid of the charpie brush: this has appeared to us preferable to every other caustic. As soon as the cauterisation is accomplished, we place upon the cauterised points some charpie imbibed with the solution of the acetate of lead, and changed every twenty-four hours, or oftener, according to the state of the suppuration.

Ulcerations of the neck of the uterus being, as we have already said, frequently accompanied with uterine catarrh, it happens that the mucosity coming from the orifice of the uterus falls, on account of its more declining position upon the posterior lip of the os tincæ, and covers the ulcerations that may be found there. When we desire to cauterise those ulcerations, as has been observed by M. Lisfranc, we only touch the mucosity; this must, therefore, be previously removed, which is sometimes easy by means of a charpie brush, or by a long pair of pincers, which I have caused to be made for the purpose; but, in some circumstances, these means being insufficient, I direct a charpie brush, steeped in the acidulated nitrate of mercury, upon the mucosity, and thus coagulate it. Removing it thus coagulated, by the aid of the pincers, I cauterise, with the greatest regularity, the ulcerations thus laid bare.

In upwards of sixty patients, in whom we have cauterised ulcerations seated upon the neck of the uterus, we have never had the least accident. Four or five patients at most have experienced a slightly burning sensation\*.

The cauterisations have been repeated every six or eight days, care being taken not to apply them during the menstrual period. We have never yet practised more than ten in the same individual, and have thus dismissed, cured, women who might have been deemed incurable.

Uterine discharges that are transparent, and which constitute simple whites, have often disappeared, or have much diminished, when the ulcerations that existed upon the neck have been cured. Some uterine discharges, opaline and even purulent, have in like manner disappeared with the ulcerations of the neck; but in five cases the purulent discharges existed alone; and appearing to depend upon atonic ulcerations of the cavity of the neck, we have attempted dilute injections of the acidulous nitrate of mercury into this cavity, in the manner already indicated. Three of these discharges have been radically cured, two have only become transparent and less abundant.

The following is the process I employ:—a double-barrelled syringe contains in one of its parts the dilute acidulous nitrate of mercury †, and in the other, pure water. Its pipe, also double, is adaptable to a gum elastic catheter, open at its two extremities. The free extremity of this catheter, smeared with some greasy body, is introduced into the cavity of the neck of the uterus, into which about a teaspoonful of the dilute acidulous nitrate of mercury is then injected, allowed to remain for one minute, and then to be expelled by the injection of the water, without the syringe requiring to be displaced, or the instrument to be changed.

All the patients injected have experienced immediately afterwards, or only after the lapse of some hours, pains in the loins, and a little heat in the hypogastrium; which have been dissipated by seat baths. These unfavourable signs were calculated to frighten us at first, but have never been followed by serious symptoms.

Two patients have had five injections, the others three or four. These injections have only been made at eight days' distance from

\* Since this M. Ricord informs me, that he has cauterised upwards of 300 women on the neck of the uterus, or os tincæ, with success, and without any serious consequences. I myself have seen him cauterise upwards of a hundred without any dangerous consequence. Care must however be taken to have the charpie brush free from drops that might fall upon the vagina, and do considerable injury by exciting unnecessary irritation.—A. T.

† One part by weight of acidulous nitrate of mercury to twelve by weight of pure water.

one another. The solution of acetate of lead has been successful with us in several cases of transparent uterine catarrh.

We here terminate a labour, doubtless very imperfect, but which we have been anxious to present to the learned Academy, which has done us the honour of listening to us, as an engagement entered into with it to communicate to it the result of all our observations, in order that its enlightened criticism may turn us from the path of error, if we are likely to fall into it, or that its approbation, when we shall have merited it, may reward us for our labour.

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A TRANSLATION OF BARON ALIBERT  
ON DISEASES OF THE SKIN.

BY SAMUEL FLUMBE, M.R.C.S.  
(Continued from page 208.)

SPECIES 4.—*Teigne Amiantacée*.—*Tinea Asbestina*.

This form has no crusts, but shining silvery scales, which by their concretion harden and unite the hair the whole length in parcels, and its silky and delicate appearance causes it to bear a striking resemblance to asbestos.

It is easily known at first sight, but as it is very rare, it is not astonishing it has escaped the observation of my predecessors; we must at least presume, that if some medical men have met with it, they have after a slight examination, confounded it with the furfuraceous scald head. It generally occupies the upper and fore-part of the head; it is particularly characterised by very small fine scales, of a silvery and mother-of-pearl appearance, which surrounding the hair, do not resemble amiss that thin and transparent pellicle with which the feathers of young birds are surrounded when they are first hatched, or rather that substance, called by naturalists, asbestos.

Such are the principal physical characteristics of the amiantous scald head. When the hair, thus hardened with this scaly matter, is cut with the scissors, the skin appears furrowed; it is red and inflamed, but much less so than in the forms before described: the itching is inconsiderable, as this *teigne* is almost always dry; it does

not emit any perceptible smell. The following case will serve to complete this description.

CASE 1.— — Bard, aged 28, had a mother, who was afflicted with a disease similar to the one about to be described: in his infancy he had neither the croup nor crusta lactea. He had four brothers, three of whom enjoyed good health, the fourth, who was the youngest, experienced an analogous affection. Five years since he got the itch; he was attended by a quack, who rubbed him with a pomatum, of the composition of which he was ignorant; he was cured quickly enough, but since that period he has felt, at every change of season, an itching, more or less smart, principally about the knuckles; this state lasted some weeks. It is about fifteen months since he met with violent vexations, and was tormented by two passions, equally strong, love and jealousy. In the winter of 1805, on getting out of bed, he used to wash his head every morning with cold water, one day several pimples showed themselves on the crown, accompanied at intervals by tolerably smart itching. Every time he scratched he excoriated them, and caused a greyish humour to flow, which, by drying in the hair, was converted into scaly scabs, and, as these scabs came off, they were replaced by new ones; for thirty days the patient took Bellose's pills as well as a common purgative, notwithstanding the disease in question made rapid progress. This was his condition when we first saw him. The disease occupied all the upper part of his head, from the front to the back, and, transversely, it spread from one temple to the other. In some places were yellowish crusts, that there was some difficulty in pulling off, and you then perceived the ulcerated scalp. In the rest of the space, occupied by the disease, the hairs lay in their natural direction; they were glued together in such a manner as to form a sort of cap. From the basis of the hair there arose small *flakes*, of a silvery white,

more or less long, separated from each other by a kind of striæ. When these waves were taken off there were furrows more or less deep; the *tout ensemble* of the flakes, separated from the hairy skin, resembled the natural appearance of the asbestos (*asbestinum*), the resemblance was so striking that almost all the spectators were deceived by it. The patient was cured by a mixture of sulphur and cerate; it was necessary to continue this application for several months.

*SPECIES 5.—Teigne Muqueuse.*

This teigne has yellow crusts, which are easily detached from the scalp, furnishing a mucous matter, which hardens and glues the hair in lumps and layers. This disease does not confine itself entirely to the head, it sometimes extends to the forehead, face, and about the temples and ears.

It has been very inaccurately described by my predecessors, the greater part have confounded it with the milk rash, but it differs visibly in its exterior characteristics, and the great intensity of the symptoms which accompany it, in short, the affection, known under the name of *croûte lacteuse*, is generally only a mass of squamous or furfuraceous crusts, white, most often dry, rarely wet. It only attacks children; the mucous teigne, on the contrary, is so violent, on account of the symptoms it brings with it, that it is dangerous to allow it to proceed uncontrolled. It shows itself during the two first years of childhood, and I have seen it frequently where the milk has been bad, or combined with an imperfect and laborious dentition. I have also observed it in children born of scrofulous parents, or who were subject to other diseases of the lymphatic or cutaneous system. This affection, which I am now describing, is generally characterised by superficial ulcerations, which occupy more particularly the scalp of children, but it also extends to the forehead, temples, ears, and sometimes body, arms, and thighs, as I have remarked at the hospital of St. Louis. These ulcer-

ations are of a very sharp nature, furnish a mucous matter, which runs from all parts, and resembles spoilt honey; in some cases these ulcerations dry entirely, by coming in contact with the air, or through the influence of the heat, and form crusts of an ashy colour, or as yellow as wax, offering sometimes even a green shade. I have observed the origin of these ulcerations, and they begin in a very different manner: sometimes the pustules are large, sometimes small, sometimes they are sharp vesicles, which contain a transparent liquid of a yellowish white; sometimes there are abscesses, which occasion fever, and cause so painful a distension, that I have been obliged to open them in order to facilitate the outlet of the liquid they contain. The pustules or vesicles break spontaneously, or are broken by the child in scratching. The viscous liquid they contain turns to soft crusts of a yellow straw colour, often mixed with a reddish tint, but a new humour flows every moment from these same sources, we have even seen the nasal mucus flow in such abundance from the nasal holes, that the child's breath was quite oppressed by it. There are places in the head which do not show the particular ulcers we have already mentioned, but where the cellular structure swells and rises so greatly as to cause inequalities and bumps, more or less considerable. These swellings insensibly sink through the rupture of the neighbouring vesicles, or give place to different suppurations. Sometimes this cellular and cutaneous tumefaction arrives to such a degree of intensity, that the ears acquire double their size. It is then especially that a state of phlogosis, of redness, and extreme tension shows itself along the cheeks, and over almost all the face. Nothing can express the violence of the itching to which these children are a prey, when their heads are uncovered and exposed to the air it is still more violent. Then they toss their heads eagerly against their shoulders, and if their hands are free

they hasten to scratch themselves with an eagerness, which shows the delight they experience from it. Through the effect of this general irritation the greatest part of the head is deprived of hair; the naked skin is of a rose colour, but the inflammatory symptoms are less than in the forms already described. The texture of the skin is shining, because it is constantly damp, and often stained with a mucus of a caseous appearance. The smell it emits resembles sour milk. It is more or less offensive according to the degree of intensity of the symptoms. I have observed several changes in the manner of children during its different stages; when the crusts are dry, and ceased to be bathed with mucus, they are mournful, silent, uneasy, and look ill. On the contrary, when this excremental matter flows with abundance, when it waters and penetrates every part of the scalp, their faces are lively and their functions are perfectly regular. My general remarks will show the conclusions that must be drawn from this circumstance. I have, however, seen the mucous scald head make such advance and exhibit such serious symptoms, that children have fallen into a kind of consumption, have become very thin, their eyes hollow, &c.; in short, at the height, the debility induced by it gives occasion to the development of other diseases of a dangerous nature.

**CASE 1.**—I had occasion to observe at the Hospital St. Louis, Joseph Buisseret, aged twenty months, who was afflicted with a mucous teigne; this affection showed itself at a time when his nurse had just undergone great troubles, her husband had been carried to prison, she was then seriously ill, and was even delirious, though this lasted but a short time; notwithstanding this unfortunate accident she continued to suckle the child till her milk was entirely exhausted; the child almost immediately had its head covered with yellow thick crusts, having no determined form,

wetted with a considerable quantity of very foetid ichorous matter, which flowed from small ulcers, with which the scalp was strewed; these crusts came off easily by the application of emollient lotions. The head was then red, bloody, and stripped of the epidermis. This child had an illness, caused by teething, and during this time the disease of the scalp entirely disappeared.

The description of the mucous scald head I have just drawn, and the observations which accompany it, ought, I think, to distinguish it from that slight affection, commonly known under the name of the crusta lactea. This indeed is only common to children at the breast, and does not last longer than the time of suckling. It is only characterised by slight furfuraceous white scales. The *T. muqueuse*, on the contrary, has extended crusts, yellow, ashy, or of a red brown colour, very firm, and covering the head like a cap. It excites an itching much more violent than the crusta lactea, and emits a more foetid humour. Another thing, in which the mucous scald head differs from the other species, is in its attacking less deeply the scalp, in appearing rarely beyond the age of four years, and in the ulcers being always wet, which appears to us completely to justify the denomination we have given it.

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CASE OF TRAUMATIC TETANUS SUCCESSFULLY TREATED.

BY A. C. BALDWIN, M.D., OF GEORGIA.

ON the 7th of January I was called to see a negro boy, aged about six years. On examination, I found he was labouring under tetanus. His body was bent back by the spasmodic contraction of the muscles, forming that variety of the disease called *opisthotonos*. A splinter in the foot was the only cause to which the origin of the affection could be attributed, and this had been removed on the day preceding my visit. The wound had suppurated, and on being opened the splinter had been discharged.

Aware of the great torpor of the bowels in tetanic affections, I determined on the exhibition of a cathartic as soon as possible, with the hope of securing all the advantage which could be derived from early purging, before administering the usual remedies employed in such cases. A combination of equal parts of the oil of turpentine and castor oil was accordingly directed in doses of a tablespoonful, frequently repeated. A blister was applied to the spine, and the foot was enveloped in a ley poultice. On the day following, I found that the blister had drawn well, and that the bowels had been freely evacuated; yet my patient was growing worse, and could swallow only with the greatest difficulty. To relieve pain and to produce relaxation, I directed a combination of equal parts of laudanum and antimonial wine to be taken in teaspoonful doses every one, two, or three hours, as the circumstances of the case might require. The more violent the pain, and the more formidable the spasm, the more frequently was the medicine to be exhibited, and *vice versa*. To assist in fulfilling the same indications, a poultice of tobacco was prescribed, as an application to the blistered surface, with an express direction that it should be instantly removed if any of those untoward symptoms should occur which usually characterise the deleterious operation of this powerful article.

The opium and antimony thus combined, acting conjointly with the poultice of tobacco, seemed to control the disease, and from that circumstance were continued from day to day, and, with the exception of a little castor oil occasionally administered, were almost the only remedies employed in the management of the case during the time of its continuance. As soon as one blister would heal a second was applied on or near the same place, and the raw surface was dressed as before stated. In the preparation of the poultice which was employed, half a pint of boiling water was poured on an ounce of tobacco, and after a strong

infusion was formed a sufficient quantity of bread was added to give the proper consistence.

Although the progress of the disease was checked by the opium, antimony, and tobacco, yet entire relief was not immediately obtained, and the affection remained for some weeks stationary, during which time the patient was scarce able to move without renewing or increasing the spasm, and could swallow nothing but liquids, and those with considerable difficulty. It was between the third and fourth week when prospects of a recovery began to make their appearance. From that time the affection very gradually diminished, and he by degrees acquired the power to move, sit, and stand up, although it was six or seven weeks before he was able to walk any of consequence. At this time, rather more than two months since the commencement of the attack, he is walking about perfectly recovered, although considerable stiffness yet remains, and he has not acquired that power over the muscles which he possessed before the commencement of the disease.

Having witnessed the treatment of three or four cases of tetanus in which opium in large doses was the only remedy employed, every one of which terminated fatally, I took up the idea that the formidable complaint could not be controlled by this remedy alone, or that if the spasm yielded to its remedial influence, the injurious effects of such large doses of the article on the system more than counterbalanced the benefit thus acquired, and probably in a majority of cases contributed in bringing about a fatal termination. Influenced by that opinion, I determined, in the management of this case, to give it such doses as I thought would secure its anodyne and antispasmodic effects without producing those injurious consequences to which I have adverted; and at the same time to combine with it such remedies as would probably assist in fulfilling the indications desired. Whether my opinion was right or

wrong is left for others to determine. The result, at all events, of the case in which my practical views were enforced was favourable, and would seem to justify the practice. The union of the opium and the antimony seemed to have this good effect; the combination thus formed was less heating than the laudanum would have been if given alone, and by its relaxing influence acted on the skin as a diaphoretic. Neither nausea, nor vomiting, nor any other unpleasant effect resulted from the application of the tobacco. On the contrary relief was always experienced from its operation, whether employed alone or in combination with the remedies already enumerated.—*Amer. Jour. Med. Sc.*

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**MEDICAL RETIRING FUND.**  
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*Proceedings of the Temporary Committee of Management of the Medical Retiring Fund, Bengal Establishment.*

THE Temporary Committee of Management of the Medical Retiring Fund held their seventh meeting at the house of the secretary to the Medical Board on Tuesday evening, the 2nd inst; Mr. Surgeon Corbyn in the chair.

The report of the proceedings of the last meeting having been confirmed, the revised plan of the regulations of the fund by the committee was next read; and on the motion of Mr. Corbyn, seconded by Mr. Eger-ton, it was resolved unanimously,—

1. "That the revised plan of the regulations of the fund be printed and circulated for the opinion or approval of the respective members of the profession."

Letters from the following gentlemen, stating their assent (as subscribers) to the fund were now read: Surgeons F. Corbyn, O. Wray, J. Grant, J. Clarke; Assistant Surgeons B. Burt, J. Magrath, R. B. Duncan, D. Woodburn, J. Corbet, A. Campbell, A. Colquhoun, D. Russell; also from Assistant Surgeons H. Clark, A. Campbell, transmitting their votes

in favour of Mr. G. Ballard to be permanent Secretary to the Fund; from Assistant Surgeon W. A. Green, for Mr. J. Young; from Surgeons W. S. Charters, J. Clarke, and Assistant Surgeon J. Colvin, for G. J. Gordon; from Assistant Surgeons G. J. Berwick, D. Woodburn, for Mr. J. Hutchinson; from Assistant Surgeons A. Colquhoun, G. Turnbull, for Mr. Pearson; and from Surgeons J. J. Paterson, F. Corbyn, J. Grant, Assistant Surgeons, R. B. Francis, B. Wilson, J. Fender, for Mr. H. S. Mercer: likewise from Surgeon J. Henderson, and Assistant Surgeon J. Corbet, transmitting their subscriptions to the Fund, and from Superintending Surgeon T. Smith of the Allahabad division of the army, and Surgeon J. M. Todd; the latter proposing alterations in some parts of the regulations of the Fund.

Dr. Charters, in giving his vote for the appointment of Secretary to the Medical Fund, says, that he thinks it would be advisable that the situation should be given to a mercantile gentleman; he conceives it to be for the benefit of the Fund that the Secretary should be enabled to devote the greater part of his time to the performance of its duties; the time of a medical officer holding an appointment at the Presidency cannot, from the nature of his avocation, be at all periods disposable, nor can he be supposed to be so conversant in the management of accounts as a person accustomed to, and educated for, a mercantile life. He gives his vote for Mr. G. J. Gordon, but if it should be decided by a majority of the subscribers that a medical gentleman shall be secretary, he in that case votes for Mr. Mercer.

Mr. John Grant, in stating his wish to become a subscriber to the Fund, observes, that with reference to the situation of Secretary to the Institution he has much pleasure in offering his vote to Mr. Mercer, who, for the reasons he states, he considers has the best claims to that appointment of any of the candidates who have offered.

Mr. Smith, in his communication, states, that in reply to the circular letter of the 16th ult. he begs to inform the Committee that he does not intend to become a subscriber to the Medical Retiring Fund on the plan at present proposed, to which he states his objections. Should, however, any other plan doing away with those objections hereafter be proposed, he shall be happy to become a subscriber; and in the event of a Permanent Secretary being decided upon, which he should consider indispensable, and whose salary of 300 rupees per mensem he approves of, he should in that case give his vote in favour of Mr. James Young, and which, from the correspondence he has had, he is warranted in saying all the other officers in the Allahabad division would also do, who might become subscribers to this or any other subsequent plan of a fund which might be proposed.

Mr. Bramley here stated, that Mr. Twining had no intention of joining the Retiring Fund Society, and was not therefore eligible to be chosen one of the Committee.

The following resolutions were next proposed by Mr. Mercer, to be added to the plan of the Fund, which were seconded by Mr. Corbyn and carried:

2. "That all applications for an Annuity from the Fund shall be accompanied by a certificate of the age of the individual verified on oath before a magistrate, or declaration on honour."

3. "That all applications for the payment of an Annuity in India or in England shall be made by the person entitled thereto either in person or by some one authorised by him, accompanied by a certificate verified on oath before a magistrate, that the person entitled to the annuity was alive at the time to which he claims payment."

4. "That the Annuity shall be regularly paid half-yearly, either in India or England, wherever the party entitled to it may choose to receive it, on sanction being obtained from the Hon. the Court of Directors."

Proposed by Mr. Hutchinson, seconded by Mr. Corbyn, and carried—

5. "That any subscriber, subsequently to the establishment of the Fund, giving up promotion while holding the rank of surgeon, shall not prejudice his right to the annuity, provided he continue to pay his subscriptions according to the rank he would have held had he not given up promotion."

Proposed by Mr. Bramley, seconded by Mr. Mercer, and carried—

6. "That the thanks of the Committee be given to the Chairman, Mr. Corbyn, for the able manner in which he has fulfilled the duties required of him during the term of the Temporary Committee's management."

Proposed by Mr. Wood, seconded by Mr. Pearson, and carried—

7. "That the thanks of the Committee be given to our Secretary, Mr. Mercer, for the able manner in which he has conducted the laborious duties required of him during the continuance of the Temporary Committee's management."

Resolved—That a quarterly meeting of the subscribers to the Medical Retiring Fund shall be called for Monday evening next, the 8th inst., at eight o'clock, to be held at the Asiatic Society's apartments.

H. S. MERCER, Sec.  
*Calcutta, 4th April, 1833.*

### Reviews.

*A Report of the Method and Results of the Treatment for the Malignant Cholera.* By JOSEPH AYRE, M.D.

It is a generally received opinion, that a man with a bad name is better shunned than sought, but we shall not be so uncharitable as to judge Dr. Ayre by the ungrammatical, and therefore bad title of his book. Its contents and statements, for the accuracy of which he considers himself as standing pledged, will we hope be found less objectionable. After speaking of the symptoms and remote causes of the disease, the author recapitulates his opinions, which we

shall take the liberty of condensing for the benefit of our readers. He considers,

" 1st. That the cholera consists in an interruption, and in some cases of a complete cessation, of the secretion of bile, thence inducing venous congestion of the liver and other abdominal viscera, and of the vertebral veins.

" 2ndly. That from the above there results a suppression of urine and congestion in the thoracic vessels, causing spasm, collapse, loss of heat of surface, &c.

" 3rdly. That there then follows an interruption in those chemical changes of the blood necessary to the expulsion of its excrementitious (!) principles.

" 4thly. That an indirect stimulus to the abdominal arteries is given by the congested veins morbidly irritating the capillary system of the implicated organs.

" 5thly. That if the natural powers of the system be insufficient to overcome this congestion, the exhalant extremities of the stomach and bowels receive an increased current of blood, and a profuse muco-serous secretion is the consequence.

" 6thly. That in some cases where the congestion terminates spontaneously or *favourably*, it is by a renewed secretion of bile.

" 7thly. That where this secretion does not occur, and the congestion does not destroy the patient, increased action of the capillaries of the stomach and bowels ensues, and a febrile state ensues, differing only in intensity from common bilious fever.

" 8thly. That the above forms a remedy to the congestion whereby the action of the kidneys is restored, and the alvine discharges assume a healthier appearance.

" 9thly. That the remote cause of the foregoing conditions consists in a morbid irritation of the stomach and bowels, caused by noxious malaria and unwholesome ingesta, the malaria being variously modified, &c."—pp. 68, 71.

The above constitutes a candid epitome of Dr. Ayre's "Method;" our space will not allow us, nor do we feel called upon, to notice it more particularly, presenting as it does no new features of the disease in question, and leaving nothing unsaid that had not been said before. After reading the above, our readers will be fully prepared to digest "the small and frequently repeated doses of calomel," in the exhibition of which our author seems to take most unequivocal and special delight, and we are bound to add, with no little justice or slight degree of success, if

we may judge from the numerous well-authenticated cases cured by this plan of treatment which this volume records. If every method of treatment in cholera had been as well arranged, condensed, and recorded, as the one followed by Dr. Ayre, we should not have heard of so many "thousand and one" remedies for the disease, nor would the public and the profession have been deluded by so many catch-penny pamphlets on the same subjects.

*Observations on Injuries and Diseases of the Rectum.* By HERBERT MAYO, F. R. S., Surgeon to the Middlesex Hospital.

(Second Notice.)

IN speaking of fistula ani, Mr. Mayo considers that it should be separately studied in its two stages, first, as an abscess, secondly, as a permanent sinus.

"Abscesses near the rectum admit of a practical distinction into two kinds: either they are small and superficial, which is the character of those that lead to fistula, or they are deep-seated, when they often contain large accumulations of matter, but rarely produce the secondary complaint.

"The frequent occurrence of abscess near the rectum results from the dependent situation of the part, and from the quantity of loose adipose and cellular tissue with which it is surrounded. From these causes the blood in the hemorrhoidal veins presses heavily on the capillary circulation; and inflammation and abscess in the part ensue, upon the same principle that inflammation and ulceration of the integuments of the leg are produced by varix. Whatever tends to diminish the quantity and firmness of the adipose tissue at the lower part of the pelvis, lessens in the same degree the lateral pressure upon the veins, and encourages congestion in them: causes which produce this effect lead, therefore, to abscess near the rectum. I have frequently seen large abscesses around the rectum, in patients in whom the complaint has evidently been brought on by hard work and insufficient nourishment; and it is well known how liable small and superficial abscesses are to occur in those who are extenuated through pulmonary disease.

"The formation of deep-seated abscess near the rectum is to be suspected when the patient experiences aching and throbbing pain in the part, often not constant,



but recurring at intervals, and frequently with a spasmodic character, the pain being aggravated on the passage of the fæces, and the complaint attended with symptomatic fever. The abscess often does not declare itself by any external fulness or prominence, and its existence can only be ascertained through an examination of the rectum, when, at some part which is more tender than the rest of the mucous surface, a fulness and fluctuation, if the abscess is matured, are felt.

“The most important practical rule respecting deep-seated abscesses near the rectum is, that they should be opened at an early period. The abscess left to itself is slow in making its way to the surface, and before it spontaneously breaks, an immense accumulation of matter will have been formed. While this process is going on, the patient suffers under increasing pain and irritative fever; and as the complaint generally affects those who are of a debilitated constitution, the patient is in danger of sinking before the natural relief of the abscess has taken place.”—pp. 102, 105.

Complication of fistula ani with urinary fistula.

“When this exists, the plan to be followed is first to close the communication with the urethra, which may often be accomplished through regulated diet and medicine, without the use of instruments, unless there is stricture of the urinary canal. When the communication between the urinary canal and the sinuses has closed, which is known by the urine ceasing to flow through them, the cure is completed by the common operation for fistula ani.”

The chapters on constipation, and stricture and cancer of the rectum, contain many valuable practical remarks; our limits will not, however, allow of our making further extracts; the quotations we have made will sufficiently show our readers the practical value and importance we attach to a work like the present. The class of diseases treated of, though not perhaps extensive, is yet one of which every practitioner meets with numerous instances, frequently both obstinate in their symptoms and complex in their treatment, and in the absence of higher professional opinion, we cannot recommend a work containing a greater share of practical information on the injuries and diseases of the rectum than the one we have now noticed.

THE

**London Medical & Surgical Journal**

*Saturday, September 21, 1833.*

THE GENERAL DISPENSARY, ALDERSGATE STREET.—DISPENSARIES IN GENERAL.

WE are highly gratified to think that the suggestions to the profession, inserted in our last, have been fully acted upon, and that the physicians and surgeons of this metropolis, with one solitary exception, have declined to offer themselves for offices under the vote-making and bribery-electing Governors of the above Institution. These individuals will now see that their collision with their late medical officers was bad policy; and that their money-making speculation will turn out a complete failure. They have learned, perhaps, that the medical officers of a dispensary are the best judges of professional matters, and of the best means of securing the most efficient aid for the sick poor. They have shown themselves, like all who venture beyond the depth of their knowledge, extremely ridiculous; in attempting to interfere in a matter which they did not understand! They determined that the length of a man's purse, and not his scientific knowledge and experience, was the best qualification for the difficult and responsible office of treating the most fatal diseases. The most eminent members of our profession have long deplored this system, and, actuated by pure philanthropy, have invariably endeavoured

to correct it. In many dispensaries they have effected their object; and we rejoice to think that the Aldersgate-street affair is a fatal blow to the evil which they have so zealously combated. It will be a lesson to dispensary governors throughout the kingdom which they will not speedily forget. It will teach them to respect professional services, if they cannot appreciate their value, and to look upon medical officers as something more than menials. It was time that a stop was put to the impertinence and insolence of these guinea-subscribers, who assume more consequence and airs than the proudest nobleman in the land. These are the persons who, when they are admitted on committees, have the rudeness to designate the medical officers "servants of the charity." They expect the most punctual attendance on the part of such officers; and bring forward charges of neglect if *their* recommendation has not been immediately attended to; and they are so exceedingly wise and considerate, that if they give a letter for admission to some servant, workman, or poor relation, at any hour of the day, they expect a physician or surgeon to turn his back on his private patients, break his appointments and arrangements, and attend instantly to their mandate. This is the conduct of the generality of subscribers in all dispensaries.

But these persons usually exclaim, "Why do medical men give their services unless for their own advantage?" In answer, we reply, that though many of our profession con-

sider it a personal advantage, (which we, however, deny,) that is no reason they should be wantonly and grossly insulted by those who are, in all respects, inferior to them. They afford inestimable advantages to the poor; they restore the father, the mother, and the child, to health; they confer the greatest benefits on the labouring classes, without any reward except the consciousness of doing good; they give their time, which is as valuable to them as that of a tradesman's; and they are to be called to account by some governor who devotes an hour once a month to the affairs of the institution!

But it is urged "they have self-interest in view, they wish to become known." We shall grant this for the sake of argument; but why should they be treated as servants? Where is the man who is not influenced to some extent by self-interest? We must, however, deny that all medical men attend dispensaries for the selfish purpose of becoming known; and we can adduce undeniable proof, from the late officers of the institution, which gave rise to these remarks. We should ask our opponents, how Dr. Clutterbuck and Dr. Lambe, both eminent physicians, and as well known as they possibly can be, attended the General Dispensary, up to the hour of their resignation, for the purpose of acquiring fame by the institution? No, they attended from motives of genuine philanthropy. It must be admitted, however, that the junior members of the profession are generally anxious to obtain dispensaries to become known.

and offer their services gratuitously. This we have long considered a great mistake. We are convinced that a physician or surgeon, who thoroughly understands his profession, and sees the poor at his own residence, will as speedily acquire reputation, while he will avoid the contumely and insolence of dispensary governors. But it will be urged, that he loses the opportunity of obtaining an acquaintance with respectable governors. This is true; but we can assure him, it is reputation only that will obtain for him one patient among them. We know a physician, who is attached to one of the most respectable and crowded dispensaries in this city, and who has frequently declared, that though he had been indefatigable in his attendance during the last twelve years, he never received one fee by the institution. Governors of dispensaries, like all other individuals, have their own medical attendants, and they will seldom change them without just grounds.

But we should like to know the reason that medical practitioners are the only class in society which is expected to act gratuitously. We should wish to be informed why the great parish of Mary-le-Bone, containing three-fourths of the nobility and most affluent individuals in the metropolis, expect the medical officers of their infirmary and dispensary to give their services gratuitously? The generality of those connected with dispensaries are remunerated except the medical man. This system must be altered—times are changed, and we must change with them (*tempora*

*mutantur*, &c). We trust the day is at hand when the legislature, in reforming the practice of profession in England, will see the expediency of legislating for this section of the empire, in the same way as they have done for Ireland, where all county hospital and dispensary medical officers are remunerated for their services.

We might dilate upon this topic, but we must have done. We might show the paltry pittances which are allowed parish surgeons, both in this metropolis and in the country, who in general do not receive one half-penny a visit for their attendance, which, in the latter, may be ten or twelve miles distant. Here again every other parish officer is remunerated. But the medical faculty is expected to act gratuitously.

Since the preceding was in type we have been informed that there is to be a public meeting of the profession, to consider the question lately in dispute, between the Governors and Medical Officers of the General Dispensary, Aldersgate-street.

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BEAUTIES OF THE ADMINISTRATION  
OF JUSTICE.

It is not our desire to occupy the attention of our readers with the private concerns of this journal. But we cannot forbear expressing our satisfaction, that tardy justice is at length about to be done to the merits of John Minter Hart and his associates, that well-known gentleman, by whose kind aid as a special juror and affidavit-man, Dr. Ramadge was rewarded at our expense, for his

support and defence of Mr. St. John Long, and we deprived of nearly a thousand pounds. The account of this transaction will be found in Vol. I. p. 710, and Vol. II. p. 532, of this journal, and well deserves the consideration of the honest reforming lawyer. It is sufficient for our purposes to state, that Minter Hart, gentleman attorney, but struck off the roll, aided by three of his company, denied, it is needless to say on oath, that which was sworn to by Mr. Holmes and Mr. Hooper, two very eminent surgeons, whom to name is enough.

*Nos numerus sumus*, or the greater number of swearers carried the day, a new trial was refused, and we had to pay, by means of Minter Hart, 400*l.* for that grave offence against Dr. Ramadge, which cost the editor of the *Lancet*, who was the original offender, one farthing the day before, and which was valued the morning of the trial by the doctor's acute legal advisers, at forty shillings and costs. The public document which has led to these remarks is the following, which has appeared in all the newspapers, and is placarded throughout the city.

**ONE HUNDRED GUINEAS REWARD.**—Whereas on Monday last a True Bill, for fraudulently conspiring to obtain 5,000*l.* worth of Acceptances, for which the Acceptor had received no consideration whatever, was found against the undermentioned persons, namely,—

John Minter Hart, otherwise John Moreton, of 52, George-street, Hampstead-road, and Mornington-crescent, and recently struck off the roll of attorneys.

James Archdeacon Richardson, late of Loughborough-road, Brixton-hill, but now in custody;

Henry Richardson, of 7, Clement's Inn;

Henry Palmer, of 7, Hertford-street, May-fair, formerly a clerk to John Minter Hart, but now in custody;

Peter Clissold, residence at present unknown;

Thomas Wilson, otherwise Thomas Wilson Richardson, of 11, Portland-terrace, Regent's-park, St. John's-wood, London;

William Bond, of 35, University-street, Bedford-square; and

Jane Tucker, late of the same place, widow;

And proceedings having been taken against several of the above-named parties, who have absconded, for **FELONY**;

Notice is hereby given, that the above reward will be paid to any person or persons who will give such information to Messrs. Henson, Staniland, and Long, No. 9, Bouverie-street, Fleet-street, London; to Mr. Burnaby, Chief Clerk at the Public Office, Bow-street, London; or to Mr. Mallet, Chief Clerk at the Public Office, Hatton-garden, London, as shall lead to the apprehension and conviction of the said several parties for the offences.

And the Public, Bankers, Merchants, Bill-brokers, &c. are hereby cautioned that the said several Acceptances, bearing date the 2nd day of August last, and filled up for 500*l.* each, payable at two months after date, to the order of the respective drawers, purporting to be P. Clissold, Thomas Wilson, and Henry Leigh Hunt, having been fraudulently obtained from the Acceptor, without any consideration whatever, will not be paid when due.

London, September 12, 1833.

**CAUTION.**—Whereas, Three Promissory Notes, each for 115*l.*, dated respectively the 8th May, 1833, severally drawn by Richard Lee, payable to his own order, at nine, twelve, and fifteen months after date, and indorsed by him, have been improperly, and without consideration, put in circulation, and were in July last offered for discount to John Minter Hart, of No. 19, Mornington-crescent, Hampstead-road. This is to give notice, that the said Promissory Notes, and each of them, will be resisted payment, and are hereby required to be given up to Mr. Bebb, 20, Great Marlborough-street, Regent-street, solicitor to the said Richard Lee.

**ST. JOHN LONG.**

THIS famous person lately called on the editor of the *Limerick Chronicle* and told him that Dr. Townsend was commissioned by the Dublin College of Physicians to propose to him to treat six consumptive patients selected by them. This piece of intelligence

ran the rounds of the Irish newspapers, and we were about to comment on its improbability, when we read a contradiction to it by Dr. Fergusson, President of the College, and a declaration by the above editor that he had the intelligence from the empiric himself. This fib was a good and cheap advertisement for the quack, during his itinerary in search of Irish consumptives, as his occupation is gone in this country.

#### ADVANTAGES AT KING'S COLLEGE.

WE have been favoured this week with an inspection of King's College. This very handsome building is perhaps the most beautiful of Sir Robert Smirke's classical designs. The entrance hall is extremely noble; a flight of steps with massive stone balustrades, leads on each side of it to a corridor, which traverses the whole length of the building, and is upwards of three hundred feet in extent. In the centre of the corridor fronting the grand entrance is the entrance into the chapel; the suite of rooms on either side of which are as yet unappropriated; the opposite suites of rooms which look towards Somerset House, are the one for the general library, the other for the anatomical museum. The general library is as yet very limited, but several valuable donations of books have already been made to it. The anatomical museum is of great value. It contains altogether between three and four thousand specimens. About two thousand are to be seen in the principal room. The preparations are excellently preserved. They are for the most part pathological, but there are a few of remarkable beauty illustrating natural structure. The most original series of these displays the structure of the brain. But the growth of bone, the structure of the heart and blood vessels, and of the organs of generation are likewise

well illustrated. Of the pathological series, those of the diseases of bones, of the joints, of the alimentary canal, of the lungs and blood vessels are the richest. A dilated œsophagus, a varicose artery, a polypus of the epiglottis, and a series of preparations of the spinal marrow, are the rare specimens in the collection. The diseases of the bladder and urethra are likewise very richly exemplified. The nucleus of the museum was Mr. Mayo's; it has been enlarged under his direction, and with his assistance, by the present curator Mr. Cane; Mr. Partridge, the demonstrator of anatomy, has likewise contributed several beautiful preparations. The wax models representing morbid structure are perhaps the best in London.

We visited next the general theatre; it is well lighted, and adapted to hearing. Among others Professor Green delivers his surgical lectures in this theatre.

The chemical lecture room is separate from this; the laboratory, which has every requisite that can be imagined, is placed below it.

The anatomical theatre and the dissecting rooms, are detached from the main building, and situated immediately on the bank of the river. The accommodations in them of every description are capital, and the whole establishment for the medical school, which alone we had time to inspect, formed a strange contrast to our recollections of the dark, dingy, and inconvenient rooms, which we remember in our youth, as the unwholesome nurseries of professional science.

The hours at which the lectures are delivered are from eight in the morning till twelve. At ten prayers are read in the chapel; the daily service occupies ten minutes; the students attend with very creditable regularity. No lecture is delivered between twelve and half-past two; this interval being left for dissection or hospital attendance. The anatomical lecture is given at half-past two; the surgical lecture at eight in

the evening. There is an excellent medical library and reading room, in which the student may pursue his studies in the intervals of the lectures which he attends; refreshments may be had at a cheap rate, when desired, in the college.

The terms of attendance for occasional students are much the same as elsewhere. For those who pursue their whole course of study at the College they are lower, being 50*l.* paid at once, or 25*l.* paid in October, and 25*l.* in January. The King's College medical students have permission to wear the academical cap and gown of the literary students.

The deficiency which some would find fault with in this school, is the want of a hospital *adjoining* it. It cannot indeed be said that a hospital is not *attached* to it; for three of the professors are officers of the Middlesex Hospital, and one is surgeon of St. Thomas's. For our own parts, we consider the immediate contiguity of an hospital of little consequence. It is quite as well, when the student has had four hours' hard work in attending lectures, that he should have a walk of a quarter of an hour or twenty minutes, to shake down his ideas, and to recruit and refresh his mind and body, before he plunges into the close wards of an hospital. The walk to the Middlesex Hospital, which is the nearest, is a little over a mile. Several of the students now attend St. George's and the Westminster Hospitals, and others St. Thomas's and St. Bartholomew's. By this means the body of practical knowledge among the King's College students is not the narrow result of studies confined to one school, but is improved and enlarged by information borrowed from every source.

The anatomical museum is open to the public every day but Wednesday, from twelve till three; and strangers who wish to visit the other departments of the College, meet with civility and attention every where.

## Hospital Reports.

### ST. BARTHOLOMEW'S HOSPITAL.

*Excision of fungus hæmatodes in the leg, by Mr. Lawrence, with clinical remarks.*—On Saturday, Sept. 14th, a most interesting and important operation was performed in this hospital by Mr. Lawrence, viz. the excision of fungus hæmatodes. The patient, whose case has been given in full in No. 81 of the Journal, has been in the hospital many weeks. During that period the fungus has been gradually increasing in size, occasioning the greatest torment to the patient, and rendering his existence truly miserable. Mr. Lawrence proposed amputation of the leg several weeks ago, but the patient obstinately refused to allow the operation. Mr. L. and his colleagues constantly represented to him the necessity of amputation, but no entreaties could prevail on him to change his mind. After much deliberation and consultation with the other surgeons of the hospital, Mr. L. proposed, as a last resource, to excise the fungus and scrape away the periosteum beneath it. To this the patient willingly consented. Mr. L. accordingly last Saturday proceeded to perform this *experimental* operation.

The first step was the application of the tourniquet a little above the knee. Mr. L. then with a small knife commenced an incision above and continuing it in a semicircular direction brought it down to the bottom of the fungus. He then made a similar incision on the other side of the fungus, and proceeded with a still smaller knife to dissect out the fungus from its roots. Great hæmorrhage ensued on the first incisions being made, and three or four arteries were taken up. Mr. L. having now entirely excised the fungus, proceeded to remove a large portion of the anterior surface of the tibia, and found it necessary to cut down even into the medullary canal of the bone. This part of the operation occupied a long time,

during which the patient seemed to suffer intense agony, as the bone was evidently endowed with a morbid and exquisite sensibility. The wound being washed, some lint was gently placed over it without any adhesive plaster, and the patient was carried to bed after being about forty minutes on the table.

When the operation was concluded Mr. Lawrence delivered the following remarks.

"I have performed this operation, gentlemen, with a very unwilling heart, nor is it an operation which I should have ever performed were it not that the patient absolutely refused to allow amputation. I told him candidly my opinion as to the chances of this operation; I expressed great doubts of its success, and assured him of the very great probability of the reproduction of the disease. I moreover mentioned to him, that even if the leg did heal, and he was sent out of the hospital cured of the disease, still that a wooden leg would be much more serviceable to him than the one which he would have after the operation. He would not, however, submit to amputation. I then consulted with my colleagues, and we came to the determination of giving him the only chance left, *vis.* the excision of the fungus, and I am now sorry, on the poor fellow's account, to say that the operation has been most unfavourable. Contrary to my anticipations, which led me to believe that the periosteum only, or at most the very exterior surface of the body of the tibia, was diseased, I find that the entire anterior portion and medullary canal are intimately connected with the disease. I have been obliged to remove a large portion of bone, and the tibia in that part is now a mere shell, confirming my prognosis that even if the leg heals it will be of very little use to him. In several cases of fungus hæmatodes, of which preparations have been preserved in the museum, I find the periosteum only to be affected while the body of the bone remains quite sound. It was

this consideration which chiefly induced me to undertake this operation. Time will show us what may be its results, I cannot, however, help forming an unfavourable prognosis from all the circumstances which I have observed since the patient has been laid on the table. I send you round, gentlemen, the fungus which I have excised. It is highly vascular, has occasioned great pain to the patient, and a thin ichorous discharge has flowed from it during the last several weeks."

We shall not fail to make our readers acquainted with the results of this highly interesting operation.

*Fracture of the radius.*—In a case of fracture of the lower part of the radius, just admitted, Mr. Stanley said it was of the last importance to place this fracture in the proper position, as if the position was not cautiously regarded deformity was the certain consequence. The position should be in an inward and downward direction. Mr. Stanley particularly demonstrated the position in which such a fracture should be kept.

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ST. GEORGE'S HOSPITAL.

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*Excision of a malignant Tumour of the Thigh.*—On Thursday, Sept. 12th, a stout athletic man, *æt.* 60, was placed on the operating table with a large tumour of a malignant character, situated on his right thigh a little below Poupert's ligament. Mr. Walker, assisted by Messrs. Keate, Hawkins, Babington, and the house surgeons, proceeded to excise the tumour. Having first made a very deep incision all round the tumour, he detached its lower surface, and in a few moments entirely removed it. A few arteries were tied, and the edges of the wound approximated by means of slips of adhesive plaster. The patient was then conveyed to bed.

The tumour, on examination, proved somewhat fungoid in its structure,

but only one cyst was discovered in it. It was perfectly gelatinous, and contained a considerable quantity of thick viscid blood.

*Fracture of the base of the Skull.*—A strong athletic man, *æt.* 60, a groom by occupation, was conveyed to the hospital, about a fortnight ago, in a state of insensibility under the following accident. While in the act of cleaning his horse, the animal suddenly became restive, and jumping upon him, threw him down with great violence on the pavement. There was copious hæmorrhage from the right ear and nose. On being brought to the hospital he was bled, and leeches applied to the back of the head. The entire of one side of his body became paralysed. Notwithstanding the shock which the frame underwent, and the violence done to the brain, the patient lingered on till the 15th of September, on which day (the tenth after the accident) he died.

On a *post mortem* examination, it appeared that there was a fracture running along the entire base of the skull. There was also a fracture of the orbit of the eye running in a transverse direction to the other fracture. A great quantity of blood and pus was found in the brain.

*Polypus of the Nose.*—On Monday last Mr. Keate extirpated a polypus of the right nostril in a young woman *æt.* 19. Having introduced a forceps up the nostril, he obtained a firm grasp of the polypus. He then withdrew the forceps bringing along with it the polypus. There was some trifling hæmorrhage. A sponge immersed in water was then applied to the nose.

*Stricture of the Urethra.*—In a case of stricture of the urethra, Mr. Babington is using injections composed of two drops of nitric acid to one ounce of water. This treatment has already produced good effects.

## French Hospital Reports.

### HÔTEL DIEU.

*Imperforation of the Vagina.*—A young woman of sanguineous temperament, aged 24, was admitted under the care of M. Dupuytren, for a tumour of the abdomen, which she believed to arise from cessation of the menstrual discharge. After an attentive examination of the organs of generation, it was discovered that the vagina was so completely obliterated, that it was with difficulty any trace of its orifice could be discovered, and that the womb was as enlarged as in the sixth month of utero-gestation: after being interrogated as to the cause of this affection, she referred it to having been violated some time previously. The pain of the abdomen extended to the loins and thighs, and she complained of extreme agitation and want of sleep. Bleedings, leeches, baths, fomentations, antispasmodic and narcotic medicines, with emollient drinks, were administered without relief.

The patient's situation now became very precarious, and on making a second examination it was resolved to employ a method, which however doubtful, was better than abandoning her to a certain death.

The orifice of the vagina was entirely effaced by the adhesion of the vulva from the meatus urinarius to the perineum, and fibrous bands of adhesion were here seen to cross the parts; the clitoris and meatus urinarius were the only external sexual parts in their normal state. The position of the tumour was discovered by the finger being introduced into the rectum; pressure was applied over the hypogastric tumour, which brought it under the finger placed in the vagina. An incision was then made over the hard tumour, and an offensive black fluid was immediately discharged; the patient was very carefully returned to bed, and no dressing was placed over the wound. During the ensuing night the dis-



charge was considerable, and on the following morning the tumour was so small that it required pressure to discover it, and in the course of time the effusion was only mucous in its nature. The patient was recommended to introduce a dilating body into the wound to keep it open, and by this means she was completely cured. The occurrence of the menstrual periods afterwards was sometimes indicated by abdominal pains, headach, and oppression, which soon yielded to the use of pediluvia and antispasmodics.

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HÔPITAL DE LA PITIÉ.

*Typhus Fever.*—A mason, aged 30, was admitted into La Pitié, having suffered from fever for fifteen days. Being of a strong constitution, he had always enjoyed good health. On the day after his admission he was lying on his back in a state of extreme prostration. Intense headach; stupor; eyelids closed; eyes sensible to light; tongue dry, and covered with a brown fur; thirst; want of appetite; no nausea or vomiting; bowels have not acted for some hours; pulse 56, irregular; surface dry and slightly warm; respiration 56; slight cough; no expectoration; pulmonary sound normal; posterior respiration accompanied with a *râle sibilant*. He was ordered decoction of quinquina in half glass doses, gummy potion, with eight grains of sulphate of quinine, and half a lavement, with fifteen grains of sulphate of quinine, with sinapisms to the feet, &c. On the following day, the cephalalgia was still present, but less intensely painful. Sleep short and broken; tongue moister; pulse 68; respiration 32. He had asked for food. The lavement had returned shortly after being administered; no evacuations; bowels indolent. Ordered gummy potion, with eight grains of sulphate of quinine; two basins of broth. The next day the sleep had been tranquil; tongue moist and cleaner; no evacuations or pains in the stomach; pulse 60, respiration

36; he looks more cheerful, and the prostration of system is less. Ordered twelve grains of sulphate of quinine every five hours; emollient lavement.

On the following day no headach; pulse 58, respiration 32, breathing healthy; cough with mucous expectoration; copious evacuation after the lavement. Ordered gummy potion, with six grains of sulphate of quinine.

The next day all traces of weakness had left him; pulse 60, and regular; respiration 28; no increase of cough; appetite good.

From this moment he became convalescent, and in the course of a week he left the hospital quite well.

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BOOKS.

On some Points connected with the Anatomy and Surgery of Inguinal and Femoral Herniæ; being the substance of the Lectures delivered in the Theatre of the Royal College of Surgeons, Feb. 1831. By G. J. GUYANUS, F.R.S., President of the Royal College of Surgeons, &c. &c. 4to. Four Plates. London: Burgess and Hill.

A Compendious History of the Small Pox. By H. GEORGE, Surgeon. 8vo. pp. 112. Churchill.

Principles and Practice of Obstetric Medicine. By DAVID D. DAVIS, M.D. &c. &c. Part XXIII. Taylor.

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CORRESPONDENTS.

*A Student* must enter to the lectures in October. The portions of Celsus are the first and third books, and of Gregory the first ten chapters.

*Riverius.*—The lectures must be attended during two winter sessions, commencing in October and terminating in May. The student may enter to an hospital or dispensary after the first three months' attendance on lectures, but most persons enter to these institutions at the commencement of the summer. Our correspondent must remain at least two winters and one summer in London.

*C. D. M.* may be a very respectable gentleman in his own opinion but not in ours.

\* \* \* Our next number will contain a full and explicit statement of the various schools of medicine and surgery for the ensuing session.

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ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

## LECTURES

ON THE

## PRINCIPLES, PRACTICE, &amp; OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

LECTURE I.VI., DELIVERED FEB. 21, 1833.

GENTLEMEN,—From the consideration of the diagnosis of aneurism in the circumscribed and diffused forms, I proceed to make a few observations on the *causes* of this disease. If we except those cases which arise from wounds, or from the injury of a considerable artery by the sharp point of a fracture, it seldom happens that we can ascribe an aneurism to external violence. Thus, if the knee-joint be extended in the greatest degree possible, and with the utmost force, the popliteal artery will not be torn and aneurism produced, unless the coats of that vessel happen to be already in a diseased condition. You will often find patients ascribing aneurisms to sprains and great efforts; but if such tumours should really have arisen from the causes referred to, a diseased state of the arteries affected must have preceded the circumstances leading immediately to their dilatation or rupture. It has been ascertained by experiment, that such an extension of the leg as would burst the popliteal artery, would first rupture the ligaments of the knee-joint. I may say, therefore, that those writers who have ascribed aneurism of the popliteal artery to external violence, appear to have been in error; at all events, such a case would not happen without some previous disease of the coats of the vessel.

There are, however, certain circumstances, which you may regard as *predisposing causes* of aneurism; and you may view in this light, first, the large size of an artery, and secondly, the force with which the blood is propelled into it, and against certain parts of it. These predisposing causes are well illustrated by the frequency of aneurisms in the arch of the aorta, into which the blood is thrown with considerable force, and with a remarkable impetus

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against certain parts of its parietes. Thirdly, I may specify, as another predisposing cause, such a situation of an artery as exposes it to be greatly disturbed by the motions of the part or limb, while it does not receive adequate support from any surrounding muscles. It is to these circumstances that many surgeons ascribe the frequency of aneurisms in the ham, where the position in which the limb is often placed occasions an angle in the artery, and that at a point where the vessel receives no support from the immediate contact of any muscles. Perhaps, gentlemen, this explanation ought to be looked at with suspicion; and, although I am rather sceptical about its validity myself, it may deserve your consideration; for we certainly find that popliteal aneurism is particularly frequent in persons who are in the habit of sitting long with their knees bent, and at the same time subjected to continual concussion. Thus, the disease is very common in coachmen, post-chaise drivers, and postillions, who sit for a long time with the knee bent, and the popliteal artery exposed to protracted and violent concussions.

The atheromatous and calcareous deposits which take place between the internal and middle coats of arteries, and which are often the forerunners of aneurism, sometimes pervade an extensive, and even the greater, portion of the arterial system, and, consequently, there may be several aneurismal tumours at one time in the same person. In an example, recorded by Pelletan, they amounted to the extraordinary number of sixty in the same individual, varying in size from the magnitude of an egg to that of a common nut. The particulars of this case you may read in his *Clinique Chirurgicale*. If an artery be sound, you will find, on stripping off its outer coat, that the want of the support afforded by that texture will not give rise to aneurism; neither will the application of a tight ligature which cuts through the internal and middle coats produce that effect. I mean to state, that if you were to apply a ligature very firmly to an artery, and immediately afterwards to take it off the vessel, the division of the middle and inner coats by it would not lead to the formation of aneurism, provided the artery were previously healthy. Mr. Warner does

indeed relate one extraordinary case, in which an aneurism followed the application of a ligature to the brachial artery; but here we must suppose that some unusual state of the vessel—some unsound condition of it, must have existed previously to the application of the ligature.

Then another fact, relative to aneurism of the brachial artery and its branches is, that you rarely notice a diseased state of them antecedently to the commencement of aneurism in them; you do not find that aneurisms of these particular arteries are preceded by atheromatous or calcareous depositions between the coats of the vessels; but they generally arise from wounds. On the contrary, aneurisms of the axillary, popliteal, and the generality of other arteries, are preceded by a morbid change in the coats of these vessels. Men are found to be more frequently the subjects of aneurism than women; and Mr. Hodgson of Birmingham, who kept a list of a considerable number of aneurisms, with the particulars of which he was acquainted, sets down fifty-six as having occurred in male subjects, and not more than about half a dozen in females. You may, therefore, conclude, that aneurisms are about nine times more frequent in men than women. Then, with respect to the period of life at which the disease is most common, I may observe, that it is between the ages of thirty and fifty years, a time of life when the muscular system still retains a considerable degree of strength, and the arterial system begins to incline to those changes, which predispose it to this disease. In fact, we know that, if the arteries are not in a sound state, great muscular exertion may really become the exciting cause of aneurism, so that the frequency of this disease between the ages I have mentioned is readily accounted for. However, aneurisms are occasionally met with in some persons under thirty, and in others above fifty. Sir Astley Cooper mentions one instance which occurred in a subject eighty years of age, and another which took place in a boy only eleven years of age.

Popliteal aneurism is rare in females; and when they are the subjects of aneurism, the disease is generally situated either in the aorta, especially its arch, or in the carotid artery. Of course they are just as liable to aneurism from the wound of a large artery, in any situation, as men are; and, indeed, they are sometimes seen with aneurism of the brachial artery, occasioned by the lancet in the unskilful performance of venesection.

The prognosis in aneurism deserves, gentlemen, your serious consideration. An aneurism that is left to take its own course will generally have a fatal termination; if an external aneurism, the patient will ultimately be destroyed, either by the bursting of the tumour and the consequent loss of blood, or by gangrene of the limb; or, if the case be an internal aneurism, he will be destroyed either by the pressure of the tumour on important organs, or by the rupture of the aneurism,

and the effusion of blood into a variety of situations and directions. I believe these are the general modes in which the disease proves fatal. I might mention, however, another one, where the patient dies from the effects of inflammation and gangrene of the tumour itself upon the constitution, which is sometimes not able to bear the sympathetic disturbance excited by this state of the local disease. However, the fatal terminations of aneurism are most commonly induced first by hæmorrhage, secondly by gangrene of the limb, as is exemplified when the aneurism changes from the circumscribed into the diffused form, in which event, the cellular membrane becoming sometimes enormously injected with blood, the circulation is obstructed, and the limb mortifies; and, lastly, the pressure of the tumour on an important organ may destroy life, though the aneurism may not burst at all, as was illustrated in the case from which Cruveilhier's plate that was on the table yesterday was taken. In that example, you know, the aneurismal swelling obliterated a portion of the pneumo-gastric nerve, and made such pressure on the trachea, that the patient's dissolution was the result. For the most part, internal aneurisms either make their way gradually through the parietes of the chest or abdomen, and produce a fatal hæmorrhage by bursting externally, or they burst into some viscus, cavity, or passage with the sides of which they happen to be in contact, and to which they have previously contracted adhesions. Thus we find they often burst into the pericardium, the œsophagus, the trachea, and sometimes into the intestinal canal, and other parts. Aneurisms of the limbs generally prove fatal by bursting externally; but they may also give way under the integuments, and then the blood, by becoming extensively diffused in the cellular membrane, may obstruct the circulation, and give rise to mortification. All these terminations of aneurisms deserve, gentlemen, to be recollected, for the knowledge of them you will find valuable in practice.

On account of the impossibility of performing a surgical operation for the cure of many internal aneurisms, and also because such diseases affect vessels into which the blood is propelled with extraordinary force, the prognosis in internal aneurisms is more unfavourable than in external ones. The former likewise may produce serious danger by their pressure on important organs; a consideration, which does not prevail so much with respect to external aneurisms; indeed I have already explained to you, that internal aneurisms will sometimes destroy the patient, without bursting at all, merely by interrupting or disturbing the function of some organ essential to life. The prognosis must also be unfavourable, if the patient has more than one aneurism at the same time, for this circumstance indicates a morbid state, or tendency to disease, throughout the arterial system, and if the operation were performed for the cure of one aneurism;

the patient might soon afterwards die of another. It is necessary, therefore, when you are considering the propriety of an operation for an external aneurism, to take into your calculations, whether there be any symptoms denoting the probability of the existence of an internal aneurism at the same time. The fact to which I now invite your attention, must convince you at once of the justness of this advice. The patient, from whom this heart was taken, had an operation performed on him for a popliteal aneurism, and, three months afterwards, he died of the rupture of an aneurism at the root of the aorta, the blood from which filled the pericardium. The operation, therefore, was worse than superfluous, as subjecting the patient to pain, without the prospect of any benefit in return for his suffering. I will hand the preparation to you, and you will see a bristle in the crevice, through which the blood of the aneurism passed into the pericardium. Nothing can justify operating on a patient who has an internal aneurism, as well as an external one, except the circumstance of saving him from immediate death from hæmorrhage already begun or about to begin. In any other state of such a patient, I think, it would not be proper to perform the operation. As Sir Astley Cooper was once performing the operation for an external aneurism, directly he had made the first incision in the course of the femoral artery, the patient fell backwards and died instantaneously. Now, on opening him, the same occurrence was seen, as is illustrated by that preparation, which you are examining; the pericardium was found full of blood in consequence of a rupture of an aneurism situated at the root of the aorta, and, gentlemen, here I may repeat, what I explained to you in the last lecture, namely, that aneurisms at the root of the aorta usually burst while they are very small; for this portion of the aorta is not covered by any elastic sheath, instead of which it has a covering reflected over it from the pericardium, a production that will not bear much distension, but cracks suddenly, and then the pericardium is filled with blood. But if there were two aneurisms on the same limb, (for sometimes there will be an aneurism in the ham and another in the thigh at the same time) what would then be the right practice? The simultaneous existence of two aneurisms certainly indicates a disposition to the disease in the arterial system at large, yet, in the case under consideration, the operation ought to be performed, because it may be the means of curing both aneurisms. In fact, the plan has been adopted with success; and the case is materially different from an external aneurism complicated with an internal one. I have next to inform you, that the size, as well as the situation of an aneurism makes an important difference in the prognosis; generally speaking, the larger the aneurism is, the more tedious and uncertain is the treatment of it; for the magnitude of the tumour may materially interfere with the re-establishment of

the collateral circulation. When the swelling has been allowed to become very large, before the operation is performed, its pressure will frequently obliterate the most important anastomosing vessels, and sometimes also totally change the form and texture of large nerves in the vicinity of the aneurism. For example, an aneurism in the ham sometimes changes the popliteal nerve into a flat riband-shaped expansion, so as to be with difficulty recognised; indeed, in the case to which I alluded yesterday, where I was obliged to amputate, I asked a friend, who dissected the limb after its removal, what was the state of the popliteal nerve? when he said that he had some difficulty in making it out, so greatly had it been altered in its shape and texture by the pressure of the aneurismal tumour. But, gentlemen, I may also remark, that, when an aneurism has become very large, before the operation is performed, other disadvantageous effects are produced, for instance, the principal veins may be obliterated, and if it be a popliteal aneurism, the bones of the knee and the joint itself may suffer, and, in this case, if the patient were to recover from the aneurism, he might remain a long time, and perhaps permanently, a cripple. Generally, however, this does not happen, for, as I explained on a former evening, the impaired state of the bones does not in general give much trouble after the aneurism has been cured; still every precaution should be taken, by operating in good time, to prevent the possibility of the patient's remaining lame for life, and perhaps losing his leg; for a few instances have occurred, in which amputation was rendered necessary, after the aneurism had been cured, by the state of the knee-joint. Another reason against allowing an aneurism to continue increasing for a long time, is, that the sac may suddenly give way, and the aneurism change from the circumscribed into the diffused form, which is a change greatly for the worse, inducing a serious risk of mortification, and that whether the artery be tied or not, after the effusion of blood into the cellular membrane has once taken place.

When the aneurism is a single one, and so situated as readily to admit of the vessel leading to it being secured, and the patient is otherwise healthy, the prognosis is favourable, provided the operation be done according to the best principles, for much of the patient's safety will depend after all on the manner of operating, and on due attention being paid in its execution to certain maxims, which are acknowledged and valued by all the best practical surgeons of this country, and of every other country in which surgery is combined with science.

I next come to the consideration of the *spontaneous cure of aneurisms*. An aneurism that is not subjected to any kind of surgical treatment, does not always terminate fatally; and, in a very limited number of instances, a cure is effected by natural processes. Now, there are various ways in which a cure

may be brought about spontaneously. The most common manner is by the sac becoming filled with lamellated blood, a change which is indicated in external aneurisms by the tumour losing its pulsation, and assuming a more solid and incompressible consistence. When this has taken place, the blood cannot continue to pass into the sac, but is obliged to take another channel; the lamellated blood is then absorbed by degrees, and a portion of the artery, above and below the aneurism, is finally obliterated or converted into a ligamentous shred or filament. This is what happens in external aneurisms. But, in the aorta, when the cure takes place spontaneously in this way, the vessel may still retain its pervious state, as you see was the case in the example from which this engraving of Mr. Hodgson's was taken. It is an aneurism of the arch of the aorta, in which an aperture still remains, three quarters of an inch in diameter; you see that the sac is in a great measure filled up with lamellated blood; it is nearly filled already, and would probably have been completely so, if it had not been for a circumstance which I shall mention to you directly. In the lower part of the lamellated blood there is a cavity, from which the *arteria innominata* proceeds, and this cavity, which remains unfilled up by lamellated blood, seems left, as if it were for the purpose of transmitting the circulating fluid blood into the *arteria innominata*. If it had not been for this circumstance, there can be no doubt, that the sac would have been completely filled up with the lamellated coagula. But, gentlemen, incomplete as the curative process was, all chance of the aneurism bursting was removed, and the aorta, so far from being diminished in size, is actually larger than in the natural state. This case also shows how an aneurism of the arch of the aorta may make the trachea curve forwards. Here is a view of another aneurism, situated about that part of the aorta, from which the coeliac axis originates, and you will see in the engraving, which is taken from one of Mr. Hodgson's specimens, that the canal of the aorta is preserved, though the sac of the aneurism is completely filled up. In another plate before us, you see an illustration of the fact, that an aneurism may include the whole circumference of an artery, though such a case is rare; here the deposition of lamellated blood in the sac of an aneurism of the femoral artery has taken place in such a way as to leave a channel for the passage of the blood through its centre, larger than the original canal of the artery itself; the sac extends from the origin of the epigastric artery to that of the profunda. This specimen certainly appears to be at variance with the opinion, that an aneurism cannot include the whole circumference of the artery; at all events, the dilatation seemed to Mr. Hodgson to occupy the whole circumference of the vessel, and the lamellated blood was deposited upon the interior of such dilatation,

so as to leave a channel through the centre of the solid mass.

Another mode in which the spontaneous cure of an aneurism may be brought about, is by the pressure of a portion of the aneurismal tumour itself on the artery leading to it; sometimes the tumour will overlap the artery above it, and thus cut off the flow of blood into it. Here the cure is effected on the same principles as are dictated by the most approved surgery.

A third manner in which a spontaneous cure may take place, is when the whole aneurismal tumour happens to inflame, suppurate, or even to mortify: here, if the patient can support all the constitutional disturbance produced by the process, and if the inflammation extend deep enough to block up with coagulable lymph the communication between the artery and the aneurismal sac (for this is essential), a cure will be the result. I have seen a considerable aneurism of the femoral artery cured in this manner, that is to say, by a sloughing of the whole tumour; but if the inflammation should happen not to extend to a sufficient depth, the patient, on the separation of the sloughs, may bleed to death.

Fourthly, a spontaneous cure may be accomplished by the pressure of one aneurism obliterating the artery leading to another aneurism. Mr. Liston, of Edinburgh, had a patient with an aneurism of the subclavian artery, which after a time subsided and got well; he afterwards died suddenly, and on examination, it was found that a cure had been accomplished by the pressure of an aneurism of *arteria innominata* on the subclavian artery, or that leading to the axillary aneurism; the bursting of the former of which had led to the patient's death. The cure took place on the same principle as that where an aneurism cures itself by pressing upon the artery.

In whatever manner the cure is effected, the artery will be found to be converted into a dense impervious cord, those instances excepted to which I have alluded. What would have been the termination in this case (*pointing to the engraving representing the sac of an aneurism of the aorta filled with lamellated blood, through which was left a passage for the blood to flow into the arteria innominata*), it is difficult to say.

Gentlemen, I now come to the consideration of the general principles to be attended to in the treatment of aneurisms. As the enlargement of an aneurism and its ultimate rupture clearly depend on the impetus with which the blood is thrown into the sac, it must be evident to you, that one great principle in the treatment will be to diminish the force of the current of blood into the sac, and even to prevent its continuance altogether. These may be said to be the leading principles in the treatment of aneurisms, either to diminish the force of the current of blood into the aneurism, or to cut it off altogether. The

latter is the only method on which full dependence can be placed, I mean the method of preventing entirely the continuance of the flow of blood into the aneurismal sac. Unfortunately, however, we cannot always put this principle in execution; we cannot always do those things which are necessary to carry it into effect; for instance, we cannot apply the principle to many internal aneurisms. Under these circumstances, we are obliged to be content with such measures as are calculated to reduce the force of the circulation generally, by which means we lessen the velocity of the flow of blood into the sac of the aneurism, as well as into other parts. In an aneurism of the aorta, a very low diet, abstinence from animal food, occasional venesection, the exhibition of digitalis, and the avoidance of rough exercise, constitute the common plan of treatment. I need hardly say, it is necessary to avoid all laborious pursuits, and every thing which tends to accelerate the circulation. The treatment on these principles, which was first suggested by Valsalva, does not often succeed in curing the disease; some instances are indeed mentioned by Pelletan, in which he succeeded in curing aneurism by the employment of these measures, but it is what cannot in general be expected. I have seen an aneurism of the aorta considerably reduced by the first hæmorrhage which took place from it; the sac in this instance burst into the œsophagus; the patient fainted after losing a considerable quantity of blood, some of which escaped by the mouth, and the rest passed into the stomach, the bleeding then stopped, and the patient lived three months after this without any copious return of hæmorrhage. In the meantime, the swelling, which had displaced the scapula in a remarkable degree, completely subsided, seemingly in consequence of the great quantity of blood that had been lost. However, at the end of three months, another hæmorrhage carried the patient off, and, on examination of the body, an ulcerated communication, between the œsophagus and the aneurismal sac, was detected. This case seems completely to prove, that an aneurism, even of the aorta itself, may be considerably diminished by depletion. However, now that I am speaking of copious hæmorrhages, I must give you one caution, which is this, never to take away much blood at a time from a patient afflicted with aortic aneurism; for, if he should happen to faint, there would be a considerable risk of his not reviving. On this account, when you bleed for internal aneurisms, you must take away only a few ounces at a time from a small orifice, and the patient should be bled in the recumbent position. Surgeons of the greatest experience have found, that there is serious risk incurred by exposing the patient to the chance of fainting, by bleeding him too boldly for an aneurism of the aorta.

Sometimes surgeons endeavour to cure external aneurisms, also, on the principle of lessening the impetus of blood into the aneurismal sac; but this treatment has not been

attended with much success. With this object in view, a bandage has been applied with the nicest possible equality on the whole limb, and thus the current of blood through the member has been lessened, and a beneficial effect produced on the disease. Here a different principle is acted on, than when pressure is made with a bandage or tourniquet applied to the artery, immediately above the tumour; the latter plan does not diminish the circulation in the whole limb, but it cuts off the force of the circulation in the portion of the artery leading directly into the sac, but there is great difficulty in fulfilling the latter principle, and, on account of the pain produced, the patient will generally be unable to bear the pressure long enough. The other plan of equable pressure on the whole limb was preferred by Scarpa, but he had not much success with it. When you choose to try pressure, you apply cold to the limb at the same time, and put the patient on such a plan of living as shall lessen the circulation generally; he must be enjoined spare diet; his limb must be kept perfectly quiet, and the pressure applied equally all over it, so as to prevent pain and the risk of gangrene.

We know by experience, that, with respect to external aneurisms, there is only one plan of treatment that can be depended on, and that consists in cutting off the current of blood into the sac, by tying the artery at some convenient point above the tumour, or on that side of it which is nearest the heart. By doing this, we not only cut off the current of blood into the sac for the present, but by applying a ligature on the artery, we do what will lead to such changes in the tied portion of the vessel, as will permanently prevent the blood from entering the sac. When the ligature is applied, the pulsation sometimes immediately ceases altogether, and, in every instance, it is materially reduced, for you must remember, that the ligature does not absolutely and constantly prevent all the blood from entering the tumour, because, after the main artery has been tied, a quantity of that fluid may still pass into the sac through the collateral branches, and this sometimes in sufficient quantity to keep up the pulsation. Nay, such pulsation may even continue for a short time to increase, so as to alarm the practitioner. But this circumstance should not give him much uneasiness, for the operation will seldom fail on this account. The main artery having been tied or obliterated, the current of blood is always considerably retarded, though a small quantity of it may still flow through the sac; hence the lamellated coagula form more quickly, and, after a time, the degree of pulsation which may have continued, or returned, will gradually subside, and the aneurism will ultimately be absorbed. If the throbbing should not abate, or were it to become very strong, it might be right to bleed, employ cold applications, and prescribe digitalis.

To-morrow, gentlemen, I hope to finish all that I have to say on the subject of aneurisms, except what relates to operations for them.

**A LIST OF THE MEDICAL AND SURGICAL SCHOOLS IN LONDON.**

SESSION 1833-34.

**UNIVERSITY OF LONDON.**

**FACULTY OF MEDICINE.**

THE Lectures commence on the 1st of October, and continue to the beginning of May. For the convenience of students, some of the courses may be divided into two parts, and a separate payment be made for each.

The payments stated below for each class are made by students nominated by proprietors: those not nominated pay 5s. additional for every pound until this extra payment amounts to 4l. 10s.

An University fee of 10s. for one class, and 1l. for two or more classes, is paid by each student every session; where, however, the course is of short duration, this fee is diminished. The *Matriculation Fee* of 2l. relieves the student, during the whole course of his study, from the university fee.

All fees are paid at the office of the university, where the student receives his tickets, which he afterwards takes to be countersigned by the Professor. The office is open from nine till five, except on Saturday, when it closes at two.

The payment of the fee for the first division, and double the fee for the second division, gives in most classes perpetual admission, provided the student is matriculated.

Weekly examinations are held in every class; and those pupils only who have regularly attended these examinations will be admitted to contend for honours at the close of the session.

**LECTURES.**

*Anatomy and Physiology*; Professor, Dr. Quain. Every day, except Saturday, from two to three. Payment to the University for the entire course, 7l.; or for the first division, 4l., for the second, 3l. Perpetual, 10l.

The object of these lectures is, to lead the student, by a methodical system of instruction, to a correct knowledge of human anatomy and physiology, and to make him familiar with the applications which should be made of the facts and principles set forth, as well as their subservience to the practical business of medicine and surgery.

The course is divided into three sections. In the first will be considered the solid and fluid constituents of the body—their characters and properties; the division of the solids into their primary tissues,—the classification of these—their conformation and structure, physical and vital properties. This part of the course embraces the subjects usually included under the head "*General Anatomy*," and serves as an introduction to the others, as it affords an opportunity for the explanation of the principles on which the nomenclature of anatomy has been constructed, and of exhibiting some general views of the animal economy.

*Descriptive and Structural Anatomy* forms the subject of the second section. The osseous system with its connecting media (ligaments and cartilages) will be fully described, and then successively, each in its proper order, the muscular system, the vessels and nerves, and the various organs contained within the skull, thorax, and abdomen. The description will comprise all that relates not only to the form, position, and relations of organs, but to their intimate composition and structure.

This section will conclude with a series of demonstrations of the more important regions of the body, viewed in their practical relations to operative surgery.

The third section will be devoted to *Physiology*, and will exhibit general views of the functions and uses of the different parts and organs previously described, considering them in their various adaptations to the support and well-being of the individual, the maintenance of his relations with the external world, and the continuance of the species.

*Morbid Anatomy*; Professor, Dr. Carswell; Tuesdays and Fridays, from ten to eleven. Fee 3l.

The object of this course is to make the student acquainted with the modifications of organisation which constitute a state of disease, or a deviation either of the normal composition or conformation of organs. Considered individually, the physical, anatomical, chemical, and physiological characters of each will be described first; and afterwards the phenomena by which they are characterised, and the modifications which they undergo in the different tissues, systems, and organs of the body, will be pointed out and explained. And as this branch of medicine is intimately connected with the practical study of diseases, the modifications of organisation of which it treats will also be considered in relation to the causes by which they are produced, the effects to which they give rise, and the remedial means which may be employed for their cure or prevention.

Independently of the facilities which the specimens of organic diseases, preserved in the Museum of the University, afford, for the illustration of these lectures, great additional advantage will be derived by the student, from the use which will be made of a large collection of coloured delineations, representing many of the more important organic phenomena, which these diseases present during life or after death. Every effort will likewise be made to obtain recent specimens of disease, that the practical knowledge necessary to be acquired by the student on this subject may be made as complete and useful as possible.

*Practical Anatomy*; Richard Quain, Esq. Eleven to twelve. Payment to the University for the whole course, 5l.; first division, 3l., second division, 2l. Perpetual, 8l.

The demonstrations are intended to form complete courses of instruction in practical anatomy. With this view the body will be considered as divisible into a series of sections

or regions, each of which will be made the subject of separate examination, and its several constituents (bones, muscles, vessels, &c.) fully described before the consideration of any other part is entered on. By pursuing this plan, descriptive anatomy is presented to the pupil in a manner different from that adopted in the Professor's lectures, at the same time that the demonstrations are made subservient to the business of the dissecting room, namely, the study of *Practical Anatomy*.

*Surgical Anatomy* will form a separate section of the spring course. The different regions of the body which most frequently become the seat of accidents or diseases, requiring surgical operations, will be described; the various operations will be performed, and the relative merits of different methods of operation discussed. The students will have an opportunity of repeating the operations under Mr. Quain's direction.

In the dissecting-rooms the pupils will be assisted and directed in their studies during several hours daily.

*Principles and Practice of Medicine*; Professor, Dr. Elliotson, every morning, except Saturday, eight to nine. Payment to the University for the entire course, 5*l.*; first division, 3*l.*; second division, 2*l.*; perpetual 7*l.*

These lectures are illustrated by preparations from the museum of anatomy and a large collection of coloured drawings, exhibiting the various structural changes which disease occasions; and whenever it is practicable, recent morbid specimens will be presented to the class.

*Principles and Practice of Surgery*; Professor, Samuel Cooper, Esq., Monday, Tuesday, Wednesday, and Thursday, seven to eight. Payment to the University for the entire course, 4*l.* 10*s.*; perpetual, 6*l.*

First Division. Injuries and diseases common to the whole or several parts of the body.

Second Division. Injuries and diseases of individual organs and regions.

Third Division. The operations of surgery explained, and demonstrated on the dead subject.

*Midwifery and Diseases of Women and Children*; Professor, Dr. D. Davis, every morning, nine to ten. Payment to the University for the entire course, 5*l.*; first division, 3*l.*; second division, 2*l.*; perpetual, 7*l.*

The subjects of this course will be included under three principal departments, viz. anatomical, physiological, and pathological or practical: the two former treat of the structures and functions of the parts and organs concerned in the practice of midwifery; the latter, of the actual practice of the art itself.

Under this principal division of the course will be given instructions for the obstetric and medical treatment of all varieties of labours, natural, preternatural, complex, and instrumental, together with ample histories of the most important diseases incident to the human female during the several epochs of her life,

but most especially during pregnancy, and in the puerperal state.

The last section of the course will treat of the principal ailments of infants during the month; of eruptive and other diseases of the skin; of diseases of the alimentary organs; of the morbid phenomena incident to the process of dentition; of convulsions, and of hydrocephalus.

*Materia Medica and Therapeutics*; Professor, Dr. A. T. Thomson, daily, except Saturday, three to four. Payment to the University for the entire course, 6*l.*; first division, 3*l.*; second division, 3*l.*; perpetual, 9*l.*

This course is intended to render the medical student familiar not only with the materials which he is to employ in combating disease; but to teach him also what parts of these materials are active, what inert; and how they operate on the animal economy in the treatment of diseases. For this purpose the various substances employed as medicines are exhibited and described first in their natural state, and afterwards in the form of the different preparations into which they enter. The active principles of each are separated and described; and in many instances the operations necessary for this purpose are performed before the students.

One object of this course is to demonstrate to the pupils the circumstances which modify the effects of medicinal agents on the diseased body. Every part of the course is intended to have a strict reference to practical utility.

For the illustration of his lectures, the Professor of this department has formed a museum, to which the students of his class have access under certain regulations.

Instructions in pharmaceutical chemistry will be given to private pupils in the Professor's laboratory.

*Chemistry*; Professor, Dr. Turner, daily, except Saturday, ten to eleven. Payment to the University for the entire course, 7*l.*; first division, 4*l.*; second division, 3*l.*; perpetual, 10*l.*

The first two weeks will be employed in taking a general view of the whole science. The following subjects will then be discussed:

1. Heat;—its properties, and its employment in the arts in domestic economy, and in chemistry.

2. Light, chiefly in its chemical relations.

3. Electricity and galvanism.

4. Chemical affinity, doctrine of definite proportions, and the atomic theory.

During the months of January, February, and March, the Professor will give a history of the elementary substances and their more immediate compounds, in the following order:

1. History and properties of the twelve non-metallic bodies, such as oxygen, hydrogen, &c.; and of their binary compounds, such as sulphuric and nitric acids, ammonia, carburetted hydrogen, &c.

2. History and properties of the metals, and their compounds—



3. *a.* With the non-metallic bodies; such as oxides, chlorides, &c.

*b.* With each other; such as brass, pinchbeck, and other alloys.

3. History of the salts, or the compounds formed by the union of acids and alkaline substances.

4. The nature, properties, and analysis of mineral waters.

The description of organic substances will then be entered on, divided into the two departments of animal and vegetable chemistry.

The subjects discussed in the lectures will be illustrated by experiments, diagrams, and preparations; and a proper course of reading on chemistry will be indicated.

It is an essential part of this course to point out the useful application of the facts and doctrines of chemistry. Accordingly, the processes of the chemical arts, such as bleaching, dyeing, brewing, distilling, &c. will be described and illustrated. The operations of metallurgy and assaying, by which metals are extracted from their ores, and the value of such ores determined, will likewise be considered. The connexion of chemistry with medicine will be traced:—by teaching how to detect the presence of poisonous substances, and to destroy their energy;—by discussing those departments of physiology and pathology which admit of being elucidated by chemistry;—and by explaining the nature of those pharmaceutical preparations which may be regarded as pure chemical compounds, or are produced by complex chemical processes. The chemical phenomena of the material world will also be described;—as, for example, meteorological appearances,—the formation and composition of minerals,—and the changes produced on the surface of the earth by chemical agency.

The Professor will receive a few private pupils, who may work daily in the laboratory in the study of experimental and analytical chemistry. He will give information on the subject to those who apply to him.

*Comparative Anatomy*; Professor, Dr. Grant, daily, except Saturday, three to four. Payment to the University 3*l.*, commencing the 1st of October, and continuing to the 1st of January.

In this course the organisation of the whole animal kingdom is considered. The varieties presented by the internal organs, and the modifications of their functions, are examined in every class of animals. The lectures and demonstrations are illustrated by recent dissections, by an extensive series of zootomical preparations, and by drawings, &c. The osseous and muscular systems are first examined, from the highest to the lowest classes, and the nervous system and organs of the senses are treated of in the same descending order. The various organs connected with digestion, circulation, and respiration, the structure of the secreting and excreting organs, the structure and development of the gene-

rative organs, and the various modes of reproduction, are examined in all the classes of the animal kingdom.

The physiological details connected with the structure and development of the different systems of organs, and the applications of the facts of comparative anatomy to the structure and physiology of man, and to zoology, geology, and other sciences, are pointed out while demonstrating the various forms of internal organisation presented by the inferior animals.

A second course of comparative anatomy will commence on the 1st of January, and will continue to the 1st of April.

*Medical Jurisprudence*; Professor, Dr. A. T. Thomson, Wednesday and Friday, four to five.

This subject is now prescribed as a branch of medical education by the regulations of the Society of Apothecaries.

The medical and toxicological departments of the course will be fully treated; and the application of tests, and the various manipulations for the discovery of poisons rendered familiar to the student, whilst the physiological effects of poisons on the animal system, and treatment of the symptoms induced by them, with the appearances which they leave on the body, when they prove fatal, will be indicated.

The object of the legal part of the course will be to point out the description of medical information required in different judicial investigations, and to show, by examples from actual trials, the proper conduct to be adopted by medical men under various circumstances, with a view to the admissibility and value of the testimony that may be expected from them. It will be endeavoured to give the student as practical a notion as possible of the situations in which he may be placed, whether in respect of the receiving or the preparing of medical evidence, or afterwards of communicating it in the presence of a court of justice.

*Botany*; Professor, Dr. Lindley, Tuesday, Thursday, Friday, and Saturday, eight to nine A. M.

The course for the medical school will commence early in October, and will continue for about six weeks five times a week, one lecture in each week being in the form of an examination; after which there will be a suspension of the lectures till the 1st of April, when they will be resumed for six weeks more.

The autumn course will consist of botanical demonstrations, and an explanation of the manner of judging of the properties and internal organisation of plants by their external characters. The spring course will be occupied in considering the physiology and comparative anatomy of vegetation, and will comprehend the application of these branches of science to agriculture, horticulture, and systematic arrangement.

Payment to the University, 3*l.* Perpetual, 6*l.*

The course is subdivided in this manner in order to enable the students in the medical school to complete their course of botany along with the medical classes, and to meet the regulations of the Society of Apothecaries, and those under which the University diploma is granted. But it would be highly to the advantage of students if they were to extend their attendance to the summer course, terminating in the end of June. Although it answers nominally to that of the autumn, yet the subjects employed in illustration will be so different, that the student will not only have a second opportunity of gaining a practical knowledge of botany, but may do so upon new ground.

Payment to the University for the autumn and spring courses, 4*l*.

The lectures are abundantly supplied with specimens, and are illustrated by drawings, and the occasional use of the microscope.

**HOSPITAL AND DISPENSARY.**

A hospital has been founded immediately opposite the University, and its erection is rapidly advancing.

The Dispensary in George-street, Euston-square, is attended by four of the medical officers of the University. Fee for twelve months' attendance, 6*l*. 6*s*. House Surgeon and Apothecary, J. Hogg, M.D.

As soon as the hospital shall be opened for the reception of patients, the dispensary will merge in the hospital.

The Museum of Anatomy and a Medical and General Library are open to the medical students, every day from nine in the morning till nine in the evening.

The Council give a certificate of proficiency, which in the medical faculty is called "The Diploma of Master of Medicine and Surgery in the University of London," under conditions which may be learnt at the office.

*Veterinary Medicine and Surgery*; Lecturer, William Youatt, Esq. These lectures commence on the 1st of November, and will be continued until the 1st of July, with a division at the end of February. Monday and Friday, from six to seven; Tuesday and Thursday, from half-past four to half-past five. Fee for the whole course, 5*l*.; or, for the first division, 3*l*.; second division, 2*l*. Perpetual, 7*l*.

In these lectures the structure of the horse, the ox, the sheep, and the dog, will be described, with especial relation to their usefulness:—the diseases to which they are liable, the nature and causes of those diseases, and the medical and general treatment of all domesticated animals, will be taught. To the medical student these lectures will show the difference of disease as depending on difference in the structure of animals, and the great difference in the treatment of the same disease, and the effects of the same medicine. To the agriculturist they will unfold the principles on which the usefulness

and health of the horse and cattle depend, and they will prepare the veterinary pupil for the practice of his profession. The whole will be illustrated by a veterinary museum.

(By order of the Council.)  
THOMAS COATES, *Secretary.*

May, 1833.

**KING'S COLLEGE,  
MEDICAL STUDENTS.**

In establishing a School of Medicine and Surgery in King's College, the Council have been influenced by the belief, that many individuals who intend their sons for the medical profession, will gladly embrace an opportunity of placing them in connexion with an institution, which has for its principal object to educate the rising generation in the doctrines of Christianity, as taught by the established church, and to fix in their minds the true principles of morality. They believe, likewise, that every one who has the welfare of society at heart, and who has considered the most effectual means of promoting it, will feel an especial interest in the success of this part of their undertaking; under the conviction, that the duties which devolve upon the medical profession are such as to render the religious and moral character of its members not less important than their practical and scientific attainments.

The Council are indeed aware that the great majority of medical students, during the time of their residence in the metropolis, have so many demands on their attention within the limits of their own peculiar pursuits, as to leave them but little leisure for other branches of study. They expect, however, that all who belong to the class of King's College students of medicine and surgery, will be regular in their attendance at divine worship in the College chapel on Sundays in the forenoon; and they hope that the students may be able to avail themselves, to a certain extent at least, of the opportunities of religious instruction offered by the lectures of the principal.

The Council earnestly recommend, that those who have it in their power, should devote themselves for some time to the general studies of the College before they enter upon that course of instruction, which is more exclusively professional.

The medical classes in King's College open on the first of October, and close early in May.

The session is divided into two terms, of which the second begins on the twenty-first of January.

Those who are desirous of attending the medical and surgical lectures at King's College, have the option of entering, either as King's College medical students, to go through a fixed course of professional study, or as occasional pupils, to attend the lectures of particular professors.

The course of study which King's College medical students are expected to follow, comprises all those subjects, a knowledge of which, attested by certificates of attendance upon lectures, is required by the College of Surgeons and by the Society of Apothecaries, as a condition of obtaining their respective diplomas.

King's College students have the privilege of competing for all the prizes, which are offered annually for superior proficiency in the subjects of the lectures. The gold medals given for general medical proficiency are exclusively awarded to King's College regular students. Those among the occasional students, who enter as perpetual pupils to the lectures of any single professor, are at liberty to compete for the prizes offered in their class.

The regular students of the College have access to the general, as well as the medical library, and are allowed the use of the books. They are alone permitted to wear the College gown.

Special certificates, in addition to those which relate to medical proficiency, are given for general correctness and propriety of conduct in the College, and for regularity of attendance at divine service; also to those students who shall have attended the lectures on religious and moral subjects, and shall be found to have profited by them.

*Terms of attendance upon the Medical and Surgical Lectures separately, when the Student shall not enter for the whole course of medical study.*

*Anatomy, Physiology, and Pathological Anatomy*, by Herbert Mayo, Esq. F.R.S., Surgeon to the Middlesex Hospital. First course, 5*l.* 5*s.*; second course, 4*l.* 4*s.*; third course, 3*l.* 3*s.*; unlimited attendance, 10*l.* 10*s.*

*Anatomical Demonstrations*, by Richard Partridge, Esq. First course, 3*l.* 3*s.*; second course, 3*l.* 3*s.*; third course, 2*l.* 2*s.*; fourth course, 2*l.* 2*s.*; unlimited attendance, 8*l.* 8*s.*

*Botany*, by Gilbert Burnett, Esq. F.L.S. First course, 3*l.* 3*s.*; second course, 2*l.* 2*s.*; unlimited attendance, 4*l.* 4*s.*

*Chemistry*, by J. P. Daniell, Esq. F.R.S. First course, 4*l.* 4*s.*; second course, 3*l.* 3*s.*; third course, 3*l.* 3*s.*; unlimited attendance, 8*l.* 8*s.*

*Materia Medica and Therapeutics*, by Bissett Hawkins, M.D. First course, 3*l.* 3*s.*; second course, 2*l.* 2*s.*; third course, 2*l.* 2*s.*; unlimited attendance, 6*l.* 6*s.*

*Medicine, Principles and Practice of*, by Francis Hawkins, M.D., Physician to the Middlesex hospital. First course, 3*l.* 3*s.*; second course, 2*l.* 2*s.*; third course, 2*l.* 2*s.*; unlimited attendance, 6*l.* 6*s.*

*Forensic Medicine*, by Thomas Watson, M.D., Physician to the Middlesex Hospital. First course, 3*l.* 3*s.*; second course, 2*l.* 2*s.*; unlimited attendance, 4*l.* 4*s.*

*Midwifery, and Diseases of Women and Children*, by Robert Ferguson, M.D. First

course, 3*l.* 3*s.*; second course, 2*l.* 2*s.*; third course, 2*l.* 2*s.*; fourth course, 2*l.* 2*s.*; unlimited attendance, 6*l.* 6*s.*

*Surgery, Principles and Practice of*, by J. H. Green, Esq. F.R.S., Surgeon to St. Thomas's Hospital. First course, 4*l.* 4*s.*; second course, 3*l.* 3*s.*; unlimited attendance, 6*l.* 6*s.*

Two courses of lectures are delivered during the session upon each of the following subjects:—*Anatomy, Materia Medica and Midwifery*; a single course is given upon *Forensic Medicine*; and upon each of the remaining subjects a single extended course, divided into two parts.

The course of study which the King's College medical students are required to attend, in order to enable them to pass the examinations at the College of Surgeons and Apothecaries' Hall, comprises the following lectures, of which the terms are annexed:—

	Course.		Payment.	
	£.	s.	£.	s.
Anatomy, Physiology, and Pathological Anatomy . . . . .	4	10	10	
Anatomical Demonstrations, with Dissections . . . . .	4	8	8	
Botany . . . . .	1	3	3	
Chemistry . . . . .	2	7	7	
Materia Medica . . . . .	2	5	5	
Medicine, Practice of . . . . .	2	5	5	
Forensic Medicine . . . . .	1	3	3	
Midwifery . . . . .	2	5	5	
Surgery . . . . .	2	6	6	
			£54	12

For students nominated by proprietors this sum is reduced to Fifty Pounds.

The payment for attendance, as King's College medical students, may be made either at once, or half the sum may be paid at the commencement of the first term, and the remainder at the commencement of the second term of their attendance. Medical students are allowed to begin their attendance either in the October or January term. King's College medical students pay a *Matriculation Fee* of 1*l.* 1*s.* on their admission; as well as a *fee* of 1*l.* 1*s.* for admission to the medical reading-room, and the use of the books, both in that and the general library, so long as they shall attend any of the College courses of lectures.

A Museum and Library are attached to the College, to which, under proper regulations, the students have daily access.

Those who desire it have the opportunity of attending a course of medical Latin, for which the fee is 3*l.* 3*s.* each term, for instruction four hours in each week.

*The following are the days and hours when the different Lectures in the Medical Department are delivered.*

*Botany*.—Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday, from 8 to 10 in the forenoon, in the early part of the October term; and in the Spring, every day ex-

ending Wednesday, when the lecture begins at 3 o'clock.

*Principles and Practice of Medicine*—Monday, Wednesday, and Friday, from 9 to 10 in the forenoon.

*Chemistry*—Tuesday, Thursday, and Saturday, from 9 to 10 in the forenoon.

*Anatomical Demonstrations*\*—Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday, from 10½ to 11 in the forenoon.

*Materia Medica and Therapeutics*—Monday, Wednesday, and Friday, from 11 to 12 in the forenoon.

*Midwifery, and the Diseases of Women and Children*—Tuesday, Thursday, and Saturday, from 11 to 12 in the forenoon.

Interval for hospital attendance, or Practical Anatomy, from 12 to 3 o'clock.

*Anatomy, Physiology, and Pathological Anatomy*—Monday, Tuesday, Thursday, Friday, and Saturday, from half-past 2 to half-past 3 in the afternoon.

*Principles and Practice of Surgery*—Monday, Wednesday, and Friday, from 8 to 9, P.M.

*Forensic Medicine*—Tuesday, and Thursday, from 4 to 5, P.M.

#### ST. BARTHOLOMEW'S HOSPITAL.

The medical officers and lecturers of the hospital announce, that, at the conclusion of the season, a competition will be opened in each department of the school, to those students who may be disposed to engage in it; and that prizes, with other distinctions, will be publicly awarded to such as may show superior talents and proficiency.

##### LECTURES.

*Medicine*, by Clement Hue, M.D., Fellow of the Royal College of Physicians, and Physician to St. Bartholomew's and the Foundling Hospitals; on Tuesdays, Thursdays, and Saturdays, at ten o'clock in the morning.—Terms: Single course, four guineas; perpetual, seven guineas.

*Clinical Lectures on Medicine*, by Clement Hue, M.D.

*Clinical Lectures on Medicine*, (in the wards of the hospital,) on Mondays and Wednesdays, at eight o'clock in the morning, by P. M. Latham, M.D., Fellow of the Royal College of Physicians, and Physician to the Hospital.

*Surgery*, by William Lawrence, F.R.S., Surgeon to the Hospital; on Mondays, Wednesdays, and Fridays, at seven o'clock in the evening.—Terms: One course, five guineas; unlimited, eight guineas.

*Occasional Clinical Lectures on Surgery*, by Henry Earle, F.R.S., Surgeon to the Hospital.

*Chemistry*, by Clement Hue, M.D.; on Mondays, Wednesdays, and Fridays, at ten o'clock in the morning.—Terms: Single course, four guineas; perpetual, eight guineas.

*Materia Medica and Pharmacy*, by Clement Hue, M.D., on Tuesdays, Thursdays, and Saturdays, at a quarter-past eleven in the morning.—Terms: Single course, three guineas; perpetual, four guineas.

N. B.—Gentlemen entering as perpetual pupils to both the lectures on medicine and chemistry, are considered as perpetual also to materia medica and clinical lectures.

*Natural and Morbid Anatomy and Physiology*, by Edward Stanley, F.R.S., Assistant-Surgeon to the Hospital, daily, at half-past two o'clock.—Terms: First course, five guineas; second course, four guineas; third course, three guineas; unlimited, ten guineas.

*Practical Anatomy, with Demonstrations*, by Mr. Wormald.—Terms: Single course, three guineas; unlimited, ten guineas. The demonstrations daily, at nine in the morning.

*Midwifery, and the Diseases of Women and Children*, by John T. Conquest, M.D., F.R.S., on Tuesdays, Thursdays, and Saturdays, at seven o'clock in the evening.—Terms: One course, three guineas; two courses, five guineas; perpetual, eight guineas.

*Forensic Medicine*, by George Leith Roupell, M.D., Fellow of the Royal College of Physicians, and Physician to the Foundling and Seamen's Hospitals, and George Burrows, M.D., Fellow of Caius College, Cambridge, and of the Royal College of Physicians, London, on Mondays, Wednesdays, and Fridays, at eleven o'clock in the morning.—Terms: One course, three guineas; perpetual, four guineas.

*Botany*, by Frederic John Farre, M.A., L.M., daily, at four o'clock.—Terms: One course, two guineas; perpetual, three guineas. Herbarising excursions during the summer.

The museum of anatomy is open every day. Reading room, with a library of reference for the use of the students.

Morbid inspections as opportunities occur.

#### GUY'S HOSPITAL.

*Theory and Practice of Medicine*; Dr. Bright and Dr. Addison, Mondays, Wednesdays, and Fridays, at half-past three o'clock. First course, 4l. 4s.; second course, 3l. 3s.; third and to be perpetual, 2l. 2s. Two courses paid for at once, 6l. 6s.; to be perpetual, 3l. 3s.; three courses, ditto, 7l. 7s.; to be perpetual, 2l. 2s. Perpetual, at one payment, 8l. 8s.

*Materia Medica and Therapeutics*; Dr. Addison, Tuesdays and Fridays, at seven in the evening, and Wednesday mornings at half-past nine. First course, 3l. 3s.; second course, and to be perpetual, 2l. 2s. Perpetual, at one payment, 4l. 4s.

*Morbid Anatomy*; Dr. Hodgkin, Curator of the Museum; demonstrations at one o'clock. Lectures perpetual, 2l. 2s.

\* The Demonstrator is present in the dissecting rooms from 11 till 3 o'clock every day.

*Clinical Lectures* will be given by the physicians.

*Midwifery and Diseases of Women and Children*; Dr. Blundell, daily, at a quarter before eight in the morning. By single course, each 3*l.* 3*s.*; two courses, paid for at once, 5*l.* 5*s.*; third, fourth, and fifth, each 2*l.* 2*s.* Perpetual, after four single courses, or at one payment, 10*l.* 10*s.*

*Physiology or Laws of the Animal Economy*; Dr. Blundell, Mondays and Wednesdays, at half-past six in the evening. Single course, 2*l.* 2*s.*; second course, and to be perpetual, 2*l.* 2*s.*; perpetual, at one payment, 3*l.* 3*s.* Pupils of two or more courses of midwifery become perpetual to this by entering for one course.

*Botany and Entomology*; Mr. C. Johnson, Thursdays at half-past three, Mondays and Fridays at ten. Perpetual, 2*l.* 2*s.*

*Principles and Practice of Chemistry*; Mr. Arthur Aikin and Mr. A. Taylor, Tuesdays, Thursdays, and Saturdays, at a quarter before ten o'clock. First course, 4*l.* 4*s.*; second course, 3*l.* 3*s.*; third and to be perpetual, 2*l.* 2*s.*; two courses paid for at once, 6*l.* 6*s.*; to be perpetual, 3*l.* 3*s.*; three courses, ditto, 7*l.* 7*s.*; to be perpetual, 2*l.* 2*s.*; perpetual, at one payment, 8*l.* 8*s.*

*Medical Jurisprudence*; Mr. A. Taylor, Tuesdays and Saturdays, at half-past three. Single course, 3*l.* 3*s.*; perpetual, 4*l.* 4*s.*

*Physicians' Pupils*; perpetual, 24*l.* 4*s.*; one year, 15*l.* 15*s.*

*Anatomy and Operations of Surgery*; Mr. Bransby Cooper, daily, at two o'clock. The lectures on the anatomy and diseases of the teeth will be given by Mr. Thomas Bell.

## LECTURES.

One course, 5*l.* 5*s.*; two courses, at one payment, 9*l.* 9*s.*; a third course, and to be perpetual, 2*l.* 2*s.*; perpetual, at one payment, 10*l.* 10*s.*

## DISSECTIONS.

Single course, each 3*l.* 3*s.*; perpetual, after four single courses, or at one payment, 10*l.* 10*s.*

*Demonstrators*; Mr. Edward Cock and Mr. Hilton.

*Principles, Practice, and Operations of Surgery*; Mr. Key and Mr. Morgan, Tuesdays, and Fridays, at eight in the evening. Single course, extending from October to April inclusive) 3*l.* 3*s.*; perpetual, after two single courses, or at one payment, 5*l.* 5*s.*

*Comparative Anatomy*; Mr. Thomas Bell, Saturdays, at six. Perpetual, 2*l.* 2*s.*

*Eye Infirmary*; Mr. Morgan, Wednesdays and Saturdays, at twelve.

Sir Astley Cooper, Bart., consulting surgeon.

*Clinical Instructions* will be given by the surgeons, and on the diseases of women by Dr. Blundell, assisted by Mr. Ashwell.

*Surgeon's Dresser*; one year, 5*l.* 2*s.*; six months, 3*l.* 12*s.*

*Surgeon's Pupil*; twelve months, 26*l.* 6*s.*; six months, 20*l.*

entry within two months, 6*l.* 11*s.* Pupils entering to the surgical practice of Guy's Hospital are allowed to attend that of St. Thomas's.

*Experimental Philosophy*; Mr. W. M. Higgins, Wednesdays at five, and Thursdays at six in the evening. Single course, 2*l.* 2*s.*; perpetual, 3*l.* 3*s.*

Pupils will be permitted the use of the library, reading room, and botanic garden, subject to regulations.

N. B. The above lectures are so arranged as not to interfere with each other, nor with the physician's and surgeon's practice.

Mr. Stocker, Apothecary to Guy's Hospital, is authorised to enter to any of these lectures, &c.

Catalogues of the museum may be had by the pupils at the Steward's Office.

No certificate will be given for the Autumnal courses before January, nor for the Spring courses before May.

## ST. THOMAS'S HOSPITAL.

## LECTURES.

*Theory and Practice of Medicine*; Dr. Williams; Mondays, Wednesdays, and Fridays, at ten o'clock. First course, 3*l.* 3*s.*; second course, 2*l.* 2*s.*; perpetual, 6*l.* 6*s.*

*Principles and Practice of General and Pharmaceutical Chemistry*; Mr. R. Phillips, F.R.S.; Tuesdays, Thursdays, and Saturdays, at a quarter before ten o'clock. First course, 4*l.* 4*s.*; second course, 2*l.* 2*s.*; perpetual, 6*l.* 6*s.*

*Materia Medica and Therapeutics*; Dr. Burton; Mondays, Wednesdays, and Fridays, at four o'clock. First course, 3*l.* 3*s.*; second course, 2*l.* 2*s.*; perpetual, 4*l.* 4*s.*

N. B. The specimens of the materia medica will be open for the inspection of his pupils.

*Midwifery and the Diseases of Women and Children*; Dr. Ashburner and Dr. Rigby; Tuesdays, Thursdays, and Saturdays, at four o'clock. First course, 3*l.* 3*s.*; second course, 2*l.* 2*s.*; perpetual, 5*l.* 5*s.*; labours free of expense.

*Medical Jurisprudence*; Dr. Lister and Mr. R. Phillips, F.R.S.; Tuesdays and Saturdays, at a quarter past eleven. Single course, 3*l.* 3*s.*; perpetual, 4*l.* 4*s.*

*Botany*; first course, 1*l.* 1*s.*; perpetual, 2*l.* 2*s.*

*Medical Practice*; physician's pupil, two years, 24*l.* 3*s.*; one year, 15*l.* 15*s.* The physicians make their visits daily, at one o'clock; Dr. Williams on Mondays and Thursdays; Dr. Elliotson on Tuesdays and Fridays; Dr. Roots on Wednesdays and Saturdays; Dr. Burton sees the out-patients on Thursdays and Saturdays at eleven. Clinical lectures will be delivered to the physicians' pupils by Dr. Elliotson and Dr. Roots.

N. B. The Apothecaries' Hall requires candidates to attend the following courses of lectures:

*Chemistry*, two courses, each course consisting of not less than forty-five lectures.

*Materia Medica and Therapeutics*, two courses, each course consisting of no less than forty-five lectures.

*Anatomy and Physiology*, } two courses,  
*Anatomical Demonstrations*, }  
of the same extent as required by the Royal College of Surgeons, of London.

*Principles and Practice of Medicine*, two courses, each course consisting of not less than forty-five lectures, to be attended subsequently to the first course of lectures on chemistry, materia medica, and anatomy and physiology.

*Botany*, one course.

*Midwifery and the Diseases of Women and Children*, two courses; *Forensic Medicine*, one course, to be attended during the second year.

And twelve months\*, at least, the Physician's practice at a hospital (containing not less than sixty beds,) such attendance to commence the second year.

Students are moreover recommended diligently to avail themselves of instruction in *morbid anatomy*, and to attend *clinical lectures*.

*Anatomy, Physiology, and Operations of Surgery*; Mr. Tyrrell, and Mr. John F. South, daily, at half-past two o'clock. Lectures; first course, 5*l.* 5*s.*; second course, 4*l.* 4*s.*; perpetual, 10*l.* 10*s.* Dissections and demonstrations; first course, 5*l.* 5*s.*; second course, 4*l.* 4*s.*; perpetual, 10*l.* 10*s.*

*Anatomical Demonstrations*; Mr. S. Solly, Mr. B. Travers and Mr. Clark, daily, at nine o'clock.

*Principles and Practice of Surgery*; Mr. Tyrrell, Mondays, Wednesdays, and Fridays, at seven in the evening. Single course, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.*

*Surgical Practice*; dresser, one year, 5*l.* 2*s.*; six months, 3*l.* 12*s.*; surgeon's pupil, one year, 26*l.* 6*s.*; six months, 20*l.* 0*s.*; a second entry, if within two months, 6*l.* 12*s.*

The surgeons make their visits daily; Mr. Travers on Mondays and Thursdays at one o'clock; Mr. Green on Tuesdays and Fridays at one o'clock; Mr. Tyrrell on Wednesdays and Saturdays at half-past eight o'clock, A. M.; Mr. Tyrrell sees the out-patients on Wednesdays at eight o'clock; on Fridays operations are performed.

Clinical lectures will be given to the dressers, and surgeons' pupils, by Mr. Green and Mr. Tyrrell. Pupils entering to the surgical practice of St. Thomas's hospital, are allowed to attend that of Guy's.

N.B. The College of Surgeons requires candidates to bring proof, 1, of being twenty-two years of age; 2, of having been engaged six years in the acquirement of professional knowledge; 3, of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during two anatomical seasons\*; 4, of having attended at

least two courses of lectures on surgery, delivered at two distinct periods or seasons, each course to comprise not less than sixty lectures; 5, of having attended lectures on the practice of physic, on chemistry, and on midwifery during six months; and on botany and materia medica during three months; 6, of having attended during twelve months the surgical practice of a recognised hospital in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or for six months in any one of such hospitals and twelve months in any recognised provincial hospital.

Mr. Whitfield, apothecary to St. Thomas's hospital, is empowered to enter gentlemen who may wish to attend any of the above lectures, or the practice of the hospital.

*Library*. Gentlemen who enter to the practice or the lectures at this hospital are allowed the use of the library and of the reading-room, so long as they continue attending as pupils, on the payment of one guinea.

#### LONDON HOSPITAL.

##### LECTURES.

*Principles and Practice of Medicine*; Dr. Billing and Dr. Davis. Winter division, Tuesdays, Thursdays, and Fridays, at half-past three. Spring division, Tuesdays, Thursdays, and Saturdays, at eight P. M. One course, 4*l.* 4*s.*; two courses, 6*l.* 6*s.*; perpetual, 7*l.* 7*s.*

*Materia Medica and Therapeutics*; Dr. Cobb, Wednesdays and Fridays, at nine A. M. One course, 3*l.* 3*s.*; two courses, 4*l.* 4*s.*; perpetual, 4*l.* 4*s.*

*Midwifery, and Diseases of Women and Children*; Dr. F. H. Ramsbotham, Tuesdays, Thursdays, and Saturdays, at ten A. M. One course, 3*l.* 3*s.*; two courses, 5*l.* 5*s.*; perpetual, 7*l.* 7*s.*

*Chemistry, General and Pharmaceutic*; Mr. Pereira, Mondays, Wednesdays, and Fridays, at ten A. M. One course, 4*l.* 4*s.*; two courses, 7*l.* 7*s.*; perpetual, 8*l.* 8*s.*

*Medical Jurisprudence*; Dr. Cobb, Dr. F. H. Ramsbotham, and Mr. Pereira, Saturdays, at half-past three. One course, 3*l.* 3*s.*; two courses, 4*l.* 4*s.*; perpetual, 4*l.* 4*s.*

*Anatomy, Physiology, and Operations of Surgery*; Mr. Luke, Mr. Hamilton, and Mr. Adams, daily, at half-past two. One course, 5*l.* 5*s.*; two courses, 9*l.* 9*s.*; perpetual, 10*l.* 10*s.*

*Surgery, Principles and Practice of*; Mr. John Scott, Mondays and Wednesdays, at se-

extend from October to April inclusive, and to comprise at least 140 lectures on anatomy and physiology, occupying not less than one hour each, given on separate days; and at least 100 demonstrations of the like duration, given in a similar manner; exclusive of dissections, of which distinct certificates are required.

\* An anatomical season is understood to

ven P. M. One course, 3*l.* 3*s.*; two courses, 5*l.* 5*s.*

*Anatomy, Practical with Demonstrations*; Mr. Hamilton and Mr. Adams, daily, at a quarter-past eleven. One course, 3*l.* 3*s.*; two courses, 6*l.* 6*s.*; perpetual, 10*l.* 10*s.*

One of the demonstrators daily attends in the dissecting room, from eleven to four.

*Botany, Medical and General*; Mr. Pereira. One course, 2*l.* 2*s.*; two courses, 3*l.* 3*s.*; perpetual, 3*l.* 3*s.*

General fee for attendance upon all the above lectures, qualifying for Royal College of Surgeons and Apothecaries' Hall, 50*l.*

*Phrenology*; with Gall and Spurzheim's views of the brain, human and comparative, by Mr. H. Haley Holm.

*Hospital Practice*; physicians, Dr. Framp-ton, Dr. Billing, Dr. Gordon; surgeons, Sir William Blizard, Mr. Andrews, Mr. John Scott.

Physicians' pupil, twelve months, 10*l.* 10*s.*; perpetual, 21*l.*; apothecaries' fee, 1*l.* 1*s.*; surgeons' pupil, twelve months, 21*l.*; ditto as dressing pupil, 31*l.* 10*s.*; six ditto ditto, 21*l.* library, 1*l.* 1*s.*

*Clinical Lectures* by the physicians and surgeons.

#### ST. GEORGE'S HOSPITAL.

The following courses of lectures (which are not restricted to the pupils of the hospital) will be given during the winter season, commencing October 1st.

*Theory and Practice of Physic*, by Dr. Chambers and Dr. Macleod, on Monday, Wednesday, and Friday, at half-past eleven. Each course, separately, 3*l.* 3*s.*; two courses, at one payment, 5*l.* 5*s.*; perpetual, 6*l.* 6*s.*

*Theory and Practice of Surgery*, by Mr. Cæsar Hawkins and Mr. G. Babington, on Monday, Wednesday, and Friday, at eight in the evening. Each course, lasting the whole season, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.*

*Materia Medica*, by Dr. Macleod and Dr. Seymour, on Tuesday, Thursday, and Saturday, at half-past eleven. Each course, separately, 3*l.* 3*s.*; two courses, at one payment, 5*l.* 5*s.*; perpetual, 6*l.* 6*s.*

*Midwifery, and the Diseases of Women and Children*, by Mr. Stone, conjointly with Dr. Henry Davies, on Monday, Wednesday, and Friday, at nine. Each course, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.*

*Medical Jurisprudence*, by Dr. Seymour and Mr. Cæsar Hawkins, on Tuesdays and Thursdays, at half-past seven in the evening. Each course, 3*l.* 3*s.*; perpetual, 4*l.* 4*s.*

*Botany*, by Dr. Dickson, on Tuesday, Thursday, and Saturday, at a quarter to four; one half of the course being given in October, and the other half in April. One course, 3*l.* 3*s.* perpetual, 4*l.* 4*s.*

Physicians' pupils admitted to attend the practice of the physicians; for nine months, to pay 12*l.* 12*s.*; for one year, 16*l.* 16*s.*; per-

petual pupils, 25*l.* 4*s.* Every pupil, on admission, is to pay one guinea to the apothecary. Clinical lectures are given gratuitously to the pupils of the hospital, by Dr. Seymour and Dr. Wilson; and lectures on pathology by Dr. Wilson, of which notice will be given.

Surgeons' pupils admitted to attend the practice of the surgeons; for six months, to pay 15*l.* 15*s.*; for one year, 21*l.*; perpetual, 52*l.* 10*s.* Pupils entering for twelve months are allowed to dress the patients for three months without additional fee; the perpetual pupils are entitled to dress twice, and also to be house surgeons, when properly qualified for the office.

Clinical lectures are given gratuitously to the pupils of the hospital by Mr. Hawkins and Mr. Babington, of which notice will be given.

Reception of patients on Wednesdays; operations on Thursdays, at one o'clock.—The physicians and surgeons attend almost daily at half-past twelve.

#### THEATRE OF ANATOMY, Adjoining St. George's Hospital.

Two courses of lectures will be delivered by James Arthur Wilson, M. D., Fellow of the Royal College of Physicians, and one of the Physicians of St. George's Hospital; and by Mr. Samuel Lane, Member of the Royal College of Surgeons.

These lectures will embrace a complete system of *Anatomy, Physiology, Pathology, and Surgical Anatomy*. The healthy structure of the human body will be fully described in each of the two courses. Its functions and uses, with the changes to which it is subjected by disease, will be more particularly considered in the second course.

At the close of the spring course, the *Operations of Surgery* will be performed and explained.

The first course will commence on Tuesday the 1st of October, and will terminate in the middle of January. The second course will commence on the 20th of January, and terminate early in May.—A lecture will be given daily, at half-past two o'clock.

#### DISSECTIONS AND DEMONSTRATIONS.

Two courses of *Demonstrations* will be delivered by Mr. Lane and Mr. Harrison, Members of the Royal College of Surgeons.

The dissections will commence on the 10th of October, and will be continued till the last week in April.

A Demonstration will be given every morning, at half-past ten o'clock.

*Terms of the Lectures*.—First course, 4*l.* 4*s.*; each succeeding course, 3*l.* 3*s.*; perpetual, 8*l.* 8*s.* A pupil having attended three courses will be considered as perpetual.

*Terms of the Dissections and Demonstrations*.—First course, 4*l.* 4*s.*; each succeeding course, 3*l.* 3*s.*; perpetual, 8*l.* 8*s.* A pupil

having attended three courses will be considered as perpetual.

Further particulars may be obtained from Dr. Wilson, No. 36, Curzon-street, May-Fair; from Mr. Lane, No. 1, Grosvenor-place; and from Mr. Harrison, 25, Argyll-street.

**THEATRE OF ANATOMY AND MEDICINE,**

*Webb-street, Maze Pond, Borough.*

The winter courses of lectures, to be delivered at this theatre, will be commenced on Tuesday, October 1st, 1833.

*Anatomy and Physiology*; Mr. Grainger and Mr. Pilcher; daily at half-past two o'clock.

Mr. Grainger will deliver the introductory lecture at a quarter past eleven on Tuesday, October 1st.

*Demonstrations on Anatomy*; Mondays, Tuesdays, Thursdays, and Fridays, at a quarter past eleven, A.M.; Mr. C. Millard. Terms: Lectures and demonstrations; single course, 5*l.* 5*s.*; two courses, 8*l.* 8*s.*; perpetual, 10*l.* 10*s.* Dissections as usual, by the lecturers and demonstrator.

*Principles and Practice of Surgery*; Mr. Grainger and Mr. Pilcher, Mondays, Wednesdays, and Fridays, at six in the evening.

Mr. Pilcher will deliver the introductory lecture on Wednesday, October 2nd. Terms: One course, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.*

*Chemistry*; Mr. Cooper, Mondays, Wednesdays, and Fridays, at a quarter before ten in the morning. Terms: Single course, 4*l.* 4*s.*; second and every succeeding course, 2*l.* 2*s.*; two courses entered together, 5*l.* 5*s.*; perpetual, 6*l.* 6*s.*

*Principles and Practice of Midwifery, and the Diseases of Women and Children*; Dr. Robert Lee, F.R.S., Tuesdays, Thursdays, and Saturdays, at five o'clock in the afternoon.

The introductory lecture will be delivered on Tuesday, the 1st of October. Terms: Single course, 3*l.* 3*s.*; two courses entered together, 5*l.* 5*s.*; perpetual, 6*l.* 6*s.*

The great advantage to be derived from these lectures will be, the extensive field of practical instruction which Dr. Lee has it in his power to lay open to his students, and the very frequent opportunities each of them will have of attending cases under his own superintendence.

The museum will be open several hours every day for the admission of students.

N.B. The regulations of the Council of the Royal College of Surgeons require candidates for examination to have attended the following lectures:—

*Anatomy and Demonstrations*, during two anatomical seasons.

An anatomical season is understood to extend from October to April inclusive.

*Principles and Practice of Surgery*, two courses.

*Practice of Physic*, two courses.

*Chemistry*, two courses.

*Midwifery*, two courses.

*Botany*, one course.

*Materia Medica*, one course.

The candidate must also have attended during twelve months the surgical practice of a recognised hospital in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or for six months in any one of such hospitals, and twelve months in any recognised provincial hospital.

It is earnestly recommended that candidates shall have studied anatomy, by attendance on lectures and demonstrations, and by dissections, for one anatomical season prior to their attendance on the surgical practice of an hospital.

*Theory and Practice of Medicine*; Dr. Whiting, Mondays, Wednesdays, and Fridays, at a quarter before four o'clock in the afternoon.

The introductory lecture will be delivered on Wednesday, October 2nd. Terms: One course, 4*l.* 4*s.*; second course, 3*l.* 3*s.*; two courses, or perpetual, at one entry, 6*l.* 6*s.*

The first few lectures will be occupied by an elementary view of the healthy and disordered functions of the human body, such as may tend to prepare the pupil for his future studies.

*Materia Medica, Pharmacy, and Therapeutics*; Dr. Whiting and Mr. Everitt, Tuesdays, Thursdays, and Saturdays, at a quarter before ten in the morning.

The introductory lecture will be delivered on Tuesday, October 1st. Terms: One course, 3*l.* 3*s.*; perpetual, 6*l.* 6*s.*

The lectures on materia medica, &c. will be illustrated by chemical experiments, by specimens of drugs, and by dried plants and botanical plates. - A cabinet is likewise fitted up with good and bad specimens of every medicine now in use, which will be open to the inspection of those students who attend these lectures.

*Botany*; Dr. Robert Dickson, F.L.S. During October and April, Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays, at seven, P.M. Terms: One course, 3*l.* 3*s.*; perpetual, 4*l.* 4*s.*

The introductory lecture will be delivered on Tuesday, October 1st.

*Medical Jurisprudence*; Dr. Southwood Smith and Mr. Cooper, Tuesdays and Thursdays, at six in the evening. Terms: One course, 3*l.* 3*s.*; two courses, 4*l.* 4*s.*; perpetual, 5*l.* 5*s.*

Gentlemen entering to this course have the privilege of attending gratuitously the practice of the London Fever Hospital.

Periodical examinations will be given by the different lecturers in their various departments.

N.B. The regulations of the Court of



Examiners of the Apothecaries' Hall require candidates for examination to have attended the following lectures:—

*Chemistry*, two courses.

*Materia Medica and Therapeutics*, two courses.

*Anatomy and Physiology*, two courses.

*Anatomical Demonstrations*, two courses.

*Principles and Practice of Medicine*, two courses. The first course on this subject to be attended subsequently to the termination of the first course of lectures on chemistry, materia medica, and anatomy and physiology\*.

*Botany*, one course.

*Midwifery, and the Diseases of Women and Children*, two courses.

*Forensic Medicine*, one course; to be attended during the second year.

Students are moreover recommended diligently to avail themselves of instruction in morbid anatomy.

The candidate must also have attended for twelve months, at least, the physician's practice at an hospital containing not less than sixty beds; and where a course of clinical lectures is given; or for fifteen months at an hospital wherein clinical lectures are not given; or for fifteen months at a dispensary connected with some medical school recognised by the court. The whole of such attendance to be subsequent to the first year of attendance on lectures.

The meetings of the Webb-street Medical Society are held every Saturday evening, at a quarter before eight. Gentlemen entering to this school are eligible to become members of the Society, to which is attached a library, on the payment of the annual sum of five shillings.

For further information apply at the Theatre; to Mr. Grainger, at Mr. Highley's Medical Library, adjoining the Theatre; Mr. Pilcher, 5, Union-street, Borough; Mr. Cooper, 9, Paradise-street, Lambeth; Dr. Lee, 14, Golden-square; Dr. Whiting, Wellington-street, Borough, or 13, Rodney-buildings, New Kent-road; Mr. Everitt, 28, Golden-square; Dr. Southwood Smith, 36, New Broad-street; Dr. Dickson, 47, Finsbury-square; Mr. Millard, 28, Dean-street, Borough; Mr. Highley, Medical Bookseller, 32, Fleet-street, opposite St. Dunstan's Church; or Messrs. MacLachlan and Stewart, Booksellers, Edinburgh.

\* \* \* Mr. Highley is authorised to enter gentlemen to the above lectures.

#### THEATRE OF ANATOMY.

*Little Windmill Street, Golden Square.*

The following lectures will be delivered at this Theatre. The Autumnal course to com-

\* This regulation is not intended to prohibit gentlemen from taking a perpetual ticket at the commencement of the session, but only requires that two courses of the common length should be attended after one course of anatomy, chemistry, &c.

mence October 1st, 1833; Spring course, January 20th, 1834.

*Anatomy, Physiology, with Demonstrations and Dissections*; Mr. E. W. Tuson.

*The Principles, Practice, and Operations of Surgery*; Mr. Guthrie.

Clinical lectures on surgery will be delivered occasionally by Mr. Guthrie at the Westminster Hospital, and on the diseases of the eye at the Royal Westminster Ophthalmic Hospital.

*Practice of Physic and Materia Medica*; Dr. Sigmond.

*Chemistry*; Mr. Everitt.

*Midwifery, and the Diseases of Women and Children*; Dr. Jewell.

*Medical Jurisprudence*; Dr. Sigmond, Dr. Jewell, and Mr. Everitt.

*Botany*; Mr. Harding.

\* \* \* This Theatre is situated about a quarter of an hour's walk from St. George's, the Middlesex, and Westminster Hospitals.

For further particulars apply to Mr. Tuson, No. 10, Russell Place, Fitzroy Square, or to either of the lecturers.

#### WESTMINSTER SCHOOL OF MEDICINE,

*No. 2, Prince's Street, Storey's Gate, St. James's Park.*

*Anatomy and Physiology*; demonstrations and dissections, Mr. Dobson. One course, 3*l.* 3*s.*; perpetual, 7*l.* 7*s.*

*Materia Medica and Botany*; Dr. Epps. One course, 2*l.* 2*s.*; perpetual to these and to chemistry, 7*l.* 7*s.*

*Chemistry*; Dr. Epps, assisted by Mr. Crump. One course, 3*l.* 3*s.*

*Practice of Physic*; Dr. Weatherhead. One course, 2*l.* 2*s.*; two courses, 3*l.* 3*s.*; perpetual, 4*l.* 4*s.*

*Midwifery*; Dr. Ryan. One course, 2*l.* 2*s.*; two courses, 3*l.* 3*s.*; perpetual, 4*l.* 4*s.*

*Medical Jurisprudence*; Dr. Ryan and Mr. Crump. One course, 2*l.* 2*s.*; two courses, 3*l.* 3*s.*; perpetual, 4*l.* 4*s.*

The introductory lecture will be delivered by Dr. Epps, on Tuesday, October 1st, at six o'clock in the evening.

*Anatomy and Physiology.* A demonstration on the dead subject will be delivered every morning, and when the minute structures are unable to be shown on the recent subject, they will be illustrated by preparations.

The afternoon lectures will be occupied almost exclusively in considering the development of the different tissues, structures, and organs; together with a comprehensive course of physiology. Many of the important physiological experiments will be performed in the presence of the class; such as the relative periods at which blood coagulates; the circulation of the chyle in the lacteals; the phenomena of digestion, &c.

Two courses will be delivered during the winter session, and the last week of each

course will be occupied in showing on the dead body the various surgical operations, more especially the minor.

The best methods of applying bandages, and the mode of preparing and preserving specimens of natural and morbid structures will be taught.

Mr. Dobson has made such arrangements as will enable him to obtain an ample supply of subjects.

*Chemistry, Materia Medica, and Botany.* Dr. Epps, in his lectures on chemistry, will comprise practical and toxicological chemistry, in which the pupils will make the various chemicals, and test and analyse the various poisons.

Dr. Epps considers that this mode of instruction is the one best calculated to enlarge the mind, and to bring the student into intimate acquaintance with the weapons he has to use in combating the diseases to which the human being is liable.

Dr. Epps further requests his pupils to give weekly reports to him in writing of his lectures, which Dr. E. corrects and returns. This plan, combined with that of catechetical instruction, has been very successful in making good chemists and good materia medicists. Dr. E. has a museum, both chemical and botanical, as well as one appropriated to the articles of the materia medica. In regard to the mode to be adopted in the study of the materia medica, Dr. E. will investigate the natural, chemical, pharmaceutical, and medical characters of each article; this will occupy the whole of the first course. In the second course, these articles of the materia medica will be grouped into classes, and considered under this arrangement.

By such modes of investigation, it is hoped that a perfect knowledge will be obtained of all the characters belonging to each, and every article of the materia medica; and choice specimens will be exhibited of each article.

*Principles and Practice of Medicine.* In the course of lectures which will be delivered on the principles and practice of medicine by Dr. Hume Weatherhead, the lecturer, shunning the unstable foundations of theoretical speculation, will make it a main object of his study to direct the attention of medical students to doctrines that are strictly practical, illustrating his subject in all its multifarious forms, by selecting, as occasions may offer, the opinions of the most approved writers on the various diseases to be treated of. The lecturer will further illustrate his subjects by placing under the review of his pupils the different opinions that may have been entertained by writers of every age, whenever these may be deemed instructive and useful. At the same time that he is aware of the overweeningness so apt to beset a lecturer in favour of his own particular views, Dr. W. will strive to guard against this weakness; and by impartially propounding the opinions of others, put the student's judgment into such a com-

prehensive position as shall enable him to judge correctly, and to arrive at the safest and soundest practical conclusions.

The introductory lecture to the course will comprise a succinct history of medicine, from the earliest ages to the present period.

*Midwifery or Obstetrics.* Dr. Ryan's lectures on midwifery or obstetrics include the fullest consideration of the diseases of women and children, with a description of the management of every species of parturition hitherto recorded. Weekly examinations are held, and an abundant supply of obstetric cases afforded pupils. The course is divided as follows:—first division, gynecology, history of woman; gynecotomy, anatomy of; gynephysiology, physiology of; genesology, history of reproduction; embryology, physiology of the embryo; tocology, parturition; eutocia, natural labour. Second division, gynecopathology, pathology of women, including parthenology, diseases of virgins; encyonosology, diseases of pregnant women; dystocia, difficult or morbid parturition; chiragotocia, manual parturition; organotocia, instrumental parturition; lochionosology, diseases of puerperal women; pædonosology, physical education and diseases of children.

*Medical Ethics and Jurisprudence.* Dr. Ryan will adopt the comprehensive system of foreign schools in his lectures on medical jurisprudence, by adopting the following plan:—introductory, medical economy and ethics, education, distinctions, rights, privileges, immunities of the faculty, qualifications for professor and lectureships, hospital and other officers, moral or ethical deportment of medical practitioners in public and private practice. First division. Duties of the medical profession in co-operation with the legislature, government and magistracy for the conservation of public health, and for legislation relating to the practice of the profession. These topics constitute public, political and state medicine, public hygiene, police of health, or medical police. This department embraces age, physical education, when crime can be committed, marriage and population, impotence, sterility, hermaphrodites, monsters, divorce, fecundity, mortality; air, aliment, their adulterations, contagious and epidemic diseases, precautionary measures, quarantine, diseases incidental to certain trades, temporary hospitals, boards of health, medical legislation.

Second division. Medical jurisprudence, legal, forensic, juridical or judiciary medicine, or the application of medicine and its collateral sciences to the elucidation of civil and criminal proceedings during judicial inquiries. Arrangement of the subject according to Blackstone, medico-legal questions relating to the morals, and the reproduction of the species; deforation, marriage, uterogestation or pregnancy, verification of, duration of, legitimacy, abortion, parturition or delivery, proclide or infanticide. Attempts against health and life, maiming, mutilating, homi-

cide, duelling, suicide, persons found dead; coroner's inquests, duties of medical witnesses, autopsies or post mortem examinations, homicide by suffocation, drowning, hanging, choking, smothering, irrespirable gases, torrefaction, combustion or burning, cold, starvation. Poisoning, including the science of toxicology, or the history, action, treatment, and detection of every known poison; this last illustrated by experiments, casts, and drawings. Mental alienation, idioy, imbecility, mania, monomania, dementia, legal and medical definitions of, civil and criminal responsibility, lucid intervals, execution of bonds and wills, medical certificates, actions for, responsibility of drunkards, epileptics, hysterics, somnambulists, and those subject to violent fits of passion. Competency of deaf, dumb, and blind to execute deeds, bonds, and wills. Simulated or feigned diseases, as in cases of soldiers, sailors, prisoners; dissimulated or concealed diseases; pretended, when an advantage, revenge, or escape of punishment is the object; imputed when no disease exists, but when property is to be gained. Disqualifying diseases in cases of jurors, witnesses, soldiers, &c. for hard labour, flogging, treadmill; mode of examining recruits; impostures, estimation of insurability of life; diseases which affect policy, exceptions, suicide, duelling, or dying by the hands of justice. Medical evidence, law on dying declarations, hearsay evidence, when admissible—confession of accused; conduct of medical practitioners in all these cases. Lastly, forms of certificates for exempting jurors, witnesses, soldiers, persons proposing to insure their lives in cases of insanity, &c. &c.

The medical and surgical part of this course will be delivered by Dr. Ryan; and the toxicological by Mr. Crump, both of which will be illustrated by drawings, preparations, and experiments.

#### MEDICAL SCHOOL, 58, Aldersgate Street,

*Contiguous to St. Bartholomew's Hospital.*

The several courses of lectures will commence on Tuesday the 1st of October, 1833.

*Anatomy and Physiology*; by Robert B. Todd, M. B., Candidate of the Royal College of Physicians, London; Mr. Skey, Assistant-surgeon to St. Bartholomew's Hospital; and Mr. J. H. Walsh.

The lectures will be delivered daily at half-past two o'clock. They will comprise a complete course of anatomy, medical and surgical.

In the second division of the course, surgical anatomy and surgical operations will be given. This portion of the lectures will be undertaken by Mr. J. H. Walsh.

*The Anatomical Demonstrations*; daily, at nine A. M., by Mr. Skey, who will personally superintend the dissections of the students, in conjunction with Dr. Todd and Mr. Walsh.

Terms: lectures, first course, 3*l.* 3*s.*; second course, 6*l.* 6*s.*; perpetual, 7*l.* 7*s.*; demonstrations and dissections, first course, 3*l.* 3*s.*; second course, 5*l.* 5*s.*; perpetual, 7*l.* 7*s.*; perpetual entry to the anatomical lectures, demonstrations, and dissections, 12*l.* 12*s.*

For further particulars apply to Dr. Todd, 5, Hart-street, Bloomsbury; Mr. Skey, 33, Southampton-row, Russell-square; or at the school.

*Principles and Practice of Medicine*; by John Burne, M. D., Physician to the Public Dispensary, Chancery-lane, will be delivered on Tuesdays, Thursdays, and Saturdays, at eight o'clock in the evening.—Terms: One course, 3*l.* 3*s.*; perpetual, 5*l.* 5*s.*

These lectures will comprise general and special morbid anatomy, a comprehensive view of the principles of the practice of medicine, and a detailed account of the nature and treatment of special or individual diseases.

Dr. Burne will also deliver lectures on the principles and practice of medicine, at his residence, 24, Spring Gardens, Charing-cross, on Tuesdays, Thursdays, and Saturdays at six o'clock in the evening.

For further particulars apply at the school, or to Dr. Burne, 24, Spring Gardens, Charing-cross, from nine to twelve o'clock in the morning.

#### SCHOOL OF MEDICINE, WESTMINSTER DISPENSARY, Gerrard-street, Soho.

The following lectures at this school will commence on Wednesday, Oct. 2nd.

*Chemistry, Materia Medica, and Botany*, by Dr. Epps, assisted by Mr. Crump.

*Medicine, Midwifery, and Medical Jurisprudence*, by Dr. Ryan.

*Toxicological Chemistry*, by Mr. Crump.

For further particulars apply to Dr. Ryan, 61, Hatton Garden, Dr. Epps, 89, Great Russell-street, or to Mr. Crump, Bernard-street, Russel-square.

#### HUNTERIAN THEATRE OF ANATOMY,

*Great Windmill Street, Haymarket.*

Lectures on Anatomy, Physiology, Pathology, and Surgery, by Mr. John Gregory Smith and Mr. Richard Bushell, formerly house surgeons of St. George's Hospital.

Two courses of lectures are given during the winter season, one of which commences on Tuesday, the 1st of October, and terminates towards the middle of January; the second commences on the 20th of January, and terminates early in May.

Each course of lectures comprehends a full description of the healthy structure and functions of the human body, and an outline of the phenomena of disease, illustrated by recently dissected parts, and by preparations.

At the close of the second course the operations of surgery are shown.—A lecture will be given daily, at half-past two o'clock.

DISSECTIONS AND DEMONSTRATIONS.

The rooms are opened for dissection from the 8th of October to the 1st of May; during this period an *Anatomical Demonstration* will be given daily, and examinations held twice a-week.

Mr. Smith and Mr. Bushell will attend in the dissecting room during the day, and afford assistance to those students who may require it.

The museum will be open to the pupils on all occasions, and every facility afforded for their becoming acquainted with the art of *injecting and making preparations of healthy and morbid structures*.

*Terms of the Lectures*.—First course, 3*l.* 3*s.*; perpetual, 6*l.* 6*s.*

*Terms of the Dissections and Demonstrations*.—First course, 3*l.* 3*s.*; perpetual, 6*l.* 6*s.*

Mr. Smith and Mr. Bushell take this opportunity of stating, that the lectures and dissecting rooms will be open, free of expense, to the perpetual pupils of the former school at this theatre, and to the perpetual pupils of the late school of Joshua Brooks, Esq. F.R.S. &c. &c. A personal application is required.

Gentlemen residing in town, or established in practice, may be accommodated with private and airy rooms for dissections, replete with every convenience.

Mr. Bushell will be happy to give private instruction and examinations in the evening to gentlemen who may wish to avail themselves of the opportunity, previous to their examinations at the Royal College of Surgeons, &c.

A summer course of lectures on Anatomy, Physiology, and Surgery, will commence in June, and the dissecting rooms will be open during a part of the season.

Further particulars may be known on application to Mr. Smith or Mr. Bushell, and at the Anatomical Theatre between the hours of ten and four.

THEATRE OF ANATOMY AND SURGERY,

OF THE LATE JOSHUA BROOKES, F.R.S.

This School will be re-opened on the 1st of October next.

*Anatomy, Physiology, and Morbid Anatomy*; Mr. King and Mr. Malyn.

*Demonstrations and Dissections*, under the direction of Mr. Malyn.

*Surgery and Surgical Operations*; Mr. King.

For particulars and a prospectus of the plan of teaching, apply to Mr. King, Hanover-street, Hanover-square, and Mr. Malyn, Duke-street, Westminster.

CENTRAL SCHOOL OF MEDICINE AND SURGERY,

*St. George's and St. James's Dispensary, No. 60, King Street, Golden Square.*

The following lectures will be delivered at this school, commencing on Wednesday, Oct. 2, 1833:—

*Principles and Practice of Medicine*; by Dr. G. Gregory.

*Materia Medica and Therapeutics*; by Dr. Webster.

*Principles and Practice of Surgery*; by J. F. Palmer, Esq.

*Forensic Medicine*; by Dr. J. Wyatt Crane.

*Midwifery and the Diseases of Women and Children*; by Dr. Ashburner and Dr. Chowne.

*Botany*; by Dr. Macreight (to commence 1st of April, 1834).

The medical practice of the dispensary (recognised by the Apothecaries' Company) and the surgical practices are also open for the admission of pupils.

*Physicians*:—Dr. Webster and Dr. J. Wyatt Crane.

*Surgeons*:—John Bacot, Esq., and J. F. Palmer, Esq.

A prospectus of the lectures, with full particulars of the terms and hours of attendance, may be had at Burgess and Hill's, 55, Great Windmill Street, and at the dispensary, No. 60, King Street, Golden Square.

SCHOOL OF ANATOMY AND MEDICINE,

*No. 18, Giltspur Street, adjoining St. Bartholomew's Hospital.*

The lectures at this school commence on Tuesday, Oct. 1st, 1833.

*Theory and Practice of Medicine*; by Dr. Tweedie, on Mondays, Wednesdays, and Fridays, at eight o'clock in the evening.

*Chemistry*; by Mr. James L. Wheeler, on Mondays, Wednesdays, and Fridays, at half-past three o'clock in the afternoon.

*Materia Medica, Botany, and Practical Toxicology*; by Mr. James L. Wheeler, on Tuesdays, Thursdays, and Saturdays, at half-past three o'clock in the afternoon.

*Anatomical Demonstrations and Dissections*; by Mr. Lowe Wheeler, daily, at ten o'clock in the morning.

*Midwifery and the Diseases of Women and Children*; by Dr. Millar, on Mondays, Wednesdays, and Fridays, at a quarter before six o'clock in the evening.

*Forensic Medicine*; by Mr. Barnes, on Tuesdays and Thursdays, at seven o'clock in the evening.

For particulars, application may be made to Mr. Wheeler, at the lecture room; to Dr. Tweedie, No. 30, Montague Place, Russell Square; or to Dr. Millar, No. 3, New Basinghall Street.

**WESTERN DISPENSARY,***Charles Street, Parliament Street.*

Dr. Clendinning and Dr. Burke will deliver the introductory lectures to their courses on the practice of physic and materia medica, at the Dispensary on the 1st of October.

In addition to these courses will be delivered, by the same gentlemen, lectures on clinical and on forensic medicine.

Perpetual pupils to the dispensary will be entered to all these lectures on payment of three guineas, in addition to the fee paid for attendance on the practice of the charity.

Certificates for the above lectures will be received at the College of Surgeons and Apothecaries' Hall.

SAMUEL DUNN, *Apothecary.*  
*Dispensary, Sept. 4th, 1833.*

Dr. COLLIER'S Winter course of lectures on the theory and practice of physic, and on materia medica, will commence on Monday, October the 14th, at five o'clock P. M.

Dr. Collier continues to receive private and house pupils as heretofore.  
*32, Spring Gardens.*

**GENERAL DISPENSARY,***36, Aldersgate Street.*

Mr. Pereira will commence the Autumnal courses of lectures on general and pharmaceutical chemistry and on materia medica, on Tuesday, October 1st, at ten o'clock in the morning, at the General Dispensary, 36, Aldersgate-street

For prospectuses and further particulars apply to Mr. Pereira, at his residence, 151, Aldersgate-street.

Dr. ROBERTS, lately one of the Physicians to the General Dispensary, Aldersgate-street, will commence his autumnal course of lectures upon the Theory and Practice of Medicine, at Dr. Waller's Lecture Room, 93, Bartholomew Close, near to St. Bartholomew's Hospital, on Wednesday, the 2nd of October, at half-past four o'clock in the afternoon.

Particulars may be obtained of Dr. Waller, 93, Bartholomew Close; or of Dr. Roberts, 31, New Bridge-street.

**LECTURES ON PHYSIOLOGY.**

R. E. Grant, M.D., F.R.S.E., Fellow of the Royal College of Physicians of Edinburgh, Member of the Medical Faculty of the University of London, &c., will commence his practical course of human physiology, on the 1st of February next, at his house, 10, Seymour-place North, Euston-square.

The hour will be announced hereafter.

**MIDWIFERY, AND THE DISEASES OF WOMEN AND CHILDREN.**

Mr. Morley, Surgeon-Accoucheur of the

Farringdon Lying-in Charity, continues to lecture upon the above-mentioned subjects, on Tuesdays and Thursdays, from seven till eight o'clock in the evening. — Terms: For one course, 3*l.* 3*s.*; for an unlimited privilege, 4*l.* 4*s.*

The next course will be commenced on Tuesday the 8th of October.

Further particulars may be obtained at the Institution, 5, Ball-court, Giltspur-street, near St. Bartholomew's Hospital, and of Mr. Morley, at his residence, No. 100, Hatton-garden.

**NATIONAL GALLERY OF PRACTICAL SCIENCE,***Adelaide St., Louther Arcade, West Strand.*

Mr. Maugham's Winter course of lectures on general and pharmaceutical chemistry and materia medica will commence at the above Institution on Tuesday, October 1st, 1833, at eight o'clock in the evening, and will be continued every Tuesday, Thursday, and Saturday at the same hour.

The arrangement of these lectures consists in first noticing the properties of matter, and the laws by which chemical action is maintained. After having considered the imponderable bodies, a description of the elementary ponderable bodies, and their several combinations with each other, will follow:—the classification is such as not to bring under observation, in a compound substance, any element that has not previously been spoken of. The different classes of salts, resulting from the union of the acids and bases already described will then be noticed. Vegetable and animal chemistry will next be considered. The preparations of the pharmacopœia, and the articles of the materia medica, and the different tests for poisons, as well as the mode of conducting analyses, will be particularly dwelt upon in their several orders in the course, and the whole will be experimentally illustrated with extensive apparatus, and specimens of materia medica, &c. &c.

The proprietors venture to state, that the apparatus relating to electro-magnetism, and the new branch of science termed magneto-electricity, will be found superior to any, either in this country or on the continent.

Terms: One course of chemistry and materia medica, 4*l.* 4*s.*; two courses paid for at once, rendering a pupil perpetual, 6*l.* 6*s.*

Certificates of Mr. Maugham's lectures are received at the College of Surgeons and Apothecaries' Hall.

These lectures will be accompanied with examinations; and the pupils will have an opportunity of going through a series of experiments at stated periods during the session.

Perpetual pupils will have free admission to the National Gallery of Practical Science.

For further particulars inquire of Mr. Payne, at the Gallery, from ten till four, who is authorized to enter pupils.

A course of lectures on chemistry as applied

to the arts, will shortly commence at the above institution, by Mr. Maugham, of which due notice will be given to the public.

**MIDDLESEX HOSPITAL.**

**SURGEONS' DRESSERS AND PUPILS.**

*Dresser* for twelve months, 3*l.* 10*s.*; for six months, 2*l.*

*Pupil* for twelve months, 2*l.*; for six months, 1*5s.* 1*5s.*; for three months, 1*0s.* 10*s.*

From the dressers the house surgeon is elected, agreeable to his date of entrance.

A pupil may be allowed three months' dressings, during the time of his pupilage, by paying 10*l.* 10*s.*

**MEDICAL PRACTICE.**

During three months, 6*l.* 6*s.*; six months, 10*l.* 10*s.*; nine months, 12*l.* 12*s.*; twelve months, 15*l.* 15*s.*; unlimited attendance, 22*l.* 1*s.* Apothecaries' fee, 1*l.* 1*s.*

Clinical Lectures are delivered gratuitously to the physicians' pupils.

**WESTMINSTER HOSPITAL,**

**MEDICAL PRACTICE.**

During six months, 10*l.* 10*s.*; nine months, 12*l.* 12*s.*; twelve months, 15*l.* 15*s.*; unlimited attendance, 2*l.*

A *Clinical Lecture* will be given twice a week during the Winter months.

On the 1st of November and 1st of May, in each year, a clinical assistant to the physicians will be elected, by examination, for the ensuing six months; for this office, which affords many advantages, any pupil may become a candidate after he has diligently attended the physicians' practice for three months. If a physician's pupil should not offer, or be properly qualified, a preference will be given to the surgeon's pupil of the hospital.

**ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,**

*Charing Cross.*

Physician, \_\_\_\_\_, Surgeon, Mr. Guthrie. This hospital is open to students on Tuesdays and Thursdays at twelve o'clock. Terms of attendance, 5*l.* 5*s.* The lectures on the anatomy, diseases and operations of the eye, although forming a part of the lectures on surgery delivered by Mr. Guthrie every Monday and Friday evenings, are free to students attending the practice of the Ophthalmic Hospital.

**LONDON INFIRMARY FOR CURING DISEASES OF THE EYE,**

*Moorfields.*

Physician, Dr. Farre; Surgeons, Messrs. Tyrrel and Scott. Three months, 5*l.* 5*s.*; six months, 8*l.* 8*s.*; perpetual, 10*l.* 10*s.* Days of operating, Thursdays at one o'clock.

**PUBLIC DISPENSARY,**

*Bishop's Court, Chancery Lane.*

*Medical Practice.*—Physicians, Dr. Burne, Mondays and Thursdays, at a quarter after twelve o'clock; Dr. Waterfield, Tuesdays and Fridays, at a quarter after twelve o'clock. For six months, 4*l.* 4*s.*; for fifteen months, 6*l.* 6*s.*; perpetual, 10*l.* 10*s.*

Observations will be made upon the cases as they present themselves, and Clinical Lectures will be delivered occasionally, so as to form a course of practical medicine in the twelve months.

Certificates qualify for the Apothecaries' Hall.

**VETERINARY COLLEGE,**

*St. Pancras.*

*Anatomy, Physiology, and Pathology of the Horse;* Mr. Coleman. A course of lectures on the anatomy, physiology, and pathology of the horse commences on Monday, the 13th of November, at eleven o'clock in the morning. Terms, 2*l.*

**THE ROYAL INSTITUTION,**

*Albemarle-street.*

Plan of an extended and practical course of lectures and demonstrations on Chemistry, delivered in the laboratory of the Royal Institution, by William Thomas Brande, F.R.S. London and Edinburgh, Professor of Chemistry in the Royal Institution, and of Chemistry and Materia Medica to the Apothecaries' Company; and M. Faraday, D.C.L., F.R.S., F.G.S., &c. &c., Fullerian Professor of Chemistry in the Royal Institution.

These lectures will commence on the first Tuesday in October, at nine in the morning, and are continued every Tuesday, Thursday, and Saturday. Two courses are given during the season; they begin in October and terminate in May. The subjects comprehended in the courses are treated of in the following order\* :—

*Division I.*—Of the Powers and Properties of Matter and the general laws of Chemical changes. 1. Attraction, crystallisation, chemical affinity, laws of combination and decomposition. 2. Heat, its influence as a chemical agent in art and nature. 3. Electricity, its laws and connexion with chemical phenomena. 4. Radiant matter.

*Division II.*—Of Undecomposed Sub-

\* Mr. Brande's *Manual of Chemistry*, intended as a text book to these lectures, and Mr. Faraday's *Chemical Manipulation*, are published by Mr. Murray, Albemarle-street. The *Tables of the Chemical Equivalents* used in these lectures are sold by Mr. Newman, 122, Regent-street, and by Messrs. Renshaw and Rush, 356, Strand.

stances, and their mutual combinations. 1. Substances that support combustion: oxygen, chlorine, iodine, fluorine, bromine. 2. Inflammable and acidifiable substances: hydrogen, nitrogen, sulphur, selenium, phosphorus, carbon, boron. 3. Metals, and their combinations with the various substances described in the early part of the course.

*Division III.—Vegetable Chemistry.* 1. Chemical physiology of vegetables. 2. Modes of analysis, ultimate and proximate elements. 3. Process of fermentation, and its products.

*Division IV.—Chemistry of the Animal Kingdom.* 1. General views connected with this department of the science. 2. Composition and properties of the solids and fluids of animals. 3. Products of disease. 4. Animal functions.

In the first division of each course, the principles and objects of chemical science, and the general laws of chemical changes, are explained, and the phenomena of attraction, and of light, heat, and electricity, developed, and illustrated by numerous experiments.

In the second division, the undecomposed bodies are examined, and the modes of procuring them in a true form, and of ascertaining their chemical characters, exhibited upon an extended scale. The lectures on the metals include a succinct account of mineralogy, and of the methods of analysing and assaying ores.

This part of the course will also contain a full examination of pharmaceutical chemistry; the chemical process of the Pharmacopœiæ will be particularly described, and compared with those adopted by the manufacturer.

The third and fourth divisions relate to organic substances. The chemical changes induced by vegetation are here inquired into; the principles of vegetables, the theory of fermentation, and the character of its products are then examined.

The chemical history of animals is the next object of inquiry. It is illustrated by an examination of their component parts, in health and disease; by an inquiry into the chemistry of animal functions, and into the application of chemical principles to the treatment of diseases.

The application of chemistry to the arts and manufactures, and to economical purposes, are discussed at some length in various parts of the courses; and the most important of them are experimentally exhibited. The various operations of analysis are also shown and explained.

The admission fee to each course is four guineas; or, by paying eight guineas, gentlemen are entitled to attend for an unlimited time. Gentlemen who are in actual attendance at the medical and anatomical schools in London, are admitted to attend two courses of the above lectures upon the payment of six guineas. Life and annual subscribers to the Royal Institution are admitted to the above lectures on payment of two guineas for each course; or, by paying six guineas, are entitled to attend for an unlimited time.

Further particulars may be had by applying to Mr. Brande, to Mr. Faraday, or to Mr. Fincher, at the Royal Institution, Albemarle-street.

#### GUY'S HOSPITAL.

Mr. Higgins will commence his course of lectures on natural philosophy on Thursday evening, October the 3rd, at six o'clock P. M., to be continued every succeeding Thursday at the same hour. Single course, 2l. 2s.; perpetual, 3l. 3s. Tickets and syllabus may be had at the hospital of Mr. Stocker.

#### ROYAL DISPENSARY FOR DISEASES OF THE EAR,

10, Dean Street, Soho.

Mr. Curtis, Aurist to his Majesty and their Royal Highnesses the Duke and Duchess of Gloucester, and Surgeon to this Institution, will commence his next course of lectures on the anatomy, physiology, and pathology of the ear, and on the medical treatment of the deaf and dumb, on Tuesday, October 1st.

For particulars apply to Mr. Curtis, at his house, No. 2, Soho-square.—The Royal Dispensary is open to pupils.

#### DENTAL SURGERY.

Mr. Pickering, Surgeon-Dentist (late assistant in Paris to M. Le Docteur Regnard, inventor of the Mineral Succedaneum, and lecturer on Dental Surgery), begs leave to inform the Profession that he intends delivering a course of lectures on *Dental Surgery*, especially adapted for practitioners and medical students.

This course will consist of eight demonstrative lectures, and will take place at Mr. Tuson's Theatre of Anatomy, Little Windmill-street, on the 14th of October, at eight o'clock in the evening, and will be continued every Monday at the same hour.

Mr. Pickering will describe, in succession, all the various disorders and operations which affect the teeth, and the pupils will be practised in the use of the necessary instruments. Admittance One Guinea.

N.B.—In addition to the above course of lectures, Mr. Pickering undertakes to teach the art of making and setting artificial teeth and palates, and the mechanical department of the profession in all its branches.

For further particulars apply to Mr. Pickering, 43, Berwick-street, Soho.

#### ROYAL COLLEGE OF SURGEONS IN LONDON.

REGULATIONS of the Council respecting the professional education of candidates for the diploma.

I. Candidates will be required to bring proof

1. Of being twenty-two years of age.

APOTHECARIES' COMPANY.

2. Of having been engaged six years in the acquirement of professional knowledge.
3. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during two anatomical seasons\*.
4. Of having attended at least two courses of lectures on surgery, delivered in two distinct periods or seasons, each course to comprise not less than sixty lectures.
5. Of having attended lectures on the practice of physic, on chemistry, and on midwifery during six months; and on botany and materia medica during three months.
6. Of having attended during twelve months the surgical practice of a recognised hospital in London, Edinburgh, Dublin, Glasgow, or Aberdeen; or for six months in any one of such hospitals, and twelve months in any recognised provincial hospital.

II. Members and licentiates in surgery of any legally constituted College of Surgeons in the United Kingdom, and graduates in surgery of any University requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proofs of being twenty-two years of age, and of having been occupied five years in the acquirement of professional knowledge.

N. B.—Certificates will not be recognised, from any hospital, unless the surgeons thereto, or a majority of them, be members of one of the legally constituted Colleges of Surgeons in the United Kingdom, nor from any school of anatomy, physiology, surgery, or midwifery, unless the respective teachers be members of some legally constituted College of Physicians or Surgeons in the United Kingdom.

Certificates will not be received on more than two branches of science from one and the same lecturer, but

Anatomy and physiology,  
Demonstrations and dissections,  
Materia medica and botany,  
will be respectively considered as one branch of science.

In the certificates of attendance on hospital practice, and on lectures, the dates of commencement and termination are to be inserted in words at full length.

All the required certificates are to be delivered at the College ten days before the candidate can be admitted to examination.

By Order of the Council,

EDMUND BELFOUR, Secretary.

27th April, 1831.

\* An anatomical season is understood to extend from October to April inclusive, and to comprise at least 140 lectures on anatomy and physiology, occupying not less than one hour each, given on separate days; and at least 100 demonstrations of the like duration, given in a similar manner; exclusive of dissections, of which distinct certificates are required.

REGULATIONS TO BE OBSERVED BY STUDENTS INTENDING TO QUALIFY THEMSELVES TO PRACTISE AS APOTHECARIES, IN ENGLAND AND WALES.

EVERY candidate for a certificate to practise as an apothecary will be required to produce testimonials,

Of having served an apprenticeship\* of not less than five years to an apothecary:

Of having attained the full age† of twenty-one years:

And of good moral conduct ‡.

Students whose attendance on lectures commenced on or after January, 1831, must, in addition to these testimonials, adduce proof of having devoted at least two years to an attendance on lectures and hospital practice; and of having attended the following courses of lectures §:—

*Chemistry*; two courses, each course consisting of not less than forty-five lectures.

*Materia Medica* || and *Therapeutics*; two courses, each course consisting of not less than forty-five lectures.

*Anatomy and Physiology*.—*Anatomical Demonstrations*; two courses, of the same extent as required by the Royal College of Surgeons of London.

*Principles and Practice of Medicine* ¶; two courses, each course consisting of not less than forty-five lectures. To be attended subsequently to the termination of the first course of lectures on chemistry, materia medica, and anatomy and physiology.

*Botany* \*\*; one course, consisting of not less

\* No gentleman practising as an apothecary in England or Wales, can give his apprentice a legal title to be admitted to examination, unless he is himself legally qualified to practise as an apothecary, either by having been in practice prior to or on the 1st of August, 1815, or by having received a certificate of his qualification from the Court of Examiners.

† As evidence of age, a copy of the baptismal register will be required in every case where it can possibly be procured.

‡ A testimonial of moral character from the gentleman to whom the candidate has been an apprentice, will always be more satisfactory than from any other person.

§ The lectures required in each course respectively, must be given on separate days.

|| Or on three courses of lectures given by the professor of materia medica at this hall; (the candidates having been apprentices of members of the society), each course consisting of not less than thirty lectures.

¶ In those schools where the courses of lectures are of six months' duration, students may commence their attendance on the lectures on the principles and practice of medicine, after having attended for three months the lectures on chemistry, materia medica, and anatomy,

\*\* Certificates of attendance on the lectures



than thirty lectures. To be attended between the 1st of April and 31st of October.

*Midwifery and the Diseases of Women and Children*; two courses.

*Forensic Medicine*; one course. To be attended during the second year.

Students are likewise earnestly recommended to avail themselves of instruction in morbid anatomy.

The candidate must also have attended for twelve months, at least, the physician's practice at an hospital containing not less than sixty beds, and where a course of clinical lectures is given; or for fifteen months at an hospital wherein clinical lectures are not given; or for fifteen months at a dispensary connected with some medical school recognised by the Court\*. No part of this attendance can be entered upon until the termination of one entire year from the commencement of attendance on lectures, nor until one course of lectures, at least, on chemistry, materia medica, anatomy, and the practice of medicine, have been attended, in the order prescribed by the regulations.

Students whose attendance on lectures commenced prior to the 1st of February, 1828, will be admitted to examination in conformity with the regulations published in September, 1826, viz. after an attendance on,

One course of lectures on chemistry;

One course of lectures on materia medica;

Two courses of lectures on anatomy and physiology;

Two courses of lectures on the theory and practice of medicine;

And six months' physician's practice at an hospital, or nine months' at a dispensary.

Those who began to attend lectures subsequently to the 1st of February, 1828, and previously to the 1st of October of the same year, in conformity with the regulations of September, 1827, viz. after an attendance on

One course of lectures on chemistry;

One course of lectures on materia medica and botany;

Two courses of lectures on anatomy and physiology;

Two courses of lectures on the theory and practice of medicine; these last having been attended subsequently to the lectures on chemistry and materia medica, and to one course at least of anatomy;

And six months', at least, physician's practice at an hospital, or nine months' at a dis-

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and demonstrations given at the society's garden, and also at the herbarisings for two entire seasons will be received as equivalent, from such candidates as have been apprentices of members of the society.

\* The Court are willing to recognise dispensaries upon receiving a satisfactory assurance from the physicians of those institutions, that adequate arrangements exist for affording instruction to students in practical medicine.

pensary; such attendance having commenced subsequently to the termination of the first course of lectures on the principles and practice of medicine.

Those whose attendance on lectures commenced in October, 1828, must have complied with the regulations of September, 1828, viz. by having attended

Two courses of lectures on chemistry;

Two courses of lectures on materia medica and botany;

Two courses of lectures on anatomy and physiology;

Two courses of anatomical demonstrations;

Two courses of lectures on the theory and practice of medicine; these last having been attended subsequently to one course of lectures on chemistry, materia medica, and anatomy.

And six months', at least, the physician's practice at an hospital, containing not less than sixty beds, or nine months' at a dispensary; such attendance to have commenced subsequently to the termination of the first course of lectures on the principles and practice of medicine.

All students who began to attend lectures in January, 1829, are required to have attended the physician's practice at an hospital for nine months, or at a dispensary for nine months, and to have attended

Two courses of lectures on midwifery, and the diseases of women and children.

The testimonials of attendance on lectures, and hospital practice, must be given on a printed form, with which students may be supplied, on application at the under-mentioned places:—

In London, at the beadle's office, at this Hall; in Edinburgh, at Messrs. MacLachlan and Stewart's, booksellers; in Dublin, at Messrs. Hodges and Smith's, booksellers.

In the provincial towns, where there are medical schools, from the gentlemen who keep the register of the school.

No other form of testimonial will be received; and no attendance on lectures will qualify a candidate for examination, unless the lecturer is recognised by the Court.

The names of the lecturers recognised by the Court may be seen on application to the several gentlemen acting as registrars in the provincial schools, and at the beadle's office at the Hall.

The teachers in London, Dublin, Edinburgh, Glasgow, and Aberdeen, recognised by the constituted medical authorities in those places respectively, are recognised by the Court; and certificates given by the medical professors in the continental universities are also recognised and received by the court.

#### RECOGNITION OF LECTURERS.

Gentlemen wishing to be recognised as lecturers are referred to the following resolutions of the Court, passed on the 18th of Nov. 1830, viz. —

Resolved—That no member of the Court of

Examiners shall be recognised as a lecturer on any branch of medical science.

That the Court will not recognise any new teacher who may give lectures on more than two branches of medical science; nor will they sanction a teacher already recognised in giving lectures on any new branch of the science, if already he gives lectures on two.

That the Court will not recognise a teacher until he has given a public course of lectures on the subject he purposes to teach; but if, after such preliminary course of lectures the teacher should be recognised, the student's certificate of attendance on that course will be received.

That the Court will not recognise a teacher until he has produced very satisfactory testimonials of his attainments in the science he purposes to teach, and also of his ability as a teacher of it, from persons of acknowledged talents and of distinguished acquirements in the particular branch of science in question.

That satisfactory assurance shall also be given that the teacher is in possession of the means requisite for the full illustration of his lectures, viz., that he has, if lecturing on *Chemistry*, a laboratory and competent apparatus; on *Materia Medica*, a museum sufficiently extensive; on *Anatomy and Physiology*, a museum sufficiently well furnished with preparations, and the means of procuring recent subjects for demonstration; on *Botany*, a horti siccus, plates or drawings, and the means of procuring fresh specimens; on *Midwifery*, a museum, and such an appointment in a public midwifery institution, as may enable him to give his pupils practical instruction.

That the lecturer on the principles and practice of medicine must be, if he lectures in London, or within seven miles thereof, a fellow, candidate, or licentiate of the Royal College of Physicians of London; and if he lectures beyond seven miles from London; and should not be thus qualified, he must be a graduated doctor of medicine of a British University of four years' standing (unless previously to his graduation he had been for four years a licentiate of this Court).

That the lecturer on *materia medica* and therapeutics must be a fellow, candidate, or licentiate of the Royal College of Physicians of London; a graduated doctor of medicine of a British University of four years' standing (unless previously to his graduation he had been for the same length of time a licentiate of this Court), or he must be a licentiate of this Court of four years' standing.

That the lecturer on anatomy and physiology must either be recognised by the Royal College of Surgeons of London, or must be a member of that College of four years' standing.

That the demonstrator of anatomy must either be recognised by the Royal College of Surgeons of London, or must be a member of that College.

DISPENSARIES AS SCHOOLS OF PRACTICAL MEDICINE.

The Court will recognise, as schools of practical medicine, such dispensaries as shall give satisfactory evidence on the following points, viz.—

That the dispensary is situated in some city or town in which there is a medical school recognised by the Court.

That the rules for the government of the dispensary permit the attendance of students, and that the physicians afford them instruction, and opportunities of acquiring practical knowledge in medicine.

That the dispensary (if within the limits of the jurisdiction of the Royal College of Physicians of London) is under the medical care of at least two physicians, each of whom is a fellow, candidate, or licentiate of the Royal College; and if beyond these limits, that it is under the care of at least two physicians, who, if not so qualified, are graduated doctors of medicine of a British university, of four years' standing.

And that the apothecary of the dispensary is legally qualified, either by having been in practice prior to or on the 1st of August, 1815, or by having received a certificate of qualification from the Court of Examiners.

REGISTRATION.

A book is kept at the Hall of the Society for the registration, at stated times, of the names of students, and of the lectures, hospitals, or dispensaries they attend.

All students, in London, are required to appear personally, and to register the several classes for which they have taken tickets; and those only will be considered to have complied with the regulations of the Court whose names and classes in the register correspond with the testimonials of the teachers.

The book will be open for the registration during the first twenty-one days of the months of October, February, and June, from nine o'clock until two.

The Court also require students at the provincial medical schools to register their names in their own hand-writing, and the classes they attend, with the registrar of each respective school, within fourteen days from the commencement of each course of lectures, and those students only will be deemed to have complied with the regulations whose names are so registered.

The registrar of each respective school is requested, as soon as may be convenient after the termination of each scholastic year, to send to the secretary of the Court a list of the names of the students registered with him during that year.

*Names of gentlemen having the care of the Registers.*

*Bath*—R. T. Gower, Esq. and John Spender, Esq., Lecturers on Anatomy.

*Birmingham*—W. Sands Cox, Esq., ditto.  
*Bristol*—Dr. Wallis and Henry Clark, Esq. ditto.  
*Hull*—Edward Wallis, Esq. and Robert Craven, Esq.; ditto.  
*Leeds*—Thomas Poigden Teale, Esq., ditto.  
*Liverpool*—William Gill, Esq., ditto.  
*Manchester*—Joseph Jordan, Esq. Thomas Turner, Esq. and Thomas Fawdington, Esq., ditto.  
*Sheffield*—Wilson Overend, Esq. and W. Jackson, Esq., ditto.

Each student at his first registration will receive the printed form on which he is to obtain the certificate of his teachers.

## EXAMINATION.

Every person offering himself for examination must give notice in writing to the Clerk of the Society on or before the Monday previously to the day of examination, and must also at the same time deposit all the required testimonials at the office of the Beadle, where attendance is given every day, except Sunday, from 9 till 2 o'clock.

Candidates will be admitted to examination in the order in which their names stand on the Notice-paper; and those neglecting to attend agreeably to their notice, will, upon a subsequent application, be placed at the bottom of the list.

The examination of the candidate for a certificate of qualification to practise as an apothecary, will be as follows:—

1. In translating parts of Celsus de Medicina, or Gregory's *Conspectus Medicinæ Theoreticæ*, Physicians' Prescriptions, and the *Pharmacopœia Londinensis*.
2. In Chemistry.
3. In *Materia Medica* and Therapeutics.
4. In Botany.
5. In Anatomy and Physiology.
6. In the Principles and Practice of Medicine\*.

The examination of a candidate for a certificate of qualification to act as an assistant to an apothecary, in compounding and dispensing medicines, will be as follows:—

1. In translating physicians' prescriptions, and parts of the *Pharmacopœia Londinensis*.
2. In Pharmacy and *Materia Medica*.

By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an apothecary can be re-admitted to be examined until the expiration of six months from his former examination; and no rejected candidate as an assistant until the expiration of three months.

The Court meet in the Hall every Thursday, where candidates are required to attend at a quarter before four o'clock.

\* This branch of the examination embraces an inquiry into the diseases of pregnant and puerperal women, and also into the diseases of children.

The Act directs the following sums to be paid for certificates:—

For London, and within ten miles thereof, ten guineas.

For all other parts of England and Wales, six guineas.

Persons having paid the latter sum become entitled to practise in London, and within ten miles thereof, by paying four guineas in addition.

For an assistant's certificate, two guineas.

By order of the Court,

JOHN WATSON, Secretary.

*Apothecaries' Hall,*  
*September, 1833.*

For information relative to these regulations medical students are referred to Mr. Watson, who may be seen at his residence, 43, Berners-street, between the hours of nine and ten o'clock every morning (Sunday excepted); and for information on all other subjects connected with the "Act for better regulating the Practice of Apothecaries," application is to be made to Mr. Edmund Bacot, clerk of the society, who attends at the Hall every Tuesday and Thursday, from one to three o'clock.

It is expressly ordered by the Court of Examiners, that no gratuity be received by any officer of the Court.

## PHYSIOLOGICAL NOTES.

*Life.*—The word life, as commonly used, does not denote an individual fact, or a simple idea, and cannot therefore be *defined*. It is applied to a certain assemblage and succession of phenomena which are seen in a great variety of the objects that surround us, and distinguish them from the other objects of our senses. When these phenomena are examined throughout the whole of nature, it is found that the most general and characteristic of them is the continued appropriation and assimilation of surrounding matter which we call *nutrition*, a process which maintains a certain definite structure called *organisation*, which originates in all cases that can be satisfactorily observed, by *generation*, and terminates by *death*.

Some have conjectured that the phenomena of life, as they are seen only in bodies more or less organised, depend merely on the circumstance of organisation, but when we inquire how organisation has been effected, we

find that it implies in every instance where we can observe it, the previous existence of vitality, and therefore must be regarded as one of its effects, not as its cause.

Others have formed the supposition of a *material substance*, such as an ethereal or subtile fluid, superadded to organisation during life, and producing the phenomena of life, but this idea is both unsupported by evidence, and useless in the explanation of facts.

*Vital Contraction.*—When this contraction takes place, the filaments constituting the muscular fibres assume a zig-zag form, the angles formed being always at the same points, and being generally obtuse, but in the case of any forcible contraction, acute; the fibres become rigid and elastic, and it would appear, swell out towards their centres, but experiments show that their real bulk is not altered, the change being in the relative position, not in the size or distance of their ultimate particles.—*Dr. Alison's Physiology and Pathology.*

THE

**London Medical & Surgical Journal**  
*Saturday, September 28, 1833.*

**ADDRESS TO OUR READERS.—OUR  
FUTURE ARRANGEMENTS.**

At the commencement of another medical session, we owe it to our readers to inform them of the advantages we shall offer them in the ensuing volume of this periodical. We are happy to state that we have completed such arrangements as will enable us far to exceed our contemporaries. We shall publish regularly the following lectures,—Professor Cooper's on Surgery, delivered at the University; Professor Mayo's of King's College, on clinical surgery, at the Middlesex hospital; Professor Guthrie's on the

diseases of the urinary organs, at the Westminster hospital; those on clinical surgery by Dr. Crampton, Surgeon-general to the forces in Ireland, delivered at the Meath hospital, or county of Dublin infirmary; Baron Dupuytren's clinical lectures at the Hotel Dieu, and Baron Alibert's on the skin, at the hôpital St. Louis, Paris. We hope to complete arrangements for an Edinburgh course. We shall publish three lectures weekly, and shall thus place before our readers the opinions of many of the most eminent physicians and surgeons of the present day. We have the consent of every individual whose lectures we insert, and we are not so unprincipled as to publish the lectures of any one contrary to his wishes. We are not compelled to fill our pages with lectures delivered two or three years ago, or with such crudities as characterise some of our contemporaries. Few are aware of the expense incurred in reporting so many courses of lectures, but we are determined that the LONDON MEDICAL AND SURGICAL JOURNAL shall be worthy of its name, and shall surpass in character and contents all rival publications. The second part of this journal will be occupied by reviews, original communications, British and foreign hospital reports, accounts of the progress of the medical sciences in different countries, reports of the proceedings of the scientific and medical societies in this metropolis, with a variety of miscellaneous matter.

The quantity of scientific and practical knowledge accumulated in this

periodical, and rendered accessible to every one engaged in the study and practice of medicine, by the great moderation in price, should, we think, place it in the possession of all who undertake the responsibility of treating disease and preserving human life. The student and the practitioner are presented in this Journal with the best elementary and practical lectures, they are made acquainted with the merits and defects of the latest works, by fair and impartial reviews, they have clinical reports of the most interesting cases occurring in our own and foreign hospitals, forming together an epitome of the advancement of the medical sciences in all countries, with a variety of miscellaneous scientific information at the lowest possible expense\*. Economy is now practised by all men, and on this ground alone, independently of the higher consideration of information and knowledge, this work could not have failed to be universally encouraged. We have great pleasure in making this acknowledgment, and take this opportunity of assuring our subscribers, that every effort will be made by us to maintain their good opinion. We shall continue to supply them with the latest intelligence on the progress of science, and thus enable our friends to become acquainted with information which their predecessors, now busily engaged in practice, can never acquire. We fully assent to the opinion of Sir Astley Cooper, that

\* This Journal consists of two volumes annually, containing an equal quantity of matter with rival publications, and of a much better description, at one-third less price.

“students now a-days are better informed than teachers were forty years ago.” Those now commencing the study of medicine generally avail themselves of the opportunities of acquiring knowledge, afforded by the medical press; while their seniors, with few exceptions, neglect such advantages, and plod their weary and benighted way with scarcely a ray of science to guide them. Those of the old school are, in general, in this position, and however extensively they may be engaged in practice, are infinitely inferior in point of knowledge to the present candidates for diplomas. At no period of the history of medicine, was there so great a love for literature and science as at present, the diffusion of knowledge is, in these countries, universal. Every student, on obtaining his degree, or diploma, subscribes to one or more periodicals, to keep pace with the rapid progress of improvement in his favourite pursuit, and hence he speedily leaves his old established rival immeasurably behind him. Knowledge indeed is power, and ignorance weakness. Daily observation tests this position. It is well known that young medical practitioners soon triumph over an old opponent, however respected or popular.

#### COURT-MARTIAL.

GENERAL ORDERS BY HIS EXCELLENCY THE  
COMMANDER-IN-CHIEF.

*Head-Quarters, Choultry Plain, 16th  
March, 1833.*

THE following extract from the confirmed proceedings of an European general court-martial, holden at Cannamore, on Wednesday, the sixth day

of March, one thousand eight hundred and thirty-three, by virtue of a warrant from his Excellency Lieutenant-general the Hon. Sir Robert William O'Callaghan, K.C.B., Commander-in-Chief, are published to the army.

John Barnes, senior assistant-apothecary, attached to the garrison hospital of Cannamore, placed in confinement by my order, on the following charges:—

*First Charge.*—For having, at Cannamore, on the twenty-fifth of October, one thousand eight hundred and thirty-two, embezzled, or fraudulently misapplied, the under-mentioned articles, being stores belonging to the East India Company, intrusted to his care; namely, two ounces and four drachms of solution of acetate of lead, two ounces of oil of croton, three ounces and four drachms of oil of turpentine, three ounces and four drachms of olive oil, five ounces and four drachms of aromatic spirit of ammonia, two ounces of tincture of benzoin, six ounces of tincture of cardamom, one ounce of cantharides, four ounces and four drachms of tincture of myrrh, eight ounces of tincture of opium, ten grains of acetate of morphine, six ounces of isinglass, six drachms and forty grains of powder of squill, one bolus knife, four bleeding lancets, one abscess lancet, two pewter syringes, two pewter funnels, one pewter ounce measure, one package of ligature thread, two glass stoppered bottles, thirteen phials.

*Second Charge.*—For conduct to the prejudice of good order and military discipline, in having, at the same time and place, had in his possession the undermentioned articles, belonging to the East India Company, without being able satisfactorily to account how he came by the same: namely—two ounces of sulphuric æther, six ounces and four drachms of spirits of wine, eight ounces of acetic acid, four ounces and four drachms of nitric acid, six ounces and four drachms of sulphuric acid, four ounces of balsam of

copaiba, one ounce and five drachms of balsam of Peru, one ounce and four drachms of soap liniment with opium, two ounces and four drachms of solution of acetate of lead, three ounces of oil of croton, one ounce and three drachms of oil of aniseed, two drachms and thirty grains of oil of peppermint, five drachms of oil of cinnamon, four pounds and eight ounces of castor oil, three ounces and four drachms of oil of turpentine, three ounces and four drachms of oil of olive, five ounces and four drachms of aromatic spirits of ammonia, fourteen ounces of fœtid spirits of ammonia, one ounce and three drachms of spirits of lavender, two ounces of tincture of benzoin, six ounces of tincture of cardamom, four ounces of tincture of castor, three ounces of tincture of foxglove, two pounds and eight ounces of tincture of kino, one ounce of tincture of cantharides, four ounces and four drachms of tincture of myrrh, two pounds of tincture of opium, four ounces of compound tincture of camphor, four pounds of wine of aloes, one pound and eight ounces of wine of iron, fifteen ounces one drachm and thirty grains of Burgundy pitch, four ounces and three drachms of gum Arabic, ten grains of acetate of morphine, one ounce two drachms and thirty grains of acetate of lead, one ounce of acetate of potass, one ounce six drachms and twenty grains of aloes, six ounces and forty-four grains of tartarised antimony, six drachms of assafœtida, one ounce and six drachms of calumba powder, two ounces and seven drachms of prepared chalk, two ounces and twenty grains of camphor, two ounces six drachms and forty grains of Cheltenham salts, one pound three ounces and four drachms of plaster of galban, ten ounces of lead plaster, one pound and five ounces of plaster of quicksilver, eleven ounces of plaster of resin, six ounces of soap plaster, one drachm of gamboge, one ounce and twenty grains of liquorice root, three drachms and thirty grains of nitric oxide of quicksilver, three ounces six drachms and thirty grains of oxymuriate of quick-

silver, five drachms and twenty grains of white prepared quicksilver, nine ounces of jalap, six ounces of isinglass, six ounces of ipecacuanha, two pounds and nine ounces of Epsom salts, two ounces and two drachms of manna, thirty grains of mastic, four ounces and twenty grains of opium, eleven ounces of cream of tartar, three ounces and three drachms of antimonial powder, one ounce six drachms and twenty grains of aromatic powder, eight drachms and fifty grains of James's powder, six drachms of Dover's powder, nine ounces and four drachms of quassia, one ounce and two grains of quinine, two ounces two drachms and thirty grains of rhubarb, thirty grains of saline powder, four drachms of scammony, six drachms and forty grains of squill powder, eight ounces of senna leaves, two ounces of simarouba, one bolus knife, two small scale boxes, seventeen bougies, one bougie case, six bleeding lancets, one gum lancet, one abscess lancet, one seton needle, two pewter syringes, one ivory syringe, two pewter funnels, one pewter ounce measure, one ounce glass measure, three ounces of ligature thread, eleven phial corks, one ivory clyster pipe, two glass stoppered bottles, thirteen phials, four quires of foolscap paper, four quires of country foolscap paper, six sheets of blotting paper, one package of ink-powder, one piece of India-rubber, four cotton thread lamp wicks, one ounce and two drachms of sponge, one marble mortar, two marble tipped pestles, ten ounces of fine tow.

The above being in breach of the articles of War.

(Signed) J. HASLEWOOD, *Garrison Surgeon.*

*Cannamore, 4th January, 1833.*

By order:

(Signed) B. R. HITCHINS, *Actg. Gen. of the Army.*

The court having most maturely weighed and considered the whole of the evidence brought forward in support of the prosecution, as well as

what the prisoner, John Barnes, senior assistant-apothecary, attached to the garrison hospital of Cannamore, has urged in his defence, and the evidence in support thereof, is of opinion,

*Finding on the First Charge—*

That the prisoner is guilty of the first charge, with the exception of the four bleeding lancets; the court find that there were only two.

*Finding on the Second Charge—*

That the prisoner is guilty of the second charge.

*Sentence.*—The court having found the prisoner guilty as above stated, doth sentence him, the said John Barnes, senior assistant apothecary, attached to the garrison hospital of Cannamore, to be dismissed from the service of the Honourable East India Company, and further, that he be rendered incapable of serving the Company in any office, civil or military.

(Signed) A. WOODBURN, *Capt., Dep. Judge Advocate-General.*

*Confirmed.*—In confirming this sentence, in order that the service may be relieved from a person who has been guilty of so gross an act of dishonesty, I consider it necessary to record an opinion that the punishment awarded is altogether incommensurate with the nature and degree of the offence of which the prisoner has been convicted. If the subordinates of the medical department are to be deterred from embezzling the stores which are necessarily intrusted to them, through the fear of dismissal only, there can be but little security for public property of that description; as the value of the drugs stolen may frequently exceed the value of the situation lost, which is evidently the case in the present instance.

(Signed) R. W. O'CALLAGHAN, *Lieut.-Gen. and Com.-in-Chief. Madras, 16th of March, 1833.*

## Hospital Reports.

### ST. BARTHOLOMEW'S HOSPITAL.

*Rupture of the left kidney.*—A man of strong and healthy constitution, *ætat.* 40, was admitted into the hospital some weeks ago, having received a violent blow in the loins, which caused hæmorrhage from the urethra. It was supposed that the left kidney was ruptured, a diagnosis which was strengthened by the profuse bleeding from the urinary canal, and by the acute sensation of pain and uneasiness felt by the patient in the region of the kidney. Some weeks after his admission an abscess formed upon his back, midway between the last rib and the *crista illi*, which Mr. Stanley believed to communicate with the intestine. The patient expelled large quantities of wind through the external opening of the abscess, from which he expressed great relief. He has been taking three grains of hyoscyamus thrice a day, and is now put on moderate doses of blue pill. He is at present convalescent, has regular evacuations by stool, and sleeps well at night.

*Successful employment of tourniquets in a disunited fracture of the femur of twenty-one weeks' standing, and which resisted all the ordinary means of procuring union of the fractured extremities of the bone.*—In a case of disunited fracture of the femur of long standing (reported in a former number of the journal) where all the usual means of promoting union failed, notwithstanding the excellent health of the patient, who is a middle aged man, tourniquets were tightly applied round the fractured part of the limb. This treatment has been completely successful, as the patient now feels a sense of strength and security in the limb, which he did not before experience, and feels confident of being able to stand and walk on his legs. It is now upwards of twenty-one weeks since the fracture occurred. The

tardy progress of union in this case is surprising, when the good health and age of the patient are considered.

### OBITUARY.

#### DEATH OF DR. JOHN GORDON SMITH.

It is with feelings of considerable regret that we record the death of Dr. Gordon Smith, which took place on the 16th inst., in the forty-first year of his age.

The biography of Dr. Smith abounds with many instructive topics. After the best education, and having attained the highest honour in medicine at Edinburgh, he entered the army, and was greatly esteemed by his brother officers for his gentlemanly demeanour and his humanity to the sick. He was well versed in the ancient and modern languages, and was enthusiastically devoted to literature and science. During his military career he witnessed the greatest victories. He was attached to the 12th Lancers at Waterloo, and received the highest eulogium from Colonel Ponsonby, whose life he saved, and for his indefatigable attention to the sick and wounded.

Soon after the peace of 1815, he retired on half pay, and fixed his residence in London. He was a cheerful, witty, and pleasant companion, and his society was much solicited. He soon discovered that it was a difficult matter to succeed in practice in London; as he did not belong to the College of Physicians; and had no chance as an operative or consulting surgeon, as he was not attached to a metropolitan hospital. Under these circumstances he accepted the office of physician to the Duke of Sutherland (late Marquess of Stafford), with whom he resided for four years. During this period he occupied his leisure hours in composing his work on Forensic Medicine. This was a hazardous undertaking at the time, as medical jurisprudence was not then included in the courses of study required by the Universities or Colleges. It was taught, however, at the Edinburgh University by the late Professor Duncan; but, as it was optional with students to attend it, very few availed themselves of the opportunity. There was no work on the subject in our language except Dr. Farre's Translation of Mahon's Manual, and Dr. Male's Elements, both mere outlines. Dr. Smith's Forensic Medicine was most favourably received by the medical and legal professions, who considered it a work of reference and authority. The style was elegant and classic; but the author was perhaps too diffuse on the immorality of crime, while he was not sufficiently minute in what related to medicine. Soon after the appearance of this publication Dr. Smith commenced lectures on



Medical Jurisprudence, which were repeatedly delivered at the Royal Institution of Great Britain and at the Mechanics' Institution, and excited much interest. On the establishment of the Medical School at the London University, Dr. Smith was elected Professor of Medical Jurisprudence. His was, however, a nominal chair, as neither the Courts of Examiners of the Royal College of Surgeons nor of the Apothecaries' Society enforced the study of this important branch of medical education. Dr. Smith was therefore lecturing to few pupils, and was much dispirited at the neglect of his favourite subject.

He remained without a class for two years, and then requested the editor of this Journal, who was the only other lecturer on medical ethics and jurisprudence in London at the time, to join him in a memorial to the Company of Apothecaries. A memorial was presented, but produced no immediate effect; Dr. Smith felt annoyed, and a few days before the apothecaries recognised forensic medicine as a branch of medical education, he resigned his professorship in the University. His friends in the Council of the University now endeavoured to reinstate him, but they failed. Here it is but justice to the managers of the Institution to state, that there was something in the conduct of their late professor which was contrary to one of their resolutions. They had resolved that none of their medical professors should enter into the ephemeral discussions on medical politics, which were of frequent occurrence in periodicals, but the subject of this notice acted contrary to this rule. The University being shut against him, all his hopes were blighted, his only resource was that of a private lecturer, but as the apothecaries required the study of jurisprudence only during the last year of attendance, and not of those who had already commenced their studies, scarcely a single pupil entered to the lectures on the subject. Dr. Smith felt indignant that he, who had virtually established it as a science in his native country, was deprived of every advantage that might accrue from it, he became irritable and misanthropic, and thought the public and the profession had used him cruelly. About this period the city coroner died, and he offered himself for the situation: here also he failed. He then found that all his hopes had vanished, his mind became dejected, his habits intemperate, and he was finally consigned to prison. Here he remained for fifteen months, when death put an end to his sufferings. During his confinement, he was deserted by all his acquaintances, with two exceptions, Dr. Harrison and ourselves. Dr. H., much to his credit, was a frequent visitor, and, like the good Samaritan, poured oil and wine upon the wounds of his friend,

and contributed the most substantial aid for his relief and comfort.

Thus ended the career of a physician who had done much for science and for humanity. By his exertions medical practitioners were compelled to study a science of the utmost importance to themselves, and of the greatest consequence to the character, property, and lives of every class in society. The discrepancy of medical evidence had long been a source of merriment and sarcasm in courts of justice, and of contempt and ridicule with the public. It can be so no longer, at least among the rising race of practitioners; and reputation, liberty, and life, will not henceforth be sacrificed by medical witnesses. The legal profession now study medical jurisprudence; and woe betide the medical witness who is ignorant of the subject. Dr. Gordon Smith, with all his misfortunes, effected this beneficial improvement in judicial investigations. His works on Forensic Medicine, Medical Evidence, and on the Examination of Medical Witnesses, will be referred to, though they are far behind the present state of science. His Sketches of Waterloo have been most favourably received by the public. He wrote various Essays both in the medical and other periodicals, and was formerly Editor of the London Medical Repository. He was a humane and learned physician, a moral and valuable member of society, and a gentleman highly esteemed by his profession.

#### BOOKS.

Signs of Pregnancy and Delivery. By W. F. MONTGOMERY, M.D. (From the Cyclopædia of Practical Medicine.) Royal 8vo. pp. 45. London.

An essay evincing profound research, great discrimination, judicious arrangement, and much talent.

A Plate illustrating the Anatomy of the Head and Neck. By G. D. DERMOTT, Lecturer on Anatomy and Physiology. Royal folio, with corresponding text.

The cheapest plate and one of the most accurate we have seen.

#### CORRESPONDENTS.

A Constant Subscriber must produce his indentures of apprenticeship.

Dr. Stratten's communication has been received.

A correspondent informs us that the greater number of the students at Kings College attend the medical and surgical practice of the Middlesex Hospital.

The case of ligation of the external iliac artery in our next.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

THE

# London Medical and Surgical Journal.

No. 66.

SATURDAY, OCTOBER 5, 1833.

VOL. IV.

LECTURES  
ON THE  
**PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,**  
BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

LECTURE LVII., DELIVERED FEB. 22, 1833.

GENTLEMEN,—I explained to you, yesterday evening, that the surgical cure of aneurism was accomplished on two principles;—the first being that of simply lessening the flow of blood into the sac—of diminishing its impetus; the second, that of cutting off entirely the main current of blood to it. I also mentioned, that unless you could completely fulfil the second principle, the prospect of a cure would be very uncertain. In fact, it is known by experience, that few aneurisms can be successfully treated, either surgically or medically, except on this principle. I likewise informed you, that after you had secured the main artery leading into the sac, such blood as is in the aneurismal cavity will gradually acquire a solid form. Generally, for some time after the operation, a slight current of blood continues to find its way into the sac; but, by degrees, the quantity diminishes, and the retardation of the blood's motion always promotes the coagulation and consolidation of it. Afterwards, the whole tumour gradually diminishes, and is finally absorbed. Not only does the sac become filled with solid lamellated blood, but also a portion of the artery, both above and below it, is obliterated in the same manner, and this as far in each direction as the origin of the first large collateral branch. Here, gentlemen, is a specimen of a popliteal aneurism, taken from a patient who died three months after the operation; the tumour, you will observe, is diminished one-third: you see, that the artery is obliterated where it is tied, and a portion of the vessel, above and below the tumour, is filled with the same coagulum as is found in the aneurismal cavity itself.

VOL. IV.

Formerly it was the custom, in operating for the cure of aneurism, to lay the sac open and take out the coagulum, and then, after having sought for the communication between the aneurism and the artery, to tie the artery close to such communication; but this was of course a very severe operation, and frequently led to dangerous consequences, always to extensive suppuration, and often to fatal secondary hæmorrhage; for the artery was not tied according to the principles which science and experience now sanction, and a diseased portion of it was actually selected for the ligature—a most objectionable proceeding. At the present day, surgeons take care to secure the artery at a convenient distance from the aneurism, and in a situation where it is most likely to be sound; they do not open the aneurism and take out the coagulum, but leave the whole tumour undisturbed, and to be quietly removed by the absorbents. The aneurismal swelling, in the preparation before us, has been reduced not less than one-third by absorption in the course of three months.

Now, gentlemen, after what has been stated, you will understand, that, in order to perform the operation, so as to give the patient the best chances of recovery, it is necessary to attend to certain principles, without which, or what is the same thing, without the benefit of a skilful, well-informed operator, who would duly attend to them, the prognosis must always be unfavourable. The first principle is, always to make a sufficiently free division of the skin. Some practitioners suppose they can save the patient pain by making a small opening, but this is a mistake; and you will find, that in the generality of bad operations for aneurism, the external opening has not been made extensive enough. The diminutive size of the opening in the skin embarrasses the surgeon in all the future stages of the operation, which is rendered tedious, more painful, and less likely to succeed, than if a proper first incision had been made. The second principle is, to observe not to include in the ligature any large nerve or vein which may happen to be near the artery. The third principle, and a most important one, is to disturb the artery as little as possible, and not to detach it more than is

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necessary from its surrounding connections. You should not, therefore, adopt the plan of trying to get your finger under the artery, for you could not do this without detaching the vessel from its surrounding connections further than would be proper. I explained, in the lectures on hæmorrhage, that if the ligature be applied to a part of an artery, which does not receive its proper supply of nourishment through the *vasa vasorum*, it will be very likely to ulcerate and slough; therefore you should not detach the artery any further than you can help from its natural connections, and, by attending to this rule, you will leave it in that desirable and advantageous condition in which it continues to receive its usual supply of blood. Then, gentlemen, I recommend you always to avoid including the sheath of the artery in the ligature: let the vessel be completely exposed by opening the sheath, and let it next be tied by passing the ligature under it with an aneurismal needle or an eye-probe. The aneurismal needle ought not to be so sharp or pointed as to create any risk of the vessel being wounded by it, nor yet so blunt as to require much force to make it pass through the cellular substance connecting the artery to its sheath. Another principle is, not to let the ligature be of a large, thick, clumsy make, and irregular shape; on the contrary, it should be evenly round, and not larger than is required for the proper degree of strength. Dr. Veitch, a naval surgeon, assures me that he was the first operator who actually tied the arteries with single threads, which was unquestionably a grand improvement. The smaller a ligature is, with due attention to the latter quality, the better, and therefore many surgeons prefer, as the material for ligatures, dentists' silk, which has great strength in proportion to its diameter. You apply the ligature so as purposely to divide the internal and fibrous coats of the artery, and adopt such measures as will give the wound the best chance of healing by the first intention. Formerly, large ligatures were used, through an apprehension that fine ones might cut completely through the artery; but it is now known that this was a false alarm. A thick ligature has several disadvantages; for, in the first place, it is necessary, for its application, to expose more of the vessel than is advisable, and, in the second, it forms a larger quantity of extraneous matter in the wound than ought to be there. It is on these principles that the thick clumsy construction of the ligature often has the chief share in causing operations for an aneurism to prove fatal by secondary hæmorrhage. Sometimes, when such a ligature is employed, it is likewise apt to become suddenly loose, almost before the patient returns to his bed; and the reason of this occurrence depends upon the difficulty of applying a large clumsy ligature in a regular close circle round the artery. It was in vain that surgeons tried to prevent the disaster, by applying two ligatures, dividing the artery

between them, and then transfixing the mouth of the vessel with the ends of the ligatures, whereby it was conceived the noose would be mechanically kept from slipping. Gentlemen, we now know that the hæmorrhage arose from the insecure hold which the wrong kind of ligature had of the artery; and the knowledge of this fact makes us see at once the remedy for the inconvenience, namely, the selection of a different sort of ligature, and the application of it according to the principles dictated by the experience of the best modern surgeons. The comprehension of these principles enables us to judge correctly of the little merit pertaining to some other contrivances for the prevention of bleeding from an artery, tied for the cure of an aneurism, especially to what are termed *ligatures*. After tying the artery in two places, and dividing it between the ligatures, another loose ligature (the ligature of reserve) was left round the artery above the ligature nearest the centre of the circulation, ready to be tightened immediately hæmorrhage commenced. But such a ligature has quite a contrary effect to what was intended, for it renders secondary hæmorrhage more certain of taking place, for reasons you must be already aware of; in fact, its application makes it necessary to detach a considerable portion of the artery from its surrounding connections, and likewise increases the quantity of cutaneous matter in the wound, while the ligature, tightened in the first instance, is really on a portion of the artery so detached as almost to be sure of ulcerating or sloughing. Ligatures of reserve, therefore, long relinquished in England as dangerous expedients, are now beginning to be rejected in every part of the world where surgery is in a high state of cultivation.

With respect to the plan of applying two ligatures and dividing the artery between them, this was originally proposed by the late Mr. Abernethy, about five-and-twenty or thirty years ago, before which period secondary hæmorrhage was very common, because the proper principles to be observed in the application of ligatures were then not understood: large ligatures were used, and other things done, which were disadvantageous to the patient's chance of recovery. With a view of lessening the frequency of secondary hæmorrhage, Mr. Abernethy considered it might be advisable to apply two ligatures, and divide the artery in the interspace between them. He was led to this idea, in consequence of his having noticed, that arteries on the face of a stump were more rarely affected with secondary hæmorrhage than after they had been tied for aneurism; and he conceived, that by putting the artery to be tied as nearly as possible in the same state as it was on the surface of a stump, it would be as little liable to secondary hæmorrhage. There can, I think, be no doubt that when an extensive portion of an artery has been laid bare, and separated from its natural connexions, it is indeed better to apply

two ligatures, one at each extremity of the detached part of the vessel, than to apply one at the middle of such portion, where the vessel must be cut off from its supply of nutriment. But, gentlemen, when we have the choice, a single ligature is preferable, that is to say, when we can employ it with direct attention to the principles which I have explained, of not disturbing the artery more than is absolutely necessary, and of not separating it from its natural connections, through which the vasa vasorum receive and return their blood. You should merely divide the sheath, and pass round the artery a strong but slender round ligature by means of a well-made aneurismal needle, such as I have described.

Now, with regard to the operation for aneurism, I need say nothing further till I come to the operations on the dead subject. I may, however, just mention one thing, which it is of great consequence to attend to, namely, the necessity of endeavouring to unite the wound as speedily as possible after the operation, in order to give the patient the best chance of recovery. I may also here advise you always to lessen the quantity of extraneous substance in the wound as far as you can, a rule that will lead you to cut off one of the ends of the ligature, before you bring the sides of the incision together. Some surgeons have done more than this, for they have cut off both ends of the ligature, leaving nothing but the circle of the noose; but this practice is now, I believe, abandoned, in consequence of troublesome abscesses having sometimes followed its adoption. One end of the ligature, I scarcely need say, is useful for the purpose of withdrawing the noose as soon as it is detached from the vessel. Various instruments have been invented to obliterate the artery leading to an aneurism, by producing the same effect as the application of the ligature. They are mostly constructed on the principle of forceps, and when closed compress the vessel. This method has not been followed in London, and in my opinion is objectionable, because it deprives the patient of the benefit of union by the first intention. If we could avoid the steps necessary for exposing the artery, and the pain of the knife, then there would be some kind of reason for the practice in question; but as the operation of laying bare the artery must be performed, it seems to me better to employ the ligature than any *presse-artères*, and then to bring the sides of the wound together, so as to afford the best chance of union by the first intention. This plan seems to me much wiser than that of leaving in the wound a metallic instrument, which would completely interfere with union by the first intention, without any circumstance of superiority over the ligature as a compensation for so great a disadvantage.

When the artery is tied, according to the principles which I have been attempting to explain to you, secondary hæmorrhage is very rare, unless the artery happen to be diseased

at the part exposed in the operation, or there be some unfavourable circumstance in the health, producing extensive suppuration, or a phagedenic state of the wound. Sometimes, as I have already apprized you, nearly the whole of the arterial system is in a morbid state from the deposition of calcareous matter, and then of course the patient will be likely to have secondary hæmorrhage, though the operation be performed in the best possible manner.

Sometimes the tumour, instead of being quietly removed by the action of the lymphatics, is attacked by inflammation; abscesses form, and purulent matter may then be secreted in the tumour. In such a case it is useful to remember, that though there be suppuration, and you are obliged to open the swelling, much fluid blood seldom issues from the cavity where the pus is lodged. There is generally a copious discharge of matter from it, blended with coagulated blood; but there will usually be little or no loss of fresh blood. However, I do not wish to deceive you with generalities, and the truth is, that now and then hæmorrhage will take place under these circumstances, and a case was mentioned to me the other day by a friend, who had operated for aneurism in the ham upon a patient in the St. Marylebone Infirmary. The leg mortified; a considerable quantity of matter formed in the ham; and when the sloughs loosened, a profuse hæmorrhage followed. About twenty-four hours after the loosening of the sloughs, I saw the surgeon who had done the operation, and at that time the patient had lost upwards of thirty ounces of blood, and was sinking. But this is an unusual circumstance, and for the following reason:—when the whole tumour inflames, and matter forms within it, there is generally more or less coagulable lymph poured into the sac, which obliterates the communication between the artery and the cavity of the aneurism; and, in fact, if such inflammation had taken place before the operation, there would probably have been no occasion for the latter proceeding at all, as a spontaneous cure would have taken place. This subject, however, I explained in a former lecture.

Sometimes the artery will bleed in the situation where the ligature is applied, and, in such a case, it is not always necessary to cut down to the artery and tie it again; for occasionally after the loss of six or eight ounces of blood, the bleeding will stop of itself, and frequently when this is not the case, the application of cold and gentle compression will succeed in stopping the hæmorrhage; but should these means also fail, it would be necessary to take up the vessel again.

After the operation, the patient should be kept perfectly quiet, and above all things, care should be taken not to reduce the temperature of the limb; cold lotions and leaving the limb uncovered, are therefore objectionable practices. In the winter-time, it is the custom of

many experienced surgeons to cover the limb with flannel. I have seen several cases in which mortification followed the indiscreet exposure of the limb to too low a temperature, that is, mortification of a portion of the foot, without the mischief proceeding further; and there is great reason to believe, that after operations for the cure of aneurism, disagreeable consequences often result from not paying proper attention to the temperature of the limb.

Gentlemen, there is one method for the cure of aneurisms, which I have not yet mentioned to you, namely Brasdor's. It sometimes happens that an aneurism is so situated, that you cannot apply a ligature to the artery leading to it; this is the case with certain subclavian aneurisms, and some aneurisms in the groin and neck. Consequently, such instances cannot be cured by any of the plans I have yet described, and a ligature cannot be applied between the swelling and the heart. As the cure of aneurism depends on the retardation or stoppage of the flow of blood through the sac, Brasdor imagined it possible to prevent this flow from going on, by applying a ligature on the vessel after it had quitted the aneurismal sac, or on the *distal* side of the aneurism, as the phrase is. However, Brasdor never performed this operation himself, but it was afterwards attempted in France by Deschamps; but he did not succeed in properly securing the artery, and the merit of the experiment was not really put to the test. The first person, who truly performed this operation, was Sir Astley Cooper; the case was an inguinal aneurism, and the artery was secured below the tumour; however, the operation was not attended with success, for the patient went into the country, and afterwards died of a rupture of the aneurism. Mr. Wardrop since took up the subject, and he deserves great praise for having ascertained in some measure, how far the plan is applicable to certain descriptions of aneurisms. He found, that in some carotid aneurisms this way of operating would answer; and it must be acknowledged, that the common carotid is most favourably circumstanced for this method of operating, as it gives off no branches, and therefore it is not likely that any strong current of blood will continue through the sac. But when an artery is tied on Brasdor's principle, and any branch of consequence is given off from it between the sac and the ligature, of course the current of blood will still go on through the aneurismal cavity. On this account, it may be conceived that the operation cannot be well adapted to subclavian aneurism, as several considerable vessels would originate between the sac and the ligature. Neither may it appear very promising for inguinal aneurism, because it is hardly possible to apply the ligature above the origin of the profunda, through which artery there would be nearly as great a current into the aneurism as before. However,

notwithstanding these reasonings, there is yet much to be learned on the subject from experience; for we find, that a ligature applied to the subclavian artery is alleged to have cured an aneurism of the arteria innominata. I believe, not less than three cases are on record in proof of this important fact. Here the operator calculates, that the obstruction of the current, produced by tying the subclavian artery, added to that arising from deposition of lamellated coagula in the sac, would interfere so effectually with the circulation in the aneurism, as to bring about a favourable termination. Such are the principles on which the operation has been performed, and, as is reported, in three instances with success. One of these cases, I believe, is sometimes disputed, there being equivocal circumstances about it; but the two others have every appearance of being genuine aneurismal diseases. The case which was cured by Dr. Mott, of New York, seems to be perfectly unobjectionable. However, as I have remarked, further experience is required, in order to be able to give a positive opinion on the question, how far the operation should be extended to different aneurisms. For Mr. Wardrop's researches we ought to feel grateful.

You would suppose, that after the application of a ligature to an artery leading to an aneurism, a great number of the anastomosing branches would become enlarged and remain so. The fact is, that they do enlarge in great numbers; but it appears that, after a time, the number of these enlarged branches is lessened, and at last the circulation is carried on only by a few of these increased channels, and, if we inspect the limb after death, the number of the principal enlarged branches is not great, though conspicuous. Sir Astley Cooper has published an interesting paper on this subject in the *Medico-Chirurgical Transactions*, to which I refer you.

I will now, gentlemen, say a few words on the subject of aneurisms of the aorta, though I believe this is a topic rather out of my province, and that it belongs more properly to the medical lecturer. The aorta, as I have mentioned, is particularly subject to aneurisms, especially in its arch. The aneurisms to which it is liable are of several kinds. The first is the *simple dilatation*, which Scarpa does not consider aneurismal: the tumour involves the whole circumference of the vessel, is generally more or less oval, and never contains lamellated blood, except when some portion of the internal coat has given way; but then, it is scarcely necessary to say, the case would no longer be one of simple dilatation. Here is a specimen of *simple dilatation of the aorta*. The next case is the *true aneurism*—that which includes all the coats of the vessel. The third variety is the *false aneurism*, where the internal and middle coats have given way, and sometimes the external one also; but writers generally mean by a false aneurism a case where the two internal coats have given

way, whether the cellular one has done so or not. The fourth variety is particularly rare, in which the internal coat protrudes through the external ones in the form of a sort of hernia: preparations illustrative of this form of aneurismal disease are preserved at Paris in the collections of Dupuytren and Dubois. Some authors reckon a fifth variety of aortic aneurism, namely, the case where a false aneurism becomes engrafted on a simple dilatation: I think this may be an unnecessary distinction.

The dilatation or enlargement of the whole circumference of the aorta is generally attended with an atheromatous or calcareous deposit between the internal and middle coats; and when you do not observe this change, you will generally remark, that the internal coat is opaque and friable, and is more inelastic than natural. The ascending portion of the aorta is most subject to simple dilatation, as you see in this preparation; but other parts of it may be thus affected, and sometimes several portions of it at once, so as to give the vessel the sacculated appearance of the transverse arch of the colon. The dilatation seldom exceeds twice the natural diameter of the aorta; and when it is examined in the dead subject, it is not so conspicuous as an aneurism, the artery having become flaccid,—a circumstance well explained by Scarpa.

Now, this dilatation of the aorta does not generally give rise to much inconvenience; it does not, like an aneurism, press on any important organ so as to derange its functions; it is an oval tumour, and its pressure is more equable and yielding. The effects of the pressure of an aneurism may be fatal, but this is never the case with the simple dilatation. The worst consequence, produced by the latter, is a degree of difficulty of breathing, from the tumour touching the trachea or bronchi; for these organs are so irritable, that pressure on them readily excites dyspnoea, which is usually the worst symptom, as long as the disease remains a simple dilatation; for you should understand, that generally this affection leads to an enlargement of the heart, and then the two diseases together give rise to more serious consequences.

True aneurism of the aorta differs from a simple dilatation of that vessel, in its occupying only a part of the circumference of the vessel. It is generally situated on the front or lateral parts of the arch, never on the posterior surface of the vessel, and never on its lesser curvature. It differs from a dilatation in another important point, namely, in the communication between the sac and the artery being a contracted, narrow, and abrupt opening. In the simple dilatation, the blood is still flowing in its natural course; but, in aneurism, the contrary is the case. In almost all aneurisms of the aorta, especially of the descending aorta, however large they may be, you will find that the vessel itself is not increased in size, and the aneurism is merely like a swelling engrafted on the vessel.

The *false aneurism of the aorta* is that in which the internal coats have ulcerated or given way, generally in consequence of a pul-taceous, atheromatous, or calcareous deposition between them; then the cellular coat forms the immediate covering for the blood; and when it also gives way, the surrounding parts, which have been thickened in consequence of the pressure of the tumour, contribute in their turn to make the interior of the sac.

With respect to the symptoms of an aneurism of the thoracic aorta, if we put out of consideration those cases, which have advanced so as to be attended with a swelling externally, there are no symptoms which are completely unequivocal. As for the difficulty of breathing, the cough, disturbed dreams, anasarca, and oppression of the chest, these complaints may all of them depend on organic disease of the heart; so may intermittent pulse, as well as hæmoptysis, which is an occasional effect of an aneurism of the thoracic aorta. All these signs, gentlemen, are ambiguous. We generally find, however, that when the aneurism is of the ascending aorta, that there is a kind of purring tremor at the sternal ends of the clavicles—the *frémissement cataira* of Laennec. This is more particularly indicative of the simple dilatation, for in this there is no coagulated blood in the sac; whereas, in aneurism, the coagulum prevents the vibrations of the pulsation from being so perceptible. You may also remark, that when the chest is struck, it emits a dull sound; it does not feel so hollow as when there is no aneurismal tumour occupying it; but one of the strongest symptoms, next to the projection of the tumour externally, is the peculiar sound emitted by the entrance of the blood into the sac, it is a sound different from that caused by the heart's action, it is louder and more abrupt, and when using the stethoscope, you will be able to observe, that as you approach the heart, the sound diminishes; this sound has been compared to the noise of the rasping of wood at a distance. Those who are skilled in the use of the stethoscope know very well the difference between the sound of the heart's action and that of the aneurism.

In the abdomen, aneurisms of the aorta do not always produce symptoms so afflicting as those produced by the disease when it is in the thorax; and this circumstance is explained by two facts: in the first place, the tumour in the abdomen is not confined in a bony cavity; and in the second place, the viscera of the abdomen are capable of bearing certain degrees of pressure, without such dangerous consequences as those which inevitably arise from pressure on the thoracic viscera. The situation of the œsophagus, the lungs, the heart, the pneumo-gastric nerve, and the thoracic duct, explains the greater sufferings and danger commonly attending thoracic aneurisms.

## CLINICAL LECTURES

DELIVERED BY

DR. WILLIAM STOKES,

*At the Meath Hospital, or County of Dublin  
Infirmary, Session 1832-33.*

## LECTURE XIII.

*Phthisis—Value of Chlorine Inhalations—  
Bronchitis—Pleuritis—Dropsy treated with  
Iodine—Dysphagia.*

GENTLEMEN,—We have two cases at present in the hospital, which have been for some time under the use of chlorine inhalations. The patients are, as you are aware, labouring under phthisis, and I need not say, that in subjecting them to this mode of treatment, I did not set out with the expectation of their deriving any considerable and decided advantage, for the cases were at the period of their admission essentially hopeless. They had all the symptoms which, as I mentioned to you on a former occasion, pointed out the incurability of phthisis. In the first place, there was in both not only symptoms of phthisis but also a confirmed hectic, a circumstance which is indicative of much more extensive disease than the occurrence of mere suppuration in the lungs. This is a point to which I would direct your attention. In pulmonary diseases we often find that hectic symptoms are connected *more with the extent and incurability of the disease than the mere presence of matter in the lungs*, and hence it is that we frequently see hectic coming on before the actual suppuration of tubercles. On the other hand, you will see numerous instances of tubercular cavities without hectic. We often meet with patients who have symptoms of abscess in the lungs, with intense bronchitis and other very urgent symptoms, and we frequently find, that by treatment calculated to subdue the bronchitis we are able to put a stop to the hectic, although the suppuration still goes on. You will be called to attend persons in consumption, who are labouring under hectic fever, and on inquiry you may find that they are using wine and animal food; put them on milk diet, and you will often observe an extraordinary improvement in the febrile symptoms, though there is no amendment, so far as suppuration is concerned.

In the other case of phthisis, where chlorine inhalations have been used, there is disease of the larynx, and in both we have evident symptoms of derangement of the digestive organs, so that every circumstance tends to render them cases in which very little can be accomplished. I have put them, however, on chlorine inhalations, more for the purpose of observing its effect on the system than from any hope of deriving advantage from its employment. You are aware that this remedy has been recommended by many practitioners, and by none more particularly than Cotteran,

who published a memoir on this subject in the "Archives Generales de Medecine." The reason why I direct your attention to this subject is, that there are statements put forth in that memoir which I have not been able to verify. Cotteran states that he has treated cases of phthisis successfully by means of the chlorine inhalation, and he professes himself to be a stethoscopist. If a man who is not a stethoscopist states that he has cured phthisis, the question is then less as to the curability of the disease than the correctness of the diagnosis; but when a stethoscopist tells you that he has cured cases in which there have been hectic symptoms with cavernous respiration, and dulness of sound on percussion beneath the clavicles, it is certain the case is altered. Now he states that he has treated several cases successfully, and brings forward instances of decided cure. I shall make no comment on this, but shall only mention that in this hospital we have treated a great many cases with chlorine inhalation, and I regret to say the results have not been such as to enable us to recommend its use. In a few cases it has effected some slight good, in several we have done positive mischief, and in the majority of instances we have done neither good nor harm. You remember I mentioned to you on a former occasion that the essence of this plan of treatment is simply this, an attempt to cure chronic inflammatory disease by stimulation. The principle appears to be just the same as that by which chronic mucous discharge from the urethra is cured with balsam copaiba, or chronic diarrhoea is cured with turpentine. Besides, you are to bear in mind that you always run a great risk in those cases where you have to deal with an extensive organ such as the lung. In phthisis the expectoration is frequently very copious; there is an immense secretion going on, which may in some degree be looked on as a relief to the inflammatory action. If you check this secretion, you will find that the patient's sufferings are intense, and that matters are in a more unfavourable condition than before. This principle, gentlemen, applies to every case of direct stimulation. Where the chlorine inhalation had a tendency to diminish expectoration, we found that it was followed by very unpleasant symptoms, such as those which occur when you suddenly check a chronic diarrhoea, or any other continued discharge. We observed that where the spitting was suddenly diminished, the result was intense dyspnoea, fever, pains in the chest, and the stethoscopic signs of pneumonia in the lower part of the lung, which had been previously free from disease. In two or three cases the symptoms of pneumonia were so violent that we were obliged to have recourse to venesection. We also noticed that when the inhalations were discontinued the patients in a few days returned to their former condition.

There is another circumstance connected

with this practice which is worthy of remembrance. In many instances it appeared to produce a kind of revulsion from the chest to the abdominal viscera; the cough and expectoration were lessened, but diarrhoea or vomiting came on, and the patients seemed to have gastritis. The reverse of this has often been observed, as in cases of long continued diarrhoea, in which by treatment with astringents and stimulants, the discharge has been suddenly checked. We then may see a violent chest affection come on, and a most copious secretion established from the bronchial mucous membrane. Another curious fact is, that the inhalation very frequently produced a state of stupor, the patients appearing to be as it were under the influence of narcotics. I have seen persons fall asleep with the pipe of the inhaling instrument in their mouths. I do not know, however, how far we are to look on this agent as a narcotic, but it certainly produced effects very similar to those which arise from the use of soporific medicines.

This, gentlemen, is the sum of our observations on the use of chlorine inhalation in phthisis. Most of the cases in which it was employed were unfavourable, and there was, for the most part, distinct evidence of disease of the digestive system. If we could have tubercular abscess without disease of the digestive system, or a scrofulous habit, it might do very well. On the other hand, we have derived remarkable benefit from the use of chlorine in a case of gangrenous abscess of the lung which was in the hospital some time since. The patient was an unfortunate man who in a state of beastly intoxication rolled out of bed quite naked, and lay all night on a damp floor. He awoke in the morning extremely ill, with severe pain in the side he was lying on; fever set in rapidly, his breathing became very much affected, and he began to cough up a quantity of dark foetid matter. He was admitted into the hospital with the stethoscopic signs of a cavity in the left lung, severe hectic, breath and expectoration extremely offensive. He was ordered to have wine, nourishing diet, and chlorine inhalations. After the lapse of twenty-four hours there was considerable amendment, and after forty-eight the foetor was greatly diminished, and on the third day the smell ceased to be offensive to persons in the ward. In order to ascertain if this was the consequence of using the chlorine, we ordered it to be omitted for a day or two, and found that the foetor again returned, but after recurring to its employment the breath improved a second time. On this plan of treatment we kept him for some days, when the stench of the expectoration and breath having entirely ceased, we omitted it altogether. All the gangrenous symptoms returned again, and a third time were removed by the chlorine. It was the internal use of the chloride of lime we employed on this occasion; lastly I have been trying the chloride of soda. It has effected a most decided good

in the case, and indeed if we derived no other advantage from its employment beyond that of correcting foetid breath and offensive expectoration it is certainly a very material point, for there is no stench in nature more disgusting than that which attends gangrene of the lung, and I am confident a great deal of good was done by correcting this foetor, and preventing the absorption of putrid matter. I would advise you, therefore, in every case of mortification of the lungs, to direct your patient to use a good, nutritious diet, and make him constantly inhale an atmosphere of chlorine, by keeping his bed sprinkled with a solution of chloride of lime, and having a vessel containing the solution beneath. You should also take the trouble of ascertaining how the inhaler is used, for some persons draw the chlorine into their mouths only as they would tobacco smoke, and do not let any of it pass into the lungs; it is necessary to show them how to use it, and make them understand that the entrance of the chlorine vapour into the chest is indispensable.

There are two cases, gentlemen, in the upper wards which demand some few observations. One of them is the case of a man named Lindsay, which has been for some time under the care of Mr. Aston, and affords a very good illustration of a general pathological law. Whenever a person has local chronic irritation in any of the viscera, let that person chance to get fever, and you will generally find that the original local disease will be very much exasperated. This man had a chronic bronchitis at the time of his admission, he afterwards got fever, and you have seen how much the affection of the chest has increased in violence. You will always do well, when attending a case of fever, to inquire whether the local disease be of a chronic nature, as it makes a very material difference whether the complaint be of recent origin or not, and it is of importance that you should be aware of this.

The other case to which I alluded is one of considerable interest; it is a case of severe inflammation of the right pleura, and is important in another point of view as being illustrative of the diagnosis between disease of the pleura and hepatitis. This man presents the stethoscopic phenomena of effusion into the right pleura, he has dilatation of the affected side, and elevation of the intercostal spaces, absence of the respiratory murmur at the lower part of the right side, and no resonance of voice; and the absence of vibration in the chest when the patient speaks is here very well marked, for if you place your hand on the left side of his chest, and make him speak in a full tone of voice, you feel the vibration of the chest produced by the resonance of the voice on that side, but at the right side, where the fluid exists, this phenomenon is completely absent.

This is a case, gentlemen, which I cannot look on as an ordinary inflammation of the



pleura; the patient is in a very low state, his condition is evidently typhoid, and gives you an instance of what the older authors used to term bilious pleurisy. In addition to the pleuritic affection, he has well marked gastric symptoms, and I think we may call his disease typhoid pleuritis, in the same way as we term inflammation of the parenchymatous tissue of the lung with gastro-enteric complication and a low state of system, typhoid pneumonia. This typhoid pleuritis requires the same attention to the gastric affection as the typhoid pneumonia, and we generally observe that, in such cases, the abdominal symptoms can never be overlooked with safety. On Saturday we applied leeches to this man's epigastrium, as well as to the affected side, and to-day there is some amendment. I have to reiterate here an observation made on a former occasion, with respect to pleurisy, that, in Dublin, simple acute pleuritis is a very rare disease. We frequently meet with other forms of the disease in the simple state, but very seldom this. I remember, that at one time, for nearly the space of three years, we did not meet with an instance of œgophony in the hospital, except one in the case of a baker, who had pleuritis, not as the effect of cold, but produced by an injury from a fall. With this exception we had no other opportunity of observing the phenomenon of œgophony during the period above mentioned.

Since our last meeting there has been a case of dropsy here, under the care of Mr. Franklin, in which we have been employing the iodine mineral water. The patient was a man employed about stables, and frequently exposed to cold, wet, and hardship, in carrying water and washing carriages. He got cold, became very ill and weak, and anasarca of the lower extremities followed. As the case was clearly of a low asthenic character, we thought the best chance we could give him was to put him on the use of iodine. To-day, as you may have observed, he has been ordered some aperient medicine, and this is a matter of importance, and should never be neglected. The lower and weaker a case of this kind is, the more care should you take to prevent fecal accumulation, as, by pressure on the abdominal veins and absorbents, it may bring on an increase of dropsy. We sometimes observe that weakly old persons get anasarca limbs when their bowels are confined, and that the swelling disappears after taking purgative medicine. The weaker, therefore, a person is, the greater attention you must pay to evacuate the bowels, as without this precaution you will accomplish but very little good with the iodine.

The last case, to which I shall draw your attention, is one of exceeding importance; it is the case of dysphagia, under the care of Mr. Tuite. Dysphagia, gentlemen, is produced by affections of many and various organs, and consequently conveying many and different meanings. We have it, for instance, arising from affections of the mouth, tongue, and fauces; we have it proceeding from disease of

the epiglottis and larynx. You all know, that where there is disease of the larynx every attempt to swallow gives great pain, and here we observe dysphagia unconnected with any disease of the apparatus employed in the trajet of the food. In the next place, we may have it in consequence of any disease of the œsophagus. Inflammation of any muscular organ like the œsophagus produces, in the first place, spasmodic action in the affected part, in the next place, vascularity and tumefaction, and lastly, the sensibility of the part is so excitable, that when a morsel of food touches it, pain and dysphagia are the necessary consequences. Again, it may depend on chronic inflammation of any part of the œsophagus, and this you should bear in mind, as it is connected with the history of the organic stricture of the œsophagus. You are not to expect an easy cure in such affections, and you can readily understand the reason of this. If they are to be cured or relieved, it is by means calculated to relieve irritation and remove chronic inflammation. There is a strong and close analogy between inflammation of this kind and that which attacks the submucous tissue of the intestinal canal. The same vascularity, the same thickening is observable in both; we see it in the pylorus and other parts of the digestive tube, and so it is with respect to the œsophagus. This view of the subject gives you a key to the treatment in every stage of the disease.

In the next place, gentlemen, we may have dysphagia from various kinds of tumours. The internal surface of the œsophagus is subject to cancerous, morbid, and fungus growths. It may arise, too, from tumours situated external to the tube, the most ordinary instances of which are abscesses, bronchocele, disease of the spine, forming a protrusion anteriorly, and aneurism of the aorta, or some of its immediate branches. There are many instances of aneurism of the aorta compressing the œsophagus, and finally bursting into that tube, so that the patient dies of a vomiting of blood from this cause, as I have seen in private practice. I recollect the case of a woman, who was here some time back, having been admitted with the symptoms and usual stethoscopic phenomena of phthisis. She had dulness of sound on percussion below the left clavicle, and over a great part of the left lung, bronchial respiration, and hectic. In addition to these symptoms she complained of constant dysphagia; she said that the food always stopped at a certain part of the œsophagus, and there produced considerable pain and difficulty in swallowing, but when it had once passed this point there was no further obstruction. On the third day after her admission she died. We opened the chest but could not find either abscess or tubercle. We found the lung did not occupy the upper portion of the chest, near the clavicle, its situation was filled by an immense tumour of the encephaloid kind. It was this which oc-

reasoned the stethoscopic phenomena of dullness of sound on percussion, and absence of the respiratory murmur. It extended also to the mediastinum, and sent out from its posterior surface two projections, which pressed against the œsophagus, and caused the dysphagia. The last cause of dysphagia (and it is a frequent and important one) is inflammation of the cardiac orifice of the stomach.

Let us now, gentlemen, with these views, come to the analysis of the present case. Mr. Chute has, with his usual accuracy, drawn up a history of the case, of which the following is an abstract:—Edward Lynch was attacked ten days before admission, with pain in the back, and stitches at the lower part of the sternum. These continued for a week, when he first felt a soreness on swallowing, which increased so much that on the following day he could swallow no solids whatever, the attempt producing great pain, and a sense of weight, followed by hiccup and vomiting. He has frequent eructations with relief of the sense of oppression. Since the occurrence of the dysphagia he has lost his appetite; there is some epigastric tenderness; bowels costive since the commencement of his illness; his general appearance is that of a man labouring under low gastric fever. On examination, by the stethoscope and percussion, no morbid phenomenon could be detected, *except that the respiration over the whole of the right lung was feeble as compared with that in the left, no sound continuing clear on percussion.* On the day after admission, Mr. Porter passed a probang without meeting any obstruction, but the patient complained of soreness at the seat of stoppage.

Before the probang had been used we considered that the irritation was very low down, from the statements made by the patient himself. This morning he says he feels better, but as yet he has not attempted to swallow fluids. We have observed, that some minutes after he has swallowed a morsel of food, symptoms of irritation of the stomach come on, he begins to eructate, and goes on in this way until he gets up a small quantity of frothy fluid.

We have now, gentlemen, to investigate the cause of this disease. Before we proceed to this, I have to remark, that, in enumerating the causes of dysphagia I forgot two very important ones—spasm and paralysis of the œsophagus. In the first place, let me remind you of all the known causes of the disease. These are affections of the mouth, pharynx and larynx; inflammation of the œsophagus, either acute or chronic; tumours external or internal to the œsophagus; spasm, and paralysis of that tube. Now for the symptoms in the present case. In the first place, the diagnosis of this case is involved in considerable difficulty, from the recent nature of the attack. It appears, however, certain, that it is not a case of disease of the mouth, or fauces, or larynx, and here we have got rid of three causes. In the next place, we have no direct

evidence of the existence of a tumour pressing on the œsophagus. In the great majority of cases of tumours the swelling is apparent where it is external to the œsophagus, and can be detected. With respect to aneurism or abscess, which are more difficult to be detected, we cannot conceive how they could have possibly formed in such a short space of time. It might, however, be occasioned by any of these three causes; but the probability is, that it is not a case of dysphagia produced by any kind of tumour pressing on the œsophagus; and this probability is still further increased, when you recollect, that to day this man can swallow better. He has taken a large quantity of fluid at a time without experiencing any difficulty or obstruction to its passage, and this could scarcely happen if the impediment was caused by a tumour, nor would his relief be so sudden; and to this must be added, the fact of not finding any obstruction on passing the probang. Considering, therefore, the recent nature of the disease, and *the sudden improvement in the power of swallowing*, I think we may put aside the opinion, that in this case, the dysphagia arises from the pressure of the tumour. In the next place, does it arise from a tumour in the œsophagus? I should rather think not; because in the great majority of cases, where dysphagia has been the consequence of tumours within the œsophagus, the disease has been chronic. Such instances take a considerable time in forming; the dysphagia comes on slowly and gradually; and in this way attains a great height. But here we have no evidence of the existence of such a cause; and I think we may discard the notion of tumours within as well as external to the œsophagus. What causes, then, have we to investigate? It may be produced by acute inflammation, or by spasm of the œsophagus, or by disease of the cardiac orifice of the stomach.

Now, in the first place, I do not think it is spasmodic stricture of the œsophagus. In cases of spasm the attack comes on with severe pain, which lasts for some time and then subsides; that is to say, pain and spasm always accompany the phenomena of dysphagia arising from this source. But in this case we have *the pain coming on long before the occurrence of obstruction.* As far, therefore, as we can see, it is either acute œsophagitis, or disease of the cardiac orifice of the stomach, or both; and this appears to be borne out by the facts of the case. The patient has the appearance of fever; his look, and the smell which is perceived in the vicinity of his bed, is gastric. Again; he has a morbid condition of tongue; and this morning it has very much the appearance which it presents in cases of gastric inflammation. Then we have distinct evidence of an affection of the stomach. He has flatus, a degree of pyrosis, and loss of appetite, which is not an unfavourable thing under his present circumstances, but is of great importance as connected with this case. If the dys-

phagia depended on spasm or tumour merely, there would be nothing to account for the loss of appetite, as in such cases the patients generally have a desire for food. From a review of all the circumstances which I have enumerated, I am induced to think that it is disease about the cardiac orifice of the stomach; and there is another circumstance of importance, as tending to confirm the notion, that the disease is low down the œsophagus and near the stomach. After he has swallowed a considerable quantity of fluid the stomach begins to sicken, and he has a desire to throw up its contents. Connect this with the relief derived from his treatment (leeching, iced water, blistering, and purgative injections), and you will perceive that the symptoms and the result of treatment agree together. Still, gentlemen, I repeat it,—the case is obscure, and requires a more satisfactory elucidation.

[In a subsequent lecture, Dr. Stokes reverted to the case of dysphagia, which had then terminated fatally. Immediately before death the patient vomited a large quantity of blood. The dissection was performed before the class, when the following lesions were discovered. The cause of the dysphagia was a *small aortic aneurism*, which was about the size of a walnut, and which had perforated the œsophagus, and pressed on the opposite side of the tube, where the lining membrane was inflamed and ulcerated extensively. The aneurismal tumour was merely covered with the cuticular membrane of the œsophagus, which had given way, and it pressed on the right bronchial tube, thereby causing the feebleness of respiration. The cardiac portion of the stomach was inflamed, and the aorta showed marks of extensive recent disease. Dr. Stokes commented at some length on the case, and dwelt on the difficulty of diagnosis, and the fallacy of the use of probang in determining the existence of tumour connected with the œsophagus, and its danger in cases of aneurism, of which this case furnished a striking illustration. He further dwelt on the circumstances observed during the progress of the case, which might be supposed to make for or against the opinion that an aneurism existed. In favour of aneurism were only the fact of its being an occasional cause, the existence of pain under the shoulder, which the patient for a few days before death described as pulsating, and the difference of respiration in the lungs. On the other hand, the absence of stethoscopic signs of aneurism, the want of the usual symptoms of the disease, the free passing of the probang, the partial relief of treatment, the anorexia and appearance of the patient, all were in favour of the existence of disease of the mucous surface of the stomach and lower portion of the œsophagus.]—*Note by the Reporter.*

## CLINICAL LECTURES

DELIVERED BY

G. J. GUTHRIE, ESQ., F.R.S., &c.

At the Westminster Hospital.

LECTURES V. & VI.

### ON THE DISEASES OF THE URINARY ORGANS, AND HIP JOINT.

GENTLEMEN,—It is some time since I have had the pleasure of meeting you here for the purpose of continuing our clinical observations. I have been very much occupied on the one hand and rather lazy on the other, being disposed to get through my business as quickly as possible, and amuse myself out of town of an evening whenever the weather would permit, rather than to speechify in this dirty place. We must work the harder in the winter, and we shall be the better able to do so if we come to it in good health and spirits. I recommend you all to go to your friends for a few weeks in August and September, if you have any in the country willing to receive you. A little relaxation is useful to every one. It is a capital thing for an old coach horse, and it is no less so for a young doctor.

I concluded my last observations on the use of the prostate catheter by showing you the instrument, but you must recollect, that it is only particularly serviceable in those cases of enlarged prostate which are distinctly well marked, and occur in elderly men. In those derangements of the prostatic part of the urethra, and of the neck of the bladder, which are frequently met with in younger persons an instrument with a different curve is preferable and passes much more easily. It will indeed pass often with ease when the prostate catheter will not. I call it No. 2. prostate catheter, to distinguish it from the other which is No. 1. It is shorter and straighter, with an inclination to curve at its extremity, rather than actually curving like the other. It has a small wooden handle with two eyes, in order that it may be tied in readily if necessary, and it is strengthened by a stillet of what is called flexible but stiff metal by the instrument makers, having a ring at the end, by which it may be the more readily withdrawn. The instrument I now show you is the third kind I commonly use. It is merely a solid iron sound polished, of a particular curvature, having a small wooden handle; the last inch and a half towards the point being gradually diminished in size, so that if the shaft of the instrument be as ten, the point shall be eight. You should, however, have them of the same size throughout, and I have them on the contrary made a little bulbous, an inch or two from the point, for particular use. This third kind of instrument should be plated, or gilt if you please, for dandy gentlemen, which prevents their getting rusty; they also look prettier, and a man automats crush more readily to the use of a silver instrument

than he will to a piece of cold steel, however well polished. There is a great deal of imagination in this world, and a great deal more in humbug, and if, after having passed a silver sound some twenty or thirty times for a patient, you finish your proceeding with a gold one I assure you he does not forget it. I do not happen to have a gold one myself, but I think I must get one, for gold for gold is but reasonable.

An instrument of this shape passes through a healthy urethra without stop or stay. It meets with no obstacles when managed by a surgeon conversant with the attachments of this canal, and it passes so easily and with so little pain and inconvenience, that the patient scarcely believes it has been introduced when it has been withdrawn. A well oiled instrument, of a proper temperature, a size or two less than the orifice of the urethra, will pass through it to the astonishment of the patient, when a small, soft, and pointed wax bougie will catch on something at every inch. A gentleman, who had been using himself small bougies of this kind, came up to me from Worcester, declaring he had an impassable stricture, which rendered him miserable, for, although he could make a tolerable stream of water, he never could pass the smallest bougie in his possession, and he had great fears for the result. Finding that he could make a fair stream of water, I selected a No. 8; it went with ease, I then took a 12, it went as easily, a 14 followed as readily. The gentleman declared it was done by magic, whereas it was merely done by virtue of an instrument of a proper shape and size.

The two prostate catheters should also be made of a soft metal, which is, I believe, called pure tin by the instrument makers. It was formerly a patent composition, or something like it, and bougies were made of it for common use, but I disapprove very much of the construction of small and pointed instruments of any kind of flexible metal, for they are not only apt to break, but to bend and deceive the surgeon or person who is using them, by inducing him to believe they are passing on when they are only bending. I am quite sure, that the greater part of the false passages, which have been made in the urethra, were made by metallic or flexible bougies, and I look upon them as very dangerous instruments; a surgeon always knows what he is about with a solid one, he never knows exactly what he is doing with a flexible one if any pressure be required with it.

There is a great difference in the manner of using a metallic or flexible bougie, or even a common wax one, and a solid sound. I have already shown the way in which this latter is to be managed, and have drawn your attention to the fact of its point mounting, or riding over an obstacle, by the motion which is given to its handle. It is in consequence of this that it surmounts or chafes all the obstacles to be met with in the canal, and which surgeons

have been pleased to call natural, but which are really only called forth by the use of an improper instrument. The round point of a solid sound, or bougie, is always readily carried along, or borne against, the upper surface of the urethra, the point of a flexible instrument will almost always and unavoidably be carried along the under surface of the urethra; and as all the parts, which can cause obstruction, except the lacuna magna, are to be found on the under part, it must necessarily meet more readily with them, especially as the passage of the flexible instrument is effected by a steady pressure of the finger and thumb, without any but a forward motion being communicated to the point. This is the cause of the frequent failure of a soft or flexible bougie, whilst a solid one will pass with ease; but you must be made aware, that when the curve of the solid bougie does not correspond with the opening of a stricture, and which occurs most frequently in short persons, in whom the curvature of the canal is greater for their size than in taller persons, a soft wax bougie will often pass much more readily, and is to be preferred. I have a gentleman at this moment under my care, who has had a stricture for thirty years, and is a great performer with metallic bougies, he cannot pass his metal one at all now that the stricture is narrow, whilst I can pass a soft wax one, of the same size with ease. This he cannot comprehend, and I will not tell him why. Metallic bougies, then, I do not use, metallic catheters I do in certain cases, but only in them, relying in all others on solid instruments, which will not easily break, and do not readily deceive us as to their motions and the progress they are making.

You should have two kinds of wax bougies for use, one soft, so as to be capable of taking an impression with ease, the other made of harder materials, so as to take any form you please when slightly warmed, but which still opposes a good deal of resistance to pressure. Catgut and elastic gum bougies, of various sizes, will complete your common surgical apparatus. Of other and more complicated ones we shall speak when we have noticed the remaining part of the urethra, and the diseases for which they are especially intended.

There have been some cases of injuries of the hip, to which I wish to draw your attention while the remembrance of them is fresh in your recollection. The first to which I shall allude is a case of dislocation into the ischiatic notch, which was in the hospital some months ago. This occurred in a woman; the second of the same kind took place in a boy a short time back. Such accidents are unusual, and still less so in females and children. You may attend an hospital for a whole life, and not see the like again in any one year. The woman was brought into the hospital, having fallen in a struggle with some of the police, and the late apothecary brought the limb into its proper place. It was seen, however,

found out of it, was again restored, and so on for a fortnight, during which time it became an object of speculation. Some said it was a fracture, others a dislocation, and a third said they did not know what it was. At this time I was asked to look at it, and, as the swelling had in some degree subsided, I had no difficulty, in a moment, in declaring it to be a dislocation into the ischiatic notch. The patient was turned over to me, and after a steady extension of some thirty minutes, the head of the bone began to alter its position, and was finally reduced.

The boy was admitted into the hospital one evening during my week, and the subsequent morning I visited him. Several speculations had been hazarded on this case, also, and in favour of fracture. You all of you know, and the home-surgeon, Mr. Finch, especially, that I equally decided in a moment what it was and instantly desired he might be taken into the theatre for its reduction. The way in which I state this to you may induce some of my friends to believe that I wish them to suppose I possess a peculiar tact in distinguishing injuries of this part from each other. Now, I possess nothing you may not acquire on the same terms; and if, as you have seen, I have been able to distinguish these injuries more readily than you might have supposed, from what you hear and what you read, I pray you lose no time in obtaining the same information. It is simply by studying closely the anatomy of the parts in a similar way. When I was in Spain and Portugal I always had a dissecting room whenever I had a hospital, and in this or these the attentive fellows used to work with me and for me, as some of you did last winter, and will I hope do in the ensuing one.

Previously to the siege of Ciudad Rodrigo, I had a place of this description in a village on the Portuguese side of that town, called Aldea del Obispo, in which I practised every possible mode of amputating the thigh at the hip joint, and then of dissecting the cut parts afterwards, and particularly those which adhered to the pelvis. The method usually adopted in dissection, of following the whole course of muscles, is a good one for one purpose, but not for that of studying joints, and particularly the hip and the shoulder. A thorough knowledge of the muscles which surround them can only be obtained in the way I have mentioned, and then by re-applying the bones to each other, you will understand their situation and their derangements better than in any other way. The situation of the head of the femur when in the acetabulum is immediately in a line extending downwards from the anterior superior spinous process of the ilium; here you have to seek for it in amputation, and when a dislocation backwards takes place, there is comparatively nothing to fill up its place and that of the neck of the bone which have been removed with it. The trochanter major is not so much shifted from

its situation as you might suspect, but a different part of it is turned towards you, and you can feel that it is a different surface when you examine first one side and then the other. This is not, however, so important a mark as a small hollow, which the absence of the neck of the bone leaves in front of it, which I consider a very diagnostic hollow, and which you do not meet with in the only fracture which can simulate these dislocations. The head of the bone in any reasonably fat person can also be felt if the limb be rolled from the knee in the ischiatic notch. In these two cases, then, I did two things; I first rotated the thigh with my finger in the little hollow alluded to, and then with my thumb on the trochanter, and the two first fingers on the part where the head of the bone must be according to the distance between these parts. The motion of the head of the bone was distinct, and the ascertaining the fact did not occupy a minute. Now for other signs. The limb was a little, and only a little, shortened; the great toe rested upon the other great toe, because the knee was turned in, and this turned in because the great trochanter was turned inwards, and the head of the bone backwards and outwards. As the head of the bone was backwards, the lower part of the thigh was necessarily inwards, whilst the muscles attached to the trochanter minor would raise or draw it forwards or bend the body. The person to whom this accident has happened stands on one foot, with the body a little bent, the thigh advanced and turned inwards, the great toe of the affected side resting on the other; turn him round, and the greater width and deformity of the buttock is very apparent; examine him in the way I have described as the nature of the injury becomes manifest. The only fracture which resembles this injury in the least, is that particular one of the dissection of which I have given an account in the *Medico-Chirurgical Transactions*. In this case the toe turns inwards and the leg is a little shorter, but there is no hollow in front of the trochanter, there is no head of the bone to be felt rolling in the ischiatic notch. I should add, that the head of the bone in these cases is at the upper part of the notch and not the lower, if it were otherwise the limb would be longer instead of shorter, at least I suspect so, for I have never seen the case. It is said that in dislocation there is no motion, whilst in fracture there is a great deal, but this must be received with caution, for you all saw that in these two cases there was a great deal of motion, and I do not think that much dependence can be placed on this sign, except as far as regards the elongation or shortening of the limb, which in dislocation is always the same, but varies in fractures according to circumstances. The mode of reduction, and the principle of doing it are both simple, although this has been considered a most formidable injury to treat. The

head of the bone is carried behind, and a little above, the acetabulum. The person should be placed on the sound side, and the counter-extension should be made in the direct line or axis of the body. The knee of the affected side is then to be drawn across the lower part of the opposite thigh. In both the cases I used the pulleys, and you saw my fore-finger rest on the head of the bone, and marked its gradual motion downwards and forwards to the raised edge of the acetabulum. To get it over this, I rolled the knee a little with my other hand in order to move the head of the bone, and thus facilitated its yielding to the extending power. I also desired the thigh to be raised upwards by a roller placed around its upper part so as to separate if possible the head of the femur from the dorsum of the acetabulum, and the dislocated parts were restored to their places, but in a very different manner in each. In the woman where the extending power required was great, the head of the bone was drawn into its place by it alone, and not apparently by any exertion of the muscles, which frequently right themselves as the part is restoring, and by a spasmodic effort draw the bone into its place. As the head of the femur passed over the edge of the acetabulum, the feeling conveyed to my finger which rested upon it, was that of the crushing of the cartilaginous edge which deepens the cavity. It was something very peculiar which I never felt before, and led to the suspicion that this edge had been broken off at the time of injury. It is possible that this may also have led to the supposed frequency with which the head of the bone had slipped from the cavity. It was a long time before this woman recovered; low inflammation followed in the joint, and considerable thickening around, supporting the belief that the cartilaginous labrum of the cavity had been injured in an especial manner.

In regard to the boy, the bone slipped into its place, with a snap heard by all around, showing the action of the muscles. I was never more satisfied with any thing in my life. The dislocation was reduced in less than five minutes, and without leaving a mark showing where a bandage had been applied, and the boy left the hospital in a fortnight.

I hope you have observed with great attention the fracture of the great trochanter and neck of the femur, treated on Mr. Amesbury's bed in Percy Ward. The man has recovered without any deformity, and with much more comfort to himself than by any other apparatus with which I am acquainted. If I should have the misfortune to break the neck of my thigh-bone, I will be placed on Mr. Amesbury's fracture apparatus, and, if possible, I will be treated by Mr. Amesbury himself.

#### OBSERVATIONS ON THE CHARACTER AND TREATMENT OF IRITIS.

BY CHARLES WARBURTON RIGGS, ESQ.  
SURGEON.

INFLAMMATION of the *iris* may be considered as *simple* or *specific*, as it comes on in a healthy state of the system, or arises during the existence of what are called *specific* or *constitutional* diseases. Another division into *acute*, *sub-acute*, and *chronic*, must not be omitted. The epithet *sub-acute* conveys a more accurate idea of the slower forms of this affection. The term *chronic* denotes, in the general acceptation, the condition that remains after the subsidence of active inflammation, or a slow and irregular species of inflammatory action. Cases of *iritis* are not frequent, and practitioners are not, it is feared, sufficiently acquainted with the disease, so as to discriminate the first indications of the affection, when the inflammation can in almost every case be arrested. My object in drawing up this article has been to lay before the numerous readers of this journal a brief treatise on *iritis*, containing the opinions of the most approved writers and teachers, with deductions from a pretty extensive opportunity of observing the affection, and of acquiring the collateral information that the subject naturally embraces. I cannot better convey or more forcibly express the necessity of being able to recognise the earliest marks of *iritis*, and the ignorance and inattention that prevails in detecting the primary stage of the disease, than by reciting the following case.

A young gentleman, about thirty, complained of general uneasiness of one eye, pain of the ball and inflammation. These symptoms were first experienced towards evening, and abated much before morning. The next day, about the same hour, they recurred with increased severity, the pain extending to the orbit and temple. The medical attendant to the family now saw the person, and found the vascularity so slight as to lead him to con-

sider the attack as one of rhenmatism of the sclerotic. Four days elapsed with progressive aggravation, the pain towards evening becoming intolerable, with great intolerance of light. The violence of his sufferings, and not any apprehension of the deprivation of his sight, induced the patient to have additional advice. *Iritis* was then detected, barely in time to preserve vision under the most decisive treatment.

The necessity of being able to recognise the complaint on its invasion is too apparent to dwell on. This is the leading difficulty to be encountered. If the disease be ascertained sufficiently soon, the treatment is simple and successful. What symptoms then characterise it? On looking at an affected eye, a peculiar arrangement of red vessels is observable. Towards the circumference of the globe they become distinctly visible, running forward in lines without lateral communications; as they approach the *cornea*, a free anastomosis takes place, and a plexus is formed a little external to the *cornea*, of a pretty deep colour in general. This is a diagnostic mark of importance. The vessels being covered by the *conjunctiva* exhibit a purplish tinge, and the lustre or clearness of the *cornea* will be diminished. But these signs of course vary in intensity. If the inflammation be acute, these marks are very apparent, in cases of an opposite nature they are nearly imperceptible. When the inflammation is violent and the red zone marked, on close inspection a greyish line will be observable, which has been called the ash-coloured zone. It is most distinct towards the *cornea*.

These characters will vary either from the degree of the inflammatory action, or from inflammation co-existing, or arising in the *conjunctiva* or *sclerotica*, or deeper tissues of the eye. The general appearance will point out in which texture the complication exists, although when high action is going on, the distinguishing features are lost in the general redness. The pain is often urgent, and in cases

where syphilis has given rise to it, the patient's sufferings become aggravated towards evening; the most distressing feelings are caused by the intolerance of light; this is most severe during the first stage of an acute attack; before muddiness of the aqueous humour and dulness of the *cornea* have veiled the *retina*, it is often as great as in strumous ophthalmia. In very severe cases there will be diffuse redness; the zone and white line are not discernible; the *cornea* is opaque, with red vessels shooting over its surface; depositions of lymph take place between its *lamina* and the patient's sufferings are commensurate. Such an attack ends in disorganisation. A train of symptoms similar to those now detailed should lead us to investigate the appearance of the *iris*, however slight these indications or the person's sufferings may be. It is by examining the appearance and condition of the *iris* that we can alone judge of the absence or presence of this disease. The practitioner should acquire a familiarity with the diversified aspect of the *iris*. He ought to be conversant with its contractions, the extent, rapidity, and duration of these under different degrees of light. Without a knowledge of these he will be often baffled in forming a decision, and will act from erroneous and detrimental conclusions.—*Ed. Med. and Surg. Journ.*

(To be continued.)

#### CASE OF EXTIRPATION OF THE EYE-BALL.

BY J. H. WISHART, F.R.S.E.

EURETTA DOUGLAS, *ætat.* 13. The right eye projects considerably beyond the orbit; the upper eye-lid is very much elongated, so as still to cover the eye when she is asleep. On her looking downwards with the eye, a firm tumour can be distinctly felt near the situation of the lachrymal gland, and extending inwards and backwards towards the bottom of the orbit. About two years ago the eye

began to increase in size without any previous pain, and without any evident cause that could be assigned. In twelve months it attained its present size, in which state it has remained for the last year without any visible change.

In the first three months nothing was done for it; but there soon occurred such a rapid increase of size, that the surgeon who was consulted pronounced it dropsy of the eye. He applied leeches over the eyebrow, and blisters to the temple, without producing any mitigation of the symptoms. She also got various medicines internally, in the form of pills, powders, &c., but without any benefit.

At a consultation it was agreed that nothing could be done to save the eye, and the total extirpation of the organ was therefore thought proper, the patient herself being most anxious to submit to whatever was thought advisable. I removed the eye on the 1st March.

The operation was performed in the usual way, and the whole contents of the orbit removed. The hæmorrhage was considerable; but the orbit being filled up with strips of fine lint, a common compress, formed of two or three folds of linen, was laid over the eyelids, and a few turns of a roller over all; the patient was put to bed, and soon after took an opiate.

On examining the eye after its removal, the disease was found to be seated in the substance of the optic nerve; the coat of the nerve being very much distended, and evidently forming the outer covering of the tumour. The eye itself was found perfectly sound and of the natural size; the previous enlarged appearance being caused entirely by the pressure of the tumour from behind. The tumour was of a firm consistence, resembling the cerebral substance, generally considered of a malignant nature.

On the fifth day after the operation the compress was removed and

gave considerable relief; no discharge followed. A small portion of the slips of lint was removed daily from the orbit. The whole was taken away in three days, very little matter being discharged along with the dressing.

From this time the patient went on without any unfavourable symptoms. She was dressed regularly twice daily, the discharge being very moderate in quantity. A small slip of lint was introduced at every dressing between the eye-lids, and a pledget of the same, spread with simple ointment, laid over all.

On the fourteenth day from the operation, the discharge was very moderate, and quite healthy; a small quantity of thick matter was seen adhering around the bottom of the orbit. A weak solution of the acetate of zinc was thrown in with a syringe, and continued every day regularly, the discharge gradually diminishing. She went out daily to walk, and before the end of the month was perfectly well. The upper eye-lid returned to its natural size, and she returned home about the middle of April perfectly recovered.

The case had a much more favourable termination than that of many others which I had extirpated from similar situations. I have never met with any cases of the same description as this one in the works of surgery or morbid anatomy which I have consulted. The only one resembling it is related by Panizza, in his work *Sul Fungo Midollare*, in a little girl six years of age, in which there was found, on dissection, not only a small tumour surrounding each optic nerve, but a still larger cerebral mass in the basis of the brain.—*Edin. Med. and Surg. Journ.*

#### TURKISH MEDICINE AND SURGERY.

*Pedlar Physicians.*—Jewish physicians abound in Turkey, and are not a whit better informed than the Albanians. They wander about the



country with their apothecary's shop on their back, and are, in fact, perfect medical pedlars. Their traffic is not confined to the sale of medicines alone. The poorest of them carry wallets and walk the streets and bazaars, at every place uttering the shrill cry of "ei Hekim! ei Hekim!" (*a physician, a physician*). Now and then you may see them stopped in the street by some unhealthy looking Turk, whose pulse they feel, and instantly roar out, "bilirim seuin hastalik," (I know thy disease,) and without asking the patient a single question, they open their wallets, give him a pill or a powder, which he swallows on the spot, after bestowing on the physician two or three half-farthings (*paras*) for his advice and medicine.

*Diagnosis of the pulse.*—Nothing so enhances in the eyes of a Turk the value of a physician, as his being able to tell every thing after feeling the pulse. By the pulse alone he must know not merely the nature of the disease, but must be able to say whether the patient slept well during the night before, what he ate during the day, whether the bowels are open, &c. &c. After having once felt the pulse, the physician must put no question to his patient, for it is considered as a sign of ignorance; at his very first visit he must declare, from the pulse, at what precise time the patient will die or recover.—*Dub. Med. and Surg. Journ.*

#### DR. YATES'S ADDRESS.

DR. YATES has published a most inconsistent address to the profession defending his conduct in acting contrary to the feelings of the profession by attending the General Dispensary, Aldersgate-street. The late medical officers have this day (Thursday) replied in the Times, and with sarcasm and irony analysed Dr. Yates' epistle and motives. They state, "we left the institution, rather than countenance a system which must lead to

the election of ill-educated or otherwise improper persons, to appointments, which should be filled from professional competency alone." They advise Dr. Yates to retire, and at the same time to disavow "that he and others are acting on an understanding with certain members of the committee, who, for want of other candidates, will recommend the Governors to recommend him and them on the 18th inst., to fill those appointments which we upon principle thought right to vacate." Signed by the late medical officers.

Dr. Yates must perceive, by this time, that he has placed himself in an awkward predicament, from which he cannot extricate himself with much credit.

MEETING TO PLACE A MARBLE BUST OF THE LATE JOSHUA BROOKES, ESQ. F.R.S. IN ST. JAMES'S CHURCH, PICCADILLY.

A MEETING of the Profession is to be held in the Museum, Blenheim-street, Oxford-street, on Thursday the 10th of October, at eleven o'clock A.M., the object of which is, to erect a bust of the late Joshua Brookes, Esq. in St. James's Church, Piccadilly. An opportunity is afforded to the Profession to prove their estimation of the high character of the late celebrated anatomists.

#### A CASE OF GREAT DISTRESS.

THE widow and eleven children of the late Mr. Luff, surgeon, of Bethnal Green Road, are in a destitute condition. Mr. Luff lost his life by his exertion in the treatment of epidemic cholera among the poor, and his family have just claims upon his professional brethren.

**A TRANSLATION OF BARON ALIBERT  
ON DISEASES OF THE SKIN.**

BY SAMUEL PLUMBE, M.R.C.S.

(Continued from page 243.)

**FACTS RELATIVE TO THE GENERAL HISTORY  
OF SCALD HEADS.**

THE phenomena we are now going to present our readers are such as are common to the different kinds of teigne.

**ARTICLE I.**

*Of the general appearances which characterise the course of scald head.*

The individuals, in general, who are attacked with any kind of teigne whatever, feel an itching more or less violent on the head. The scalp, in certain parts of its surface, becomes red, cracks, or often even swells. Sometimes the glands, whether cervical or occipital, swell, and are painful to the touch; sometimes, also, but more rarely, a severe headach accompanies this cutaneous affection. The itching increases daily. You then perceive, between the hairs and on the scratched parts, pustules or vesicles, surrounded with an inflamed areola. In some cases there are no traces of ulceration; you see small dilated canals, or the pipes of several glandulous follicles, from which a viscous and red humour flows slowly. It may happen, especially in the mucous scald head, that the skin rises in circumscribed tumours, tolerably hard at the basis, having the top soft and whitish, and containing a yellow fluid. This fluid issues with foetidity whether you give it vent with an instrument or allow it to suppurate and rupture, applying only poultices. The hairs are very soon bathed with this impure matter, which agglutinates them to each other, and coagulates in the air and heat. The flakes of this viscous humour, which flows abundantly, accumulate and form crusty or squamous layers, which unite and produce a horrible and hideous covering for the

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head; but under this covering is a putrid sanies which attacks the skin frets the hair even to the bulb, consumes the neighbouring mucous structure, and threatens even the bony substance of the skull. Some patients are a prey to dreadful nocturnal pains; others become so dreadfully thin as to arrest their growth. When the teigne has existed from infancy, or that suitable means have been neglected for the cure, its ravages are particularly great. It is then you see abscesses form in the scalp, and glandular swellings in the occiput, neck, shoulders, and arm-pits. The ears sometimes inflame and tumefy in a dreadful manner; the pustules emit a repulsive odour, and become confluent; the old hairs fall off, and those which replace them are white, soft, and grow slowly; their tufts are clear and fine, resembling a lanuginous substance. The mind is not fit for any intellectual work, or the body for any physical exercise; in short, I have seen this dreadful disease attack the most precious sources of human preservation, and retard for a long time the organic development of the signs of puberty. I observed this particularly in the case of a young man, aged 21, by trade a joiner, who showed no signs of manhood; his voice is clear, and resembles that of a child of twelve years old; his figure bears almost the same disproportion. He was born with the favous scald head, and his father was afflicted with it. It is a remarkable circumstance, that two girls, the one twenty and the other sixteen, exhibited identical symptoms; both appeared to be only ten years of age, and were in a deplorable state of leanness. There were several favous patches in different parts of the body, and the cervical glands were enlarged. This affection had developed itself almost immediately after their birth.

The teignes co-exist sometimes with other alterations, which manifest themselves in other parts besides the scalp. That which particularly deserves the attention of pathologists is the deformity in the nails, which sometimes

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happens to individuals afflicted with the *T. favuse*, especially when this disease continues long after puberty. A case is recorded by Murray of a young girl afflicted with a remarkable deformity and discoloration of the nail of the little finger on the left hand. On cutting this nail with a knife there flowed a glutinous humour similar to that which escaped from her head. Several authors have noticed this singular phenomenon, which appears to bear some analogy with the *plica*; and this is not the sole resemblance between them, as I shall have occasion to show by and by. The resemblance is strong enough to bring them naturally near each other in nosological arrangements.

The several teignes we have described rarely attack children during lactation. I have, however, excepted the mucous scald head. It is clear that the greater number of individuals who have this affection have reached their second year, and that it lasts for the first seven. It sometimes extends beyond this, but very rarely. It happens, nevertheless, that some of the forms show themselves in advanced age, principally the *T. favuse*. The amianthous teigne only attacks adults. To be convinced of this, it is only necessary to consult the cases we have collected. The teignes are not like other eruptions which perpetuate themselves in the animal economy, and which, when neglected, never disappear spontaneously.

Nature, which promotes these exanthemas for ends not yet perfectly known, usually causes them to disappear at the age of puberty, and often before that period, without the assistance of art. I have already said that the appearance of the teignes was accompanied with the obstruction of certain glands. It is not certain whether these obstructions are the causes or effects of these cutaneous eruptions, or if they are only concomitant symptoms, as they sometimes precede, sometimes follow, their development. The glandulous tumefaction is often so connected with them,

that it disappears when you succeed in curing them. We must not confound this tumefaction with the scrofulous or venereal obstruction; these are cured by quite different means. I have often tried to determine, at the Hospital St. Louis, the relative number of the different kind of teigne; and M. Gallot has frequently assisted me in the calculation. The favous form presented itself most frequently to our notice: out of a hundred individuals submitted to our examination ninety were affected with it;—the granulated, one in ten. We have still more rarely met with the furfuraceous. This may arise from the patient's not coming to the hospital for advice, this species being less troublesome and alarming than the preceding ones. The amianthous is most rare, and that appears to me the reason why no author has, to this day, described it. As to the mucous form, great towns abound with it; but as it generally arises during the period of suckling, or the first two years of infancy, children afflicted with it are rarely separated from their mothers or nurses.

#### CASES TREATED IN THE STIRLING DISPENSARY, WITH REMARKS.

BY W. H. FORREST, SURGEON.

*Meningitis of the Spinal Chord.*—Alexander Jaffray, set. 26, was admitted on the 19th May, 1831. He had complained for a week before of pain in the back and legs, which was mistaken for rheumatism. When I saw him the pain was exceedingly severe over the whole body, but especially in the back. He had, too, tetanic contractions of the muscles of the back, neck, legs, and arms, amounting to perfect opisthotonos. His pulse was 150, small, and very sharp; his skin was hot; his urine was scanty; and his bowels were constipated. The intellectual functions were entire. During the first two days of my attendance I bled him very copiously, and gave him drastic purgatives in large doses. On the evening of the 20th, a blister, extending from the

occiput to the sacrum, was applied. On the 21st he took more purgative medicine, and a pill, composed of two grains of calomel and three of opium, every two hours. On the 22nd, the pain and tetanic contraction still continuing, I dressed the blistered surface with tartar emetic ointment, and continued the calomel and opium. On the 23rd and 24th he took more purgative medicine, and the calomel and opium and tartar emetic dressing were continued. On the 25th the pain and tetanic contraction had completely subsided, but he complained of the blistered surface, which was highly inflamed; I ordered a dose of castor oil, a linsed poultice to the blistered surface, and the calomel and opium to be withdrawn. On the 26th he was still free of pain and spasms, but complained very much of the blistered surface. On the 28th his strength, which had hitherto been pretty good, gave way to a considerable extent. His pulse was very frequent and weak, and there was a good deal of low muttering delirium; a portion of the blistered surface had sloughed. I ordered him a solution of quinine, with sulphuric acid, and a wash of chloride of lime for the back. 29th. Sloughing going on rapidly; quinine and chloride of lime continued. 30th. A very large slough, comprising the cutis merely, was removed. In the evening he felt much better; the delirium had completely subsided, and his pulse was less frequent and fallen. 31st. There was a slight return of the pain and spasms, and his pulse became again frequent and sharp. A consultation was held, and it was determined to put him under the influence of mercury. He took accordingly calomel combined with Dover's powders, and had the blistered surface dressed with mercurial ointment. The pain and spasms continued in a slight degree for two days, when they yielded entirely to the mercury. He was discharged on the 16th June perfectly recovered.

This was an example of meningitis

or acute inflammation of the membranes of the spinal chord, a very rare disease. Dr. Abercrombie, notwithstanding all his experience, does not appear to have seen a case during the lifetime of the patient. It will, I believe, be generally found, that in pure meningitis of the chord tetanic contraction is present. Dr. Abercrombie alludes to several cases of this affection complicated with meningitis of the brain, in all of which pain extending along the spine, and tetanic contraction of the muscles of the back and neck, were the prominent symptoms. Severe pain in the back, shooting into the extremities, chest, or abdomen, and attended by tetanic contraction of the muscles, and long fever, appear to me to express, very correctly, the principal external characters of this affection. The treatment of meningitis of the chord is sufficiently obvious. I am disposed to place great confidence in powerful counter-irritants; and I believe it was the severe action of the tartrate of antimony which saved my patient. The disease showed no disposition to yield until the pain of the blistered surface became more intolerable than that of the disease, and as soon as the severity of the action of the tartrate had subsided, the spinal pain and tetanic contraction returned, and continued until they were finally removed by the mercury.

*Abscess of the Liver bursting into the right cavity of the Chest.*—John Webb, æt. 35, had complained for a month before of pain in the region of the liver, and of great prostration of strength. When I saw him he was very much emaciated, and looked like a person dying of abdominal organic disease. His skin was of a pale lemon colour, and his countenance was very anxious and ghastly. He still complained of pain in the site of the liver, but there was little if any tenderness, and no fluctuation, in it. He ascribed the pain to rheumatism. His pulse was 120, small and feeble; his tongue was pretty clean and reddish;

his bowels were painful and irritable, but not loose; and his breathing, though a very little hurried, appeared to be fully and freely performed; he had no cough, no difficulty in breathing, and in short no symptom which indicated in the most remote degree, the existence of thoracic disease. He generally lay on his back, but stated that he could lie on either side without inconvenience. The case altogether was very obscure, and as the man, whatever might be the nature of the disease, appeared to be dying, I resolved to support his strength merely, and to palliate any urgent symptoms that might arise. On the 14th he was seized with diarrhoea; his stools were fœculent, but they had a peculiar and very disagreeable odour which I cannot well describe. The diarrhoea was easily checked by the chalk mixture and opiates. On the 8th of March it returned with increased violence, and demanded a further use of chalk mixture, opiates, and kino. It was in a great measure subdued by these remedies, but the bowels continued painful and irritable to the last. He died on the 14th of March at half-past 8 A.M.

*Dissection.*—The whole body was very much emaciated. In the upper part of the right lobe of the liver, there was an abscess about the size of a small fist, filled with a thinnish pus of a rose-red colour. This portion of the liver adhered very firmly to the diaphragm, but the rest of it was quite free and healthy. The gall-bladder was healthy and full of bile. In the right side of the thorax, there were six pounds, as nearly as could be computed, of the same rose-red pus, found in the liver. The right lung was compressed to a mere membrane, four inches and a half in length, two and a half in breadth, and a fourth of an inch in thickness. The pleura was thickened and blanched, but there was no deposit of false membrane on it. The left side of the chest was quite healthy. Betwixt the abscess in the liver and the right side of the thorax there was an opening through the

diaphragm, an inch in diameter. There was nothing unusual in the bowels or other organs.

This case is remarkable for the quantity of purulent matter contained in the right side of the chest, rendering the whole of the corresponding lung entirely useless, yet giving rise to no symptoms which led even to a suspicion of disease in this situation; from which circumstance may be gathered the necessity in every supposed case of abscess in the liver, of examining the right side of the chest, even although the symptoms do not indicate the existence of disease in this cavity, as well as the possibility of one lung maintaining, in certain circumstances, the respiratory function to an extent sufficient for the purposes of the system.

(To be continued.)

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ON THE PATHOLOGY OF UTERINE DISEASES.

BY PHILO.

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EVERY practitioner of candour will acknowledge that he has often been puzzled how to account for, as well as how to treat, that distressing state of the system, which is produced by any irregularities in the catamenial discharge. I will not stop to inquire whether the diseases termed by nosologists, amenorrhœa, chlorosis, hysteria, &c. are distinct in their pathology, or are merely degrees or modifications of the same complaint. To me it has always appeared that the theories of systematic writers are very unsatisfactory on this subject, and that they have taken a false view of the nature of these disorders.

The first glance at the patient might lead any person to suppose that she is suffering from extensive disease in some organ of vital importance. She crawls across the room as if a heavy weight were attached to her feet, and she sinks, apparently exhausted, into the nearest seat. The heart flutters, imitating all the *bruits* of the stethoscope; the pulse bounds

under the touch; there is pain of extreme violence, chiefly of the head, back, or epigastrium. It is not my intention on the present occasion to enter upon an extended inquiry into the pathology of these disorders, but I shall content myself with making a slight review of the opinions on this point, which are most in fashion, and afterwards seeing whether or not these notions of the disease are adequate to account for such a remarkable train of symptoms.

There can be no question that suppression of the menstrual flux depends in very many cases upon disorders in the uterus or its appendages; but it is obvious that a vast degree of constitutional disturbance is set up, when there is not any considerable departure from the healthy action or structure of these organs, for we frequently observe cases of suppression where the functions of the uterus are restored without the employment of any active means. On the other hand, the womb may be diseased to the greatest extent, which may go on even to a fatal termination, and yet the patient may never have been troubled with hysterical affections.

Many pathologists look for the origin of this disease in the cerebellum, and it is certain that pain over this organ is a frequent symptom in such cases. But although it is frequent, it is by no means constant; and after a pretty full investigation into this subject, I find that the pain is quite as often referred to the forehead or across the eyes. I am far from denying, however, that an important connexion exists between the cerebellum and the genital organs, but on the other hand, it must be allowed that the former may be the seat of extensive disease, whilst no disorder manifests itself in the functions of the latter, and that even in the most distressing cases of uterine disease, the cerebellum is not necessarily affected.

A very important step towards the successful investigation of the sub-

ject, is the fact, that hysterical symptoms, similar to those above enumerated, rarely occur, except during that period of female life when the uterus is capable of performing the function of menstruation, which in this country includes the period between the ages of seventeen and forty-five. In addition to the above fact, and probably depending upon the same cause, women who have never menstruated from a want of development in the uterine system, are seldom hysterical. I lately saw a young woman, aged twenty-seven, in whom this secretion has never appeared, the breasts remain flat as in childhood, but she has no hysteria. As illustrating this subject, it may be mentioned, that in cases where the uterus has been totally extirpated, and where the catamenia have consequently been suspended, the patients have usually become plump and healthy. Also, in the progress of debilitating diseases, of phthisis more especially, there is most commonly a suspension of the secretion, arising from an exhaustion of the circulating fluid, but this occurs without any hysterical symptoms.

Taking into consideration these circumstances, it seems obvious, that to produce the distressing agitation called hysterical, either the catamenia must be secreted, or at least that the uterus retains the power of effecting the secretion.

What is it, then, which excites such a wonderful commotion in the system. Is it merely that a plethoric state is induced? In many cases one look at our patient will satisfy us that her disease does not arise from a redundancy of blood.

It has occurred to me that all the symptoms can be satisfactorily accounted for if we suppose that the menstrual fluid after having been secreted, is again carried into the circulation by means of the absorbents or otherwise. In the practice of medicine we meet with similar processes, causing very remarkable and

extremely distressing results, such as the absorption of the urine, or piles, for example. To my mind, at least, the explanation now advanced appears more accordant with the phenomena of the disease than any other that I am acquainted with. The sudden depression, the labouring heart, the severe pain, the altered colour of the skin, and the dyspeptic symptoms, are what might *a priori* be expected from such an exciting cause. If any of your correspondents will bring forward facts to elucidate or overthrow this opinion, I shall be equally gratified, and therefore request you will insert the above sketch in your most valuable publication.

September 11th, 1833.

### Reports of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, September 30th, 1833.

WILLIAM KINGDON, Esq. President,  
in the Chair.

*Commencement of the Session for 1833-34.—President's Address.—History of Cholera at Jessore.—Deteriorated Rice the cause of the disease in that and every other country.*

THE President delivered an eloquent address, in which he congratulated the meeting, which was extremely crowded, upon the prosperous condition of the Society, and stated, that he had the assurances of several able and experienced members of their zealous co-operation for the support of the institution. He hoped and trusted that the debates would be interesting and valuable; and he felt convinced from the presence of those he saw around him, the experience of most of whom had been very extensive, that the results of their observations would afford a mass of the most valuable information, scientific as well as practical. He was satisfied that the Medical Society of London would continue to obtain that support which

had long been given to it by its old and valued members; while he anticipated a proportionate degree of zeal for its interests from those who had more recently joined it.

Thanks were then voted to the different officers. The minutes of the last meeting were read and confirmed.

The President then announced to the Society, that there was a gentleman who favoured them with his company as a visiter this evening, from whom they would learn many interesting facts and experiments.

Dr. Titler, of the East India Company's Service, then addressed the meeting, and made a communication to the following effect:—That he was the only medical practitioner who had seen the disease called cholera, at Jessore, in 1817, that the Bengal medical statement was founded upon his own, that he had unequivocally traced its origin to rice of a deteriorated quality, being of a reddish colour, which he ascribed to a covering that it possessed, which was not the husk, and that this covering was poisonous to man and animals\*. He gave a description of the various kinds of rice, presented various specimens of the best and worst qualities, which he had purchased in this metropolis, and went on to prove that the rice imported into Europe and the West Indies from Bengal, which was the deteriorated crop of 1817, was the cause of the disease called epidemic cholera, yellow fever, and dysentery. He stated that the rice crop had failed in 1816 at Jessore, in consequence of which there was famine among the natives; that the crop of 1817 was the most abundant ever known, that it was cut unripe, to supply the necessities of nature, it was the food of the people, and had caused

\* As to the idea of contagion, it was ridiculous. He had handled the patients, inspired their breath, slept in beds from which they were removed immediately after death, but was not affected by the disease.

vomiting and purging in two or more hours after being eaten. He discovered this by accident, as a gentleman, named Watts, had written to him that his servants were seized with the epidemic, which then raged, in two hours after a repast of rice. He cited numerous authorities, both civil and medical, to prove that the unripe and deteriorated rice of 1817 had caused purging and vomiting; and he cited the testimony of Mr. Chapman and Dr. Duncan Campbell in support of his experiments, that rice and water affected goats with diarrhoea and dysentery. He was proceeding to prove that the rice of the crop of 1817 had caused yellow fever in the West Indies, and the late epidemic cholera in this country, when

The President rose and said, that perhaps he had committed himself in having allowed a discussion of this kind, however important, to occupy the whole evening, as several gentlemen might have been disposed to narrate cases of patients under treatment, and to solicit the advice of the members at large on such cases. Many gentlemen had appointments, and had to see patients after the usual hour of adjournment; but he was in the hands of the meeting, and wished to learn if it were the wish of the Society to hear the gentleman for a longer period.

Dr. Blicke observed, that his time was limited, and regretted that he should be obliged to leave at the usual time, as he felt great interest in many facts adduced, though as one who had been in India, he should consider that the gentleman's conclusions were wrong. He, however, should be most happy to hear the conclusion at the next meeting, and to reply to it; but circumstanced as he was, he should move an adjournment, with a request to Dr. Titler to conclude his observations at the next meeting.

Dr. Walshman complimented Dr. Titler for the many authentic facts he had mentioned, and felt assured that the Society would hear the re-

mainder of his observations with great attention at the next meeting of the Society.

We give Dr. Titler great credit for the indefatigable zeal which he evinced in investigating the disease at Jessore, which he and the Bengal Medical Board designated cholera. He did not, however, in a paper which occupied an hour, state one symptom of the late epidemic cholera which prevailed in this country, except vomiting and purging. The only thing he proved, beyond doubt, was, that blighted or deteriorated rice disordered the stomach and bowels; but certainly not that it was like spasmodic, or, as some will have it, Asiatic cholera. But, in fact, he had not an opportunity, as the hour of adjournment of the Society had arrived before he had concluded. We trust he will elucidate the remainder of his argument at the next meeting.

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#### REFUSAL OF MEDICAL MEN TO GIVE EVIDENCE AT INQUESTS.

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Two recent instances of this have occurred. Mr. Godrich, surgeon, of Chelsea, at an inquest held a short time since, refused to give his opinion as to the cause of death, unless he was remunerated for so doing, and in a more recent case still, Mr. Ross, surgeon, of Ratcliff-highway, refused to give his evidence on an inquest on a child who had been drowned, unless his expenses were paid. In the latter case, Mr. Baker, before whom the inquest was held, talked somewhat vehemently about commitment for contempt, &c. We should seriously advise Mr. Baker and his coroner colleagues to beware how they interfere with the *rights* of medical men, or they may find themselves in a very awkward predicament. Lord Melbourne, the Secretary of State, has been applied to, but his answer has, we regret to say, been unfavourable. We trust that during the next session of Parliament an act will be passed affording a remuneration to medical



practitioners attending on inquests, as has recently been done with reference to the profession in Ireland.

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THE

**London Medical & Surgical Journal**

Saturday, October 5, 1833.

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THE MEDICAL SESSION OF 1833—34.

THE greatest exertion has been made in the large and small medical schools of the metropolis during the last few days, and the most vigorous competition has been manifested by all parties. The result will be, that students will derive greater advantages than during any former session. It would be invidious in us as lecturers to give a comparative view of the different schools, or comment, as a contemporary has done, upon their respective merits. We feel convinced, that the lecturers, in almost all of them, are eminently qualified to discharge their duties. It is to be remembered, that no lecturer, but one of superior attainments, is recognised at present, and this is a sufficient guarantee to medical students. The only advice we would give to students, especially to those who have just arrived from the country, is, not to be influenced by what are called great names. They will find that the terms of the large schools are double those of the smaller ones; the instruction is as good in the latter as in the former, for almost every one of the lecturers in London has been a private teacher. There are some students who will enter to the large schools,—there are others who prefer

the smaller ones. A great mistake is made by students entering to certain lectures in different schools, by which they lose a vast deal of time, in going from one place to another. This error ought to be avoided. The whole time of those commencing the study of the science of medicine should be devoted only to that object, and not foolishly spent in amusement or dissipation. Students owe it to themselves, to their friends, and to their country, to spend their time solely in the acquirement of medical knowledge. They will have sufficient leisure for recreation in any of the schools, but every lecture of the courses prescribed by the constituted authorities in the profession, should be duly attended.

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MEDICAL DEGREES GRANTED IN  
LONDON.

We are highly gratified to perceive, by the introductory lecture of Professor Grant at the London University, that the government is determined to grant the University the power of conferring degrees in medicine. We have repeatedly urged the expediency of this measure in our pages.

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DISSENSION AT ST. BARTHOLOMEW'S  
HOSPITAL.

The removal of Mr. Skey from the demonstratorship at the medical school of the above hospital has given displeasure to several of the students. Mr. Stanley, on commencing his introductory lecture, was received with

marks of disapprobation mingled with applause. He stated, that any pupil, who felt dissatisfied, might have his fee returned, and that the Governors and Medical Officers had unanimously approved of the present arrangements.

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THE GENERAL DISPENSARY,  
ALDERSGATE STREET.

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PRESS of matter prevented us last week from inserting the following communications relative to the above institution, and we now give them a place in our pages with much pleasure. Though we have animadverted with some severity upon the decision of the Committee and Governors as to vote-making and bribery at the election of medical officers, we are most ready to give that portion of their letter which they offer as a defence, omitting all their lengthened details on minor and irrelevant matters. After the most impartial consideration of the defence we think it lame and unsatisfactory, and we shall prove that the system of vote-making at medical elections is most injurious to the real object of Dispensaries, which is the relief of the sick poor, as well as to the respectability and dignity of the medical profession.

The Governors must be convinced of the validity of this conclusion by the comments of the public and medical press on their proceedings, and by the glaring fact, that no physician or surgeon of standing or respectability, with one exception,—and the individual who made the exception suddenly retired,—has ventured to accept office in the institution. The system which they and most other managers of Dispensaries adopt leads to the sacrifice of the unfortunate poor, by the appointment of inexperienced medical advisers, is uncharitable, and destroys all the advantages of sound medical knowledge. The practitioners of medicine have long deplored this evil, and have opposed it on every

occasion, but the late medical officers of the General Dispensary have given it a final and a fatal blow, which must lead to its complete removal.

*To the late Medical Officers of the Aldersgate Street Dispensary, London.*

Gentlemen,—At this interesting period in the state of our profession, and especially in the government of medical charities, we should be guilty of the most culpable apathy and indifference did we not hasten to express the high satisfaction with which we have viewed your conduct on a late occasion, did we not testify how completely our feelings and sentiments are in unison with your own, did we not publicly record our warmest admiration of that brilliant example of integrity and independence which you have exhibited to your medical brethren.

Whatever sacrifice of feeling or interest has been made, you have the consolatory approval of upright consciences. You have acted consistently and like honourable men. You have discharged an important duty both to medical practitioners and to society at large. You have nobly withstood a most disgraceful attempt to degrade your profession and to convert a health-giving charity into an infected source of misery and wretchedness; and whilst you enjoy the praise of every virtuous and enlightened mind, it may perhaps prove a further gratification to know that your medical brethren in particular are fully alive to the moral force of your example, that they appreciate its worth, and are resolved its memory shall not die.

Gentlemen, we hail this example, the first practical inroad on a protracted and systematic abuse of medical charities, as the harbinger of a general and efficient reform in those charities; we hail it as the forerunner of an approaching day, when the legislature shall rescue them from longer prostitution of their legitimate ends, a day when the neglected objects of science and the aims of general utility and benevolence shall happily be

united,—when not personal interest, nor gold, nor any other corrupt means whatever, shall give notoriety to the officer of an hospital or dispensary, but when talent and knowledge alone, approved by public competition, shall be the test of fitness for office in such institutions.

The folly which compelled your withdrawal from the charity you upheld foresaw not the consequences about to follow. Its sordid calculations of gain did not reckon that, with the loss of your labours and skill, the very charity you served would cease to exist. For where shall be found the men reckless enough to succeed you? The very attempt would brand their characters with all that is low, degraded, and debased.

Accept, gentlemen, this tribute of our gratitude; we deeply feel the obligation under which you have laid the whole profession. Assuredly the members of that profession will not forget a lesson so disinterested and elevated as that which you have given for their instruction, signalised, too, as it is, by names distinguished in the scientific and literary history of their country.

We remain, Gentlemen, with the greatest respect and admiration,

Corden Thompson, M.D., physician to the Sheffield General Infirmary; Wilson Overend, surgeon to the Sheffield General Infirmary; Henry Paul Harewood, M.D., physician to the Sheffield General Dispensary; John Green; George Calvert Holland, M.D., physician to the Sheffield General Infirmary; Henry Thomas, surgeon to the Sheffield Public Dispensary; George Turton; R. G. Holland; Thomas Reade; Henry Hardy; Charles Eadon; Joseph Law; Joseph Ingall; R. S. Taylor; John Carr; James Wild; G. Reddal; George William Clark; James Ray; James F. Wright; Edward Thompson; Henry Boulton, F.L.S.; Edward Gillot; W. Lennard, M.D.; Knowlton Wilson; John Hall; Samuel Gregory; John Pearce Lewis; John Feater; John Turton; Joseph

Riley; William Staniforth, senior surgeon to the Infirmary; Wright Wilson; Henry Jackson, junior surgeon to the Sheffield General Infirmary; James Walker; R. Ernest, M.D., house-surgeon to the Sheffield General Infirmary; John Pearson Shaw; W. Favell; John Haxworth, surgeon; William Jackson; Francis Pearson.

*Sheffield, Sept. 22.*

*To Dr. Corden Thomson and the other members of the Medical Profession in Sheffield.*

GENTLEMEN,—We have received, with the most heartfelt satisfaction, the eloquent testimony of your approval of our conduct in the step which has terminated our connexion with the General Dispensary. In making a sacrifice of feeling and interest to the respectability of the profession, and the welfare of the sufferers which it is the object of the profession to relieve, we reckoned on the sympathy and support of medical men, and we have not been disappointed. Many and cheering are the proofs which have been afforded to us of this sympathy and support, but none more honourable or gratifying than that which we have received from you.

We cannot but hope that under such encouragement, through the establishment of the principle for which we have been contending, we may contribute to the permanent welfare of all medical charities, as well as to the honour and respectability of our profession.

We are, gentlemen, with sentiments of gratitude and esteem,

Your very faithful servants,

George Birkbeck    Julius C. Roberts  
H. Clutterbuck    Frederick Salmon  
William Lambe    William Coulson.

*London, Sept. 27th.*

*A Letter from the Committee to the Governors of the General Dispensary, Aldersgate-street, on the resignation of the Medical Officers.*

*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN,—The Committee of the General Dispensary, Aldersgate-

street, beg leave to forward the Editors a copy of their Address to the Governors of the Charity, with a conviction that they will give so much of it a place in the valuable columns of their Journal, as will put the question between them and their late medical officers fairly before their readers.

*Dispensary House,  
Aldersgate-street,  
Sept. 27th.*

The following extracts from the Address of the Committee contain the defence of that body to the charge of the medical officers.

"The Committee became convinced of the necessity of an alteration being made in the privilege of voting, their attention being called to the comparatively small increase of subscribers in the years 1828, 1829, 1830, and 1831, as compared with previous years.

The Committee further observe, "that upon the vacancies being declared, gentlemen who were desirous of offering themselves as candidates were deterred under this *now* favourite law from canvassing the governors, stating that they found, upon the beginning of their canvass, that the votes of the Governors had been so far secured, previously to the vacancy being declared, that left others no chance of success."

This statement is literally true; but it applies to every dispensary in the kingdom. When a medical officer is about to retire he apprises some friend whom he wishes to succeed him, a private canvass is set on foot, the subscribers or governors have the interests of the poor so much at heart, that they promise their votes to some acquaintance; and when an advertisement appears in the newspapers, candidates announce themselves, commence a canvass, and find that all votes have been promised six or twelve months before the vacancy was declared. This system of humbug is practised in most dispensaries, and is no novelty in the General Dispensary, Aldersgate-street.

With these facts before them, the Committee considered, that "without some alteration in the system, the election of medical officers to the Institution was becoming a mere farce—that the medical appointments were daily approaching to a period when they would be claimed as the vested rights of those in power to appoint whom they should think proper to be their successors. It was to break down this growing monopoly, and to give to every respectable and talented medical practitioner a like opportunity of being a candidate, with an equal chance of success, and to instil new life and vigour into the Institution, that the Committee came to the resolution of recommending to the Governors an alteration of the law for the future election of its officers—an alteration that will continue to prevent the making of *proxy voters upon the eve of an election*, which was not the case when Drs. Birkbeck, Clutterbuck, and Lambe were elected, any person being at that time, and for several years afterwards, allowed to vote either by proxy or otherwise, provided the subscription had been paid *only four days before the election*. In Jan. 1825, this law was altered, declaring that no annual subscriber should from henceforth *be allowed to vote who had become a subscriber within six months before an election*; and it was at the last general meeting again altered, by reducing this period for new subscribers to vote by proxy, from six months to two, allowing, however, any person to attend and vote personally, who should become a governor *seven days before the election*. But, to prevent any improper use of the proxy votes, all elections must take place, and the vacancies be filled up, *within six weeks* after such vacancies have occurred. And it is upon the latter alteration, carried by the votes of 86 Governors against 47, leaving a majority of 39, that the medical officers have grounded their complaints against the Institution."

Here the cloven foot appears, for the Committee could make no money

by proxy votes; but new governors of seven days' standing were a profitable speculation. The candidate could not procure proxy votes, but he or some friend might come down to the treasurer seven days before the election and buy himself into the Institution. Well might the medical officers ground their complaint upon such a venal system as this.

We must illustrate this traffick- ing in public characters by a few recent examples. A short time since there was a contested election for the office of surgeon to the Blooms- bury Dispensary. Professor Cooper, of the London University, a gentle- man who has done much for the fame of British surgery, by works that are known all over the world, was a candidate on that occasion. There could be no second opinion among the profession, but that he was infinitely better qualified from the proofs afforded by his standard productions, by his great experience in the army during the late war, by his appointments as surgeon to the King's Bench and Fleet prisons, and by a most extensive private practice, to the juniors who opposed him. One of these, who had just passed the Royal College of Surgeons, threatened to make 600 to 1000 voters to carry his election. His father, who was wealthy, thought this a good way to invest his money, and advance his son in life, but on cooler reflection he saw the job was so gross, that he abandoned it. Here is a case for the consideration of the Governors of the General Dispensary. But we shall give them another or two. To their eternal credit the Governors of St. Bartholomew's Hospital, who are quoted as paragons of perfection by their Aldersgate-street brethren, they preferred a junior by many years to Mr. Cooper as assistant-surgeon to that institution. The last instance of corruption and abuse in a public charity which we shall notice, was one so flagrant, that we cannot help adducing it, though, as it affected ourselves, we should much rather have

passed it over in silence, did it not prove such an excellent case in point. This occurred in the Royal Maternity Charity, on a late vacancy for the office of physician. The majority of the Committee of that institution were, like their brethren of Alders- gate-street, opposed to the medical officers. The physicians to the Cha- rity unanimously signed a declaration, that the Editor of this Journal "was incomparably better qualified than either of the other candidates who had offered themselves," though one of these gentlemen was the personal friend of two of the physicians. Never- theless, the committee, with some ex- ceptions, censured the physicians for the expression of their opinion; one of them insulted one of the medical officers in the strongest terms, and, aided by a party, favoured the pretensions of the candidate considered, by those capable of judging, the least qualified for the situation.

When the testimonials, consisting of medical degrees, diplomas, and documents from the most eminent physicians and surgeons in these king- doms, in France, and in America, were presented to the Committee on the part of one candidate, a clerk in the Bank stood forward as judge, and his party, who were the most nume- rous in the Committee, refused to comply with the proposal of the Chair- man, that one of the medical officers, who were present, should inform the Committee of the respective claims of the candidates. But this self- constituted censor of medical degrees and testimonials, declared both candi- dates equally eligible, as one had an Edinburgh degree, the other a Glas- gow one; and as to the licence of the Colleges of Physicians and Surgeons of London, and the other documents, they were nonsense! The next step was, that the favoured candidate went to the Secretary at the eleventh, in- deed nearer to the twelfth hour, and made fifty proxy votes, which turned the scale in his favour.

We put it to the common sense of the Governors of the Aldersgate-street

Dispensary, whether the above system which they have adopted, of allowing subscribers of seven days' standing to vote at medical elections, is not opening a door to persons to buy themselves into situations, however inferior in talent to others. Well might such men as the late physicians and surgeons of the General Dispensary feel indignant on being associated with incompetent colleagues, the depth of whose purses, and not their scientific attainments, was a passport to place. Weil might Dr. Roberts quote the passage—

“When vice prevails, and impious men bear sway,  
The post of honour is a private station.”

But the Governors assign another reason for the conduct of the medical officers, with what justice we cannot pretend to state.

“We might, however, assign another reason for their bitterness; which is, that at the time the above alteration was made, a regulation was also added, as an additional security to candidates, declaring *‘every person to be incompetent to be a candidate, who, either directly or indirectly, shall solicit, or authorise, or permit any person to solicit the vote of any Governor in his favour previously to the notification of the vacancy by public advertisement;’* and to prevent the fears expressed by the medical officers being realised, that under the new regulations incompetent persons might be elected by the weight of their purse, a rule was introduced by the Committee, and passed into a law by the Governors, *‘That no person shall be eligible as a candidate for any medical office whose testimonials shall not have been previously approved of by the medical committee.’* So that if any incompetent person should, by any chance, succeed in getting himself elected, he could only do so by neglect of duty on the part of the medical committee, in reporting a candidate eligible, who, by the laws of the charity, is declared to be ineligible.”

We highly approve of both these laws, and feel convinced that the late medical officers entertained a similar feeling, but the value of both regulations was destroyed by a vote-making rule, for any candidate, who was admitted by the medical committee, and did not canvas before the declaration of the vacancy in the newspapers, might make as many Governors as he pleased seven days before the election, and secure his return. We cannot believe that the Governors are so short sighted, or bird-witted, as not to perceive the force and justice of our conclusions. They may rest assured, that the public sees clearly the tendency of their policy. They ought also to remember that the legislature, during the last session, put an end to vote-making and bribery at medical elections in Ireland, and that there is every reason to believe that a similar act will be passed next session of parliament for this section of the empire. We have long exposed the abuses in dispensaries and hospitals in this part of the kingdom, and submitted our exposures to the most influential members of the legislature. We feel convinced, that the time is at hand when the hideous abuses under notice will be corrected; and we offer our warmest thanks to the late medical officers of the Aldersgate-street Dispensary for their manly and disinterested conduct, in facilitating such an auspicious event. We re-call upon the profession in the metropolis and throughout the country to imitate the conduct of the medical officers of the Sheffield Infirmary, and to award well-merited applause to the humane and independent medical officers, whose noble resolution gave rise to these remarks. Their conduct will lead to the most beneficial results in hospital and dispensary elections, for certain are we that the legislature, whose eyes are now opened, will prevent such venality as would lead to the butchery of the poor and miserable.

## CHOLERA IN SPAIN.

CHOLERA rages extensively in some of the finest provinces in Spain. At Seville, the deaths amount to 113 a-day. Its ravages are confined principally to the poorer classes, of whom a daily paper makes the following statement:—

“As the disease broke out among them, all communications with their district was interrupted. Abandoned as they were, in a manner, to fate, not having the help of any physicians, nor even a hospital, in their despair they attempted to take refuge, *en masse*, in Seville. They were repulsed by the bayonets of the troops; and being further threatened by the grape-shot of the cannon pointed against them, they have been compelled to remain in the abode of infection. The only favour granted them, was the sending a few physicians to them; but even these were unwilling to trust themselves to that part of the town, and therefore were taken there by actual compulsion, and under the escort of soldiers. The sanitary laws and regulations in this country are more remarkable for the barbarism than the prudence which suggested them. If they are acted upon, as has hitherto been the case, nothing will prevent the cholera from travelling all over Spain, and much mischief besides will occur. Communications are already interrupted in many parts of Andalusia and Estramadura, and all commercial intercourse is there suspended. The towns are surrounded with military cordons, beyond which no one is allowed to go or come.”

Here we have presented to us a dreadful picture of the results of the “contagion” doctrine. The most besotted ignorance and the blindest folly are here mixed together, and the death of thousands will be the result. Our friends in Whitehall-place will doubtless laugh in their sleeves, and, like the fool with his cap and bells, grin at the mischief they cannot comprehend. The authorities in Seville

and in London are pretty nearly on a par; common sense is as great a stranger to the one as the other.

## Hospital Reports.

## ST. BARTHOLOMEW'S HOSPITAL.

*Abscess of the Liver.*—Deborah Clarke, ætat. 60, and of unhealthy appearance, was admitted on the 28th September, with a swelling situated over the region of the liver, which came on spontaneously about four months ago, and has lately occasioned her considerable pain and uneasiness. On the day of her admission, Mr. Stanley opened the tumour, and four pints of pus mixed with hydatids were discharged. Her bowels were kept well opened with oleum ricini, haustus sennæ, &c., and on the 28th the abscess discharged about four pints more of a similar fluid to that which had been before let out. She complained of great thirst. Purgatives were again administered, and saline draughts were also ordered. The alvine evacuations have been very fœtid and liquid. She feels easier and more comfortable than on her admission, and complains of no particular pain. Poultices have been applied to the abscess. Mr. Stanley said that there was no doubt of the abscess being connected with the liver; the discharge as it occurred in this case was not common. Mr. S. expressed strong hopes of the patient's recovery.

## ST. GEORGE'S HOSPITAL.

*Disunited fracture of the Bones of the Leg.*—A healthy man, æt. 31, a coachmaker by trade, was admitted into the hospital on the 25th of September with oblique fracture of the tibia and fibula. About fifteen weeks before his admission he was thrown from a carriage, and his heel came in violent contact with the ground, by which the tibia and fibula were fractured. The leg was then placed on a pillow, and splints applied on both

sides of the limb. He remained in this position eight weeks, at the end of which time he endeavoured to raise his leg but could not. He then went into the country, used crutches, enjoyed most excellent health, but still the fracture did not unite. On his return to town he applied for admission into St. George's Hospital, fifteen weeks after the accident. On examination, the lower portion of the bones of the leg was found to project beyond the upper; there was no shortening; and the patient complained of no pain. All the ordinary means of producing union having failed, he has been placed under Mr. Amesbury's plan of treatment, namely, to keep the fractured extremities of the bones firmly pressed against each other, and thus excite inflammation, which, in all probability, will be attended with union.

Mr. Brodie made the following clinical remarks on the case.

"In considering how we may give this man a good limb, we should reflect how fractures unite in ordinary cases, and secondly, how, in some cases, fractures do not unite. Hunter thought when a bone was broken that blood was extravasated, and that a coagulum formed on the extremities of the bone by which union was produced. Now, I think this decidedly too simple an explanation. In some experiments which I made on animals, I broke the leg of one, and examined the fracture at different periods after the injury. In the union of fractures three processes must necessarily take place; first, thickening of the surrounding substance, secondly, ossification of the callus, and thirdly, absorption of the callus.

"Fractures do *not* unite for several reasons. 1st, On account of some anatomical peculiarity of structure; 2ndly, pieces of muscle sometimes get between the fractured extremities of the bone, and so prevent union; 3rdly, if the limb be not kept in a quiet steady position after the accident union is retarded; 4thly, the state of the constitution is often the

cause of preventing union. I recollect a case of a gentleman who was growing very fat and wished to remain thin, and starved himself to prevent his growing fat; now this gentleman happened to break his arm, and union of the fracture *never* took place. I remember a similar case of a lady. Costiveness when very extreme prevents union; tight bandaging also prevents union, as the circulation is impeded, and the restorative process does not take place.

"The neck of the femur when broken does not unite with ease, indeed it is a matter of doubt whether it ever does so at all. Diseased bones when broken do not unite; I have, however, met with some exceptions to this rule. I recollect a person who had diseased clavicle, which was fractured and united. Women who have cancer of the breast are liable to have cancer in the bones. I remember an old woman who had cancer of the breast and scirrhus affection of the collar-bone; she broke the clavicle and it united.

"I have known some cases of disunited fracture in which blisters were applied with the most decided success when all other remedies have failed. Formerly a very severe operation was performed in cases of disunited fracture; Hunter had a case in which he cut down on the bone, brought on irritation, inflammation, and ankylosis. Dr. Physic, of Philadelphia, passes a seton through the fracture. This treatment succeeds very well in the upper extremities but not in the lower ones; Amesbury's plan is much better than either of these. He used to employ great pressure on the extremities of the bone, keeping them closely applied to each other, by this pressure inflammation was brought on, and union produced. I have seen this treatment succeed perfectly in this hospital. The pressure must be very great, and it always gives great pain to the patient. The cranium when fractured does not unite like other bones, neither do the bones of the spine."



## The Sanctum.

*The Hypochondriac Cöbler.*—Seated all day on a low seat, pressing obdurate last and leather against the epigastrium, dragging reluctant thread into hard and durable stitches, or hammering heels and toes with much monotony—the cöbler's mind, regardless of the proverb, wanders into regions metaphysical, and political, and theological; and from men thus employed have sprung many founders of sects, religious reformers, gloomy politicians, "bards, sophists, statesmen," and all other "unquiet things," including a countless host of hypochondriacs. The dark and pensive aspect of shoemakers in general is matter of common observation. It is but justice to them, however, to say, that their acquisition of knowledge, and their habits of reflection are often such as to command admiration. The hypochondriacal cast of their minds is probably, in part, induced by the imperfect action of the stomach, liver, and intestines, in consequence of the position in which they usually sit at work.—*For. Quart. Rev.*

*New Method of Communicating Disease.—A Hint to Contagionists.*—It is a fact perhaps worthy of note, that in electrifying a person, unless the medical electrician is sufficiently on his guard, a *partial transfer of the malady of the patient may be made to him*, and this we have been assured *has actually been the case* more than once in the practice of an eminent medical electrician.

*Morison's Female Friend.*—We have received the letter of "A Constant Reader," and we should advise him to lay a complaint before a magistrate, respecting the doings of this lady, for her unfeminine presumption in interfering with the patients of a properly qualified practitioner. If the person affected with small-pox died, most certainly might this lady be indicted for manslaughter. A letter to the Commissioners of Stamps at Somerset House, informing them that this "fair one" sells patent medicines without a licence, would certainly subject her to the most unfeminine fine of 5*l.* for each separate offence.

*A New Diploma of Medicine.*—A. B. C. is informed that there is no individual in London who can grant a degree of doctor of medicine or a diploma of surgery or pharmacy. The individual who acquired the few feet of parchment, which he calls a medical diploma (?), after two days' severe examination, must, we presume, have obtained it from the gentlemen who grant diplomas from the London College of Medicine.

We shall notice the letter of our correspondent "Philalethes" in our next.

*Dr. Yater's Appeal.*—His gentlemen having placed himself in a most nauseous predicament with reference to some late proceedings at the Aldersgate-street Dispensary, now finds his situation "too hot to hold," and has inserted a reclamationary "peccavi" in the

newspapers, begging the profession to take him back again; but he has gone too far, and must console himself with the delightful knowledge, that no one can touch pitch and not be defiled. The only reasonable excuse we can make for him is that he is young and as yet inexperienced.

*New Work on Geology.*—A celebrated professor will shortly publish an Anatomico-Geological Description of an Oyster-bed found in the stomach of the late Mr. Dando.

*Female Education.*—Let them rise early and retire early to rest, and trust that their beauty will not need to be coined into artificial smiles, in order to ensure a welcome, whatever room they enter. Let them ride, walk, run, dance in the open air. Encourage the many and innocent diversions in which the young delight; let them, under proper guidance, explore every hill and valley; let them plant and cultivate the garden, and make hay when the summer sun shines, and surmount all dread of a shower of rain, or the boisterous wind; and, above all, let them take *no medicine*, except when the doctor orders it.—*For. Quart. Rev.*

*Intestinal Rail Road.*—A contemporary, anxious to amuse his readers, inserted a case of chorea a few weeks since, in which the patient is stated, somewhat *ironically*, to have taken some few hundred pounds weight of carbonate of iron. The author's object in writing the paper was, we understand, to show the practicability of laying down a rail-road between the stomach and the rectum, with a view to establish a quicker communication between these important parts, thereby upsetting all Dr. O'Beirne's "Views" and his "Defecation" to boot.

*Dr. Stratten and Herr Hahnemann.*—We have received a very angry and vituperative letter from the former of these gentlemen, and by the twenty hundred millionth part of every drop of Irish blood that is in us, both he and Hahnemann shall be immortalised, *secundum artem*, in our next Sanctum.

*Perpetual Motion.*—A correspondent, whose signature is "Chrachrichrononhotonthologos," writes in great glee to assure us, that, after much labour and study, he has succeeded in discovering a plan of perpetual motion, this is it, to put a man into a tub of hot rappee snuff, and let him sneeze away till he sneezes his life out. We doubt much whether our correspondent performed the latter part of this experiment.

*Effects of Electricity.*—If the *diaphragm* be made part of a circuit of a charge equal to two feet surface, the lungs make a violent effort, followed by a loud shout, but if the charge be small it never fails to produce a violent fit of laughter; the *comic* effects of electricity are quite irresistible.

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## LECTURES

ON THE

## PRINCIPLES, PRACTICE, &amp; OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

LECTURE LVIII., DELIVERED FEB. 25, 1833.

GENTLEMEN,—I was mentioning on Friday evening, that aneurisms of the abdominal aorta do not generally produce so much injury and disturbance of the viscera which they compress, as thoracic aneurisms do of the viscera in the thorax; a fact which is explained partly by the circumstance, that the parietes of the abdomen are more yielding than those of the chest, and partly by the consideration, that the abdominal viscera will bear a good deal of pressure, without any serious inconvenience, which is far from being the case with the organs situated in the thorax. However, do not imagine that aneurisms of the abdominal aorta are not sometimes attended with symptoms of great severity, for the tumour may interfere with the descent of the diaphragm; it may so injure the spine as to cause paralysis of the lower extremities, (though the latter is a very rare case, an instance of which, however, is recorded in one of the volumes of the *Lancet*;) there may also be acute pain, caused by the pressure of the tumour on the hypogastric plexus of nerves; and there may be various ailments, very similar to those of a lumbar abscess, a circumstance which sometimes renders it difficult to make out the nature of the case until the tumour presents itself externally. Sometimes the pressure of an aneurism of the abdominal aorta will produce a change in the shape of certain organs within the abdomen; thus, the liver may be altered in its shape, and also the kidneys, a fact which is illustrated by one of the preparations before us. Here you see two large sacs, one on each side of the lumbar vertebrae, which have produced extensive ravages in the bones of the spine, and yet

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have left the inter-vertebral substance tolerably perfect; these tumours, you see, have pressed on the kidneys so as to alter their shape. The preparation is curious on another account, which is, that the disease was not suspected until a short time before death, when symptoms of internal hæmorrhage suddenly came on, from the bursting of one of the tumours into the peritoneal cavity. A short time afterwards, a swelling appeared in the front of the abdomen, in consequence of some of the blood having passed to the external side of the peritoneum, between it and the muscles of the abdomen. In the pelvis the bladder had also been compressed by the descent of the mass of coagulated blood contained in the peritoneum. Here is an aneurism of that part of the aorta which is situated between the crura of the diaphragm; two portions of the swelling extending into the chest, and another downwards below the diaphragm. The aneurism ultimately burst in the chest. One circumstance respecting aneurisms of the aorta, deserving of your attention, is, that they sometimes implicate its principal branches; thus, there is a preparation on the table, showing an obliteration of the mesenteric and renal arteries, in consequence of disease of the aorta; and you will find in the museum one specimen, which ought to have been brought into the theatre this evening, exhibiting an obliteration of both mesenteric arteries, so that the supply of blood to the intestinal canal must have been chiefly through the hæmorrhoidal artery. This is all that I have to say of aneurisms, until we come to the operations.

Gentlemen, continuing the subject of *diseases of blood-vessels*, I next arrive at those of *veins*. The difference in texture between veins and arteries, and the more moderate impetus of the blood in the former than in the latter, would lead us to expect a considerable difference in the diseases of the two systems; and this you will find to be the case. In the first place, the veins are not liable to any disease which strictly deserves the name of aneurism, that is, to a tumour filled with blood, arising from a wound in, or a disease of, the coats of the vessel, and increasing

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from the impetus of the blood circulating within the vein itself. You have, indeed, a disease called *venous aneurism*; but this is produced by the impetus of arterial blood transmitted into the vein, in consequence of an accidental communication having been established between such vessel and a neighbouring artery. This is not, however, a disease strictly meriting the name of aneurism, which is preceded by disease of the coats of the artery, or by a wound of them, and is kept up by the impetus of the blood, which naturally circulates in the vessel itself. The arteries, as we have seen, are very subject to calcareous depositions between their internal and middle coats, especially in elderly persons; but this form of disease is uncommon in the veins, nor can this peculiarity be always explained by the differences of texture between the two classes of vessels, for the pulmonary artery is very much like the aorta in structure, and the right cavities of the heart bear a considerable resemblance to those of the left; yet the right cavities of the heart and the pulmonary artery are rarely affected with calcareous deposition, while the left cavities of the heart and the aorta are frequently the situations of them. I do not mean to say that the veins are completely exempt from calcareous deposition; and here is a preparation, demonstrating a portion of the femoral vein, with a considerable deposit of calcareous matter upon it, and the surrounding cellular substance condensed and thickened; but cases of this kind are rare, and I believe this is the only example of such disease in the museum.

The veins are more frequently blocked up by *coagulable lymph* and coagulated blood than the arteries; and here you see a preparation, in which the left iliac vein is completely blocked up with lymph. An impervious state of the veins from this cause is a frequent occurrence. There is a preparation on the table, in which the left subclavian vein is blocked up in the same way.

*Pus* is also more frequently found in the veins than in the arteries; this is a circumstance deserving your notice, and is explained by Andral in the following manner:—pus, he conceives, may get into the veins in two ways; in the first place, he thinks that it may be conveyed into them from other parts, in which it has been originally formed; and in the second, that it may sometimes be formed in the vessels themselves. On the other hand, he believes that pus can only get into the arteries in one way, namely, by being formed within them. If this theory be true, it gives some explanation of the fact; but Professor Andral might also have taken into consideration another truth, which is, that the veins are more prone to inflammation than the arteries; this is a circumstance, which of itself would go a great way in accounting for the greater frequency of purulent collections within the venous, than the arterial system.

While wounds in arteries give rise to such hæmorrhage, as is often dangerous and even fatal, the *bleeding from veins* is in general easily controlled. We purposely open considerable veins for the relief of diseases, and find no difficulty in stopping the flow of blood from them, in fact, the bleeding stops directly the fillet is removed, so as to allow the blood to pursue its usual course towards the heart. But even when more trouble is encountered, the bleeding is much more controllable than arterial hæmorrhage, or rather, it does not require the same means to stop it; hæmorrhage from any vein, which admits of being compressed, may be stopped with facility and certainty by this proceeding, but it is not so with hæmorrhage from a considerable artery. Indeed, I should say, that whenever the bleeding from a large vein is troublesome, pressure is the right mode of stopping it; it is preferable to a ligature; for you will find, in the course of my observations on the diseases of this system of blood-vessels, that ligatures cannot be applied to veins without a disagreeable risk of inflammation of their texture, which spreads with rapidity, and is often attended with dangerous consequences. All good practical surgeons, therefore, now avoid tying veins, unless their bleeding cannot be stopped by other means.

I have already told you, that veins are very prone to inflammation, and that it spreads with considerable rapidity, from the point at which it commences, often following the course of the circulation within the vessel, as far as the vena cava, and sometimes even to the right auricle of the heart itself. This kind of disease, termed *phlebitis*, has attracted more attention in modern times, than it did some years ago; it is found that many persons die of it, and that it has a share in various diseases of a serious and fatal character. I must give you one caution, however, which I gave you with respect to the arteries, namely, not to consider every redness of a vein a proof that there has been inflammation of the vessel; for, on examining veins a few days after death, you will frequently find a red tinge on their internal lining, which is not to be confounded with the effects of phlebitis. It is known, that this red tinge is even more quickly produced in the veins than the arteries. Inflammation of veins is always disposed to spread in the course of the circulation; but it may also extend itself in the opposite direction. Phlebitis sometimes produces an effusion of lymph in the cavity of the vein, so as to cause an obliteration of it, and the vessel is then converted into a solid cord. Here is a preparation of the vena saphena major, which has been thickened by inflammation and partly rendered impervious. Sometimes one consequence of phlebitis is the formation of pus in the vessel; the matter is then either mixed with the blood, or is bounded and circumscribed in distinct cells, in consequence of adhesive inflammation between the different

collections, so that there is a chain of abscesses in the track of the vein.

When phlebitis is of trivial extent, the symptoms are not very different from those which attend a limited degree of local inflammation of a common kind. But, when the inflammation extends far, the constitutional symptoms assume a dangerous character; the pulse becomes rapid, irregular, and feeble; the respiration hurried; the tongue at first dry, and afterwards brown; and the patient is afflicted with great thirst and nausea, and, in many instances with a copious vomiting of bilious matter; he also complains of a considerable oppression at the heart, or about the præcordia, as the phrase is; the countenance is expressive of considerable suffering and anxiety; the strength is reduced to the lowest degree, and throughout the whole course of the disease, the spirits droop in an unusual manner. This disease frequently advances in a short time to a fatal termination; the patient sometimes maintaining the struggle for four or five days, but sometimes not longer than two or three; and I may say, that he does not often survive a week, if the disease take an unfavourable course, which I am sorry to remark is too often the case.

When you examine a limb, in which phlebitis exists, you will find the veins have a hard feel, and are exceedingly painful on pressure; and the skin over them is of a dark red colour, owing to the extension of the inflammation to the surrounding cellular membrane. Sometimes the whole limb is œdematous, and enormously enlarged, and frequently matter is found collected in cavities about the veins chiefly affected, and when this happens there is generally more or less sloughing of the cellular membrane. When the inflammation stops in the cavity of the vein, one circumstance having an influence in forming a boundary to the inflammation, seems to be the junction of another venous branch with the inflamed vein; at all events, when the inflammation stops, it is generally at such a point.

In phlebitis, nothing is more common than for pus to form in parts remote from the original inflammation; thus when there is phlebitis in one arm, nothing is more common than the formation of an abscess in the opposite axilla. In some instances, there are depositions of pus in the internal viscera; and you will often find abscesses in the liver, the lungs, the synovial membranes of joints, within the pericardium, or within the cavity of the pleura. Now the explanation of the cause of these distant or secondary abscesses is rather difficult; it is a subject that has never yet been satisfactorily made out; but the fact that they do take place is well deserving of attention, because it is principally when these depositions take place, that the disease takes a fatal course. Various attempts have been made to explain the origin of these secondary formations of matter, but a considerable degree of obscurity

yet prevails. Some pathologists consider that they are absorbed or translated from the original seat of the inflammation to the places of the secondary abscesses; some refer them to the operation of a deleterious principle in a wound; and others consider them to depend on the various sympathies, which exist between the different parts of the body; but I may say, that hitherto no satisfactory account has been given of the causes of these distant collections of matter.

Phlebitis mostly occurs from an accidental wound or from a surgical operation, such as amputation, venesection, &c. A prick of the femoral vein in the operation for popliteal aneurism has been known to cause a fatal attack of phlebitis, the inflammation extending up the external iliac, the common iliac, and the vena cava, in which a diffused species of inflammation was observable as high as the heart. On this account, the application of a ligature to the femoral vein after amputation is objectionable, such an irritation of the vein having sometimes excited a fatal attack of phlebitis. It is true, the same consequences sometimes result from the simple wound of the vein in amputation; but they are much more likely to occur, when the irritation of the wound and that of the ligature are combined. Few surgeons of eminence and judgment approve of tying the femoral vein. How many instances of fatal phlebitis have arisen from the operation, formerly so common, of tying the vena saphena major in cases of varicose veins of the leg; indeed the knowledge of these fatal cases has now led to the rejection of the practice, and we scarcely ever hear at the present day of such operation being performed, though twenty years ago, it was done almost every week in every hospital in London.

Numerous observations prove, that the painful enlargement of the lower extremities, termed *phlegmasia dolens*, which comes on two or three weeks after parturition, depends upon inflammation of the iliac and uterine veins. This is well proved in an ingenious paper by Professor Davis, published in the *Medico-Chirurgical Transactions of London*. This is a preparation, I think, put up by Professor Davis, showing the changes which have taken place in the large veins in such a case. Velpeau also found the iliac and femoral veins full of pus in *phlegmasia dolens*; and many instances in which women perish in child-birth are found to depend on inflammation of the veins of the uterus and ovaries, and of the iliac veins, all being either obstructed by lymph, or full of matter; in fact, they are cases of phlebitis, and we must therefore refer the death of the patients in such examples to that cause. Many cases, going under the name of phlegmonous erysipelas, and diffuse inflammation of the cellular membrane, seem to be attended with a very strongly marked degree of phlebitis. If I had had Cruveilhier's plates here, I might have pointed out to you several remarkable effects of phlebitis; but as, by some

omission, they are not on the table, I will show you them at the next lecture.

I am sorry to say, gentlemen, that the treatment of phlebitis, is not well understood; at least, the methods of treatment, hitherto in use, have not had much success. In the beginning, when the disease is in one of the limbs, it is mostly judged advisable to apply a good number of leeches to the part. As for venesection, it is not universally adopted, and many practitioners are timid about it, in consequence of phlebitis being soon combined with the greatest prostration of strength; the symptoms indeed becoming very similar to those of some stages of typhoid fevers. An apprehension has consequently prevailed, that venesection might reduce the system too rapidly. However the best surgeons all concur in recommending the free use of leeches in the early stages, and also the administration of purgatives and antimonials. Yet, I ought to explain, that there are some very good surgeons, who instead of adopting the above practice in every particular, place their whole reliance on local bleeding in the commencement, and then in the free exhibition of calomel and opium, employing fomentations as a local application; this practice is sometimes preferred to the administration of common purgatives and antimonials. Cold applications in the beginning of phlebitis seem to be indicated, and it is a question, whether they are not superior to the fomentations and warm applications, which are more commonly employed; I believe them to be deserving of fairer trials than they have generally had in cases of phlebitis. You will find, however, that fomentations often afford considerable relief, and certainly they are more fashionable than cold applications. When you have reason to believe that there is matter in the cavity of the veins, and that the collections are bounded in the manner I have explained by the adhesive inflammation, then the indication is to discharge them, by making a proper opening. I ought to mention, that John Hunter thought, that inflammation of the lining of the veins might be prevented from extending upwards, by employing pressure above the wound in the vessel, so as to excite the adhesive inflammation in that situation. This seems rational; but generally, the inflammation has extended too far when such a plan is thought of, and we do not hear of its being put in practice. I may say, that, on the whole, the treatment of phlebitis is very unsuccessful, and that there is great room for the further investigation of the subject.

The veins are liable, as I have observed, to *varicose aneurism*, *venous aneurism*, or *aneurismal varix*, as it is called. This is a swelling of the vein, arising from the passage of the blood into it from a neighbouring large artery,—generally from the blood of the brachial artery passing into the median basilic vein, in consequence of a communication being formed between those vessels in the unskilful performance of phlebotomy. The blood then

gushes from the artery into the vein, and produces, as you may observe in this cast, a bluish tumour, which you find will pulsate, or vibrate, under your finger. On applying the ear, you may also perceive a hissing sound, which is produced by the passage of the blood into the vein. The vein soon enlarges to the size you observe in this model, namely, about the size of a pigeon's egg; and it rarely becomes larger, for, after it has attained this size, it usually becomes stationary. It produces, also, enlargement of the adjoining veins. You observe, here, that the swelling extends up the basilic vein, which, having to return more blood to the heart than natural, obeys that law of nature which prescribes, that when a blood-vessel has to carry a greater quantity of blood than common, it shall enlarge in proportion. In cases of varicose aneurism, the veins, as is well exemplified in the cast, acquire a tortuous appearance. This drawing shows the thing still better. The pulse at the wrist is always feebler than in the natural state of the limb, because some of the blood which should go to the radial artery is conveyed into the vein at the bend of the arm. Another consequence of this circumstance is an emaciation of the lower part of the arm, which is also readily affected by exposure to cold; and its temperature is lower than natural. In addition to these particulars, gentlemen, I may inform you, that the brachial artery itself becomes enlarged. In this instance (*showing a plate representing the dissection of a case*) the brachial artery bifurcated high up the arm—it is therefore double—which explains why it is not so much enlarged as it is under other circumstances.

But the disease is not always so simple as I have described it; there is not always a simple tumour of the vein; but, in many instances, there is formed between the vein and the artery a sac, which is in reality a false aneurism of the artery; and then the blood passes first into the sac, and thence into the vein. Here is a drawing of such a case, taken from one, which was under the care of Sir C. Bell. The brachial artery bifurcates high up; and you see there are two aneurisms, one a venous, and the other a false, aneurism, in the cellular substance under the fascia. In these cases, the lancet transfixes the vein and fascia completely, so that there are two openings in the vein, and one in the artery: the outermost opening in the vein heals, and the other is kept open by the continual passage of blood through it from the artery.

Gentlemen, experience proves, that other large veins besides those at the bend of the arm may become affected with this disease; there are instances of its having occurred in the arm towards the axilla, in consequence of a gun-shot wound; for, when a musket-ball passes between the axillary artery and the vein, it may produce a communication between them; and the same thing may take place in the thigh, from the passage of a ball between

the femoral artery and vein, examples of which are on record. There is only one instance related of an aneurismal varix having been produced between the aorta and the vena cava, and that is described by Mr. Syme, in the 36th vol. of the Edinburgh Medical and Surgical Journal. The case was produced spontaneously, or rather from disease, and the communication between the artery and vein took place just above their bifurcation into the ilia.

Now, gentlemen, with respect to the treatment of aneurismal varix, I have explained to you, that the disease becomes stationary when the tumour has reached a certain size, and that, when the vein alone is concerned, that is, when the swelling is produced by the mere dilatation of the vein, without any aneurism underneath it, there is merely a weakness of the limb, some loss of its power, a degree of emaciation of the hand and fore-arm, and an inability to maintain its temperature as well as usual. Now, as these are the worst inconveniences which the individual suffers, it is hardly judged advisable, in common instances, to recommend an operation. If you were called in to a case in its early stage, you might try the effect of pressure; for if you could succeed in obliterating the communication between the artery and vein, you would effect a cure. Sir Astley Cooper mentions, in his lectures, the case of a young lady, whom he cured by compression; and I will show you a preparation at the next lecture, taken from a case, in which a cure was accomplished by the same means. In the example from which this drawing and its corresponding preparation were taken, and which was under the care of Sir Charles Bell, he judged it necessary to perform the operation; and, on account of the high bifurcation of the brachial artery, he was obliged to tie both branches of it; mortification followed, however, and the man died. Another instance was communicated to me by Mr. Atkinson, of York, in which he tied the artery; the result here, also, was mortification. These disasters should teach you that the operation ought not to be performed on light grounds. If the tumour should increase in size in a great degree, and produce much inconvenience, then you might operate; and if there were an aneurism between the artery and vein, the operation might be called for, in the same manner as for a common aneurism of the brachial artery.

## INTRODUCTORY LECTURE

DELIVERED BY

G. J. GUTHRIE, ESQ., F.R.S., &c.

At the Medical School, Little Windmill St.

Wednesday, October 2.

THIS is, I believe, gentlemen, the seventeenth time, I have had the pleasure of addressing you as your teacher of surgery, and as the

span of human life is but small, it is possible it may be the last. I shall, therefore, avail myself of the privilege allowed in such a lecture, and endeavour to make you acquainted with my views and opinions on several subjects which have not hitherto been included in it. I trust it is the last time I shall have occasion to address you in such a manner, that I shall not have cause to do it, for the charge of ingratitude is of so serious a nature, that few can be found who will acknowledge themselves to be guilty of it. It is always painful to me to speak of myself, it is particularly so at the present moment, but I am forced to do it in consequence of statements which have been made, not only from the medical press but in a weekly newspaper, and if I were not to point out their inaccuracy, it is possible that gentlemen, from frequently writing these things, might not only succeed in persuading themselves they were true, but possibly induce other persons to believe them. Some of the points I shall allude to do not concern you, but as others do I shall make one affair of it, and take care that it finds its way to the public through the medium of the medical press, that my professional brethren in the country may know me as I am, and not as I am represented to be. In the newspaper I am said to be a person endowed with the greatest vanity, and with a degree of self admiration that is not to be exceeded. It may be so, gentlemen, for we are none of us conscious of our own faults; I only acknowledge that I am vain upon two points. 1st. That I have never written an anonymous letter or paper reflecting on the character of any one. 2nd. That I have never said one word behind any man's back that I have not said before his face. When I was in Spain, confidential reports were called for by the head of the department from all the inspectorial officers. I believe the practice prevails throughout the army at the present time, or did so until lately, if it does not do so now, and a man's hopes and expectations may be injured, if not blighted, by a little private malice or negligence. I never would write a confidential report, and when asked why, I always replied, you get letters enough I am sure from me in favour of those who deserve them; when there is nothing to be said for a man, I take no notice of him, and when he deserves punishment or animadversion, I always convey it in a public letter which every man can see, the individual thus knows all the charge against him, and can take such steps as he pleases to meet them. That I am vain upon these points, I acknowledge. I submit very willingly to its being said so, and only wish others would have the same vanity, the same admiration of themselves. There would have been a great deal more happiness and good will in the profession than there is at present. In regard to the observations which have been made on the length of my head or the width of my tail, my beauty or my ugliness, my voice or my manner, they are all at the ser-

vice of any one who chooses to remark upon them. I can laugh at a shaft of satire, although it be directed against myself; it may be even keen, provided it is only playful. There was only one point in the newspaper at which I felt hurt. The compliments far outweighed the little follies attributed to me; they were much more than I deserved, than I believe I merited, and, with the one exception, I laughed at the whole as much as any one else could do. The exception was, the statement which referred to the late Mr. Brookes. It is said, that I, as President, was authorised by the College to treat with Mr. Brookes for the purchase of his Museum. He asked 10,000*l.*, and I, in my great meanness, would only give him 7000*l.* Let me state the facts, they may as well be known. Mr. Brookes never made a public offer to the College of his Museum at any price; it therefore never became a subject for consideration by the Council. He offered it privately to one of the curators of the Museum for 10,000*l.*, and these gentlemen having considered the matter as privately, replied that it was not worth that sum. I do not believe they wished to have it at any price; they had no place to put it in, no person to take charge of it; and they must have sold two-thirds of it, had they purchased it. They offered, however, to purchase, at a valuation, such part of it as would be a useful addition to the Hunterian collection. Mr. Brookes would not hear of such a proposal, and this private negotiation dropped. I was then only a junior member of the Council, filling no other office, and in rather bad odour with those elderly gentlemen, most of whom are now no more, but who then governed the College in a manner which cannot occur again. With Mr. Brookes I had little in common; I had not been his pupil; I was not a friend but only an acquaintance, who had a great respect for his long and unwearied labours in cultivating and teaching anatomy. I saw that his health was breaking, that he was far advanced in life, and unable to continue his lectures, and I understood that he was so poor as to render the sale of his Museum a matter of necessity. Meeting him accidentally, I spoke to him on the subject, and suggested that he should make the offer of his Museum a public one, by addressing his letter to the President and Council, and that he should ask the exact sum he meant to take and no more. He said his pride in his Museum would not let him ask less than 10,000*l.*, and that had been refused. I laughed at the pride of the business, and pressed him to say what sum he would take. He said at last, if the College would offer him 7000*l.* he might perhaps be induced to take it, but I could not persuade him to make the offer. I told him I thought the Council might decide in his favour, even if the Board of Curators did not recommend the purchase. I promised him my best assistance both publicly and privately, but nothing could induce him to make the offer, and this, my private negotiation,

failed also. You know the result; the Museum was sold by auction, and the College was one of the best purchasers: but the sale put into his pocket scarcely one-third of 7000*l.*, and he died so poor as not to leave enough to pay his funeral expenses. A relation of his called on me a short time back, as the president, to propose a subscription for a print or bust, by which means the money might be raised. He wished to have it headed by a subscription from the College; but, as the Council have it not in their power to give money for any such purpose, I advised him to send two copies of the portrait as a present for the Library. They were accepted, but ordered, under the particular circumstances of the case, to be paid for. My own mite was given without taking a proof, with the hope that the demand from Mr. Brookes' friends and pupils would be so great, as soon as the nature and object of the subscription were known, that there would not be sufficient copies to answer it. These, gentlemen, are the only meannesses I have been guilty of towards Mr. Brookes.

There is another point on which I shall take this opportunity of righting myself. I am called a high tory and conservative both in public and in medical politics. With the former I do not interfere, and in both I have no objection to be called a tory and a conservative; they are, in general, very respectable persons; but if it is meant as it really is intended, to hold me up to the profession as a person who has supported all abuses, and has endeavoured to maintain the existence of those proceedings which have been obnoxious to it, I must say that I am neither a tory nor a conservative, but, I fear, a regular radical. We will take two examples from numerous others. A few years ago no man could teach anatomy or surgery in London unless he was surgeon to an hospital, or was patronised by the medical officers of an hospital as a teacher selected by them. This was a hardship; labour, talent, ability, learning—all were in vain; nothing would do but patronage. Many men protested against it, but the authorities would not yield for a long time; at last, however, they did. Who fought this battle? A person who was content to assist in removing the evil without taking unto himself any peculiar merit for doing so; whose private interest, perhaps, would have been served by announcing himself as a champion of the profession on this point, but who preferred being quiet and unostentatious, if he could be permitted to be so. Do you believe this concession was made without a contest; that the old gentlemen, now nearly all no more, who thought the regulation a good one and for the advantage of the public, yielded without a struggle? They did not; they made a very tough fight of it, and yielded, but not without designating the person who moved the consideration of the matter, a radical of the first water, a man who had not the slightest veneration for any ancient institutions—their Joseph Hume.

Some of the surgeons in the country thought they could teach anatomy and surgery almost as well as their more fortunate brethren in London; they had done so for years, and wished their courses of lectures should be recognised by the College. This was not done until after many contests, not until after the table of the House of Commons was loaded with petitions on the subject. At last the College altered its regulations. The courses of surgery were first allowed, the year, after those on anatomy, &c. &c. Who principally fought this battle, who first moved that the concession should be granted, why your humble servant, the great tory, the staunch supporter of all abuses. I believe as great a change was effected in medical politics by the alteration of these two regulations, as in general politics by the Reform Bill. Yet my vanity never induced me until now to tell you, or the profession, of the share I had in effecting it. It would have been profitable to me to have done so, but I was content to do that which I thought my duty without blazoning it to the world at large. You would not have heard of it now, if it had not been for the obstinate perseverance exhibited by some persons, who have the ear of the medical press, and it appears now of part of the public press, in exhibiting me in colours to which I lay no claim. I have no desire to be called either a medical or a political reformer, but I wish to be spoken of, if I must be spoken of at all, as one who is foremost in endeavouring to correct any and every abuse wherever it may be found, that comes within his province. It is not consistent with the profession of a medical man to interfere with politics. I never do. And the government will do well in taking care not to make the doctors a political body, they will repent it but once if they do.

I have made it a rule through life neither to accept nor to hold an office if I did not find it convenient to do the duties of it, as they ought to be done, at least to the best of my ability, and it has not been without great regret that I have seen it stated, that I have, by absenting myself from the Westminster Hospital, neglected the poor committed to my care. I shall clear up this point. Some charges of want of attention were made a few months ago against some of the medical officers of the Hospital, with probably as much truth as those which have been repeated against me. The Weekly Board of Management thought it right to order, that the physicians and surgeons should write their names in a book every day they came, with the hours of their attendance, &c. All obeyed except me. I positively refused to do any such thing. Mr. Wood, one of the committee, came to me and said, that the committee regretted to find I was obstinate on this point, and particularly so as nothing was intended towards me; that they knew and duly appreciated my attention to the poor; they knew I often came three or four times a-day when I thought it necessary

to do so; and that it was the more painful to them to think that it was with me they must dispute the matter. My reply was, that I had no personal objection to write my name in the book, but that it was derogatory to the profession I followed, and the place I held in it; it was usual for the lower clerks in a public office to do so, or in a merchant's house, but the confidential persons were always excepted from this regulation. The physicians and surgeons of an hospital were confidential persons, and ought to be treated as such; if they failed, reprimand or dismiss them, but do nothing derogatory to the character of their profession. A doctor should at least be a gentleman in principle and in manner. The affair ended by my desiring the house surgeon to report weekly the number of my visits. The committee saved their dignity, and have wisely and very honourably to themselves refrained from asking for either book or report, satisfied that if any neglect had occurred it would not be repeated. It should be known that they only require two visits a week from each medical officer. I hope my professional brethren in the country will believe hereafter that I neither neglect the honour and character of the profession, nor my duty to the poor. As to what a doctor may do on these points the public in London care nothing, and I do not give myself the least trouble about their opinion. All they want is to be cured when they are ill, and they care little by whom or by what means, or by what kind of men, so that it is done.

When I commenced the lectures last year I addressed you in the following words. I shall lecture on Mondays and Wednesdays in each week, from the 1st of October to the last day of April, and on Fridays when there is not a Court of Examiners. You are entitled to sixty lectures and no more, they will be on what subject I please and as I please, and I will not lecture in May, even if the course be only half completed. If you do not like this, gentlemen, do not come to me. I do not wish you to do so unless you are satisfied it will be for your advantage; and clearly understand, that you are entitled only to what I please to give you. Now, then, what did I do from Christmas to May? I lectured three, four, and five times a-week, giving more than eighty lectures instead of the promised sixty; and, in the month of April, to my own very great inconvenience. When the last day came, I said, "We have been obliged to hurry over the last two or three subjects, and the diseases of the eye have not been noticed. Come to the Ophthalmic Hospital every Friday, see all that is to be seen; I will make some clinical remarks to you afterwards, whenever I have time, and you will, I hope, reap a greater advantage than you could do from the delivery of a few dry lectures here without the opportunity of seeing the diseases themselves." For all this trouble and kindness one of you has thought proper to write a letter abusing me in



the *Lancet*, and to do it at the commencement of this session, warning students not to come to my lectures; I am afraid he must be one of the gentlemen who have some crosses against their names in my list for absence when it was called over, but whether it be so or not let us understand each other. If any one believes I lecture here for gain in money it is a mistake. The class last year consisted of one hundred persons, sixty paid, the remainder belonging to the army, navy, old pupils, &c. did not. Of the sum received about 120 pounds came to me, after paying all expenses. When solicited to lecture at other places, where I might perhaps have got three times as much, I have always refused. I would not go one mile further from home for the money, I would not expose my servants and horses to the cold for it, it is no object to me. The favour of the public, much I am willing to acknowledge above my desert, which has given me a large and annually increasing income, has rendered it unnecessary. I lecture, then, gentlemen, upon principle. I owe to the medical department of the army a great debt of obligation. It is to them I am indebted for the situation I hold in this metropolis; to those who served with me and who supported me afterwards. It is little I can do for them, but I can assist their successors; when they want information I can obtain it for them; when they wish to renew any part of their knowledge I can assist them, and instead of being sneered at, as they often were, some 20 or 30 years ago, for some trifling defect, by men who did not know them, they, and all other officers in the public service, find in me a friend, I wish I could say as capable as he is willing to befriend them. As Surgeon to the Westminster and the Royal Westminster Ophthalmic Hospitals I think it right, whilst I have health and strength, to give some public instruction, until younger men shall arise in each capable of taking my place, when it will be most readily resigned. So far from money being my object, you all know that the door of my lecture room is never closed. That no one is ever asked for his ticket or his name. You know that some gentlemen have regularly attended for a whole season without one single word being said to them, and some have even tried my good nature so far as to ask me for a certificate at the end of it, even without paying the fee. I have never refused it after being satisfied, on inquiry, that they had duly attended. I only said to them you have done wrong, you have hurt your own feelings unnecessarily, and have acted unkindly towards me. I have always said, at the conclusion of my introductory lecture, that if there were any one who wished to attend, but who had not the means, to come to me and say so, the application should never fail. It is the misfortune of a gentleman to be poor but not a fault. Why did you not avail yourself of it? When you have wished to attend the practice of the hospital, without having the fee ready, have you ever been

refused? When your year has expired, have the surgeons ever refused you the certificate of attendance, without receiving the money, if they knew you had it not to give? Some of you, who have attended during the last ten years, can best answer the question. I can only say, that there are some few in the profession, men whom I value as friends, whom I respect and esteem, who were under these circumstances. I am aware that in every flock there may be a black sheep, I regret there has been one among you, I regret more that the press will allow such charges to be made without knowing and without giving up the name of the author. It obliges me thus most painfully to speak of myself. It is for the last time I shall never again notice for attacks of the kind, satisfied that those of my professional brethren in the country, who do not know me, will not believe them if they should be written.

In taking leave of you this evening, I again beg to repeat that I do not seek you, but that you seek me; I have issued no advertisements, either in the newspapers or the medical journals; I have not even a prospectus printed. I have not taken the least trouble to induce a single individual to attend; and, I hope, we now fully understand each other. I have only to add, that I am punctual, and have a great objection to the door being opened after I have begun the lecture, and it is but due to you to say, that I am perfectly satisfied with, and highly sensible of, the constant marks of respect and attention I have invariably received from you in this room, and on all public occasions.

## CLINICAL LECTURES

DELIVERED BY

DR. WILLIAM STOKES,

*At the Meath Hospital, or County of Dublin Infirmary, Session 1832-33.*

### LECTURE XIV.

*Peritonitis from Perforation of the Stomach and Intestinal Tube—Pleuritis from Fracture of the Rib.—Pericarditis combined with Hepatic Disease.*

GENTLEMEN,—We left off at our last lecture in considering the history and pathology of that form of peritonitis which results from a perforation of some portion of the intestines, and the escape of its contents into the cavity of the peritoneum. You remember the circumstances of a remarkable case of this form of the disease which was some time ago in the hospital. The patient had been labouring for a considerable time under symptoms of a decided stomach affection; in other words, he had severe pain, pyrosis, and loss of appetite. On a sudden he experienced a violent attack of pain in the belly, and remained in this state for twelve hours, when he was admitted into the hospital, presenting all the symptoms of the last stage of peritonitis. From a careful

review of the circumstances of the case, we made the diagnosis of perforation of the stomach. The reason why we came to this conclusion (which was afterwards verified by dissection) was, that the man had been subject for a *long time* to an affection of that part of the tube. You may also recollect another very curious circumstance connected with this case, which I have not noticed in my last lecture. The pulse was completely absent in the radial, and could scarcely be felt in the carotid arteries, while, at the same time, it continued plain and even full in the femoral, a circumstance which, along with others, strongly confirmed our suspicions of severe abdominal inflammation. I wish to call your attention to this fact, as I believe the phenomena of the large vessels of the abdomen, in cases of visceral inflammation, have not been sufficiently attended to, and that this source of diagnosis has been neglected. You can easily conceive the reason of the increased action of the abdominal vessels, when you recollect how remarkable the pulsation of the digital arteries are in whitlow, and of the carotids in disease of the brain. We are, therefore, in the habit of looking on an increased throbbing of the abdominal aorta as one of the signs of disease of the abdominal viscera. I do not say, that your diagnosis should depend exclusively on this point, for we often find this pulsation where no visceral inflammation exists; but, when along with fever and other signs of disease of the intestines, we find a want of proportion between the action of the abdominal vessels, and those of other parts of the system, I think we are authorised to consider this throbbing as one of the symptoms of intestinal disease. In the case I have just mentioned we could not easily feel the abdominal aorta, but we could feel the femoral vessels pulsating with great violence, from which we could judge that the abdominal aorta was in a state of excitement, and this strengthened in a remarkable manner our notions of the existing disease. You remember this was verified by dissection; we found universal peritonitis and a large quantity of yellow fluid in the peritoneum. We examined the whole of the intestinal tube without discovering any perforation, but at the lesser curvature of the stomach, near the pylorus, we found a hole about the size of a kidney bean, through which a portion of the contents of the stomach had escaped into the peritoneal sac. You perceive, then, that our diagnosis was correct; here is the preparation, which I have shown you on a former occasion. You will remember, that, at the time of this occurrence, I drew your attention to the principles on which our diagnosis was founded; they were precisely the same as those by which we judge of the sudden solution of continuity in other parts from the occurrence of a new train of symptoms rapidly supervening on the original mischief.

I said that perforation of any part of the intestinal tube might arise from acute or chronic disease, but that, in the majority of instances,

it is produced by circumscribed ulceration, the result of acute disease. I also mentioned that, for the most part, intestinal perforation, when caused by chronic disease, was seated in the stomach, and when brought on by acute disease, in the small intestines. I endeavoured to explain to you why perforation, from acute disease, should be more frequent in the latter situation than that which is produced by a chronic affection of the intestinal tube. Chronic affections of the stomach are much more common than those of the intestines, and when a chronic disease has been going on for a considerable time, the parts adjacent become thickened and adherent, the ulcerative process is lessened, and before the serous coat is perforated there is time for adhesion between it and the opposite peritoneal surface, and thus its contents are prevented from being effused into the cavity of the peritoneum. Under such circumstances, also, it sometimes happens that false passages are formed between two distinct portions of the intestinal tube, as between the stomach and colon, without any escape of matter into the peritoneum. But when the contents of any portion of the intestinal canal get into the peritoneal sac, what have we to do? I believe very little. When such an occurrence takes place, you may, generally speaking, expect an universal, sudden, and fatal peritonitis. There is a quantity of extraneous matter poured into the peritoneum, and as long as the fistula remains open, and the action of the intestines continues, there will be a constant effusion of their contents. You can, therefore, easily understand the termination of such a case. One of the best authors, who has drawn the attention of the medical profession to this point, is Louis, and as his remarks are very valuable, I shall read his diagnosis. After giving a description of the disease, he says:—

“At a certain period of the disease for which the patients entered the hospital, they were suddenly attacked with both an acute and tearing pain in the belly, soon followed by alteration of the features, nausea, and vomiting. These symptoms lasted, with various degrees of violence, from twenty to fifty-four hours, presenting remission more or less considerable, and pointed out an intense peritonitis, suddenly produced.”

From these circumstances he has drawn the following rule, which is, generally speaking, a good one. “If,” says he, “we have a case of acute abdominal disease, in the progress of which some unusual symptoms appear, if there occur, all of a sudden, violent pain which continues to increase in intensity, and this be followed by a rapid alteration of the countenance, with nausea and vomiting, we may believe and announce that perforation of the intestines has taken place. Also, if a patient, who has been lying in bed under some abdominal affection, is all at once seized with symptoms of peritonitis, which runs its course in a very short time, we make the diagnosis of perforation of the intestines. That this diagnosis

is applicable to a vast majority of cases will appear when I tell you, that in ten cases where I have given such an opinion it has been verified afterwards by dissection. The rule is this, that the diagnosis before mentioned is applicable to a great many cases, and will frequently be found to prove correct. There is, however, no universal rule in medicine, we meet with exceptions, and sometimes cases come under our notice, in which perforation of the intestines, and escape of matter into the peritoneal sac, are not ushered in by any of those alarming symptoms, and there is nothing to lead you to suspect the lesion until it is revealed by post mortem examination. Andral mentions a case of a patient in whom this occurred in a very latent and insidious manner. The patient had at first a discharge of lumbrici from the umbilicus, and afterwards of matter, evidently the contents of the intestines; on dissection a great quantity of worms and matter were found in the peritoneal sac, and yet this person had only the low symptoms which characterise the chronic form of the disease. Louis gives another case. He had in this hospital a girl, in whose intestines no less than five perforations were discovered after death, and yet during life she exhibited no symptoms, except tenderness of the epigastrium. There was, however, something to account for this, for she had violent inflammation of both lungs with tubercles, and it is a law in pathology, that when one disease exists in a state of great intensity, it masks the symptoms and phenomena of another.

In cases of intestinal perforation, the progress of the disease to a fatal termination is generally very rapid, and the patient often dies in twenty-four hours or less. Yet there was one case in this hospital, in which the patient lived five days after symptoms of perforation appeared.

You will remember, gentlemen, that in the case which we have lately had under our care we took away no blood, but gave a grain of opium every second hour and some wine. Let me draw your attention to the principles of this treatment. In the first place, I must remark, that the ordinary treatment of peritonitis has been found unsuccessful in such cases. Where it has been employed the patients have invariably sunk under it, and you will easily understand the reason. Though the disease has lasted but for a few hours, pathology informs us that we have symptoms to deal with, such as would be the consequence of a long course of disease, or, in other words, that the patient will in a few hours be in the last stage of peritonitis. Another reason is this, that as long as the fistula remains open matter will be poured out, and although you may be able to modify the existing inflammation, yet the continued escape of the fecal matter will keep it up. The principles of treatment are, therefore, twofold; first, to endeavour to support your patient's strength, and in the next place, to prevent, as far as possible, the peristaltic

motion of the intestines, which keeps up the disease. The opium treatment is, then, the best you can have recourse to. It was first employed, in these perforative cases, by myself, but I must state, that the idea of exhibiting it in cases of low peritonitis, where we cannot bleed, is not original with me, all the credit of it is due to Dr. Graves, who first suggested it. It was he who first drew the attention of the medical world to those cases of peritonitis in which you cannot employ the lancet, and where opium holds out the only prospect of cure. I believe that opium possesses extraordinary power in the cure of the low form of peritonitis. In Dr. Gooch's work on Female Diseases, and in Dr. Cusack's paper on Low Peritonitis, you will find many instances of the unequivocal value of opium. Eleven years ago a woman, who was in this hospital, labouring under dropsy, had a violent attack of peritonitis coming on, after the operation for paracentesis had been performed. The woman was low, weak, and exhausted, it was impossible to take away blood by venesection; and, at a consultation held on the case, leeches to the abdomen were proposed. To this Dr. Graves would not consent, because he thought it would only precipitate a fatal termination. He gave a full dose of opium to relieve the vomiting, and the woman fell asleep. After some hours she awoke much better; he repeated the dose, and there was still further improvement, and, by a continuance of the same treatment, the woman, to the astonishment of all, recovered. Subsequently, there was a case of a woman who had hepatic abscess in the hospital. The operation for giving exit to the pus was performed unsuccessfully; the matter, instead of coming through the wound, found its way into the peritoneum, and the patient got a sudden attack of peritonitis. There was neither blood drawn nor leeches applied; the woman had full doses of opium given; blisters were used, and a generous diet, with wine and porter, employed. She recovered from the peritonitis, though she afterwards sunk under the hepatic abscess, which was very extensive. We opened the body, and found that the diagnosis was correct. From these and other cases we were induced to think that opium possessed some power in arresting this form of peritonitis; and, connecting this circumstance with the acknowledged influence it has in checking the peristaltic motions of the intestines, it was determined to give it a fair trial. Some time afterwards, Mr. Pakenham, who was then apothecary to this hospital, was called to visit a boy, who, after having had diarrhoea for a few days, was suddenly attacked with this low kind of peritonitis. He was in a very alarming state when Mr. Pakenham saw him, who recommended him to come into the hospital. I visited him a short time after his admission, and made the diagnosis of peritonitis from perforation of some part of the intestinal tube. His condition appeared almost desperate; his

pulse was rapid, small, and thready; his face hippocratic, and his extremities cold. We determined to try what opium could do for him, and administered it in full doses. Next morning he began to feel warm, and said he was something better. We continued the treatment for two days longer, and at the expiration of this time I can assure you all his dangerous symptoms had completely vanished. His belly was soft and free from pain, his look tranquil, his pulse full and slow; in fact, he said he was well. Under these circumstances, I thought I might safely discontinue the opium; and as he suffered some inconvenience from confinement of bowels, I gave him a small dose of Rochelle salts. Shortly after taking this he passed three or four liquid stools; the symptoms of peritoneal inflammation came on again with increased violence, and the boy died. On dissection, we found an open perforation in the cæcum. In this instance, gentlemen, you may perceive that I lost my patient from a prejudice of my early education—a fear of letting him remain too long with costive bowels. Had I waited until the effused lymph had been properly and perfectly organised I think he would have recovered. This case is an important and remarkable one; it illustrates the efficacy and value of opium in peritonitis from perforation, and the danger which attends any thing capable of exciting the peristaltic motion of the intestines.

The next case which came under my notice was that of a patient who took a very large dose of Glauber's salts, and got hypercatharsis in consequence. This individual was afterwards suddenly seized with symptoms of peritonitis, for which he was admitted into the hospital. Opium was given in full and repeated doses;—in twenty-four hours he took twenty-four grains. One hundred and eighty-four grains were taken before he recovered, and yet, I must tell you, there was not the slightest narcotism. In this case, you may be sure, I did not venture to give any purgative until the man had been for a considerable time out of danger. You will perceive, therefore, gentlemen, that you should not, in such cases, totally despair of your patient's recovery, particularly if you have been able to give opium at an early stage of the disease. It is a very singular thing, that patients in this state will bear extraordinary doses of opium; you will be surprised at the quantity which may be taken without producing narcotism. It is also remarkable, that one of the best and most favourable signs is the circumstance of your patient bearing the opium well. Where the opium is not easily borne, and disagrees with the patient, our prognosis is generally unfavourable, so that you see the tolerance of opium is to be regarded as an auspicious symptom. In addition to this, it will be essentially necessary to support your patient's strength by a nutritious diet. On this subject a remark has been made by Mr. Chute, which is of considerable importance, namely, that you

should be very careful not to give any nutriment in the fluid form, particularly where we have reason to suspect that the perforation is in the stomach. In such a case, if food be given in the fluid state it will immediately pass through the fistulous opening and aggravate the original mischief. Under these circumstances, I would advise you to give as little fluid as possible; give enemata of nutritious broths as often as you like, but do not let any fluid enter the stomach. Where the perforation is in the small intestines there is not so much danger, as the fluid may be absorbed before it reaches the opening, and thus be prevented from doing any harm. It is astonishing to think how rapidly and sedulously nature works in such cases;—lymph is poured out and false membranes formed in an incredibly short space of time. In a case of peritonitis which followed the effusion of a portion of the contents of an hepatic abscess into the peritoneal sac, we have found the false membranes perfectly organised in the space of a few days. In Andral's Pathological Anatomy you will find a great many very striking examples of the rapid organisation of lymph under similar circumstances.

There is another point connected with the prognosis of peritonitis from effusion of the contents of some part of the intestinal tube, which is, the size of the opening. The smaller the perforation is the greater is the chance of nature filling up the aperture and accomplishing a cure. Hence it is, that, in case of rupture of the intestines from external violence, which is generally found to be very extensive, the advantages held out by the opium treatment are less certain, and the prospect of recovery more doubtful. It has been tried in many cases of this kind in Stephen's Hospital, and in every instance except one has failed. Where the opening is very large, and a vast quantity of the contents of the intestinal tube is thrown into the peritoneal sac, the danger is proportionably increased, and the hopes of relief extremely small.

There is a case, gentlemen, in one of the upper wards on which I shall make a few remarks. It is a case of fractured ribs, which has been lately admitted into the hospital, and exhibits the great value of percussion in disease of the chest coming on after broken ribs. The patient got a fall, in which two of his ribs were broken; and he laboured under pain in the affected side, difficulty of breathing, and short dry cough, for several days before we saw him. The question is, then, has he pleuritic effusion? I think you can satisfy yourselves on this point by carefully percussing the chest. If it sounds clear on percussion there has been no pleuritis, or if there has, it is of a dry kind, and there is no effusion of fluid. In such a case as this you cannot make a satisfactory examination with the stethoscope; the man will not dilate the affected side in consequence of the pain which it gives him. But, by percussion, you can ascertain

what is the state of the pleura, and know whether there is liquid effusion or not.

In the same ward there is another important case,—it is one of pericarditis combined with abdominal disease. This is the fourth instance of this disease which I have seen since I commenced attending the hospital wards, in which we have been enabled to make a diagnosis from the friction of the opposed surfaces of the pericardium, which are made rough by the effusion of coagulable lymph. In the three former cases we could trace the disease from its commencement, as the patients had been for some time in the hospital before it came on. In the present instance we had not this advantage, as the patient had the pericarditis at the time of his admission. I shall not dwell any longer on this case, as we have not come to any decided opinion respecting it; but my impression at present is, that there is an effusion of lymph on the opposed surfaces of the pericardium; a few days, however, will enable us to form a correct opinion.

There is one remarkable circumstance connected with every one of these cases, namely, that in none of them have we been able to observe one of the symptoms which are given as peculiar to the disease—irregularity of pulse. Neither did the patients complain of pain in the region of the heart; however, when closely questioned on the subject, they said they felt some pain in that region, but did not make it a subject of general remark. How far this may arise from the effusion of lymph or of purulent matter I do not know; it is, nevertheless, a very curious circumstance.

Gentlemen, it is my intention to devote the remainder of our present course to the consideration of fever, and to draw your attention in particular to the doctrines of M. Broussais, as I believe the views of that pathologist on the subject of fever are not well understood in this country. This subject involves many and important considerations, and I hope to be able to give you a brief and satisfactory exposition of his opinions, and to show you where his conclusions have been well grounded and where he has passed the bounds of truth, and fallen into those errors which have caused his doctrines to be received with mistrust and suspicion.

### CLINICAL LECTURES,

DELIVERED AT THE

HOTEL DIEU, IN PARIS,

During the Session of 1832-33.

BY BARON DUPUYTREN,

PRINCIPAL SURGEON OF THAT HOSPITAL.

Corrected by himself.

We will now cite some observations in support of the statements that have been advanced.

**FIRST CASE.—Inguinal Hernia.—Strangulated by the neck of the Sac.—Operation.**

**—Peritonitis.—Death.**—A man, aged forty, short in stature, and of a generally good constitution, came to the Hotel Dieu with a strangulated hernia.

He had been troubled with a tumour on the right groin for the last four or five years. He dated the origin of it to carrying a sack of flour which was divided into two portions, the anterior one, which was the heavier, having thrown him forwards, he made a violent movement backward, in order to arrest his fall, and was immediately seized with a severe pain on the left side of the chest, from the distension of the muscles. This pain grew better, but some time afterwards a small tumour showed itself in the right groin, which disappeared upon his lying down, and again showed itself when he stood up, and a tumour similar in all respects showed itself on the other side. These were two inguinal herniæ, the former was larger than the latter. He used a double inguinal bandage, and by this means he preserved himself safe from any untoward accident. In removing it, however, to void his urine, owing to the expulsive action of the muscles in this effort, the tumour of the right side became larger than usual, hard, incarcerated, and immovable. From this time the patient began to experience colicky pains, nausea, and vomitings, with obstinate constipation. Some useless attempts at reduction took place. Whilst these efforts were being made, M. Dupuytren stated that the strangulation was at the neck of the hernial sac. The patient was placed in the bath, the taxis was again applied, but without any better success. It would not do now, said the Professor, to wait till the hernia became reduced of itself, for if such a wished-for termination occurs under some circumstances, how often do not peritonitis, gangrene, and death occur from an operation too long deferred. It has been frequently remarked that the greater number of cures after operations have been in those in whom the operations have been performed within the first twelve hours after strangulation, than in those in whom it has not been performed. Besides which, the strangulation at the neck of the sac becomes a strong reason why the operation should be quickly performed, it being well known that in instances of this nature, out of ten cases it is scarcely possible to reduce one. The soft state of the tumour no doubt influences this very much, but in this case the tumour was hard and stretched.

The operation was thus performed. The skin covering the superior part of the tumour was lifted up, and disposed in folds, and an incision made through them by a bistoury, which was extended to the superior portion of the tumour, that the ring might be freely exposed, and carried to the inferior portion of the tumour to avoid the formation of a sac. A small artery was divided, which was secured by a ligature. The hernial sac was found to contain fluid, which upon its being opened

escaped in considerable quantity, and the portion of the strangulated intestine was found of a deep red, and over some parts of it this appearance was so apparent as to lead to the supposition that the efforts of reduction had been made with some violence; this redness was found to extend along some portion of the intestine into the abdomen. The finger being introduced into the wound justified the accuracy of M. Dupuytren's diagnosis, the neck of the hernial sac was divided above, and in the median line, and the strangulated portion was immediately returned, and the wound dressed.

A lavement was administered immediately after the operation, which operated freely. On the ensuing day the abdomen became painful, he took some infusion of chamomile, which expelled a large body of flatus, from which he felt relieved. On the fourth day after the operation he was doing well. The wound looked healthy, and the sub-peritoneal cellular tissue looked slightly tumefied. He was ordered maciliginous anodyne drinks.

On the fifth day he was suddenly seized with delirium, without either heat or fever. An anodyne potion was given him. The delirious affection being of a nervous nature, M. Dupuytren prescribed him twelve drops of laudanum. The cerebral symptoms soon disappeared, and in seven days there was no trace of them left. On the nineteenth day after the operation, on examining the wound, which appeared healing kindly, a hard, resisting tumour was felt above the iliac fossa, in the centre of which slight fluctuation could be detected. This tumour could scarcely be an abscess filled with stercoraceous matter, as the hernia had been only strangulated for twelve hours before it was reduced. There was reason to suppose it might be inflammation developed in the cellular tissue surrounding the neck of the sac, and which had thence spread to the tegumentary substance of the abdominal parietes. If left to itself effusion might come on. If situated in the abdomen and opened before adhesions could take place, fatal effusion might occur. In many cases M. Dupuytren has seen such abscesses discharge themselves by the inguinal canal, and has often favoured such a discharge by introducing a female sound as far as the seat of the abscess. He therefore treated this case in a like manner, but he could not reach the abscess with either a female sound or a stilette, and he therefore determined to leave the case to the natural efforts of the constitution. By gradual degrees the suppuration approached the skin, and when the adhesions were considered to be sufficient to prevent effusion, the abscess was opened. But a small quantity of healthy pus at first flowed, but on the bistoury being plunged deeper, and the incision enlarged, a considerable flow of matter ensued, and the patient felt immediate relief, although the sub-cutaneous enlargement did not completely disappear. Some simple dressing was placed on

the wound. For two days the matter flowed pretty freely, on the fourth day he was suddenly seized towards evening with colicky pains in the abdomen, nausea, and vomitings. Leeches were applied. On visiting him these symptoms appeared somewhat subdued, but the patient's eyes were sunken, and he had a cadaverous appearance, and on the following day he died.

*Autopsy*.—In the right inguinal region was a cicatrix two inches in length. Nothing unusual was noticed in the head or chest. The peritoneum presented evident traces of inflammation. Slight traces of pus were found between the intestinal convolutions, which were slightly adherent to one another. A fistulous orifice was seen near the abdominal opening of the inguinal canal, situated between the peritoneum and an abscess in the abdominal parietes, and there was another perforation corresponding with the external aperture, but which was stopped up by intimate adhesions with the cæcum. The abscess appeared to have arisen in the inguinal canal, and thence to have spread to the abdominal parietes, it was bordered internally by intestinal adhesions to the abdominal parietes, and externally by the cicatrix. The adhesions appeared to have been broken down, and produced effusion through the fistulous orifice first described.

This case may furnish many important remarks; individuals affected with hernia are eager to use a bandage which they may think it possible to lay aside either to satisfy the calls of nature, or to sleep. In the first instance it frequently happens that, during an effort of expulsion, the hernia comes down and becomes strangulated; in the second instance, the same accident occurs sometimes in getting into bed, or in certain motions of the body; persons, therefore, who suffer from such affections, cannot be too strongly advised to keep on the bandage night and day. In the case before us the hernia was a large inguinal one, a considerable knuckle of intestine appeared strangulated, but the inguinal canal had no constriction on it, the strangulation existed, therefore, on the cutting edge formed by the peritoneum, where the formation of the sac first commences; the operation proved the truth of this diagnosis. Every thing betokened a happy termination, when an abscess, which often occurs in the cellular tissue around the neck of the sac, was formed, and fatal peritonitis ensued.

SECOND CASE.—*Vaginal inguinal hernia strangulated by the neck of the sac*.—Abel Formour, æt. 23, thin and of a lymphatic temperament, had ever since his infancy an inguinal hernia of the right side, which he could not support; a slight effort caused strangulation, which was accompanied by hiccough, nausea, vomitings, and colic. He made some efforts to reduce it, and forty-eight hours afterwards he came to the Hotel Dieu with the following symptoms.

The hernial tumour was about the size of a hen's egg, and admitted of partial reduction, but the moment pressure was removed, it resumed its ordinary volume, and a hardness was felt the whole length of the inguinal canal; the belly was swollen, tense, and sensible to pressure; the patient had constant bilious vomitings, accompanied with colicky pains; the pulse was contracted and frequent. He was placed in the bath, and the taxis was applied without relief. The patient refused to submit to the operation; he was frequently bled, and kept in the bath during several hours, and on the following day leeches were applied to the anus and over the belly. On the following day he had stercoraceous vomitings; pulse frequent and contracted; considerable tension of the belly, and thirst; he was directed not to drink much, that the vomitings might be allayed, and to moisten his mouth with orange juice. On the third day there was extreme pain over the abdomen; extreme prostration; general pallor; and the patient still refused to submit to the operation. On the fourth day the pulse could scarcely be felt; there was considerable weakness, and slight remission of the symptoms, and on pressing on the hernial tumour crepitation was felt all over it, showing that the parts contained in it were mortified. On the fifth day the hiccough became more severe, and the extremities were cold. On the sixth day there was constant hiccough, insensible pulse, and general coldness of the body. On the following day he wished the operation to be performed, but soon died.

*Autopsy twenty-four hours after death.*—The belly was somewhat less tense than during life, and there was no cadaveric stiffness. M. Dupuytren performed the operation as he would have done it on the living body. The soft parts having been divided down to the sac, it was then opened on its anterior inferior surface. Some dark liquid serum escaped, having a gangrenous smell, and a knuckle of grey intestine, from three and a half to four inches in length, was shown, having a slate coloured appearance, and of the soft consistence of moist paper. Above the intestine was seen the anterior extremity of the testicle, the finger could easily be introduced into the ring, and carried along the whole length of the inguinal canal, where the strangulation was situated, which was found to be formed of a falciformed circular neck, adhering anteriorly and posteriorly to the intestine, for the extent of about one line. Above the seat of the strangulation, the intestine was found slightly perforated from the superior end, of which mortification existed to the extent of three inches. From the point, where the mortification terminated, there was a dark redness spread over the intestine, extending to the stomach. The inferior end of the strangulated portion of the intestine, which was about six inches apart from the cæcum, was twisted upon itself, as was the whole of the great intestine, the volume of which was hardly

equal to that of a child of six years. In the superior portion was contained much liquid stercoraceous matter, which would have escaped into the cavity of the belly, by the small aperture in the intestine, if there had been no adhesion formed. On lifting up the strangulated portion a circular depression in the intestine was found, which, on being examined internally, appeared deprived of its two internal membranes. The entire portion of intestine adhered in convolutions by numerous recent adhesive formations. The lower cavity of the abdomen contained a considerable quantity of pus. On the abdomen being opened, a large quantity of serum escaped, and some fætid gas, which was inflammable. The posterior surface of the lungs was somewhat engorged; the other organs were healthy.

The escape of gas, on the abdomen being opened, confirms an important fact, viz.: that inflammation of membranous surfaces effects not only a change in the quantity but likewise in the quality of their secretions. The gas, in this case, was probably carbonated hydrogen. We have said, continued M. Dupuytren, that internal strangulations, arising from the reduction *en masse* of hernie, which are strangulated by the neck of the sac, may be always distinguished as much from the sigus, proving the anterior existence of a hernia strangulated externally, as from the actual symptoms of the case themselves; cases now and then occur which are not easily recognised, especially if the previous reduction of the hernia has not been witnessed. The uncertainty becomes greater if the patient has two hernie, which have been both reduced together, and which offer no more discernible signs of strangulation on the one side than on the other.

*THIRD CASE.—Double Inguinal Hernia.—Strangulation by the Neck.—Operation.—Dressing.—Cure.*—Jacques Geoffroy, locksmith, aged 40, had two inguinal hernie, that on the left side had existed twelve years, that on the right three years; the first had been supported by a bandage for seven or eight years, the second had been left to itself. One day, in walking, he felt the bandage give way, he put his hand on his left side, which immediately gave him great pain and increased in size. On returning home he used every means to reduce it, and had all the symptoms of strangulation. On the following day he took of his own accord an emetic, and a surgeon, whom he called in, after repeated attempts at reduction, succeeded, but he still felt all the bad effects, and on the fifth day he was brought to the Hôtel Dieu. M. Dupuytren examined him with the greatest attention; the belly was painful, he had hiccoughing, vomiting of fecal matter, and constipation; features contracted.

The signs of strangulation were present, and peritonitis was feared, and the diagnosis was otherwise difficult on account of both hernie having been reduced, and showing no appearance of a tumour behind the inguinal

ing. There was, besides, no means of ascertaining the anterior existence of these hernias but by the dilatation of the rings and the contradictory statements of the patient. M. Dupuytren did not wish to perform the operation without being well convinced that there was no other chance of saving the patient; but, on the following day finding him much worse, the operation was decided upon.

Having remarked the tumour situated in the right inguinal region, and that the patient there complained of the greatest pain, it was on that side that the cause of the strangulation was sought for.

An incision was made through the skin in the axis of the hernial tumour; beneath this incision was a small tumour which might have been mistaken for the spermatic cord, or for the hernial sac itself, until, upon opening it, a quantity of serum flowed out, and it was found to be a cyst, behind which was placed the true hernial sac. This, which was of small size, contained neither intestine nor epiploon, but a small quantity of serum, in which floated some albuminous flocculi. On the finger being introduced into the abdomen, intestinal adhesions were detected, either to one another, or to the abdominal parietes, forming unequivocal signs of peritonitis. The operation was then immediately performed on the other side, the cellular coverings over the tumour were incised carefully until a sac was opened containing a fatty substance, supposed to be epiploon. M. Dupuytren also believed it, but seeing beneath it some fibrous bands, he made the patient cough, which caused the tumour to be lifted up, and which was then carefully divided. A considerable quantity of sanguinolent serum immediately escaped, which, compared with the fluid exuded on the opposite side, formed a complete proof of strangulation. A large quantity of reddish coloured fat was found in the sac, which proved to be epiploon in a tumented state. On introducing the finger in the ring, a circular bridle was felt, sufficiently high up. The sac was drawn outwards with a small portion of red elastic intestine, whilst an assistant held it forcibly and drew together the two incised edges of the sac; a blunt pointed bistoury was carried along the finger, and the bridle was divided from above outwards; the pain caused by this made the patient press outwards, which expelled a large portion of intestine, and the bridle was then divided in different directions. After dressing the wound the patient was carried to bed, and passed the rest of the day very well. Lavements of milk were administered and fomentations were applied to the lower part of the abdomen, which was painful. The face was flushed, pulse quick, and tongue brown; to be bled. On the following day the vomitings were abated, but the colicky pains were very troublesome; pulse quick, face flushed. He was repeatedly bled on this and the following day. Gradually the abdominal pains subsided, and he perfectly recovered.

A TRANSLATION OF BARON ALIBERT  
ON DISEASES OF THE SKIN.

BY SAMUEL PLUMBE, M.R.C.S.

(Continued from page 306.)

ARTICLE II.

*Of the Organic Causes which influence  
the development of the Teignes.*

I SHALL now relate the opinions of the ancients on the organic causes of the different kinds of teigne. Some attribute them to degenerated bile, others to bad humours, and some accusen urses or parents of a vitiated and corrupted blood; but, in a work dedicated to exact truths, we must put aside scholastic verbosity. The morbid phenomena in question are easily explained by the natural laws of life; for if the mucous teigne usually disappears when teething is over, if the other forms are, for the most part, cured at the age of puberty, on what basis can we attribute these sort of exantheas to such origins? The observations which follow tend, I think, to clear more this physiological problem. Who, in short, is ignorant that each epoch of our existence is particularly destined to the development of certain systems of the animal economy? It is thus that nature, having reserved infancy for the perfection of the head, and the important viscus it contains, preserves for this object the *focus of an active and energetic life*. The blood circulates with more rapidity in the brain, and appears to occasion a greater flow of the fluids and nutritive moisture; besides, it is at this age that the act of dentition is performed; from thence it happens that the heat of the head is singularly increased, as the redness and inflammation of the cheeks, and increase of salivary discharge, evince. To this purely organic cause is joined the powerful influence of physical habits. Children have hardly come from their mothers' breast before their heads are carefully covered with several caps; the body is tightened with swaddling clothes, which causes increased deter-



mination to the upper parts of the body; and the intellectual phenomena, perhaps, concur, in some measure, to augment the vital action in the cerebral organs, for it is at this period that all the senses become variously exercised, that the memory develops itself, &c. It is not, therefore, surprising, that this part of the organisation is more subject than the others to morbid affections, and that consequently the changes in the scalp are most frequent. It is also this extreme susceptibility of the lymphatic system which gives cause to the hydrocephalus, and other diseases which have the same foundation. These opinions have been established by modern physiologists; among others by M. d'Étanges, who has suggested the inoculation of the mucous form as a means of prevention and cure of more formidable diseases. The idea of this practitioner is founded on the general necessity of an exanthema in the scalp at this period of life, and on the advantages which result from it in the preservation of health. M. l'Homme, who practises at Oulchy le Chateau, appears especially to have appreciated it, when he happily communicated it to a child of three years of age, and thereby cured chronic enteritis which was gradually destroying it. He dipped the end of a lancet in the ichorous fluid which flows from the mucous teigne, and inoculated with it the forehead of the child by six pricks. Better to insure the success of this experiment, he enveloped the head of the little patient every evening with a linen dipped in the same matter. Ten days after the forehead and face were covered with humid crusts. The result of this exanthema appeared in a surprising manner; the symptoms of enteritis, and the tenderness of the abdomen diminished daily; the diarrhoea decreased as the eruption showed itself, and the child, by degrees, recovered his appetite and strength. The only remains of this affection was a slight looseness, and a depraved taste for earthy substances; but, by the use of

some tonics, these symptoms disappeared.

My observations at the Hospital St. Louis have proved to me, moreover, that these kinds of inoculation might be tried with advantage. I shall relate, by and by, what I have obtained from them. I think, therefore, that the crusty or scaly matter with which the scalps of children are covered may be compared to the different gums or juices which flow from the bark of certain trees when these juices are elaborated with too considerable an organic activity, and these eruptions are almost always the result of a principle of exuberant life, to which nature furnishes an issue. The lower class of people, even, are convinced of this truth; and you often hear nurses regretting that their foster-children are deprived of these sorts of exanthemata, and using efforts to produce them. The most experienced of the faculty are of the same opinion. This remark is particularly applicable to the superficial ulcerations which constitute the mucous teigne; and they daily have recourse to stimulating topical applications, the good effects arising from which cannot be disputed. All the forms of teigne, however pernicious in their character, are always ultimately of real utility in warding off more formidable diseases, and consequently explain why the subduing of these exanthemata has been, in some cases, so fatal. Nature sometimes supplies, by other ways, these morbid deprivations. I have seen an obstinate diarrhoea succeed the spontaneous suppression of the mucous scald head. The fact which follows is worthy of remark. A young girl at the Hospital St. Louis was afflicted with the furfureous scald head. Her head was rubbed with an ointment composed of flour of sulphur and hog's lard. When the itching in the scalp diminished the patient experienced a violent itching in the genital organs, and an eruption of red pimples showed themselves; on the contrary, when the application of sulphur was dis-

continued, the itching and exanthema no longer existed, and the disease of the scalp appeared afresh. All constitutions are not equally subject to the teignes; the favous particularly attacks sanguine and bilious constitutions. I have observed this affection in black, light, and even red hair. The children most subject to the granulated form are those with a brown or tawny skin; they have generally a less florid complexion than those afflicted with the preceding form. The furfuraceous is most common to those with hair of a clear chestnut colour. The amianthous has been constantly observed in melancholy constitutions; the mucous affects children with hair of a fine gold colour. These often appear hereditary, at least if I may judge by the children at the Hospital St. Louis. I have, besides, seen several sons by the same mother attacked altogether with the same form, and which appeared even when they were separated from each other, so that it could not be said that they had caught it through contagion. We shall prove in our next article, that this means of communication is not so frequent as is generally supposed, and that many restrictions must be placed on the theory of contagion.

SOME OBSERVATIONS ON THE PECULIARITIES OF DISEASES IN INFANTS AND CHILDREN.

BY J. K. WALKER, M.D.

*Bad effects from the cure of Itch.* Very lately I saw a child, Mary Calverly, *ætat.* two years, who lay in a comatose state, the pupils dilated and insensible to light; the respiration interrupted by sighs; pulse weak and irregular; bowels costive. On inquiry, I found that the child for several months had been troubled with an eruption which the mother called the itch, which had occupied not only the arms and thighs, but other parts of the body. The eruption not giving way to the internal exhibition of alteratives, the external application of an

ointment, consisting of the *unguentum sulphuricæ* with a little of the *ung. hyd. nit.* to it, was successful in producing the desired result. Since that time the child's health has been on the decline, and she has complained of great pains in the bowels and loss of appetite, succeeded by frequent evening exacerbations of fever, and grinding of the teeth during sleep, &c. Shortly after the appearance of these symptoms she complained of pain in her head which was soon followed by stupor and convulsions. At the period my attention was drawn to the case, she had been relieved by the repeated application of leeches to the head, and the continued use of calomel, to which I added the friction of the tartar-emetic ointment upon the arms and thighs, wishing to reproduce an eruption on those parts. The relief (if so it might be called) continued but for a day or two, for the stupor increased, the pulse became weaker, and general convulsions followed, terminating in death.

*Coma removed by Tonics.—Case.* Mary Shaw, *ætat.* two years, an outpatient of the Huddersfield Infirmary, lay for many weeks in a state of coma, from which it was difficult to rouse her. There was, at the same time, *excessive emaciation of the entire body*, produced partly by a protracted diarrhoea, and previous inadequate nutrition, so that it was considered by all as a hopeless case; and yet this child gradually recovered by the occasional use of carbonate of soda and calomel, with the aid of chalybeate drops, and under this treatment the little patient recovered from the state of stupor which wore so menacing an aspect. The diarrhoea gradually gave way, and along with an improved state of the digestive functions the appetite and strength increased, and nothing has since occurred to retard a complete return to health.

*Laryngeal Spasm.*—One of the last examples of this spasmodic affection, which has fallen under my

observation, occurred in an infant whose health, in other respects, did not materially suffer. The attacks of erowing inspiration returned at intervals, sometimes during the night; occasionally they were accompanied by a rigidity of the thumbs and toes, often with convulsions. At all other times the child was playful and lively. The gums were lanced, and the bowels maintained in an open state with the aid of calomel, and the occasional use of clysters medicated with assafœtida or spir. terebinth. On the supposition that, from the violence of these attacks, some cerebral affection might supervene, leeches were applied to the neck. From a steady perseverance in these remedies, no advantage was reaped beyond a temporary respite from these spasmodic shocks. They again returned, and the gums were again divided, and counter-irritation applied to the nape of the neck. At the time I was first consulted in the case, the child was slightly relieved by a tonic plan of treatment, and by the sulphas quininae repeated in small doses. But on reading the cases narrated by Dr. Marshal Hall, where such striking benefits resulted from a change of air under similar circumstances, I had no hesitation in recommending a trial of the same plan in this case, and after a removal to Matlock, the child experienced fewer of these convulsive movements, and in a few weeks they ceased entirely, and a rapid amendment in health and strength ensued. — *Trans. Prov. Med. and Surg. Assoc.*

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CASES TREATED IN THE STIRLING  
DISPENSARY, WITH REMARKS.

BY W. H. FORREST, SURGEON.

(Concluded from p. 308.)

*Yellow Softening, or Ramollissement of the Liver.*—S. M. æt. 21, who had led for some time past a very dissolute and intemperate life, was admitted with great enlargement of the liver, complicated with alarming symptoms of disease of the heart and lungs. Her skin was not at all discoloured,

her countenance was full and bloated, and she had some œdema of the feet. Throughout the whole attack her stools were frequent and bilious. She had complained for two months only, and her friends and herself attributed her illness to a severe blow which she had received some time previously. In the course of three months and a few weeks after her admission she died, after suffering for a few days from diarrhœa. During her whole attack she lay on her right side.

*Dissection.*—The liver was enormously enlarged, and had degenerated throughout its whole mass into a soft yellow homogeneous substance, not unlike palm oil, but somewhat paler and firmer, it could be very easily torn with the fingers. The gall-bladder was healthy and full of bile. The heart and lungs were extensively diseased. This affection, so far as I can learn, differs from the *cirrhosis* of the French. Cirrhosis appears to be allied rather to induration than softening, if we may judge from its resemblance to wax, and from the appellation which it has in consequence received.

*Black Softening, or Ramollissement of the Liver.*—Angus Sinclair, æt. 59, was admitted, having laboured under jaundice two months previously, the symptoms of which were mild and not very well marked. He never complained of the pain in the region of the liver, and, although his pulse was occasionally full and sharp, there was nothing which indicated any thing like active disease, either in this or any other organ. The remedies employed were leeches, blisters, mercurials, and occasionally drastic purgatives. When admitted his skin was of a very deep dirty yellow, and he was emaciated to the last degree. There were no local symptoms which could be referred to the liver, such as pain, tenderness, tumefaction, or fluctuation in the right hypochondrium, and the functions of the stomach were also undisturbed. His pulse was a little more frequent than natural, and weak, and soft; his bowels were con-

stipated, and moved with very great difficulty; he stated that he never had a stool without he took medicine to produce it; that no medicine, however strong, would operate on him but sulphate of magnesia, and it required four ounces of it to produce the effects of an ordinary dose. Subsequent observation confirmed this statement. I gave him once an ounce of castor oil with three drops of croton oil in it without success; he took afterwards, of his own accord, his usual dose of salts, and it operated well. The evacuations thus procured were always serous. So far as I could observe or learn they were never discoloured, or tinged with bile. His treatment at the dispensary consisted chiefly of tonics and a liberal allowance of liquid nourishment; he took for a fortnight, by the advice of one of the consulting physicians, pills composed of calomel and scammony, but without any benefit. He died a month after his admission, completely exhausted.

*Dissection.*—The whole body was very much emaciated and discoloured. The liver, throughout its whole substance, had degenerated into a dark liquid, resembling treacle, but less adhesive and consistent. On dividing its peritoneal covering, this liquid escaped in great abundance. There was also an escape of a fetid gas, indicated by its odour, and by the formation of numerous and pretty large bubbles on the surface of the liquid. This liquid seemed to occupy about as much space as the liver usually does. The gall-bladder was very much collapsed and empty. All the other organs, abdominal and thoracic, appeared to be quite sound.

*Tubera diffused through the Substance of the Liver.*—Neil Kennedy, æt. 80, was admitted, complaining of pain in the site of the liver, which felt very much enlarged. His skin and eyes had a slight yellow tinge, and his urine was very scanty, dark, and thick; his bowels were natural, and he had no preternatural heat of

skin, thirst, or frequency of pulse. There was some effusion into the abdomen, with a slight œdema of the feet. He had led rather an intemperate life, and had suffered much from intermittent fever whilst residing in a marshy district. Three months before his admission, I saw him for violent pain extending over the whole abdomen, which yielded readily to a dose of calomel and Dover's powders, followed by a dose of castor oil. He dated his illness from the period of this attack, from which he stated he never completely recovered. The treatment, after his admission to the dispensary, consisted chiefly of diuretics and laxatives. The dropsy, notwithstanding, made very rapid progress, and he died within three weeks after his admission.

*Dissection.*—The liver was very much enlarged, and consisted chiefly of large oval, but somewhat irregular, tubera, most of which were hard and white like tallow; some of them were soft, and contained in their centre a fluid resembling pus. The parenchyma of the liver, in which these tubera were imbedded, appeared to be natural. The liver, viewed externally, resembled very much a large mass of conglomerated rock. There was a considerable quantity of fluid effused into the abdomen and chest.—*Glas. Med. Jour.*

### Reviews.

#### *The Cyclopædia of Practical Medicine.* Part XVIII.

ANOTHER part of this work has been published: it contains fourteen articles, which, with some few exceptions, are all of the average degree of merit with those contained in former parts. We took occasion in a former number to notice Dr. Montgomery's paper on the "Signs of Pregnancy and Delivery;" its conclusion affords us the opportunity of again pronouncing it to be in all respects an able and well-written paper. The articles immediately following, on Prognosis, Pseudo-Morbid

Appearances, and Psoriasis, present but few facts worthy of particular notice, or with which the general medical reader is not already familiar. We were surprised to see the name of Dr. Marshall Hall attached to an article on Puerperal Diseases: this important class of affections on which volumes have been written is here divided into a few separate sections, and included in the short space of a dozen pages. The article Pulse is written by Dr. Bostock, in which its importance as a diagnostic of disease is traced up from the time of Hippocrates to the present day. Purpura is a condensation of the opinions of different writers on this disease, in describing the treatment of which the author sums up by quoting the practice of Dr. Belcombe, of York, who employs saline remedies in the cure of this disease. Dr. Graves, in a recently published paper in our contemporary, the "Dublin Medical Journal," states that he has found large quantities of salt food to be a frequent cause of this affection.

The remaining articles are all of proportionate degrees of merit, varying as much in terseness and vigour of style as in the relative space they occupy, or the modicum of practical (?) information they afford the reader.

The paper on Rape, by Dr. Beatty, occupies nine pages, whilst that on Pus, by Dr. Tweedie, one of the editors, is dismissed in about as many lines.—This is an editorial oversight, which at least should be corrected.

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*A Dictionary of Practical Medicine, comprising General Pathology, and the Nature and Treatment of Diseases, &c., &c.* By JAMES COPLAND, M.D., &c., &c. Part II.

WE were the first to pronounce the most favourable opinion of the former part of the unequalled production before us, and were followed by all our contemporaries. We declared it to be the best, the most learned, and by far the most instructive work in our language. It is executed by a

gentleman of profound medical knowledge, of the most extensive research, and of great experience in the treatment of diseases both at home and abroad. Dr. Copland, with a candour that does him the greatest credit, gives the opinions of the original writers in the old and new worlds with perfect impartiality, analyses the whole, comments upon it, and modestly offers his own views in conclusion. He proves himself to be intimately acquainted with the medical literature of all countries, and like a learned compiler he lays all under contribution. He gives the substance of every writer's views in a clear, concise, and graphic manner, without in one instance destroying the author's meaning. He manifests a taste for selecting, and a power of condensing, which fall to the lot of few, while his language is elegant and classic, and free from those harsh barbarisms which are observable in other publications of a similar description. Dr. Copland takes the most comprehensive view of the practice of medicine; he gives the fullest account of the semicology, pathology, diagnosis, and treatment of diseases, deducing his conclusions from all sources; he describes the morbid lesions, or structures, the disorders incidental to climates, to the sex, and the different epochs of life, with numerous prescriptions, (we need not say chemical ones,) of the medicines recommended. He adds a classification of diseases according to pathological principles, a copious bibliography with references, and an appendix of approved formulæ, the whole forming a library of practical medicine, and a digest of medical literature. Every department of this work is executed in a masterly manner; and it will be looked upon as one of the best illustrations of the learning, science, and experience of the nineteenth century. It is absolutely an astonishing production by one individual. Every disease is most minutely described, and the latest modern opinions concerning it are faithfully given.

*An Essay on Inflammation.* By  
PHILIP LOVELL PHILLIPS, M.D.

The subject of inflammation has long been a fruitful one with young medical authors. An affection which is so common, and at the same time so extensively universal, which assumes such Protean symptoms and appearances, and which moreover frequently baffles the most skilful and judicious treatment, would seem nevertheless to deserve more extended notice in the form of treatise or essay than it has yet received. Dr. Phillips, in the volume before us, has added his sum to the rich experience we have had of this affection; he has dwelt upon and quoted extensively from every author who has written upon the subject; his volume therefore forms a vade mecum of all previously recorded opinions and theories, and he has more particularly directed his researches "with a view to the elucidation of the proximate cause" of inflammation.

"Although physiologists and pathologists of the present day pretty generally agree in referring the proximate cause of inflammation to an altered and morbid condition of the minute blood-vessels, they are by no means so unanimous in regard to the *nature* of this alteration: in fact, the opinions which they hold upon this subject are most diametrically opposed to each other.

"There are," says Professor Thomson, 'two hypotheses which divide the opinions of pathologists respecting the state of the capillary vessels affected with inflammation. According to the first, the inflamed vessels are in a state of increased action; according to the second, they act with less force than the trunks from which they are derived.'

"Of course it is of great importance that we should make up our minds in favour of one or other of these opinions, as we must necessarily frame our treatment accordingly. I hope, in the following pages, to make it appear extremely *probable*, that the latter is the more correct, and that the symptoms which constitute inflammation are referable to atony of the capillary system of the part."  
—p. 28.

In further elucidation of his views our author proceeds—

"Suppose we subject any part of the body to the action of excessive heat, it presently becomes redder and hotter than natural, tumid,

and painful. Now the question is, whether these symptoms are produced by the primary stimulus communicated by the heat to the vessels of the part, or by the subsequent debility induced by the primary over-excitement rendering them incapable of sustaining their usual degree of action? The latter I should conceive to be by far the most reasonable supposition; and it is considerably strengthened, if we attend to the effects produced on the nervous system generally, when subjected to the influence of intense heat; at first there is an universal excitement; but this is presently followed by a no less universal collapse, prostration of strength, and syncope. 'For all the stimulant powers may carry their energy to the degree under which no excitement will arise. The reason is, that the body becomes no longer susceptible to the operation of the stimulus, another expression for which is, that the excitability is consumed. The excitability, thus exhausted by stimulus, constitutes debility; which may be denominated indirect, because it does not arise from defect, but excess of stimulus.'

"If such are the effects of heat on the *whole* nervous system, it is but reasonable to suppose that it would act in a similar manner upon the vital powers of any *part* to which it may be applied: the consequence of this would be that the irritability of the vessels being diminished, they would no longer be able to resist the impulse communicated to the blood by the heart, or to assist in propelling it; they would, therefore, become distended, and overcharged with blood; and from this, as we shall presently see, result all the symptoms of inflammation. It is exactly upon the same principle that other positive agents produce inflammation; they first excite the vessels to increased action; then, having exhausted, they reduce them to a less degree of action than is necessary for the due performance of their functions."—pp. 32, 33.

The author quotes passages from the works of Burns, Thomson, Wilson Philip, and Hastings, in support of his views, and the toxicological observations and experiments of Orfila, Brodie, and Christison in proof of the fact that certain agents have the specific power of greatly diminishing or exhausting the irritability of the heart.

The two chapters immediately following, on the "Phenomena" and "Termination" of Inflammation, contain much valuable matter, and are well worth perusing. In speaking of the treatment of inflammation by opium, our author says,

"The use of opium in inflammation is a point upon which the greatest contrariety"

opinion exists among practitioners, but in estimating the difficulties respecting the merits of this medicine, we should bear in mind,

"1st. That where opium is exhibited in small doses to a constitution already in a state of excitement, its stimulant powers will increase that excitement; since, though weak, they tend to give a new impulse to an action already in force; whereas the succeeding sedative power will not take effect, because it is not sufficient to counteract and check the morbid activity which already exists.

"2nd. That this excitement will not be such as to benefit the inflamed part by increasing the action of its vessels; since the stimulus is general through the system, it will, of course, have the least effect upon any part the powers of which are impaired; and consequently the increased action of the system, generally, will tend to oppress this part in particular, in proportion as the sum of the stimulus to the whole circulating system, 'à tergo,' (including the heart) is to that which acts upon the inflamed vessels alone.

"3rd. That where the excitement of the system is very great, in consequence of inflammation, and the medicine is given in such large doses as that the stimulant effects should be very much exceeded by the sedative, then the benefit will be in the same proportion as the injury was in the former case, since now the action of the whole system, 'à tergo,' (including the heart) is diminished in a greater degree than that of the vessels of any one part can be, in proportion as the whole exceeds the part.

"4th. That morphine, which is found, according to the experiments of Magendie, to be the principle in opium which possesses the greatest share of sedative property, must be a more beneficial medicine in inflammation, than when combined with narcotine, which, from the experiments of the same physiologist, appears to be possessed of the stimulating principle.

"Thus, upon the theory which I have endeavoured to support, we can satisfactorily explain points of difference, in the effects of this medicine, which otherwise appear contradictory, and, by this means, we may learn duly to appreciate its great value when judiciously employed. Above all, we must learn to discriminate between the circumstances in which its use will be extended with advantage or with injury."—pp. 108-110.

Dr. Phillips then proceeds to the consideration of mercury, local bleeding, the application of cold, heat, and stimulants, as accessories in the treatment of inflammation, illustrating each by the remarks and observations of eminent practical writers. We shall close our notice by quoting the chapter on "Local Actions analogous to Inflammation."

"Of these local actions blushing is, perhaps, the best example. It consists in an increased flow of blood to the cheeks, which are consequently rendered fuller, hotter, and redder than before. This is generally, and I believe correctly, adduced as an instance of the power of mental emotions over the heart's action. Under these emotions the heart acts more rapidly and more strongly, and propels the blood with increased impetus, not indeed to one part of the body alone, but to all alike; and that part which is most amply supplied with minute blood-vessels at the surface, most readily admits an increased quantity of blood; and if the skin be also thinner there, it is more easily seen through it, as is the case with the cheeks. That the determination of blood to the surface, on such occasions, is not confined to the cheeks, is very evident in a fair-complexioned person, whose whole face, neck, and chest, become red at the same time; and we know, that when a person is violently agitated in his mind, perspiration issues from the whole surface of the body.

"The cause then of blushing is an increased action of the heart; the vessels of the cheek are passive, and as soon as the heart regains its wonted composure, the suffusion of the cheeks subsides. Mr. Mayo, in his work on Physiology, says—'We may presume that an artery, at the average tone of arteries, would be affected in the same manner by an unusually forcible contraction of the left ventricle, as a relaxed artery under the ordinary pressure of the blood.' No one, I think, will doubt this, for it is the same as if we have a spring whose force is equal to ten pounds, and a resistance equal to eight pounds, evidently the same effect will be produced if we increase the force of the spring to twelve pounds, or diminish that of the resistance to six pounds. 'The former case,' continues Mr. Mayo, 'is easily explained. The carotid artery laid bare in the neck of an ass, lies without apparent change when the animal becomes composed. But if the animal becomes alarmed, as by holding its nostrils for a few seconds, the heart acts violently, and the carotid artery leaps from its place, and becomes elongated and tortuous at each stroke of the ventricle. It follows, that if the coats of the same vessel were especially relaxed, a like phenomenon would ensue during the ordinary action of the heart.' The distension of the vessels of the cheek in blushing takes place, I conceive, in the same way as that of the carotid in the experiment; and if we grant that the minute vessels of an injured part are relaxed, then we can easily see how they will come to be distended and overloaded with blood under the ordinary action of the heart. Mr. Mayo remarks in another paragraph—'The opinion that the flow of blood in increased quantity to a part results from the relaxation of the small arteries, is remarkably confirmed by what is noticed respecting the larger vessels, wherever local action frequently

occurs, or happens to exist for a considerable period. The arteries of such parts become elongated and tortuous. This is the character of the arteries of the testes, of the uterus, of the mammae towards the latter period of utero-gestation, of the face and temples."—pp. 126, 127.

It is very plain that in quoting these paragraphs from Mr. Mayo's work, Dr. Phillips has pressed Mr. Mayo's theory into a service for which it was never intended; so palpable indeed is this fact, that Dr. Phillips has been forced to acknowledge the plagiarism; he might have been equally charitable with the other quotations which abound through the volume. We have extracted them more because they serve well to illustrate a certain theory of inflammation, than as appertaining to any new views which the author may have thrown upon an affection on which he has professed to theorise.

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*A Treatise on Physiology applied to Pathology.* By F. J. V. BROUSSAIS, M.D., &c. Translated from the French, by J. BELL, M.D., and R. LA ROCHE, M.D. Third American Edition, with Notes and a copious Appendix. 8vo. pp. 666.

Our transatlantic brethren are certainly before us in their translations of the French, German, and Italian works, and we can scarcely account for this, unless it is to be ascribed to the disinclination of English publishers to undertake translations. This feeling, which is a bad one, is entertained by a great majority of the London publishers. They seem to forget that the works of Richerand, Magendie, Blumenbach, Bourdelocque, Laennec, Cloquet, Andral, and many others have been most favourably received by the medical profession, and are justly considered standard productions. Nevertheless almost all proposals made to our London publishers to bring out translations of foreign works are declined. A few, and but very few, have lately appeared, while the American publishers are constantly bringing out

such works as we allude to. We are also compelled by truth to acknowledge that there is not that taste for foreign literature evinced by a preponderating majority of our brethren at home which ought to be displayed, and ought to characterise true votaries of science. Our professors and lecturers, together with our hospital medical officers, form an exception to our charge; but they are very few in number compared to the whole profession. But we have been repeatedly requested to state in this Journal, whether there were translations of many foreign works; which proves that our brethren are desirous of becoming acquainted with the state of science in other parts of the world. We must, however, cease this digression, and return to the work before us.

It has fallen to the lot of few physicians now living to arrive at such high celebrity as M. Broussais. His original doctrines of disease were at one time very generally received in his native country and in other nations; but they are now very much disputed, and we might say with truth, nearly discarded, at least in this country. His ascribing fevers and other diseases to gastro-enteritis, has very few advocates, at present, in Great Britain or any other parts of the world. But the work before us, and that on chronic diseases, must be admitted by all versed in physiology and pathology, as among the very best that modern times have produced. The application of physiology to pathology, on sound principles, is the basis of the practice of medicine. But this work must not be mistaken for the Principles of Physiological Medicine, embracing Physiology, Pathology, and Therapeutics, translated by Drs. Hay and Griffith\*.

In a well-written preface the translators occupy thirty pages, in describing the progress of physiology since the time of the illustrious Haller; and then the work com-

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\* We take this opportunity to inform the translators that this work has not reached us.



mences with a description of man, the composition of the human body, the vital properties of tissues, vital power and laws, the external senses, encephalon and spinal prolongation; sensations, instinct, operations of the intellectual faculties, passions, laughter, ennui, sleep; the manner in which the exercise of the intellectual faculties and the passions cause disease; the muscular, nervous, absorbent, circulatory, reparatory, secretory, exhalant, nutritive, and generative functions, with an account of the various ages, temperaments, and habits.

It would be as difficult to review this systematic work, and extract from it, as to attempt to analyse a dictionary; and we therefore can only express our opinion of its worth. It is a system of physiology applied to pathology, uncommonly well executed by its author, and accurately translated by those who have undertaken to prepare an English version of it. It will be perused with delight by medical practitioners, and with interest by the general reader.

THE

**London Medical & Surgical Journal**

*Saturday, October 12, 1833.*

THE ALDERSGATE STREET DISPENSARY.

AFTER our last number went to press, we observed an advertisement in the newspapers, in which the Committee of the General Dispensary, Aldersgate-street, asserted, that the medical officers had deserted the poor, and had promised to attend their own patients only; and next followed a vote of thanks to the physicians and surgeons, who, at the request of the Committee, had attended the new patients at the Institution since the retirement of the physicians and sur-

geons. Admitting the first charge against the late medical officers, of having made no offer to prescribe for the new patients, we must contend that they were perfectly consistent in so doing. It must be obvious, that as the Governors pursued a line of conduct, which every man endowed with a particle of common sense will admit to be most injurious to the interests of the Dispensary, and degrading to the medical profession, against the unanimous opinion of those most competent to judge, and that the result led the physicians and surgeons to resign, they were perfectly justified in leaving the governors to fill up the vacant appointments agreeably to their new-fangled law, which enabled any wealthy novice in medicine to buy himself into their establishment. It would be as reasonable to argue, that after the dissolution of a partnership in a large commercial establishment, that those who retired ought to manage a share of the business until their successors were appointed. The medical officers retired in disgust at the corrupt decision of the Governors; and yet it has been urged, that they neglected the poor by declining to attend at the Dispensary. If the Governors decision were right and sensible they could have no difficulty in electing a new Medical Staff. But their charge is unreasonable and ridiculous.

With regard to their vote of thanks to the physicians and surgeons, who, contrary to the general feeling of the profession, sneaked into the Institution with the hopes, no doubt, of being

ultimately elected, we think we need not comment, and we can scarcely trust ourselves to animadvert on the lauded individuals. We are not, however, surprised, that persons were to be found in a large community like our profession, who would grasp at place, because there are some black sheep in all professions, and in all classes of society. Experience will teach such individuals, that conduct disapproved of by the body to which they belong will do them no good, either with the profession or the public. They will learn, by the result of the meeting of the medical profession, to be held on Saturday, that a preponderating majority of their brethren will denounce the nefarious system they have supported. The sale of medical appointments in public charities is murderous to the poor, and highly detrimental to the science of medicine. It enables incompetent and inexperienced medical men, who possess wealth, to throw those of talents, erudition, and experience into the shade. It deprives the unfortunate poor of the best advice, and thereby renders their condition much worse than before, while it shuts the door against the genuine cultivators of the healing art, whose industry and acquirements may be infinitely superior to those of their rivals, but whose pecuniary means may be limited and inadequate for a contest with their affluent and incompetent opponents. The pretended sympathy for the poor, urged by the Governors in the charge already noticed, very badly accords with their humane legislation;

that any tyro may buy himself into the office of medical adviser to the patients who seek aid at their institution.

We are delighted to perceive, however, that the committee, whose conduct has given rise to these strictures, are about to be brought to account "for causes which led to the resignations of His Royal Highness the Duke of Sussex, as Patron of the Dispensary, and also of the late medical officers." A meeting of the subscribers is to be held on Monday next, for this purpose, and we do not entertain a shadow of doubt, but the bribery law will be repealed, the committee censured, directly or indirectly, and the late medical officers requested to return. There is no doubt, however, but the committee will pack the meeting, as in all similar instances; and therefore every medical practitioner, who is acquainted with a single subscriber, ought to explain to him the question at issue, and entreat him to attend the meeting, and vote as reason, justice, and humanity will prompt him, for the abolition of the law, which every honest enlightened mind must condemn, as injurious to the diseased poor and our noble profession.

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MEETING OF THE MEDICAL PROFESSION TO PASS A VOTE OF THANKS TO THE LATE MEDICAL OFFICERS OF THE ALDERSGATE STREET DISPENSARY.

A MEETING of the medical profession will be held on Saturday the 12th inst., at the Freemasons' Tavern, Great Queen-street, Lincoln's-Inn

346 *Power of the London University to grant Medical Degrees.*

Fields, at seven o'clock in the evening, DR. ELLIOTSON, F.R.S., Professor of Medicine in the London University, in the Chair.

The object of the meeting is to return a vote of thanks to Dr. Birkbeck, Dr. Clutterbuck, Dr. Lamb, Dr. Roberts, Mr. Salmon, and Mr. Couleson, the late physicians and surgeons to the General Dispensary, Aldergate-street, for having resigned in consequence of the law proposed by the Committee and adopted by the Governors,—“That all subscribers of seven days' standing, instead of six months, were qualified to vote at the election of medical officers.” We have already shown the bad effects of this legislation, and these are happily described by the above gentlemen in a few words. “We left the Institution rather than countenance a system which must lead to the election of ill-educated, or otherwise improper, persons, to appointments which should be filled from professional competency alone.”

These are the sentiments of almost all the profession, with the exception of about half-a-dozen of its members; and we therefore call upon our brethren to come forward at the meeting of this evening, and support, as they have ever done, the interests of their poor afflicted fellow-creatures, as well as the respectability of the profession to which they belong. The true interests of the zealous cultivators of medical science require that every member will do his duty. The time has arrived when medical practitioners are called upon to maintain their

rights, to protect their more competent and less affluent fellow-members, and to secure to public charities the blessings of sound medical knowledge.

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POWER OF GRANTING MEDICAL DEGREES IN LONDON.

WE stated in our last that Professor Grant mentioned in his introductory lecture that the Government had determined to give the University of London the power of granting degrees in medicine. We had our information from a gentleman who was present at the lecture. A contemporary famed for politeness and good breeding, denied the accuracy of this statement, as he had received the Professor's manuscript of the lecture, and adds, ‘now the truth is, that Dr. Grant did not make any such statement, and that if he had, it would have been contrary to the fact.’ Now unfortunately for the veracity of this assertion, our informant corroborates his statement by referring us to the notice of the lecture in the Morning Herald, by which it appears, that Dr. Grant did make the declaration, that London should have equal powers, as regards medicine, with Oxford and Cambridge, where there were no medical schools; and 'tis passing strange if the Doctor were mis-reported, which we do not believe, he did not correct the mistake in the Herald. The sentiments delivered in a lecture, and those sent to a journal for publication, very often differ; but as Professor Grant forwarded his lecture to our contemporary—who in the very same

number of the journal in which it appears, ridicules the pretensions of the school, "the Gower Street School," to which he belongs, and also, we believe to another contemporary, as the reports are verbatim, but forgot to favour us with a copy.—we cannot for a moment question the authenticity of the statement we made last week. We certainly admire the condescension of any lecturer or teacher "not professor," at the London University, or rather "the Gower Street School," in sending his MS., for so it was advertised in the newspapers, to a paltry, stupid, unprincipled publication, which repeatedly maligned and insulted some of the ablest lecturers in the institution to which he belongs; and so far as the impotent malice of the grandmamma who conducts it could suggest has made every effort to injure an establishment, whose professors far surpass, in point of fame and writing, those of any other institution in London. Every one of them is known by his standard work, while his pitiful reviler has not had brains enough to produce a sixpenny pamphlet as an original work. We have ever defended the University Professors on the grounds of justice only; and were they connected with any other institution would do so with equal pleasure. We care not a "hawbee," whether we receive the MS. of any of their introductory lectures; we are not driven to shifts for materials to fill our pages; nor would we be so mean as to publish the lectures of any of these, taken by an unprofessional re-

porter, contrary to his wishes, and at the same time deprecate the man whose opinions were the only props of our existence. We are not worshippers of the College of Physicians, we have no ambition to be dubbed Fellow, and wear a scarlet gown and fool's cap, nor have we lauded the lecturers of King's College because most of them were the nominee Fellows of the perpetual President of the Physicians' College, as we detest and abhor such a line of conduct. We should not be so narrow-minded as to prevent a Lecturer from furnishing the MS. of his Introductory Lecture to a contemporary, had he, like ourselves, employed a special reporter for the purpose, both reports being equally inferior to the original, a copy of which was freely promised to both. But we may meet again at Philippi; nor shall we forget in the mean time the chivalrous motto of Scotland, "nemo me impune lacessit."

### *Hospital Reports.*

#### ST. BARTHOLOMEW'S HOSPITAL.

*Abscess of the Liver pointing externally.*—D. Clarke, æt. 60, complains of a tumour in the region of the liver, which began four months ago, Mr. Stanley considered it an abscess, and deemed it advisable to open it. An incision was made, and four pints of pus mixed with hydatids were discharged. A poultice was applied, and the bowels attended to. Mr. S. observed, that this was an uncommon case, and he entertained strong hopes of the patient's recovery.

*Fracture of the Patella, occasioned by the excessive Action of the Mus-*

*cles of the Leg during an Epileptic Fit.*—Daniel Thorpe, a robust man, æt. 45, was brought to the hospital some weeks ago, his patella having been fractured while in a violent epileptic fit, by excessive action of the surrounding muscles. Since his admission he has had several fits, and has been in a state closely bordering on delirium tremens. Cathartics and stimulants were exhibited with the best effects. The fracture of the patella was evident from the depression between the two portions of the bone into which the fingers might readily be introduced. The power of extending the limb was entirely lost. It was extended on a padded splint, and the patient placed in a sitting posture, in order that the rectus muscle might be relaxed; the heel was then elevated towards the trunk of the body to approximate the lower to the upper portion of the patella, and rollers and bandages were applied. The fracture is going on favourably.

*Syphilis affecting the Nose.*—There is an interesting case of syphilitic ulceration of the bridge of the nose at present in the venereal ward; the patient is a young man, ætat. 25, and has been affected with syphilis for the last four years. A short time since a deep ulcer formed on the bridge of the nose, which is likely to produce permanent deformity of that feature. There is a hard swelling on the back of the hand resulting from periosteal inflammation of the bones. He has been rubbing in mercury for some time past, and is now put on sarsaparilla. Fumigations have been ordered to be used.

*Rupture of the Eyeball.*—Thomas Harris, a carpenter, æt. 52, was admitted into the hospital. He stated, that a short time before his admission his foot suddenly slipped, and his eye came in contact with the muzzle of a gun which he had in his hand. This was followed by a discharge of a thin fluid from the eye. On examination,

it appeared that the external tunics were torn; the eyelids were exceedingly swollen, and the ball of the eye somewhat collapsed. On the evening of his admission twenty ounces of blood were taken, and syncope supervened. Two dozen leeches were applied around the eye, and afterwards the saturnine lotion. He was ordered

*Hydrar. submur. gr. vj.*

*Pulv. Jalap. gr. x.—Capiat statim.*

The compound senna draught was also prescribed.

On the ensuing day the patient still complained of darting pains in the eyeball. Leeches were again applied, and the patient was placed in a warm bath. In a few days he became free from pain. His bowels were regular, and his general health was good, but the swelling of the eyelids, however, was not diminished. He said he felt some fluid coming out of his eye. Vision has been completely lost in the injured organ.

*Abscess in Perineo.*—A healthy-looking man, æt. 45, came to the hospital some days ago, complaining of a throbbing pain in the perineum, which on examination was found to result from the formation of an abscess. The tumour was of a slight yellowish colour, and a fluctuation might easily be discovered on pressure with the fingers. The patient received an injury in the part some time ago.

Constant applications of leeches were used at first, but poultices were now applied to the abscess, which was opened, and the patient is recovering.

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ST. GEORGE'S HOSPITAL.

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*Amputation of the two external toes in a case of six toes of the right foot.*—On Thursday, Oct. 3, Mr. Hawkins performed amputation of the two small toes of the right foot in a young woman, ætat. 30. The patient was born with six toes on the right foot, and has suffered considerable inconvenience from the super-

numery toe preventing her from wearing shoes. So great was the inconvenience resulting from this deformity, that she consented most willingly not only to lose the supernumerary toe, but also the toe next to it, as Mr. Hawkins deemed it advisable to include both in the operation. Mr. H. first made two semilunar incisions, one on each side of the toes, and having cut down to the metatarsal bone, quickly removed the toes by means of a small saw (used on these occasions). A few arteries (the branches of the digital and plantaris) were tied; slips of adhesive plaster were then applied, and the patient was removed to bed.

*Reproduction of bone in case of amputated arm.*—Operation.—On the same day another operation was performed by Mr. Hawkins.

Previous to the operation Mr. H. observed to the class, "This, gentlemen, is a case which you will often find in hospital practice; the arm in this lad was amputated in infancy, but you perceive there has been an unnatural growth of the bone, which has been prolonged through the integuments of the stump. The pain and inconvenience resulting from this prolongation of bone imperatively demand an operation."

Mr. Hawkins then passed the knife round the skin surrounding the prolonged bone, a retractor was then applied, and in a few strokes of the saw the bone was removed; several arteries were taken up. The patient struggled dreadfully during the operation, and it was with the greatest difficulty that it could be proceeded with.

*Syphilitic lichen.*—There is a case of syphilitic lichen at present in the hospital, with respect to which Mr. Brodie observed: "This boy had originally a sore on the penis, and was put on a course of mercury, which disagreed very much with him, and had to be abandoned. He has now two distinct kinds of eruption

on him, viz. common itch or scabies, and lichen, which is one of the mildest species of syphilitic eruptions. The itch is almost cured by means of sulphur. He has been put on sarsaparilla. I intend now putting him again on mercury, as I am convinced that the mercury having formerly disagreed with him was owing to his being half starved!!"

#### MIDDLESEX HOSPITAL.

*Ligature of the common Iliac Artery.*—In a former number we gave the case of — Dyer, a patient in this hospital, under the care of Mr. Mayo. Our report brought the case up to the 10th.

During the few days immediately following, the patient's general condition improved very much, and the wound filled with healthy florid granulations.

13th. Slight diarrhoea, which was checked by the *Haustus Creta c. Opio.*

15th. In putting on his shirt, the patient used some slight bodily exertion, and soon after (about half-past eleven), it was discovered that the dressings of the wound were saturated with blood. At 12, A. M., Mr. Mayo saw him; the dressings were removed; four or five ounces of blood appeared to have been lost; the hæmorrhage had stopped; a thin strip of clot adhering to the ligature appeared to extend to the bottom of the wound, which looked healthy. Up to 11, P. M. there had been no return of the hæmorrhage, which, however, again recurred at half-past 12, P. M., when about a pint of blood was lost, but it was repressed by the application of additional compresses over the wound. Mr. Mayo, having been sent for, removed the dressings, and found the wound filled by a large mass of coagulated blood. On removing this the wound filled immediately with arterial blood. Guided by the ligature Mr. Mayo passed his finger to the bottom of the wound where the artery had been tied, and by compressing the vessel above

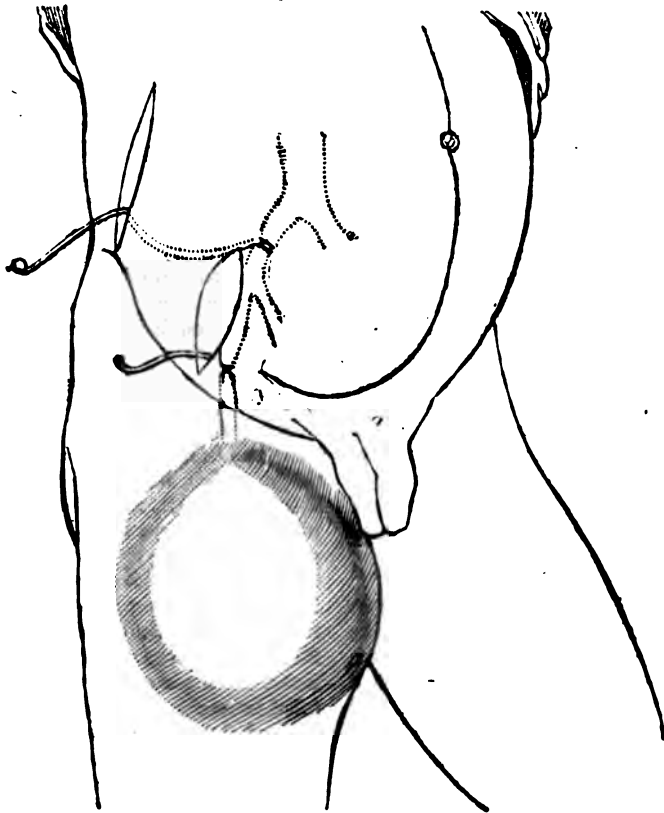
the ligature, arrested all further hæmorrhage, and was thus enabled to controul it whilst consulting with his colleagues as to the course necessary to be adopted.

It was decided that the common iliac should be tied for the following reasons.

1. That if the external iliac were tied *immediately above the part* which had given way, (setting aside the extreme difficulty of securing the vessel at that part,) it was to be feared that it would again give way from the same cause that it had already done so.

2. That if the external iliac was tied much *higher up*, the ligature would be applied near the origin of the *internal iliac*, and another source of secondary hæmorrhage would be thus provided.

Mr. Arnott having made pressure on the artery at the bottom of the wound, Mr. Mayo proceeded to tie the common iliac in the following manner:—An incision was made through the integuments about five inches in length, and carried upwards with a slight inclination forwards from the anterior superior spinous process of the ilium, and the muscles were divided, the peritoneum and bowels were pressed forwards, and the trunk of the common iliac artery was readily reached. A ligature was passed around it by means of a common silver aneurismal needle fixed in an ivory handle, the end of the instrument being bent to a very abrupt curve. It was tied without any difficulty. (*Our reporter made the following diagram of Mr. Mayo's incisions.*)



The case was a very difficult one, owing to the corpulence and obesity of the patient;—the vessel lay at a vertical depth of seven inches below the integumental incision.

The prognosis of the case was unfavourable, from the unhealthy character which the large frame and pale but bloated countenance of the patient presented; but the operation afforded him the best chance of preserving his life from the danger of immediate hæmorrhage. The limb was cold, but sensation in it was unimpaired. He was ordered one grain and a half of opium. He passed the night in a very restless and disturbed manner; hicough and delirium came on; the pulse sunk, the breathing became hurried, and he died on the 16th, at 5 P. M.

*Autopsy.*—On examining the abdomen no morbid appearance of redness, discoloration or injury of the peritoneum was remarked, as might have been expected from its having been so extensively separated from its muscular attachments; this was accounted for by the large mass of fat situated in this region, which had served to support and protect it. The common iliac had been tied immediately above its division; the external iliac at the distance of three quarters of an inch above the origin of the epigastric. The hæmorrhage had taken place from a small ulcerated opening in the artery about a line above the ligature.

There was no general disease of the arterial system, but the femoral artery in the affected limb, near the seat of the aneurism, had some lines of ætheromatous matter interspersed between its circular fibres. The opening into the aneurismal sac was longitudinal, and one inch and a half in length. The artery in its course from the aneurism to its division at the knee-joint, was of three times its natural calibre, and filled with clotted blood.

### French Medicine.

*Extra Uterine Fœtation.*—A female, *ætat.* 25, suffered from an ob-

struction of the liver. Notwithstanding medical treatment the disease progressed, and at the end of six years there was a considerable enlargement of this organ. The following year the catamenia were suppressed, the abdomen was distended, presented a manifest fluctuation, and yielded on puncture fifty pints of a limpid, serous, yellow, inodorous fluid. An examination of the abdomen after the evacuation detected nothing particular. At the expiration of twenty-two months the paracentesis was repeated, when from fifty to fifty-five pints of a purulent fluid, mixed with pieces of hair, were drawn off. An extra uterine gestation was then suspected. Six months afterwards, the operation was a third time had recourse to, when about the same quantity of a similar matter was evacuated, and a hair six inches long passed through the canula. The patient, who denied ever having had any sexual intercourse, died in about two months after the third operation. On examining the body, an immense cyst was found, filling almost the whole of the abdominal cavity, without any communication with the viscera. At the superior part of the cyst two masses of hair, covered with a fatty matter, and having the form and size of an egg, were detected; in one of these masses there was a piece of skin, a fragment of bone of eight lines long, a molar tooth, such as that of a child of five years old, and two other teeth. The anterior portion of the womb was destroyed down to its cervix, which presented nothing remarkable, and could not be penetrated by the finest probe. The remainder of the genital system was destroyed or confused with the cyst. The vulvar extremity of the vagina presented the hymen in all its natural integrity, and would scarcely admit the end of the first finger. M. Philip, the author of the account, presents this as a case of extra-uterine conception. It has been observed by the members of the Academy, that M. Philip only suspected this to be the nature of the case during the life of the patient,



on the escape of the tuft of hair during the first operation; and yet nothing is more frequent than to meet with hairy productions or of true hair in cysts, and even in those cysts formed at the expense of the ovaries, and containing serous fluid. In the second place, they only regard this as a case of monstrosity by inclusion (*monstrosité par inclusion*), analogous to those related by Baillie, Bey, Ruysch, and Dupuytren. M. Capuron adds, that the means of distinguishing extra-uterine pregnancy from this description of monstrosity is, that the placenta, which exists in the former case, is wanting in the latter example.—*Archiv. Gen.*

## BOOKS.

Illustrations of the Surgical Anatomy of Inguinal and Femoral Hernia, with Mechanical Plates. By WILLIAM BLOXHAM, M.R.C.S. Folio. Two Plates. London, 1833. Highly.

This work admirably illustrates the surgical anatomy of the commonest kinds of hernia in both sexes. The plates are so constructed as to represent the different layers, or tissues, which are to be divided by the surgeon.

Syllabus of a Course of Lectures on the Principles and Practice of Surgery. By FREDERICK TYRRELL, Surgeon to St. Thomas's Hospital and to the London Ophthalmic Infirmary. 8vo. pp. 116. London, 1833.

This is a most comprehensive syllabus. A Compendium of Osteology, being a Systematic Treatise on the Bones of the Human Body, designed for the Use of Students, to which is subjoined an improved Method for preparing Bones for Osteological Purposes. By GEORGE WITT, M.D., Physician to the General Infirmary, Bedford. 4to. pp. 72. London, 1833. Longman and Co.

A useful work for students.

Principles and Illustrations of Morbid Anatomy, adapted to the Elements of Andral and the Cyclopædia of Practical Medicine, with coloured drawings from Originals by the Author, with Descriptions of the Cases, Symptoms, and Treatment, &c., designed to constitute an Appendix to the Practice of Physic, and to facilitate the Study of Morbid Anatomy. By J. HOPE, M.D., F.R.S., Physician to the Mary-le-Bone Infirmary, &c. Part VII., October, 1833. Whittaker, Treacher, and Co.

This important and standard work will be finished in Five additional Numbers. It will be in every medical library.

The Treatment of Asiatic Cholera and Cholera Diarrhoea with Tartarised Antimony, to which is appended Instructions for the Guidance of the Public; the most simple and efficient to diminish its Mortality. By J. LANGFORD, M.R.C.S., late Resident Surgeon to the

Knott Mill Cholera Hospital, Manchester. 8vo. pp. 34. London, 1833. J. Ridgway.

We shall notice this essay at our earliest convenience.

Outlines of the Course of Lectures on Military Surgery, delivered in the University of Edinburgh. By SIR GEORGE BALLINGALL, M.D. F.R.S.E. Pp. 589. Adam Black, Edinburgh.

## CORRESPONDENTS.

*Baron Alibert.*—We are greatly obliged by the communication, and are gratified that the celebrated author of the best work on Cutaneous Diseases approves our version of his work.

*Dr. A. Thomson.*—We have to acknowledge the receipt of M. Ricord's Second Paper, the Anatomical Notes, and the Note on the Treatment of Cholera.

*Mr. Rees.*—We shall insert the article in our next.

*A Subscriber.*—The Glasgow degree will not entitle the holder to an examination at the Royal College of Surgeons in London, unless he has attended a surgical hospital for twelve months.

*A Westminster Student.*—All the lectures at the Westminster School of Medicine are virtually recognised, and it is unfair and unjust to insinuate the contrary.

The communication on Pericarditis will be inserted at our earliest convenience, and we shall feel obliged for further communications from the same quarter.

*A Student at the Westminster Hospital, a Pupil of Mr. Guthrie's, a Pupil of the Little Windmill-street School, A. Z., B. H. C., A. B., and J. F. N.* will find Mr. Guthrie's Introductory Lecture in this day's Journal, and his own defence, which is better and more powerful than any we could offer, against his calumniators.

*A Student at St. Bartholomew's* has no right to interfere in the private arrangements of the lecturers. Students should attend to their own affairs, and leave those of others alone.

*Medicus.*—The wax preparations of human anatomy, and development of the embryo and gravid uterus, executed by Dr. Talrich, may be inspected at M. Alexandre's, Great Russell Street, and ought to be in the museum of all large schools.

*Dr. MacAdam's* lectures have been received, and we request to hear from our Dublin correspondent as early as possible. We wish he would forward Dr. Jacob's lectures, as we have already intimated.

*Errata.*—In Professor Cooper's 57th lecture, p. 290, column 2, line 18, for *ligatures*, read *ligatures of reserve*; line 32, for *cutaneous*, read *extraneous*.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

# London Medical and Surgical Journal.

No. 90.

SATURDAY, OCTOBER 19, 1833.

Vol. IV.

## LECTURES

ON THE

## PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

LECTURE LIX., DELIVERED FEB. 27, 1833.

GENTLEMEN,—In the last lecture I was considering the peculiar swelling of the median-basilic vein, occasioned by a communication being accidentally formed between that vessel and the brachial artery, a case that has received the name of *aneurismal varix* or *venous aneurism*. Here is a preparation exhibiting this kind of disease, the identical specimen, from which the engraving shown to you at our last meeting was taken. In this case, as I then told you, Sir C. Bell was obliged to tie both the branches of the brachial artery, which divided higher up the arm than common, and the limb mortified. An example, having a similar result, occurred some years ago at York. I think, that you should not operate for aneurismal varix on light grounds; that is to say, if the tumour be stationary and not the cause of much inconvenience, do not take up the brachial artery, for the event is uncertain. No doubt, the reason why Sir Charles Bell tied both the branches of the brachial artery was, because after one had been secured, there was still sufficient arterial blood entering the vein to produce an undiminished pulsation of the tumour. It seems to me, gentlemen, that it is not difficult to see the reason why, in these cases, mortification is so liable to occur after the operation; for a considerable part of the blood, which ought to pass onward for the nutriment of the fore-arm, enters the vein at the bend of the elbow, and is returned to the heart, without having served any useful purpose; and then, when a still further diminution of the supply of blood to the hand and fore-arm is produced by tying the artery, there must be a more considerable chance of the

operation producing mortification, than if the artery were tied for a common aneurism.

I have already apprised you, that in the early stages of a venous aneurism, pressure merits trial. You may conceive, indeed, that the pressure would, in some instances, obliterate the communication between the dilated vein and the aneurismal sac, when such a sac happens to be produced between the artery and vein; and that, under these circumstances, the impetus of the blood, which would no longer get into the vein, would make the aneurism under the vein increase in a serious degree. I have been informed, that a case, illustrative of these points, presented itself, the summer before last, at St. Bartholomew's Hospital, and that, after the communication of the vein with the artery had been obliterated by pressure, it was necessary to take up the artery for the subjacent false aneurism. However, it is right you should be aware, that pressure might obliterate the two openings, namely, that between the vein and the subjacent sac, and the other between the sac and the artery, and then a perfect cure would follow, as is illustrated in this preparation, in which you see the remains of a small sac between the artery and vein: this is filled with coagulated blood, and its communication with the artery and vein obliterated. You may also observe within the artery, which is slit open, a mark, denoting where the aperture, occasioned by the puncture of the lancet, was situated. This case was under the care of Mr. Oldknow, of Nottingham, who sent the parts and the history of them as a present to this University. I need not say, that it was not this gentleman who transfixed the vein and injured the artery, but a person of my name, though not, I believe, a regular practitioner. This case, then, proves that, even when there is a common aneurismal sac between the artery and vein, pressure may cure the disease. The pressure was maintained for some months before the pulsation in the tumour ceased.

Gentlemen, the plate, to which I wished to direct your attention in the last lecture, I will now show you: it relates to phlebitis, and illustrates some of the principal circumstances in that interesting disease. In the first place,

you will see the veins, which are inflamed, thickened, and knotty, looking as if they were actually filled with anatomical injection. You may also observe, that their *vasa vasorum* are much enlarged. Then the basilic vein, which has been laid open, shows the effects of phlebitis in its different stages; the lower part of it being filled with pus, and the middle with coagulable lymph, in the centre of which is a quantity of pus; while the upper part is entirely blocked up with coagulable lymph, and a portion of the canal of the vessel obliterated. In this case, which was brought on by a gun-shot wound, a ball having passed through the middle of the biceps, the patient was attacked with phlebitis five weeks after the accident, and died on the fifth day from the commencement of the disease. This circumstance is illustrative of the fact, that phlebitis, when it proves fatal, does so very rapidly, the patient sometimes dying on the third day, and seldom living beyond the seventh or eighth. The same plate shows another circumstance, namely, the formation of collections of matter in parts at some distance from the seat of the phlebitis: thus, there was in this case a considerable abscess under the deltoid muscle, and another in the capsule of the shoulder-joint. Both these collections were quite distinct from each other—there was no communication whatever between them. In the substance of the biceps, there were also various small collections of matter, some of which seem to be really situated within small veins, while others appear as if effused from them into the cellular membranes. This case proves, likewise, what I mentioned to you the other evening, that phlebitis may extend both upwards and downwards; it has, however, a greater disposition to extend in the course of the circulation, but sometimes it spreads at the same time in the other direction; for here the cephalic, the basilic, the median, the cubital, and the radial veins are all affected. I consider this a very instructive plate, as it shows all the principal circumstances connected with phlebitis, as far as the veins themselves and the local appearances in the limb are concerned.

The next subject, gentlemen, which claims our consideration, is that disease of the veins in which they are swelled, thickened, and knotty; a condition in which they are said by surgeons to be *varicose*, or to constitute *varicee*. A vein affected with this disease becomes thickened, knotty, and tortuous: it is, in fact, lengthened; but if we were to take into the account all the various enlargements of veins, and consider them as species of *varix*, we should then have several varieties of the disease. Some pathologists take this view of the subject, and among them is Professor Andral, who describes the several kinds of enlargements of veins which he has met with in dissection. It is questionable, however, whether some of them can rightly be classed with *varices*. I believe that, in this country, sur-

geons do not generally admit so many different forms of varicose veins as Andral does; for he describes under the term *varix*, the simple dilatation of the veins observed around every chronic tumour. This may be a mere dilatation of the veins, without any knotty or tortuous appearance of them. This blue-coloured fulness of the veins may always be noticed around chronic tumours, especially those of the breast. Such is Andral's first variety. In his second, the coats of the vein are not thickened, but rather thinner than natural, though the vessel itself is enlarged. In his third variety, the veins are tortuous, and, at the same time, dilated. In the fourth, their coats are thickened, with interspaces between the diseased portions: of course this would give the veins a knotty appearance, forming that kind of disease which we commonly regard as true varices. In the fifth variety, which Andral has traced by dissection, there are septa formed in the veins, dividing their cavity into cells which are filled with coagula. The last form of *varix* noticed by this pathologist is one which is not unusual at the extremity of the rectum, in piles of long standing; in it there are not merely septa, but perforations in the coats of the veins, by which communications are established between the interior of the vein and the surrounding cellular tissue, which is thickened and diseased. Thus, many hæmorrhoidal swellings at the extremity of the rectum are not simply varicose veins, but veins which have undergone the changes I have described; and it has sometimes been questioned whether some of these swellings are really veins at all, or even connected with veins, because they appear so hard and solid.

Some of the forms of varicose veins, now described to you, when superficial, must interfere with the functions of the valves, and in many instances these parts are diseased or imperfect; hence one cause of the origin and increase of the disease, especially in the lower extremities; for the column of blood, not being properly supported by the impaired valves, presses unduly on the coats of the veins, so as to bring on a thickening of them, and a swelling of the vessels themselves.

The large size of varicose veins in the lower extremities, and the great disfigurement they produce, cannot have failed to strike your attention in walking round the wards of any of the metropolitan hospitals. You will see in some of the working classes the veins of the leg enormously enlarged; yet such persons frequently bear the disease without seeming to feel any great inconvenience; and it is only when a considerable degree of pain has been produced in consequence of their having worked harder than usual, that they will submit to confinement.

Varicose veins of the lower extremities have the effect of bringing on some obstruction or derangement of the capillary circulation, a fact which I mentioned to you when speaking of varicose ulcers. Now this obstruction of the

capillary circulation is well known to create a disposition to chronic inflammation, which frequently advances to ulceration; hence you will find, that patients, who have long laboured under varicose veins of the leg, are generally afflicted with ill-conditioned ulcers on the same parts. The veins most subject to varix, are the great saphena vein and its branches, the spermatic veins, and the hæmorrhoidal veins. I may state, as a general fact, that those veins are most liable to varix, in which the blood has to ascend a considerable distance against its own gravity. Hence the veins of the lower extremities are those in which the disease is most frequent. There is an additional reason, why the veins about the rectum should be so frequently attacked with varix,—for those individuals, who lead sedentary lives, and are habitually constipated, have their bowels loaded with hard dry excrement, the pressure of which on the hæmorrhoidal veins must contribute very much to bring on piles, (for so the disease is called when its seat is in the hæmorrhoidal veins). Here also another circumstance is sometimes concerned in the production of varicose veins, namely, the pressure of the gravid uterus on the veins of the pelvis and rectum. In this way, a disposition to piles is produced, and also to varix of the veins of the leg. The tall stature of some persons may be regarded as conducive to the formation of varix, on account of the greater length of the veins, and consequently the more considerable extent of the column of returning blood.

With regard to the treatment of varicose veins, you must understand very well, without my reminding you of it, that one of the principal indications is to remove the exciting cause: thus, in pregnant women, no effectual amendment can be expected until after delivery; you may palliate the disease by keeping the patient in the recumbent position, but generally no effectual relief can be given, till the exciting cause has been removed. In all cases of varix, it is an important object to prevent constipation, and this more especially when the veins of the rectum are those affected. In every instance, however, I advise you to be particularly careful to obviate constipation; and, when the veins of the lower extremities are varicose, and no active degree of inflammation is present, pressure may be employed with advantage, by means of bandages or laced stockings. Rollers, made of India rubber, are now sold for this purpose, which answer exceeding well. But you will frequently be called to patients with varicose veins in a painful and inflamed state, the skin over the diseased veins being very red, or discoloured with a brown tinge, and the cellular substance around them much swelled. In such a case, you will be obliged to dispense with pressure at the commencement, as the patient cannot endure it. Here you must first enjoin perfect quietude, and the recumbent position, either on a sofa or in bed; you must

also make use of cold applications; the limb should be covered with cold evaporating lotions; and if, by these means, the patient should not be relieved, you may try fomentations, and a poultice made of bread and water, or bread and the lotio plumbi acetatis. Of course, you would not neglect aperients and other antiphlogistic means. Such treatment is to be persevered in, till the limb is quiet, when it will usually bear pressure with advantage. The inflammation of veins, arising from varix, does not frequently assume the dangerous form that we observe in phlebitis, from the mechanical injury of a large vein; it does not frequently extend far along the vessel towards the heart, so as to produce danger by the constitutional disturbance excited, though it has a great disposition to affect the surrounding parts, such as the skin and cellular membrane, which become inflamed, and more or less discoloured and thickened. However, by injudicious treatment, such as cutting out the diseased portion of the vein, or the application of a ligature to the vessel, extensive phlebitis has sometimes been brought on, and the patient destroyed by the febrile disturbance consequent to it. One inconvenience, attending varicose veins, is the strong tendency they evince to inflame and ulcerate, in consequence of which, the patient may have copious and even dangerous bleeding. With regard to the plan of curing varicose veins, by obliterating with a ligature the trunk belonging to the branches principally affected, I may say, that the unsatisfactory results, which the treatment, founded on this principle, has frequently had, have induced the best modern surgeons to avoid it, except in very urgent cases where the patient is suffering severely, and no other means of relief can be found. For instance, no one would now think of cutting out the diseased portion of the vein, unless the symptoms were excessively severe; for it is known, that making too free with a vein of important size is liable, as I have told you, to produce the dangerous affection called phlebitis. Neither would any one at the present day voluntarily and readily apply a ligature to the vena saphena major; the case must be an urgent one indeed, or have some peculiarity to justify such practice. Instead of this proceeding, another has been proposed, namely, that of passing a knife under the vein, and dividing it, without carrying the instrument completely through the skin. This method seems less subject to be followed by a dangerous degree of phlebitis, than Sir Everard Home's operation of exposing the vein and tying it; and, if the obliteration of the trunk of the vena saphena major be judged necessary, Mr. Brodie's method should be preferred. Mr. Mayo usually cures varicose veins with caustic.

The various enlargements of the spermatic and hæmorrhoidal veins, I will describe when I come to the subject of diseases of the testicle and rectum.

Gentlemen, the next class of diseases to which I propose to invite your attention is one of considerable interest, I allude to *the diseases of bones*. In my observations on the question,—how far lost animal substances can be produced? I told you, that there were two textures, which seem to have a greater power of reproduction than all the rest, namely, the skin and the bones. In all general circumstances, the bones resemble, in their organisation, the other parts of the system, being supplied with arteries, veins, absorbents, and nerves; and their chief peculiarity consists in their containing a proportion of phosphate of lime, to which they owe their rigidity, strength, and solidity, so essential to the various purposes of the skeleton. The changes, which the bones undergo in the commencement, progress, and decline of their diseases are all remarkable for a peculiar slowness of character; and, when you begin to make observations in practice, you will soon discover, that the different processes, which take place in the diseases of the soft parts, are in general considerably quicker, than those attending the morbid states, or the following accidental injuries of the bones. No doubt, this fact is partly owing to the circumstance I have mentioned, namely, the introduction into their texture of that lifeless inorganic matter—phosphate of lime, and also to their inferior degree of nervous energy. Under such circumstances, we should hardly expect, *a priori*, that they would have so wonderful a power of repairing their injuries as they actually possess: yet they have even a greater power of this description than perhaps any other texture, except the skin; but, for this purpose, they naturally require time, and sometimes a considerable length of time. These circumstances will be convincingly illustrated in the account I am about to give you of this interesting subject. The first affection, to which I shall invite your attention, is *inflammation of the bones*, and *periostitis*, or inflammation of the periosteum, or fibrous membrane with which they are covered.

*Periostitis* is a term, which was first introduced by Mr. Crampton of Dublin; indeed, he was the first person who noticed and described *idiopathic periostitis*, or periostitis that begins as an original affection; for the disease has two varieties, the *idiopathic* and *symptomatic*; the latter division comprehending that inflammation of the periosteum, which is the effect of disease in the constitution, such as scrofula, syphilis, or unfavourable states of the health, often accompanying the careless and injudicious use of mercury. Ever since the venereal disease has been attended to, surgeons have been aware, that inflammation of the periosteum sometimes followed it; they, therefore, acquired a knowledge of periostitis in its symptomatic form, but it remained for Mr. Crampton of Dublin to give a description of the idiopathic example of the disease; and, perhaps, it was owing to the great frequency,

with which periostitis came on after certain specific diseases of the constitution, that surgeons so long overlooked the idiopathic variety of the complaint. Indeed, idiopathic periostitis very frequently occupies precisely the usual seats of the syphilitic form of it, the swelling may be the same in point of situation; and hence another reason why the disease should have been overlooked.

Periostitis and inflammation of the bone frequently exist together; indeed, it has been doubted, whether the surface of the bone can be inflamed without the periosteum participating in the inflammation; but it appears, that the affection may commence in the periosteum, and if it go on for some time, the bone will become affected, or the bone may be inflamed in the first instance, and, after a time, the periosteum becomes affected secondarily; we may also have a more limited degree of inflammation in one texture than in the other.

*Periostitis* presents itself under the *acute* and *chronic* forms, and its symptoms differ accordingly. In the *chronic* the pain is less severe than in the acute. The *paronychia periosteae*, or the deep-seated paronychia, or whitlow, which affects the phalanges of the fingers and their periosteum, affords us a familiar example of periostitis in its acute form. This disease is followed by an immense swelling of the finger, which seems ready to burst; the part is hardened and oedematous, or affected with erysipelatous inflammation; matter forms, and there is generally a sloughing of the integuments of the fingers and hand, with abscesses between the muscles of the forearm. This is a common example of acute periostitis, and is often described under the name of *paronychia maligna*.

Periostitis is most disposed to occur on those bones, which are situated near the surface of the body, and, on this account, the disease may easily be confounded with nodes; for, when I come to the venereal disease, I shall explain to you, that when it attacks the bones, it has a disposition to invade the most superficial ones in preference to others, which, however, do not always escape. Periostitis, also, sometimes attacks the fibrous membrane of deep-seated bones, for example, the femur; and then the disease is almost always found to be situated in the lower third of the thigh, sometimes extending as far as the joint, and producing a swelling of it. Professor Graves of Dublin has delivered several interesting clinical lectures on periostitis, and I observe, that he divides the disease into two kinds, the *circumscribed* and the *diffused*; the latter he represents as following accidental injuries or cold; the circumscribed, he says, is generally the result of specific diseases of the whole constitution, for example, scrofula, syphilis, and that impaired state of the system brought on by an injudiciously conducted mercurial course.

The *local symptoms of periostitis* vary as well as, the *constitutional ones*. When the

disease is chronic, it is subject to exacerbations at night, which is another circumstance liable to make the practitioner suppose the disease to be a node; the increase of the pain at night produces a prejudicial effect on the general health. Inflammation of the periosteum, gentlemen, is more rapid in its development than inflammation of bones, this is a circumstance in which the affection differs from a true node; there is also more pain and fever, and the inflammation is quicker in its course. In an early examination of the part, you will generally find, that the swelling has a degree of elasticity about it, and that it is not so firm as real nodes, in consequence of an effusion of a quantity of a coagulating lymph, under the periosteum; you will also notice, that the inflammation is more acute than that of a true node, and more disposed to spread to the neighbouring parts. In severe cases, there will always be a great deal of fever; the functions of the digestive organs will be seriously disturbed, and you will mostly find that the patient has a sallow unhealthy look. I believe, when the disease has not been the effect of accidental external violence, an impaired state of the constitution and a sallowness of the complexion generally attend it. In some instances, the inflammation goes on to suppuration, and the pus, which forms, is commonly seated between the bone and the periosteum. The inflamed periosteum is sometimes thickened without an effusion of fluid under it, and then there may be increased vascularity of the bone, and increased adherence of the periosteum to its surface, attended with severe suffering and violent disturbance of the health. This form of the disease, if not relieved in a moderate time, terminates in the conversion of the periosteum itself into a fibro-cartilaginous substance. It is followed by a considerable swelling of the bone itself, so that the disease assumes very much the appearance of a node; the surface of the bone itself becoming altered, and bony matter being deposited under the fibro-cartilaginous substance, while the wall of the original bone is removed, and a communication established between a kind of cancellated texture in the new bone and that of the old one. In this manner the new formation seems to constitute part of the original bone. There is no preparation, illustrative of these facts, in our museum, but Professor Graves refers to some in the collections at Dublin.

There are certain predisposing and exciting causes, which taken together are found to have a great influence in the production of periostitis. Thus derangement of the health, and great mental anxiety will predispose to the complaint; and, if a person in such a state receive a blow on the shin, he may have a considerable degree of periostitis, much more severe than if the same accident had happened to a healthy subject. Then it is known, that, in particular states of the constitution, periostitis is frequently produced by an injudicious and incautious use of mercury, either by its employ-

ment in immoderate quantities, or by its being given when the patient does not take sufficient care of himself, and exposes his person continually to a damp, cold atmosphere. Rheumatism is known to be one of the causes of periostitis. It is also remarked that a large proportion of those who suffer from periostitis, are persons of the middle age; hence it has been inferred that this period of life predisposes to the affection; but the fact is, it is not unfrequently met with both in old and in young persons; in the latter as a symptom of syphilis, or as a consequence of that affection and the abuse of mercury, or else as a symptom of scrofula.

Gentlemen, the *treatment of periostitis* differs according to circumstances. When it exists in the *acute form*, it is necessary to employ such local and constitutional means as are calculated to subdue inflammation generally; and if these fail, you must have recourse at once to an incision through the inflamed membrane. I am now speaking more particularly of the *idiopathic form*. Let me say then, that if it be an original disorder, independent of any specific disease of the constitution, you should commence with anti-phlogistic measures, and, if these fail, you must have recourse to other plans; one of which consists in making an incision through the periosteum down to the bone. It is found, that idiopathic acute periostitis causes intense agony, a circumstance which pathologists generally account for by the consideration, that the periosteum is a fibrous membrane, inelastic, and indisposed to yield in proportion to the accumulation of matter underneath it. This view necessarily sanctions the rule to make an early and free incision through the membrane in every case of idiopathic periostitis, which does not readily give way to anti-phlogistic treatment. When the inflammation arises, (as there is no doubt that it often does,) from the further impairment of a disordered constitution by an injudicious and careless course of mercury, that mineral should be discontinued; for were you to persist in its employment, you would be keeping up the exciting cause. No doubt mercury alone will not produce periostitis, unless the constitution be at the same time in an impaired state, or the person expose himself to cold while taking it; for patients with diseased liver in warm climates, take great quantities of mercury without suffering either from periostitis, or nodes. The disease therefore, seems to be the combined effect of the three causes; the first the effect of the venereal disease on the system; the second the effect of the mercury given carelessly and injudiciously; the third an impaired state of the health existing at the same time. Whether a scrofulous constitution predisposes patients, who are using mercury, to periostitis, may be a question. But, undoubtedly, inattention to diet and regimen, and a tendency to rheumatism, will facilitate the occurrence of the disease during a course of mercury.

LECTURES  
ON THE  
PHYSICAL EDUCATION AND DISEASES  
OF INFANTS AND CHILDREN,

BY DR. RYAN,

At the Westminster Dispensary, 1833.

LECTURE VIII.

*Causes of Monstrosities—Hygiene, or Rules for the Management of Women during Pregnancy, Parturition, after Delivery, and during Lactation, or Suckling.*

GENTLEMEN,—There is a great diversity of opinion among authors as to the causes of monstrosities, or deformed infants. The ancients ascribed them to whims of the imagination, to the action of the stars, and to the influence of the mind after the sight of hideous objects. Winslow, Prochaska, Gall, Spurzheim, and many others, attributed them to primitive defects in the germs; while Lecat, Sandifort, and most of the moderns, believe them to be purely accidental. Chaussier, Meckel, Tiedemann, Geoffroy Saint-Hilaire, and those who have recently written on the development of the fœtus, ascribe them to an arrest of growth. The last-named renowned physiologist has made the greatest researches and numerous observations on monstrosities, and has arrived at the conclusion, that abnormal adherences between the embryo and ovum, or its appendages, are the real causes of them. It is also very evident, that pressure made on the abdomen by tight lacing to disguise pregnancy, or to preserve the figure, and various diseases of the placenta, which may retard or impede the circulation of the blood between the mother and infant, may prevent the proper growth of the latter and produce deformities.

There can be no doubt that the mode of life of the mother, the state of her mind, health, diet, and exercise, will indirectly affect the embryo in the first days of its existence. Some women experience a train of new sensations from the instant of conception, though this very rarely happens,—not perhaps in one instance in ten thousand. Pregnant women, in general, are more excitable and sensible, and suffer from innumerable nervous and anomalous symptoms. Some are exhilarated, others depressed; some become excessively nervous, bilious, or hysterical; others enjoy much better health than at any former period of life. Some, who are naturally gay and amiable, become sad, melancholic, and unsociable; while others enjoy the highest spirits. The appetite and taste are altered by pregnancy. The vulgar attach great importance to the different tastes and longings; these, as a general rule, may be gratified whenever wholesome aliments are desired, but not otherwise. It would be wrong for a pregnant woman to eat crude vegetables, turnips, carrots, and similar foods without culinary preparation.

A voracious appetite will require a greater quantity of aliments than ordinary, but not so much as would be injurious; a variable appetite will be satisfied by frequent slight repasts; and a diminished appetite will be stimulated by such foods as the woman desires. It is not necessary for the growth of the fœtus that the mother should take more food than usual; she may take it to satiety. Every description of high seasoned foods, and the excessive use of wines, spirituous or fermented liquors, brandy, whiskey, gin, rum, ale, porter, stout, &c., tea, coffee, chocolate, are highly injurious both to the mother and infant. These liquors injure the pregnant woman, and expose her to danger during parturition, and to fever or inflammation afterwards, while they arrest the growth and destroy the health of the infant. It is impossible to lay down rules for the quantity of diet or drink, but nature is the best guide. The mind should be kept tranquil, there should be no fear entertained about delivery, because women, as well as all animals in general, do well; our domestic animals invariably do well, and so do women, when they attend to the rules laid down for their general health. Parturition is a natural process in a state of health; and bad labours are comparatively few in number, as appears by the reports of all the lying-in hospitals in the civilised world. Depression of mind as to delivery may cause convulsions or mania during pregnancy, labour, or after delivery.

The dress of a pregnant woman should be suited to the season, and always loose. Tight lacing is highly injurious, as it impedes the breathing, prevents the development of the abdomen and breasts, arrests the growth of the infant, and inevitably ensures inflamed breast and sore nipples after delivery, thereby subjecting the mother to great suffering, and depriving the infant of the aliment which nature intended for it. There is no objection to the proper use of stays or corsets during the first five or six months of utero-gestation, but after that period they should be worn loosely. The simplest aliments, of the easiest digestion, and containing most nutriment in a small volume, are those most appropriate for pregnant women. They should take slight repasts, and never overload the stomach. The vulgar prejudice of forcing them to take more food than in a state of health is highly pernicious, and induces indigestion, flatulence, spasms, diarrhœa, vomiting, &c. The appetite is capricious, and hence the woman often fancies foods she disliked before conception, and dislikes those she always preferred. The sight of animal food disgusts some women. The diet should consist in wholesome aliments, such as beef, mutton, lamb, fowl, &c., roasted or boiled in preference to broiled, baked, &c., and all salted or smoked aliments ought to be taken sparingly, if at all, as they generally derange the stomach. The flesh of young animals, as veal, lamb, kid, chicken, and certain kinds of fish, are less nutritious than the

farmer, but do not excite the stomach so much, and are therefore considered lighter. Fatty aliments, as pork, duck, eel, butter, oil, &c., are easily digested; but generally disagree with nervous, bilious, dyspeptic persons, and especially during pregnancy, when there is generally more or less nausea. Farinaceous foods, as bread, rice, potato, peas, beans, sago, arrow-root, tapioca, and salep, are highly nutritious, though they may induce heartburn, flatulence, and indigestion. Mucilaginous aliments, as carrots, turnips, parsneps, cabbages, asparagus, ought to be used sparingly by pregnant women and those who suckle their infants; and the black or red pepper should be used with them. Sweet foods, as sugar, figs, dates, fruits, &c., should be used in moderation. A moderate use of wines, ales, porter, &c. is advisable. As the stomach is irritable and delicate in most pregnant women, it is highly necessary that the food should be well masticated or divided with the teeth, to render it more fitted to be acted upon by the stomach; and drink should be used sparingly, for if the gastric fluid be too much diluted, it cannot act on the food in an efficient manner. These precepts apply to all persons, but more particularly to pregnant and suckling women.

Tight lacing in the advanced stage of pregnancy will induce many painful and dangerous diseases, obstinate coughs, spitting of blood, palpitation of the heart, swelling of the lower limbs, enlargement of their veins, piles, costiveness, heat, and scalding in evacuating the bladder, &c.

The pregnant woman should sleep in a capacious and airy apartment, and take repose for eight hours. She ought to retire to bed at an early hour. Moderate exercise is proper during the whole period of utero-gestation, but should never be taken to fatigue. Walking is the best kind of exercise. Women living in the country, or in the lower ranks of life, bear great exertion and labour, and have the easiest deliveries; but they are accustomed to exercise from their infancy. The motion of carriages, chariots, or vehicles badly hung, long journeys, walks, running, dancing, raising or carrying heavy weights, falls, slips, and blows are the commonest causes of hernia, uterine hæmorrhage or flooding, miscarriage or premature labour. Moderate carriage exercise or sailing may be used with safety. According as the period of parturition approaches, women have more occasion for rest and repose, and should therefore take less exercise, especially those who are liable to, or threatened with, abortion; and sometimes they should be confined to their apartment, placed on a couch, or confined to bed for days or weeks.

Abortion or miscarriage is much more injurious to health than parturition, as the loss of blood and the debility induced are greater. When it happens once it is difficult to prevent its recurrence on future occasions; and therefore medical practitioners judiciously consider

it a most dangerous disease. Balls, theatres, crowded assemblies, all public sights, exhibitions, and seeming dangers, should be avoided by pregnant women; as in all crowded meetings the air is heated and impure. Long watchings, or want of rest, as well as powerful emotions, excite the nervous system, impair the strength, and derange the whole functions of the body. Violent passions are always injurious during pregnancy. I have already stated, that frights, longings, and despondency may retard the growth of certain parts of the infant during the early period of its existence; but this cannot happen after the second month when it is fully formed. Lastly, pregnant women should indulge in nuptial commerce with reserve and with caution, as it may disturb the womb and bring on abortion, as very frequently happens. The lower animals avoid copulation after the female is with young. The womb is easily disturbed in the first and last months of pregnancy. It is imperfectly closed soon after conception, and is very much distended in the last months, so that the slightest causes may excite to expel its contents, or induce abortion or premature labour.

Of all the precepts for the preservation of health, that of regulating the bowels or procuring an evacuation daily, is perhaps the most important. No person, male or female, can be in perfect health who has not an alvine evacuation daily. This statement would appear incorrect to non-professional persons, but no physiologist can dispute it. Those whose bowels do not act daily suffer from some degree of indigestion or hysteria, or a thousand other incipient diseases. Regulation of the bowels during pregnancy preserves the health, prevents a vast number of disorders incidental to this condition, ensures a natural and safe delivery, a "good getting-up," and an immunity from the fevers and inflammations consequent to parturition and the puerperal state, and a healthful vigorous infant. The medicines usually employed as aperients, during utero-gestation or pregnancy, are castor oil, lenitive electuary, Epsom salts, or mild clysters; but the following pills are much better. *R.* Ext. colocynth. c. ℥ij; ext. hyoscyami, ℥j; hydrarg. subin. gr. xij—xv; olei menth. pip. ℥v; in pilulas xv. divide, ex quibus sumat ægra unam vel duas hora somni, pro re nata. One or two of these pills taken at bedtime, occasionally, or as often as may be necessary, will act mildly and efficiently. They should be used during the last three months of pregnancy, two or three times a week, because the pressure of the enlarged womb, at this period, on the bowels, generally causes obstinate costiveness, piles, swelling of the lower limbs, derangement of the stomach and intestines, heart-burn, water-brash, spasm, &c., &c., all of which will be prevented by proper attention to the bowels.

As a general rule, pregnant women should avoid all causes of irritation, mental, corporeal, and mechanical as these will increase



the determination of blood to the womb, or provoke abortion or premature labour. If robust and vigorous women pursue their ordinary avocations with safety, it does not follow that nervous or delicate persons can do so. Even the first should moderate their avocations or exertions, their ailments, exercise, and pleasures; but the greatest management is necessary for the latter to preserve their offspring until the time of parturition, and to keep them in good health.

Pregnant women ought to avoid air that is too hot or too cold, or such as is charged with odiferous exhalations. All substances that confine or derange the bowels, as certain ailments, or medicines, opium, laudanum, chalk, &c., all severe study, night watching, or too long indulgence in bed. They ought not to be alarmed about frights, marks, or future consequences, or at those false and frightful tales told about parturition, which are scarcely ever true, and generally exaggerated by the narrators to prove their knowledge and experience. Young, healthful, well-formed women, who are pregnant for the first time, should entertain no fears, as it rarely ever happens at present, that a woman dies in labour, and never afterwards, without imprudence on her own part, or ignorance or mismanagement on the part of her male or female attendant. Besides, there is no case of labour which can possibly happen but may be managed, and the woman's life preserved. It is really lamentable to listen to the fears and apprehensions of young pregnant women, which are generally excited in their minds by ignorant midwives and domestics, and, indeed I may add, mothers and acquaintances. But we cannot be surprised at this, as there is no work in our language for the instruction of the other sex, as regards parturition, pregnancy, confinement after delivery, or the management of new born infants. All their information is derived from medical practitioners and nurses; and the majority of both classes of advisers has been hitherto extremely incompetent. That there are as able and as scientific practitioners in this as in any other country cannot be questioned for a moment; but the study of obstetric medicine was only enforced five years since in this section of the United Kingdom, and therefore was previously neglected by a preponderating proportion of the profession. Even now, the injuries that are daily inflicted upon parturient women and their helpless offspring by incompetent practitioners and ignorant midwives are truly frightful. It is an indelible disgrace to the medical corporations in this kingdom to have excluded the study of midwifery, and to allow ignorant persons, both male and female, to practise so difficult and dangerous a department of medicine.

The pregnant woman should, therefore, procure the best medical aid for the period of delivery that circumstances will permit; and she should never employ a midwife, if she can

procure a medical practitioner. The presence of a medical practitioner, and his confident assurance of her safety, will inspire hope, and expedite delivery; and should any untoward event occur, a midwife who has not received medical instruction, and few in this kingdom have, is of no use whatever. Let the parturient woman place the fullest confidence in the advice of her medical attendant, strictly follow his directions, have no opinion of her own, and pay no attention to any contrary advice that may be proposed by her nurse. During labour, she must always remember that time and patience are necessary for her delivery. If her medical attendant assures her that she is safe, she must have patience, and avoid gusts of passion, which often induce fatal convulsions, or even mania. Fortunately for humanity the medical practitioner can now abridge labour, and save an immensity of suffering, without any operation, but merely by the exhibition of medicine. I am as convinced of the power of the *secale cornutum*, as I am of opium. An uneducated midwife can afford no relief whatever, and generally does harm by her interference. I never knew a woman who was attended by a medical practitioner, who on any future parturition would admit a midwife. I have often heard women remark how differently they were treated by their female and their medical attendants; and that females are much more unfeeling than those of our own sex. Midwives have great influence over the lives of mothers and their infants, and they either preserve the human species by their knowledge, or destroy it by their ignorance. This position was admitted in France, nearly a century ago, and led the government to order all midwives to receive medical instruction; and not to practise without it under heavy penalties. They should be decent, modest, moral, religious, sober, regular, and humane in their conduct, and on no account commence practice without having received medical instruction. They should attend as speedily as possible in all cases, regulate the apartment, bedding, dress, intended for the woman and infant, and prepare the food for the parturient woman. They should never attempt to dilate the genital fissure, "to make room for the infant," they should sit and observe nature. They ought to refrain from telling frightful tales, and likewise from administering strong liquors, which are not necessary in one case in a thousand, unless where the patient is delicate or has suffered a long time; animals do well in labour without ardent liquors. When the infant is passing into the world, its head should be supported while its body is being expelled, and so soon as it breathes the navel string should be firmly tied with some strong tape or waxed thread, within an inch and a half of the abdomen, a double knot placed, and the navel cord cut with a pair of scissors. The infant ought to be enveloped in a piece of flannel, called a receiver, and a warm napkin applied to the mother. The patient may now have a little

brandy, or other spirit, or wine and water, additional bed covering put on, the wet clothes drawn from under her, and be left quiet. In general the placenta, or after-birth, comes off in half an hour or an hour after the birth of the infant. The woman should not be disturbed for an hour after delivery, or, in other words, the bed adjusted; or, as the phrase is among midwives, "put to bed." During this hour the infant should be washed and dressed in the manner to be described hereafter, in an adjoining apartment. The mother should on no account sit up while her bed is being arranged, but be raised in the sheet between persons, or shifted on a couch, or on chairs covered with bedclothes. If she sits up, she may be seized with flooding, fainting, or falling down of the womb,—the prolapsus uteri of writers. When the placenta, or after-birth, comes away, or is expelled, a warm napkin should be applied to the patient, and a bandage placed around the abdomen. Her head and shoulders should be raised, so as to facilitate the escape of the lochial discharge. The external genitals should be washed daily with warm milk and water.

On the fourth or fifth day the bed may be arranged, and the patient should be placed on her side, as before stated.

The diet of a puerperal or lying-in woman should be mild and unirritating, as gruel, arrow-root, sago, tapioca, prepared barley, barley-water, weak tea, coffee, &c.; and all sorts of animal food, as well as every description of spirituous or fermented liquors, plain or spiced, are highly improper, and may produce dangerous fevers or inflammations. Ardent liquors must be administered in very small quantities, even by the faculty, and are seldom necessary.

No broths, meats, eggs, or fish, are to be allowed until the fourth or fifth day after delivery, unless in cases attended with debility, as when the patient labours under consumption, liver complaint, or any other chronic disease. The lower classes, especially in the country, do well, as also the inferior animals, without high seasoned foods, spirituous, or stimulating liquids.

On the fifth day after delivery a little beef-tea, chicken-broth, calves'-feet jelly, fresh eggs, &c. may be given in small and repeated quantities; but should headach, flushed face, or rapid pulse be caused by any one of these it must be immediately discontinued. Delicate women may take animal food immediately after delivery, but this is an exception to the general rule, and very rarely to be adopted. When the mother has breast milk, it is unnecessary to give the infant castor oil, molasses, syrup of violets, or butter and sugar, as the bowels will be purged by the first milk, or often without it; but should they not be opened in twenty-four hours, half a teaspoonful of castor oil may be exhibited, and repeated in six hours if necessary. If the infant does not pass urine, some hours after its birth, the lower part of its

abdomen should be fomented with warm water, or decoction of poppies, and the genitals examined, lest there be any unnatural formation. It often happens, that the breast milk is not supplied at the time of delivery, and, in such cases, the best substitute for the natural food is five parts of cream, or sweet milk, with one of boiling water. The cream, or milk, should not be boiled, but warmed when required, by placing the vessel that contains it in warm water. The frequency of giving food will be described hereafter.

The woman may sit up on the fifth or sixth day after delivery if she feels able, and is of a strong constitution; but if delicate not for a longer period. She will feel giddiness on sitting up for the first time, pains in the back, loins, and lower extremities, which may continue for several days, but will gradually disappear. She should not attempt to walk about her apartment sooner than the ninth day, or so long as the discharge continues. This may be very much increased by sitting up, or attempting to walk; and the woman should not go into the open air or take exercise until it has ceased, which may not be for a month. She should remain in bed or on a sofa. It is difficult to lay down rigid rules on this head, as constitutions differ so much. One woman will be pursuing her usual avocations on the sixth or eighth day, and another not at the end of a month. There is great liability to fevers and inflammations of the most fatal description, and therefore the preceding precepts inculcated ought to be strictly attended to. The bowels may be opened with a tablespoonful of castor oil on the second or third day after delivery, provided there is a supply of breast milk; but if the milk has not formed the aperient will impede it, by causing a determination of blood from the breasts to the abdomen. If we wish to prevent the secretion of milk, in cases where the infant is born dead, we do so by opening the bowels freely. All strong liquors, exposure to cold, or too much heat, or sitting too soon, ought to be carefully avoided, as they may induce fevers or inflammations at any time during the first nine days, and sometimes as late as the second week. The chamber should be properly ventilated, and the temperature regulated according to the season, and the bed clothes should be sufficient to cause comfortable warmth, but not too warm, as then both miliary fever and a superabundant lochial discharge would be induced. When the breasts become hot and painful they should be fomented with a warm decoction of poppies and chamomile, and then drawn by a proper glass, or by the infant, or by an older child, or an adult. This subject I shall notice more fully in a short time. The woman should not rise from bed until the lochial, or child-bed discharge has ceased, for while it continues the womb is not reduced to its proper size in the unimpregnated state, and therefore all bodily exertion will disturb it, and render the discharge excessive.

Most women are extremely sensitive after delivery, and hence they should be kept perfectly quiet, all noise, and strong mental emotions, or improper aliments, either solids or fluids, being highly injurious; so great is the nervousness after delivery, that any cause of alarm may induce convulsions or mania, and any kind of improper food or drink, or exposure to cold, excite fevers or inflammation. It is an axiom with medical practitioners, that more women die after delivery than during pregnancy and parturition.

It generally happens that the breasts become hot and painful in a day or two after delivery, in consequence of the determination of blood from the womb to these organs, for the purpose of causing the secretion of milk. Warm fomentations, as already mentioned, and afterwards the application of almond or olive oil are usually employed, and then suction. There may be a slight fever for twenty-four hours, which is by no means dangerous, and is designated milk fever.

The secretion of milk, or lactation, is a part of the process of reproduction, and is essential to the well-being of the parent and offspring. It preserves the mother from febrile and inflammatory diseases, and it affords the aliment intended by nature for her infant. Every woman, whose constitution and health are good, ought to suckle her infant, but every one who is delicate, affected with chronic disease, or has little breast milk, should avoid it. When the nipple is too short for the infant to seize it, artificial suction will be necessary, and this is effected by means of breast bottles, or various other contrivances. The nurse, or some adult, must effect it in some cases, and in former times a young dog was applied for the purpose. Unless the tumefied breasts are relieved they are extremely liable to become inflamed. Artificial nipples, prepared teats, shields of wood, gum elastic, glass, and metal were tried, but of this the wood, covered with a prepared teat, is the best. Even this is liable to injure the infant's mouth, and should be laid aside as soon as the nipple is sufficiently elongated to be grasped by the infant.

During lactation the nurse should use nutritious aliments, such as described when speaking of pregnancy; she should avoid ardent liquors and acids, the depressing or violent passions, which deteriorate the milk, and she should not expose herself to the development of a new pregnancy. The infant ought to be applied to the breast every two hours, and even oftener when it is feeble, but after some days at the interval of three hours. It should be successively applied to each breast on every occasion, unless it is satiated with either, but some advise that one breast should be reserved for the next application. Regurgitations, or vomiting, with hicough, are easily relieved by dill, fennel, or aniseed water sweetened. It should be always remembered, that the breast milk will be affected by the food and medicine taken by the woman who

supplies, and that it may be better in one breast than in the other. It may be superabundant in some, sparing or entirely absent in others. In the last case mercenary or artificial lactation will be necessary, and these I shall consider when describing the diet proper for infants. On the present occasion I notice those general rules, relative to pregnancy, parturition, puerperality, and lactation, which are most conducive to the preservation and development of the infant, before and after birth; and, in adopting this course, I follow the examples of many distinguished writers on the physical education of infants. It must be manifest to every one conversant with medical science, that unless the health of a woman, from the time of conception to the period of ab lactation, or weaning, be good, the growth of her offspring will be affected. Every obstetrician, engaged in practice, will acknowledge, that some infants are born so feeble and delicate, that many of them expire immediately after birth, others in a few hours or days, several are reared with the greatest difficulty, and these are generally destroyed by the numerous diseases incidental to childhood.

It therefore follows, that the consideration of the rules for the preservation of the health of pregnant women, parturient, puerperal, and nurses, is essential to the conservation and vigour of infants, and to the increase of population. This conclusion appears to me to be incontrovertible, and I have acted upon it in the preceding lectures. I might have been much more minute in my description of the subjects, but having already described the hygienic and medical treatment of pregnant, parturient, and puerperal women in the former part of this course of lectures on midwifery, I considered a recapitulation unnecessary.

It now remains for me to direct your attention to the management of new born infants, or, to speak more correctly, the physical education of infants.

#### HOPITAL DES VENERIENS.

##### BLENNORRHAGIA IN THE HUMAN FEMALE.

BY PHILIPPE RICORD, D.M.P., &c., &c.

*Translated from the new "Journal des Connaissances Medico-Chirurgicales,"*

BY ALEX. THOMSON, M.B., OF ST. JOHN'S CAMP.

If the name of a disease ought to be a succinct definition of the same, so at least should it express one of its principal phenomena. The word *blennorrhagia* is quite as incorrect as *gonorrhoea*, *arure*, *urethritis*, *urethro-vaginitis*, *chaude-pisse*, &c.; but if it conventionally serve to designate a certain lesion, and the collection of symptoms belonging to it, without any intrinsic value,—as the surname, for instance, indicates a man without describing him,—the name *blennorrhagia* is as good

as any other, provided it be adopted, and it be known what is spoken of when it is used.

Blennorrhagia, the occurrence of which is so common, has been studied by all the authors who have occupied themselves with venereal diseases, but has not always been explained in the same manner. Thus: some have regarded it as a form of the pox, while others have considered it altogether as a separate and distinct disease. Between these two extremes, of which the Society of Physicians of Besançon wished to judge in 1810, arises an opinion more rational, and which, not making of blennorrhagia an individual disease, recognises different species of it. This mode of regarding the subject, observation has forced me to adopt. Indeed, if we study the causes of blennorrhagia, the state of tissues which are the seat of it, and the symptoms accompanying or following it, we perceive that it is not always identical. However, to study it with advantage, and to comprehend it better, we must begin our researches at its source, and take its commencing point in the organs of the woman. In her, all its forms are, as it were, unveiled, by the facility with which every thing may be seen, and, what is wonderful in a host of facts, finds then a prompt and easy explanation. I am astonished that all the authors who have endeavoured to systematise have not regarded the question in the same point of view, and that, instead of building up theories respecting the meatus uriniarius of the man, without being able to penetrate into his narrow canal, they have not thought of the facility with which they might have explored the vagina, and verified, by direct observation, what they only suspected in the man.

We have commenced, then, our study of blennorrhagia in the female, and by it we subsequently better comprehended and better explained that affection in man. In the woman we have seen, in reference to the causes, blennorrhagia quite spontaneous, and arising, independently of coition, under the influence of different pathological and non-venereal conditions, such as scrofula, scaly skin, eruptions (darts), the second teething, &c. The seasons (spring and autumn) appear to me not foreign to its more or less ready development, and to its greater or less frequency. Sometimes it has been owing to a cause either mechanical or chemical, such as repeated masturbation, the abuse of premature coition, or of coition at a period when there is disproportion between the organs; the introduction into the sexual parts of foreign irritant bodies, solid or liquid; contusions and lacerations; certain exercises productive of much fatigue, &c. Sometimes its cause has been an impure connexion, well proved, or a contagious discharge has produced it; and, contagious in its turn, was susceptible of transmission; but then, it has always infected, at the first contact, the parts submitted to the contagion. Never, for instance, has the matter of a contagious blennorrhagia, applied to the organs

of generation, had, as its primary phenomena, a blennorrhagic ophthalmia, or produced an otorrhœa. When these accidents have occurred, and when they have been attributable to blennorrhagia without any proof of direct infection, the individuals affected by them still or previously had urethro-genital or anal blennorrhagia; never has matter, taken by the mouth, produced a discharge from the genital parts, as has been recently announced.

When I have sought, in the woman, what relations might exist between the particular causes and the precise seat of blennorrhagia, I have found none; indeed, we have been able to convince ourselves that whatever may have been the cause of the discharge, the vulva, the urethra, the vagina, and the uterus, have been liable to be affected singly or together. Yet it may truly be said (and we have advanced this in a Memoir read to the Academy of Medicine, and inserted in the collection of its labours), that the urethra in the woman is more frequently attacked singly, or at the same time with the rest of the genital organs, when the blennorrhagia is the result of an impure connexion.

In reference to the lesions of the tissues, we have found, as already stated, the urethro-genital mucous membrane, throughout its whole extent, or in isolated spots, of a more or less intense red, accompanied with tumefaction, heat, and redness, without there being, however, irritation, and presenting a condition, as it were, erysipelatous, susceptible of lasting a certain time, to disappear subsequently, or constituting but the first stage of a catarrhal inflammation, speedily giving rise to a variable morbid secretion, of which the differences hitherto appear to have no relation whatever with the particular cause of the affection. I have found, on examining the vulva, the vagina, and the neck of the uterus, the mucous membrane covered with papule, or with more or less developed follicles, constituting a vaginitis, or papular utero-vaginitis—a *porri-lytria* (*porri-lytrid*, RICORD), as I have named it, and capable of presenting it in different degrees; sometimes under the form of small spots of the size of a pin's head, more or less isolated, and more or less confluent; sometimes under the more advanced form of granulations, in some measure deprived of epithelium, and resembling fleshy granulations; and sometimes passed into the condition of true vegetations.

The vulvar mucous membrane, the urethral mucous membrane, as far as can be seen, and the vaginal and uterine mucous membrane, have frequently presented more or less numerous and extensive patches, resembling the surface of a blister in a state of perfect suppuration. In one woman, in the deep parts, and upon the neck of the uterus, the mucous membrane presented a most characteristic eruption of herpes phlyctenoides. Divers ulcerations have occurred in the different points of their extent.

Variable secretions have been found in the

urethra, the vulva, the vagina, and the uterus, but their difference has not appeared to be connected with one lesion of tissue, or with one cause more than with another. The acute state, whatever may have been the particular lesion, has given rise to the commencement of a secretion almost serous, or else normally mucous, but more abundant; becoming opaque, and then passing into the perfect purulent state, of a more or less deep yellow and green and sometimes tinged with blood. The chronic state frequently gives rise to a more or less thick milky secretion, and approximating to a caseous, or only to a more mucous consistence. The chronic discharge may also be purulent, brownish-red, or tinged with blood. The acute and chronic discharges may be completely inodorous, or on the contrary, have an excessively marked odour. When there are mucous papule, the odour, *sui generis*, is so marked, as to be characteristic in a great number of cases. In other circumstances it approaches more or less to the fetid smell of cancer, or of feculent matter. However, the only differences resulting from the peculiar seat are, that the uterine secretions are always more mucous, thready, agglomerated into flakes (*floccus*), while those coming from the urethra, the vulva, and the vagina, constitute a liquid with molecules, more free and independent of one another.

The symptoms of *blennorrhagia* in the woman do not present differences always relative to the cause that has produced it: they are more connected with its precise seat and with its degree of intensity. Yet I have frequently seen at the *Hôpital des Vénériens*, women affected with discharges both acute and chronic, complain of no kind of pain, and be only in some measure advertised of their disease by the unusual spots upon their linen. Often, however, an inconvenient heat at the vulva, accompanied or not with itching, will announce the onset of the disease. When the urethra has been affected, the passage of the urine has been painful; there then existed a sensation of burning, pricking, or of cutting, as though a sharp instrument had traversed the urethra. There was then, according to the figurative and vulgar expression, *chaude-pisse, clap*. But this pain on making water has most frequently been wanting when there existed recent, acute, and very abundant urethral discharges, so that the absence of this symptom is to me a matter of no importance in seeking to determine the diagnosis. In vaginal *blennorrhagia*, accompanied or not with urethral discharge, the vagina has most frequently remained free from pain, when not irritated by foreign bodies. In some women in the acute stage, we have been able to introduce the speculum without pain; but in some patients coition or the slightest touch was insupportable. Defecation even determined pain, which was already more vivid from the moment that the feculent matters remained collected in the rectum.

In the uterine discharges, symptoms of *metritis* (inflammation of the womb) have frequently existed: thus, troublesome sense of weight in the fundament, heat of the neck to the touch, sensibility of the womb on direct pressure through the vagina, pain upon hypogastric pressure, sense of tension in the iliac fossæ, errors in the period of the menstrual discharge; sometimes, also, none of these symptoms existed, although the uterine discharge was acute and abundant. In the different states, general and syphilitic symptoms were sometimes manifested by disturbance of the circulation, of innervation, digestion, and of the urinary secretions. But most frequently *blennorrhagia* in the woman, whatever may be its precise seat and its intensity, is a purely local affection. The matter of the discharge of which I have already spoken, and the presence of which constitutes one of the most important symptoms, does not always occur in the same manner. To appreciate this symptom, we must know how to look for and to recognise it. If the chemises of certain women be examined, the anterior part, which is that soiled by men affected with the same disease, presents frequently no spot, unless the patients, through cleanliness, or some other cause, make use of it to wipe themselves; they must be looked for behind. Moreover, that is the part which they always show you, to make you judge of its qualities, or of its abundance. Do we examine the genital parts? when the vulva is affected, scarcely have we separated the great lips and the small lips when we meet with the morbid secretion, frequently even the hairs are loaded with it, and in some points in dirty women this matter is concremented, and tends to obliterate the entrance of the genital organs, as in certain cases of *ophthalmia* we see the eyelids glued together by the palpebral discharge. But frequently the inspection of the vulva permits of nothing being seen, and we must then go in search for the morbid secretion. For that of the urethra, the indicator finger must be introduced into the vagina as far as to a level with the articulation of the first and second phalanx, its pulp being turned towards the symphysis pubis, and brought subsequently from behind forwards in pressing upon the canal. In this manner may be made to come out a drop or two of pus or puriform mucus from the *meatus urinarius*, provided the examination be made some time after the emission of urine, and the urethra be affected. With a little habit, matter coming from the adjacent parts will not be taken for matter coming from the deep part of the canal.

In examining thus the excretory canal of the urine, while the extremity of the finger compresses it, the dorsal face of the root of the same finger leans upon the posterior part of the vulvar ring, which it depresses, and we then see the vaginal discharge escaping outwards. Frequently, however, an abundant secretion remains, as it were, incarcerated in the canal of the menses, and the superficial or

unwarned observer might be deceived. Indeed, the discharges coming from the deep parts of the vagina may be retained, by narrowness or contraction of the vulvar ring; in some women by a turning backwards of the inferior part of the vagina, which comes to form a kind of cork in the vulva, and finally in some others by certain dispositions of the feculent matters accumulated in the lower part of the rectum, and by the urine in the bladder. I have thus seen many women affected with whites, or with *blennorrhagia*, who evacuated a great quantity of matter by the vulva, only at the moment of defecation, or of the emission of urine.

As to uterine discharges, which display themselves most frequently by the issue out of the vulva of mucosity more or less purulent, and of which we have elsewhere marked the characters, we cannot ordinarily recognise their presence, but by the aid of the speculum. The same thing is true in those coming from the deep-seated parts of the vagina, and from the periphery of the neck of the womb; in those cases in which the exterior of the uterine neck, affected conjointly with the blind sac of the vagina surrounding it, presents the aspect of *balanitis* (preputio-glandular inflammation) in the man.

The speculum, of which I have been the first to propose the employment in a general manner, in the study of venereal diseases of the genital organs of the woman, is an instrument, which cannot be neglected, if we desire to employ rational treatment, and to avoid the most serious errors of diagnosis\*. The speculum of which I now make use is an opening speculum (*speculum brisé*) of which the valves, bent upon themselves from without inwards, are articulated at the point of their flexion, as in the speculum of my friend, M. Jobert, and of which the articulation, placed upon the points of the instrument that is to correspond to the vulvar ring, permits its two extremities to be alternately opened or shut, without the vulvar ring being itself dilated and painfully compressed against the arch of the pubis, as has been pointed out by the ingenious surgeon of the Hôpital St. Louis, from whom I have borrowed this idea. Each valve of my speculum sustains a branch or handle, bent at a right angle with it, serving to fix or to open the instrument, without the hand of the operator, or of the aid to whom he may intrust it, masking the parts wished to be examined, or hindering the action of the instruments that might have to be introduced into its interior. Further, a graduated stem, furnished with a male screw, and two buttons containing female screws moveable upon it, is fixed upon one of the handles and traverses the other, so that by aid of the buttons that roll upon the male screw, the valves may be held approximated to a suitable degree, and even the degree of

their separation may be known by the scale graduated in lines, and thus the different volumes of the neck that we may be interested in knowing, in the greater part of cases of swelling or hypertrophy, may be measured. For the application of the speculum\* the following are the rules that I practise.

The patient is placed upon the edge of her bed, a pillow under the shoulders and under the head, the thighs half bent upon the pelvis, and the legs half bent upon the thighs, the feet resting upon the backs of two chairs placed on either side. The surgeon places himself between the lower extremities, and has no need of an aid, a very important point in certain cases of private practice. The speculum, which may be slightly warmed in cold weather, must be coated with a greasy body. When the organs are narrow, I prefer white cerate, as more tenacious than oil, as not being so soon wiped off, and as permitting the instrument to glide better and with less pain; in other cases I employ oil, which in no way changes the aspect of the secretions desired to be examined, or the surface of the tissues wished to be seen. The valves of the speculum held in the right hand are strongly approximated, I make even the edge of one slip over that of the other, so as to render the extremity of the instrument almost flat. Separating then the great and the small lips with the ring and indicator fingers of the left hand, I depress, at the same time, by the middle finger of the same hand, the posterior part of the fourchette, and of the vulvar ring. This manœuvre, very important in facilitating the entry of the speculum without pain, must be performed in a gradual, but rather powerful manner. Then the extremity of the speculum is presented to the vulva with its handles turned towards the left thigh, and whilst the edge of the extremity of one of its valves rests steadily upon the *medius*, placed as we have just directed, the other has its flat part applied against the posterior face of the vulvar prominence of the *meatus urinarius*, beneath which we are about to make it glide, by a see-saw motion without excoriating or wounding it, as frequently occurs in the other methods. However as soon as the vulvar ring has been passed, the most difficult and the most painful part to pass, the speculum is to be directed in the direction of the known axis of the vagina, its valves being more or less separated from one another, accordingly as required, and thus permitting the successive exploration of the vagina and of the uterus, of which the instrument ought finally to embrace the neck. To that end, the speculum must not be, as recommended and practised by some surgeons, of a ridiculous and unproportionate length, and pushed onward into the vagina continually until the neck be caught, a manœuvre that exposes one to wound the parts, and to cause

\* See the last memoir of Dr. Ricord, translated by me from the second fasciculus of the *Mémoires de l'Académie Royale de Médecine*.

† These speculums are made by the distinguished instrument-maker Charrière, and cost thirty francs.—A. T.

much suffering, by pressing on the periuterine blind sac. But we must assure ourselves previously by the *touchée* of the position and of the height of the neck, then direct towards that position the extremity of the instrument, recommending, at the same time, the patient, in proportion as it enters, to make no expulsive efforts, which would for a moment impede the manœuvre. Then moving gently forward the extremity of the speculum between the two lips puckered from one side to the other, that are formed by the anterior and posterior wall of the vagina pushed back, and on either side from before backwards, we soon arrive upon the neck, which is recognisable by its smoother and unpuckered mucous membrane, of which the tint frequently differs from that of the vagina. In some cases the thready mucosity that distills, as it were, from its orifice, and is elongated into the vagina, indicates to you the direction to be followed. Finally, if in spite of these indications and of these precepts, you find your instrument in the blind sac of the vagina, in place of continuing to push on, it must be gently made to experience a retiring movement, separating at the same time its valves to seize the uterine neck, after the manner of a ball in the cup and ball\*.

All the women I treat in my service at the Hôpital des Vénériens are examined according to the method just explained, and never, if there be no contra-indication to the use of the speculum, such as we are about to point out, have we met with any invincible obstacle in using our process, and such as requires another method or another instrument.

The cases contra-indicative of the use of the speculum, at least momentarily, are,

1stly. A too intense inflammation; particularly of the vulva and of the entrance of the vagina.

2ndly. The presence of the hymen membrane, which must be respected in the greater number of cases†.

3rdly. The narrowness of the parts in young

\* With these recommendations of Dr. Ricord, it is almost impossible not to succeed, without the slightest injury or even annoyance to your patient on the very first trial. I know that the very first time I tried it, I succeeded, and the second examined in less than an hour twenty to thirty patients, under the direction of M. Ricord, and without the slightest complaint on the part of any of the patients. I have seen others of my countrymen attempt the same without having previously received these instructions, and either fail altogether, or considerably incommode the patient.—A. T.

† I have even seen it readily introduced into the vagina of two pseudo-virgins, who had had connexion and were married, without the hymen being wounded, that membrane being in them elastic and dilatible. Both of them had the clap, and one of them ulcerations in the vagina behind the hymen.—A. T.

girls; and I have no need here of noticing the falseness of the proposition recently advanced in an article published upon *touchée* and the application of the speculum, "that the genital parts are the more dilatible in proportion to the greater youth of the girls, and that they lose their dilatibility in the adult!!"

4thly. In a more or less advanced age, the vulva-uterine canal becomes less supple, may be contracted universally, or only in some points of its extent, so as no longer to permit, without danger, of the introduction of the speculum.

5thly. During the period of the menstrual discharge, the introduction of the speculum, which is unaccompanied with danger when a woman does not fear it, is at least useless, for the menstrual blood, washing the parts, it is no longer possible to see anything. However, having had occasion to apply it a great number of times, I can affirm that the uterine orifice during the period of the menstrual discharge in women who have not had a child has not been sensibly dilated, and was at least far from admitting the extremity of the indicator finger, as has also been recently advanced in the article upon the *touchée*, which I have already cited.

The state of gestation has not been for me a counter indication; in the greater number of cases where an examination has been necessary, the introduction of the speculum, made with prudence, and in a slow and gradual manner, has not presented more inconveniencies than the ordinary *touchée*.

I have mentioned, for the examination of the genital parts, the use of the entire speculum (*speculum plein*) of M. Recamier. This speculum is more painful in the introduction, often too voluminous to pass the vulvar ring, at a later stage of the introduction too small to embrace the uterine neck entirely, and does not in all cases permit of the bottom of the vagina being well examined around the uterus. The period of the invasion of blennorrhagia in the woman is most frequently difficult to seize. The greater part of them subject to whites confound the new discharge with their habitual leucorrhœa; and it is only when the blennorrhagia is rather acute, and when it affects more particularly the vulva and the urethra, that they can well distinguish it, and appreciate the period of its origin. Many indeed only become acquainted with their new affection by the reproach addressed to them of having communicated disease. Notwithstanding, when we have been able to procure precise information, we have found that sometimes the discharge manifests itself almost immediately after the action of one of its causes; while in other circumstances, it only occurred after a certain period of incubation, rarely before the third day, and often at a very long time after the connexion, particularly when seated in the deep-seated parts of the vagina, or in the uterine cavity.

*Blennorrhagia* is rapid or slow in its progress. Commencing with characters of activity it may diminish in a gradual manner, and terminate by a frank resolution at from between fifteen days to a month, as we have sometimes seen it. It may also be abortive at its origin, and disappear by a kind of delitescence; or else again maintain the same state during a rather long period to pass into the chronic state, generally designated under the name of *blennorrhœa*, and which is most frequent in woman; the state of the principal characters of which we have already indicated, and which the disease may assume from its outset, and preserve during its whole duration, or return to the acute stage.

The termination of simple *blennorrhagia* in women takes place, as we have just said, rarely by delitescence, often by slow resolution, and more frequently by a chronic state, almost interminable, which women then veil under the name of whites (*feures blanches*), with which it becomes confounded. As to the more serious terminations, such as alterations of the bony system, the mucous system, &c., they depend upon certain forms of *blennorrhagia*, which hitherto have not been well determined, in reference to the diagnosis. Also, if it be easy with a little habitude to distinguish in woman between urethral, vaginal, and uterine *blennorrhagia*, or to assign the characters belonging to these forms, grouped two by two, as sometimes happens, or united altogether; it is certainly impossible to establish for each of them a distinctive character of its intimate nature, which, however, is the important point, the problem that all authors have sought to resolve. They have desired to distinguish *blennorrhagia* from whites, and the little value of the signs given by the authors is well known. Indeed, how distinguish things absolutely similar in form, and differing only, if I may thus express myself, by their intangible essence? Neither the precise seat of the affection, nor the aspect of the discharge, and not even the alterations of the tissues, can lead to a distinction of leucorrhœa from simple *blennorrhagia*. The only possible differential sign in some cases may be drawn from a knowledge of the causes, thus admitting, if you will, no whites but those arising under the influence of individual or general causes. All discharges arising under the influence of mechanical, chemical or virulent causes that have acted directly upon the genito-urinary organs will be ranged in the class of *blennorrhagia*, the power of subsequently establishing varieties being reserved. These distinctions moreover, impossible in most cases, owing to the little confidence to be put in the statements of the patients, who deceive themselves or you, might serve to fulfil some indications in the treatment.

The most important part of the diagnosis is to establish whether a discharge be or be not *virulent*.

Of all the phenomena of *blennorrhagia*, those

which have the most arrested the attention, on account of the little value hitherto of the others, in reference to the diagnosis, are incubation, possibility of transmission to a healthy individual, development of consecutive symptoms, production of certain complications, and success of the treatment regarded as specific. Let us examine each of these signs:—

*1st. Of Incubation.*—Incubation, which, though still ill-determined, seems to appertain to virulent diseases, might sometimes throw light upon the diagnosis; but for those for whom this sign has any value, it is requisite, a rare thing indeed, that the women should have no anterior discharge of whites; and that, removed from the influence of all other causes, they should have had connexion but with one man for a certain time back, a man whom they had also ceased to receive before the development of the *blennorrhagia*; and even then it would remain to be known at what period the discharge manifested itself exteriorly of the vulva, if it had not already occurred on the very day, or on the day after suspicious connexion, in the deep-seated parts of the vagina, or in the uterine cavity, without being effused exteriorly, as we have however seen may occur.

*2dly. Of Transmission.*—The possibility of communicating a *blennorrhagia* in sexual relation is not proof of the syphilitic or virulent nature of a discharge. The menstrual discharge, simple uterine catarrh, simple vaginitis, as also the simple abuse of coition, may give rise in a man to a simple *blennorrhagic* discharge. A virulent discharge in a woman may also give rise only to a simple *blennorrhagia* in a man. Transmission, however, being a very important point in practice, I shall still dwell upon it for a moment without diverging, I believe, from the question of the diagnosis.

One is very often consulted in society by men affected with urethral discharges, who affirm that the women with whom they have had connexion are in no way unwell. The following is what numerous observations have taught me on this subject:—A perfectly healthy woman may give chancres or clap, and this by communicating to an individual virulent matter deposited in her genital part by another in an anterior coition, without her being herself infected, having in this case, rather frequent in the public women, served only as reservoir. We have admitted besides, with all authors, that by fatigue, or the abuse of coition, *blennorrhagia* may arise in genital parts in other respects healthy; but these discharges, which are rather complaisantly named heatings (*échauffemens*) in ordinary language, are much rarer than is generally believed; indeed, women who give *blennorrhagia* almost always present something, as I have elsewhere proved by my researches made with the aid of the speculum. I see every day at my hospital, and in my private practice, women accused of having given



blennorrhagia, and of whom the external genital parts and the entrance of the vulva are perfectly healthy. These women, who frequently have been certified as healthy by practitioners, in other respects able, present constantly deep-seated lesions, which we have elsewhere pointed out; so that whenever a patient presents himself to us with a discharge, you may affirm, without fear of being deceived once in a hundred cases, that the woman with whom he has had connexion is herself diseased. But is it a reason for believing the woman to be syphilitic, because they communicate discharges?—No, doubtless; for in these cases, the contagion is not constant, and does not necessarily arrive; but by position of parts alone a discharge may be communicated, so that a woman presenting one of the morbid conditions I have already described, must not be considered as necessarily venereal, but only as capable of communicating blennorrhagia, which is different. A curious fact should be here mentioned. I have seen some women, who, not believing themselves diseased; and consequently not treating themselves, had communicated for several years back blennorrhagia to almost all the men who had for the first time connexion with them. These women, examined by the aid of a speculum, had all something, either in the vagina or in the neck of the uterus. But what is more remarkable is, that without treating themselves, and without being cured, if a man who had contracted blennorrhagia from them was cured and continued to have connexion with them, he finished by contracting it no longer, *by the aid of a species of climating* (acclimatement). Did an accidental lover intrude, he contracted in his turn blennorrhagia, became cured, and acquired, like the first, the privilege of no longer catching anything; so on for a third and for a fourth. A woman whom I received into my service had repeated the experiment even for five times; a lady's companion in a family in England, she had come to France to be treated. The physician whom she had consulted had found her external genital parts healthy, and hardly believed her stories. Examined by the aid of the speculum, I found her affected with a purulent uterine catarrh, and with granulated ulcerations of the whole surface of the neck of the uterus, lesions, that explained to me the enigma, and of which she was well cured by the aid of local treatment, while all internal and mercurial medications had failed.

Girls, I might also say women, still virgins, at least in appearance, give, under similar circumstances, blennorrhagia. Affected with discharges, whatever may be their causes, they may transmit them. Their integrity of the hymen does not prove that their blennorrhagia is not virulent. Without the physical character of virginity having been destroyed, the vulva may have been alone infected, up to the hymen membrane, which has not been passed. This fact we frequently see in young

girls of all ages, in my nursery service at the Hôpital des Vénéériens, and may occur in the adult and at a still more advanced age. I hope I may be permitted, on this subject, to relate a humorous case, which may prove useful to some newly married women. A girl of some fifty years, arrived expressly from the provinces, came to consult me at my house, to know *whether she was still a virgin*. Having the intention to be married, she was very anxious of bringing as a marriage present the proof of her continence. The first question I naturally asked her, was to demand whether she had had any lovers, she answered me yes! I thought then that my patient was mad, or that she was anxious to play the fool with me. But I was undeceived when she told me, that she had never permitted her lovers more than *external connexion*; and that she wished actually to know whether they had not transgressed her limits. She was indeed still physically a virgin. I have had at the venereal hospital a woman, married already for five years, who had had more than one lover, and who was affected with urethrogenital blennorrhagia, in whom the hymen membrane was complete. These cases prove, that when one has contracted clap from a virgin, we must be careful of attributing it always to an ordinary heating, or if you will to irritation, to simple inflammation. The physical signs of virginity not being those of continence, which, as is known, unhappily has none.

Leaving these digressions, which will perhaps appear not altogether devoid of utility, and seeking something more positive in reference to the different diagnosis between virulent discharges and those which are not so, we have had recourse to inoculation, which forms the subject of a memoir, read to the Royal Academy of Medicine\*, and we have found that the matter of blennorrhagia, taken from the surface of the vulvar, vaginal, and uterine mucous membrane, when there were no chancres on these, and inoculated by the aid of the lancet, as we shall hereafter make known, has never produced any thing, while matter taken from the surface of a chancre has constantly yielded us a characteristic pustule. We have necessarily concluded, from this experiment, that there is no virulent blennorrhagia capable of giving rise to a chancre, unless it is itself complicated with chancre, and that consequently, whenever a woman has communicated a true chancre to a man, she must likewise be affected with it, or momentarily have had shut up in her organs the matter of chancre, distinct from her blennorrhagic discharge, and deposited by some individual, affected with chancre, in an antecedent connexion.

3rdly. *Finally deprived of this character,*

\* The translation of this paper will be sent.—A. T.

the possibility of producing inoculable chancre, there is but one species of virulent blennorrhagia, that which, well observed through the whole of its course, and not being complicated with chancre, of which we can more easily convince ourselves in women, owing to the facility with which the organs are visible, through nearly the whole of their extent, is nevertheless followed by some consecutive symptoms, such as mucous papule, &c., and then the presence of these symptoms is the only character capable of giving precision to the diagnosis.

Here I cannot pass over in silence a fact, it is that the mucous papula, or pustule, which for all the world is an incontestible sign of pox, presents a very remarkable peculiarity, namely, that it is impossible to inoculate from it with the lancet, whether one takes the matter secreted by its surface, or that of the discharge that accompanies or precedes it. As to the contagion, by means of connexion, of blennorrhagia, accompanied with mucous pustules, it is far from being constant. The following is what we have observed:—We have sometimes had at the hospital, at the same time, the man and the woman affected with blennorrhagia, accompanied with mucous pustules, but most frequently the two individuals have been affected with blennorrhagia, and one only presented mucous pustules. I have recently taken down, in my private practice, a remarkable case, which here follows. I had treated a gentleman for a chancre of the prepuce; a mercurial treatment had been employed; three months after the cure he was married; before the end of six months he consulted me again, in order to be assured whether he was quite healthy; under such circumstances, I had necessarily to bestow the greatest attention upon the examination I was about to make; the organs of generation were found in the usual state; there existed no trace of primitive ulceration; there was not actually any discharge (the patient had never had any); no consecutive symptom displayed itself, either on the skin or in the bones, or in the throat. Three months after his marriage this gentleman called me to his wife, who, said he to me, had *some big pimples on the parts*. I examined her; I found her three months gone with child, and affected with urethro-genital blennorrhagia, and with a most extensive and confluent eruption of mucous papule; she had them from the mons veneris even to the coccyx, and half way down the thighs. I asked her husband if he had continued to have connexion with her; he answered me that he had not ceased for a single day. Well, this gentleman, as at the moment of his marriage, presented no symptom of disease, either primitive or consecutive, his wife must then have been diseased before her marriage, and since that she had communicated nothing to him in the frequent connexions they had had. We have often seen women affected at once with blennorrhagia and mucous pustules. The blennorrhagia and the

mucous pustules could never yield inoculation by the aid of the lancet, while, by this means, with the matter of chancre was produced a pustule, always the same, of which we have elsewhere given the history, and which we shall soon publish. These women communicated to some men blennorrhagia only, or chancres, and to others the two affections at once.

As regards the other consecutive symptoms of blennorrhagia, their history does not appear to me to be as yet sufficiently precisely drawn up, to render them serviceable for the diagnosis.

The complications have scarcely more value; and leaving aside blennorrhagic ophthalmia, on which there is so little unity of opinion, to occupy myself only with buboes, the following is what I have learnt from experiment. In blennorrhagia in the woman the inguinal glands may be inflamed and suppurated, and that more especially when the urethra is affected, but unless there have been chancres of the genital parts, which constitutes another disease, the buboes have never been virulent, that is to say, the discharges, upon which they seem to depend, not being inoculable by the aid of the lancet; never has the pus, furnished by them, been susceptible of yielding inoculation, while the pus of ganglionic bubo, the consequence of chancre, has always produced, by the aid of inoculation, the characteristic pustule.

4thly. We too well know in the present day what confidence to place in specific treatments, to regard their action as decisive, in reference to the diagnosis, so I shall not stop myself to prove their little value. We must then conclude, from all that precedes, that unless consecutive symptoms be present, which must be very well determined, we remain, as regards the diagnosis, in the greatest uncertainty, not being able conscientiously to recognise more than the physical alteration of the parts, and of their secretions, without being able to divine anything of the intimate nature of the disease, or of its essence, if we may thus express ourselves; and finding oneself reduced to determine the existence of urethritis, of vaginitis, or of uterine catarrh without being able to say anything more, for beyond that all is but probability, and most frequently error.

If the diagnosis be thus far from certain, the prognosis must itself be very vague, not indeed when there is a question of foreseeing the issue of an inflammation, of a urethritis, of a vaginitis, or of a uterine discharge, but when we foresee the consequences of a blennorrhagia, as to consecutive symptoms, and the possibility of its determining constitutional syphilis, or general infection.

In the next article I shall treat of the complications and of the treatment.

## ALDERSGATE-STREET DISPENSARY.

A MEETING of the Medical Profession was held on Saturday evening, at the Freemasons' Tavern, for the purpose of adopting some public measures in approbation of the conduct of the late medical officers of the General Dispensary, Aldersgate-street. The meeting was very numerously attended by all branches of the profession.

Dr. Elliotson took the chair, and, after a modest apology for his incompetency, proceeded to explain the purpose for which the meeting had been called together. There were two subjects to which their attention was to be directed, namely, the regulation recently adopted by the governors of the General Dispensary in Aldersgate-street; and the consequent resignation of the medical officers. The effect of the regulation to which he referred, was neither more nor less than putting up the medical offices for sale to the highest bidder. Surely it would be better not to have the farce of an election at all under such circumstances, but that the situation should be openly set up for auction on a certain day; and if the medical offices were thus disposed of, so ought also the treasurership, and all other honorary and responsible places. Such a system certainly could not benefit the charity, while it would lower the character of medical men. Horace well said—

*"Ipse tibi melius suadet, qui ut rem facias rem,  
Si possis, recte; si non, quocunque modo,  
rem!"*

It was bad to look to money alone. There should be amongst medical men a feeling of character and dignity, and love for their profession, and if that were taken away the profession itself must be injured. With regard to the resignation of the medical officers of the dispensary there could be but one opinion in the profession--(hear, hear). If it were said that the rule which had recently been adopted was only the restoration of an old law, he replied that that was of no consequence.

When they had gained one step towards the reformation of abuses they ought not to lose it, but to maintain their ground, and, if possible, to go forward. If this was the first time medical men had resigned under such circumstances, the greater was their honour, and it was the duty of the whole profession to support them--(hear, hear). He had that morning received a letter from Mr. Costello, stating that at a large meeting at Colchester, resolutions had been unanimously passed in approbation of the conduct of those gentlemen, and that at Ipswich similar resolutions would have been adopted but for a report that the medical officers had accepted office again. He trusted that in the course of their present proceedings no personalities would be indulged in--no motives attributed to those who had acted in a manner of which they did not approve, but that the meeting would set an example which would conduce to the respectability of the profession.

Dr. J. Johnson, in submitting the first resolution, insisted upon two propositions, that professional merit alone should entitle men to professional offices, and that the candidates should have a fair arena for competition, not checked or influenced in any degree by wealth. It was to reprobate and stigmatise the venal law which would subvert those principles that the meeting had assembled, and he trusted their verdict would consign it, not to oblivion, but to the execration of every honest mind. He then mentioned an instance in which an office had been obtained in a charitable institution by the payment of seventy guineas, which entitled the individual to as many votes. In consequence of the introduction of this practice, the institution was rapidly falling into decay, and would have been completely ruined but for the renewal of the old salutary law that no governor should be entitled to a vote unless he were of three months' standing. He moved a resolution, declaring the opinion of the meeting that in all "Insti-

tutions for the charitable supply of medical and surgical aid to the poor, it is discreditably to the institution, and detrimental to the poor, that the medical and surgical offices should be subject to laws which render them places of purchase and pecuniary contest."

Mr. Pettigrew said he happened to be a life governor of the institution which had been referred to by Dr. Johnson, and he believed it was 700 instead of seventy guineas that were paid for the office in question. From his knowledge of the manner in which the duties of the officers of the Aldersgate-street Dispensary had been discharged, he regretted, on account of the poor objects of the charity themselves, the circumstances which had occasioned the resignation of the medical and surgical officers. He believed that no institution was fortunate enough to possess more able, if so able, officers. He believed also that this was the only dispensary with which there was a medical school connected. From his knowledge of the benefits which such an institution must confer, he had ventured to suggest to an illustrious individual to become the patron of it, and it was a source of no little pride to him that that illustrious personage had concurred with the medical officers recently belonging to that establishment in their estimate of what was due to the character of their profession—(hear). He had great satisfaction in seconding the motion.

The resolution was then carried unanimously, with one exception in the person of a very young gentleman, rumour says an apprentice of Mr. Stanley's, who explained his opposition by saying that he understood some of the medical officers were again canvassing for the situations.

The Chairman said that this was not the case, and reminded the youthful dissentient that even if it were, it did not affect the principle of the resolution.

Dr. Haslam said the practice which they had met to condemn was not a

new one, but it ought to be discontinued. In the year 1793 he was a candidate for an appointment in a dispensary, and had collected 130 out of 250 votes, but his opponent said to him, "you need give yourself no further trouble, for I mean to buy the place"—(a laugh). And accordingly on the day of election the gentleman put down 500 guineas, and had 1000 in reserve if they had been necessary to secure his appointment. He knew of two more instances of the same kind. In one institution (which had since perished, in consequence of such practices), it was made a rule that the physician should be changed every three years, because it was calculated, as a commercial speculation, that in that time a doctor was worn out. A surgeon, it was considered, might last five years—(laughter). He moved that "The cordial thanks of the profession are justly due to the late physicians and surgeons of the General Dispensary in Aldersgate-street, for their honourable and independent conduct, in resigning their appointments rather than sanction the re-introduction of a law involving the obnoxious principle condemned in the previous resolution."

Dr. Waller seconded the resolution, and it was carried unanimously.

Dr. Uwins said it was the duty of every member of the profession to study by every means in his power to promote its respectability, and he moved "That the various members of the medical profession, residing in and near the metropolis, be requested to affix their names and places of abode to the foregoing resolutions."

Mr. Smith seconded the resolution. It was time the profession should emancipate itself from the commercial slavery in which it was involved, and should stand upon its own basis, freed from the influence of petty tradespeople and individuals of that description, who—(hisses). If he had been suffered to finish his sentence, he was sure his observation would not have given offence. He did not despise any rank of life, but objected to that

sort of influence which was inconsistent with the high tone of feeling, and the integrity of conduct which ought to distinguish the profession.

Dr. Elliotson observed, that he did not consider Mr. Smith's remarks as offered offensively to any class of persons, but meant that the persons to whom they applied were not competent to manage professional matters.

Mr. Pettigrew then moved, "That Dr. Johnson do take the chair."

On the motion of Dr. Roots, thanks were then voted to Dr. Elliotson, and the meeting broke up.

### Reports of Societies.

#### MEDICAL SOCIETY OF LONDON.

Monday, October 14, 1833,

WILLIAM KINGDON, Esq., President,  
in the Chair.

*Bad Rice the cause of Malignant Cholera, Yellow Fever, & Dysentery.*

A SPANISH physician, connected with the court of Spain, stated, that he had communicated to his government the result of his inquiries in this country, on the cause of cholera. He had noticed Dr. Tytler's opinion, that deteriorated rice was the predisposing cause, which he denied. He then read a translation of his despatch to that purport. He also denied, that Bengal rice was the cause of cholera at Cadiz, as the law prevented its importation into Spain. He mentioned, that the rice, used at Cadiz, was furnished from Valencia. He likewise denied that the epidemic of the troops at Cadiz was attributable to Bengal or any other kind of rice.

Dr. Tytler replied, by quoting extracts from a Calcutta newspaper, which went to show, that rice was sold at Cadiz, during the epidemic, at two shillings per hundred weight. He read a copy of a letter from a Roman Catholic clergyman, the Rev. Mr. Murphy, who was prior of a convent, by which it appeared, that the writer and ten of the inmates of his establishment were seized with the

epidemic from having eaten rice. He also read a copy of a document, to prove that the Spanish troops had severely suffered from the same cause.

Dr. James Johnson rose to order, and said that the epidemic alluded to was yellow fever, in which the fluid, ejected from the stomach, was black and not white, as in the late epidemic cholera, and, therefore, that Dr. Tytler was losing sight of the question before the meeting, which was, that rice was the cause of malignant cholera.

The President observed, that it appeared to him, Dr. Tytler was in order in replying to the objections urged to his doctrine by the Spanish physician, but he was in the hands of the society, and he would regulate the discussion as they (the society) thought proper.

Dr. Tytler resumed, and observed, that Dr. Johnson and others were contending about names, but he was speaking of disease as it existed. He did not call the disease at Cadiz yellow fever or cholera, but he proved beyond doubt that it was ascribed to rice. Dr. T. then exhibited specimens of wheaten flour, rice flour, bad rice flour, and, having intermixed them, he defied any gentleman in the room to show how bread, made of the mixture, could be proved to contain rice. It therefore followed, that adulterated bread of this kind might be in general use in London and escape detection, even at this moment.

Dr. Johnson remarked, that Dr. Tytler had accused him of having been the cause of all the deaths caused by cholera, both in India, in this, and in all countries, by having mentioned in his work on Diseases in Tropical Climates, that the facts adduced by Dr. T. were not proved, and that his conclusion was dubious. Dr. Tytler had said, that his, Dr. Johnson's, authority was so much respected in India, that being opposed to his views, the profession refused to entertain or receive his conclusion. Dr. Johnson then read two official reports, furnished by Mr. Cohen and Mr. Ha-

milton, two army surgeons to the medical board at Madras, by which it appeared that the soldiers, affected with cholera, after landing, had not used any description of rice whatever.

Dr. Tytler rejoined, that though it was dangerous for him, as an officer under the Honourable East India Company, to comment on the document furnished by Dr. Johnson, yet he would not shrink from the task, as his object was the elucidation of truth, and he would, in the face of his medical brethren, do his duty, whatever might be the consequences. He hoped that no individual would ever be treated in the manner he had been. He had only to observe, with regard to Dr. Johnson's official reports, that they were furnished by young surgeons, who had just arrived from Europe, and as the inquiry would expose those who had supplied the provisions to the troops, these individuals dare not censure them. In fact, cart loads of such documents would be furnished to-morrow if called for, and were no evidence whatever. He would put it to the good sense of the society, whether the government were right in applying to surgeons who had just arrived from Europe, and not to him, who was the oldest surgeon in India, and who had first seen cholera at Jessore, and traced it to rice, for information as to the cause of the disease. But he would read a document to prove that rice was the diet of the troops; which he did. He concluded by stating, that little, indeed no reliance, could be placed on official documents.

Mr. Marsden remarked, that he had some experience in treating cholera in this metropolis, that he made inquiries as to the use of rice, and ascertained that it had not been employed in one case out of ten. He did not believe that rice was the cause of cholera in this country.

Mr. Headland wished to make a few observations on the question before the Society; and having taken some trouble to ascertain how far rice could be considered a cause of cholera,

he thought it his duty to inform the Society of the result of his inquiries. He learned, from sources upon which he placed the fullest reliance, that rice had been mixed with flour from 1816, when the wheaten crops failed in this country, to 1823, but in very small proportion. Since the latter period such admixture was not made, because flour was cheaper than the worst and most deteriorated kind of rice. The best flour was now to be procured at one penny farthing per pound, the worst rice at one penny halfpenny. The bakers had no interest in mixing both under such circumstances. He thought it consonant with the honour of the Society to disabuse the public mind of erroneous conclusions.

Dr. Tytler felt himself called on to confute the arguments of the gentleman who spoke last. He felt obliged to him for the information he communicated, which was certainly important. He said that bread was mixed with rice from 1816 to 1823, and at this period cholera was prevalent in this country, according to Dr. Johnson's review of Dr. Ayre's work on cholera.

Dr. Johnson rose, and said that it was unfair to attribute to him every thing that appeared in his *Journal*, as he was not the writer of all the reviews.

Dr. Tytler maintained that the words were Dr. Johnson's, and not Dr. Ayre's, and that cholera had prevailed in this country.

Mr. Langford claimed the indulgence of the Society while he offered a few proofs against Dr. Tytler's conclusions. He had visited most of the workhouses in this metropolis, and ascertained that rice formed but a small portion of the food of the inmates. In Clerkenwell no rice was used, and yet there was cholera. He had written to Bilston, and would read an extract from the letter of the Rev. Mr. Lee, which proved that rice had nothing to do in the cause of the disease. He also read a letter from Mr. Ollier, the surgeon to the New

Bailey Prison, Manchester, to the same effect. He also adduced his own experience as medical attendant at the Cholera Hospital, Manchester.

A gentleman requested to be heard for one moment before the Society adjourned. He had this day received a letter from a lady in the country, in which the writer stated that she had reared poultry on the worst kind of rice, and that the fowls were superior to those fed in the ordinary manner.

The President then adjourned the Society.

[We have heard the three discussions at this Society, in which Dr. Tytler took a prominent part. We unquestionably consider the Doctor entitled to great praise for the ability, wit, and independence with which he defended his opinions. We think, however, he is in error, when he argues that bad rice is the cause of cholera. Ten thousand proofs disprove this conclusion. Thousands have had cholera who never tasted rice. Bad rice, like bad farinaceous aliment of any kind, will derange the stomach and bowels, or, to speak technically, the digestive tube. Thus far Dr. Tytler has gone, but no further. We do him but justice to state, that he possesses an ability to reply, a readiness to expose the weakness of his opponents, and an enthusiasm in maintaining his conclusions, which show him to be a physician of mind, of great experience, and of high talent. He has certainly proved that bad rice will disorder the stomach and bowels, but in our opinion nothing more.

THE

**London Medical & Surgical Journal**

Saturday, October 19, 1833.

THE LATE ALDERSGATE STREET  
DISPENSARY.

THE character and management of this venerable Institution have been so much altered, under the govern-

ment of the present committee, that, in the public eye, it must be considered as defunct, *stat nominis umbra*. The rotten trunk, which will by-and-by, unless it falls under the late shock, fill the air with the stench of its fungous medicals, scarcely deserves our notice; and hearty haters as we are of jobbing and quackery we should not be tempted to comment upon the noisy pranks which distinguished the meeting of Governors on Monday last, were there not involved in the dispute the permanent interests, not only of the medical profession, (a matter of no trifling public importance,) but also of the charitable institutions of the metropolis, which, bating some trading Samaritans, are in the main supported by genuine British humanity, and which it is grievous to see abused. Of the particulars of that meeting our readers must be aware from the daily press. An effort was made by some of the oldest and most respectable Governors, from the most disinterested motives, springing solely from the integrity of their own breasts, to allay the storm, and to give an euthanasia to the discord, which has prevailed for weeks past, to the manifest ruin of the charity. This preliminary to peace, by restoring things *in statu quo*, was rejected; and a Mr. Hewett (we should like to know if he is the friend and legal adviser of Mr. Wyatt, who has distinguished himself from the rest of the profession, by starting as a candidate for one of the vacated offices) signalised himself as the Lord of Misrule. He was well supported by a Mr. Anderton, whose

name by-the-by is to be found, unless we are grievously mistaken, among the last cluck of Governors, that the Committee has hatched for its last job on Monday, and it is a question whether he is not the friend and legal adviser also of Dr. Whitesed, alike distinguished as his compeer, Mr. Wyatt—*par nobile fratrum*.

This worthy seconder argued, that because other charities were exposed to the like abuse as that against which the late eminent medical officers of the Aldersgate Street Dispensary have so spiritedly reclaimed; therefore, &c. This is what we beg leave to denounce as medical pettifoggery. But a word by-and-by upon the principle. This same gentleman, out of pure gratitude, seeing he never had occasion to employ any other than a general practitioner in his life, would have the appointments thrown open to that class of the profession. But we beg to hint, whether, lawyer as he is, he was altogether prudent in stating that "the *Institution* had been put to considerable expense in advertising to refute the calumnious attacks which had been made on the committee." A very charitable and lawful use, forsooth, to put the money of the subscribers to; let us hope, however, that the new batch of subscribers will at least defray this useless expense. It is needless to perpetuate the names of the gentlemen who were called to order for their disorderly conduct. But to wind up the affair, after the asterisk of the Committee, "who did serve the drugs," had spoken a great deal and "meant nothing," a

Mr. Bishop, with a true sense of ridicule, put the whole matter to the test, and without laughing himself, proposed "that the medical offices should be put to auction." The motley assembly were not as dry humourists or as cool reasoners as Mr. Bishop, and actually burst out laughing at the naked proposal of the pure consequences of their proceedings.

The result of this meeting must be painful to the real friends of the charity, whose contributions are abused. The late medical officers have nothing to regret in a measure in which they took no part; and with the warm sympathy in their struggle for professional respectability, which has been shown to them by their brethren, they may still boldly and fearlessly appeal to the ordeal of public opinion.

We must now say a few words upon the real motives of all these strange proceedings. There are no persons more willing than ourselves to denounce the practice of nepotism, the besetting sin of all oligarchies, and be they sincere or not, we heartily join in the wishes of the Committee to counteract any attempt to dispose of the medical appointments of the institution by family compact. Abuses of this sort are to be found, flourishing with the vigour of weeds, in every one of our hospitals and public charities. We have our own ideas upon the mode in which the medical appointments of public institutions should be filled up. It is a subject we have in view for a future occasion. But, admitting for



argument that the medical body had acquired too much influence in the appointment of their successors, was this evil to be remedied only by the introduction of the unmitigated mischief of actually selling the health of the poor to the man of longest purse; and of actually shutting out the laborious, the scientific, and experienced practitioner from all chance of success, by rendering his gratuitous services to the poor an introduction to the public, unless he had that at his command which few, who have ever acquired any eminence in the profession, have commenced with possessing? But this is not all.—It is not a mere question or wrangle about the appointment of the medical officers that is before the public scrutiny. It must be remembered, and it will not be forgotten, that the Committee are charged with “many glaring improprieties and acts of favouritism, especially connected with the management of the charity.” There is such a thing as a traffic in letters of admission as well as in drugs. It may be very convenient for a grocer, tallow-chandler, or baker, to wrap his sugar, candles, or flour in a piece of paper so useful to his customers as a letter of admission. Some forty or fifty patients on the books of the charity at the expense of a guinea a year is a very capital device for popularity. It does not matter whether all this be contrary to the laws of the charity. Let the charitable donor only be a committee-man, and the whole thing is made easy. Abuses of this sort, and of every other sort, in the ma-

nagement, beside the drug treasurers, were exposed with too much fidelity by the medical officers. We are tired of expounding the pranks of this self-defending committee. With their stations in life it would ill become us to quarrel; and were they men who had the public good, and not their own selfish motives in view, they might be a useful check upon the management of the Institution. The abuses here pointed out will thrive much better under a medical body, enslaved to the Committee, who dare not speak out: but it becomes a duty as imperative as charity itself upon the great body of the Governors, who cannot be infected by sordid motives, to consider, upon their next annual payment, whether they will prolong the reign of a set of men, who

“ — dressed in a little brief authority,  
Play such fantastic tricks before high heaven  
As make the angels weep.”

MEETING OF THE MEDICAL PROFESSION AT THE FREEMASONS' TAVERN.

THOUGH this meeting was extremely crowded, and was about 500 in number, besides many who could not gain admission, still the hospital physicians and surgeons of the metropolis, with three exceptions, were absent. Dr. Elliotson, Dr. Roots, and Mr. Pettigrew were the only hospital attendants. Dr. Haalam, Dr. Johnson, Dr. Uwins, and ourselves were the only Members of the College of Physicians who were present. The meeting was large and respectable; it was princi-

pally composed of highly respectable general practitioners, who, in accordance with the spirit of the times, stood forth to condemn a corrupt system, though it is tolerated in almost every hospital and dispensary in and about the metropolis. The hospital and dispensary medical officers were therefore absent, because they could not join the meeting in correcting the dangerous and villanous abuse of bribery and private intrigue in the election of medical officers. There is scarcely a physician or surgeon, attached to an hospital or dispensary in London, who has not obtained his appointment through interest, vote-making, or intrigue, and not one on the grounds of knowledge, experience, or eminence. Such individuals could not come forward, though every one of them will declare, privately, that the manner in which medical elections are conducted is bad. These persons are erroneously called the heads of the profession, and have not spirit enough to oppose corruption, but when their brethren do so, are so jealous that they skulk into some hiding place, and refuse their co-operation. The evil to which we refer can only be prevented by a public examination of candidates for medical offices, before a competent medical jury, or what is designated *concours* in France. This would be the true test of competency; but it cannot be introduced into practice in this country for a long time, unless medical reform be carried to the fullest extent by the legislature. Until then, the poor in hospitals and in dispen-

saries will be treated as they now are in general by students, young surgeons and physicians, who have little, if any practical experience. We have often said that clinical experience is not sufficiently enforced in this country; the attendance of the majority of students at such institutions is a farce,—they acquire information from books; and if they can answer by rote like parrots, they receive degrees and diplomas. These documents are no proof whatever of practical experience,—they merely show that the holders of them, in the opinion of those who grant them, have studied medicine. It would be as absurd to suppose that young barristers just called to the bar would be equal to a Scarlett, a Sugden, or a Wetherell in a weighty lawsuit. This is the error into which the Committee of the late Dispensary in Aldersgate-street have fallen,—which men of mind or sense would carefully avoid. Self-interest is inherent in all men; and therefore governors and medical officers will, whenever they can, serve themselves and their relations at the expense of justice, humanity, and professional dignity.

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#### THE ROYAL COLLEGE OF SURGEONS.

WE understand from the best authority that the Court of Examiners and Council of the Royal College of Surgeons have determined to pull down the building in which they now assemble, as it is too limited for their museum and library.

**MEDICAL REFORM.—THE COLLEGE OF PHYSICIANS.**

WE have been informed on authority upon which we can rely, that Sir Henry Halford, the perpetual President of the College of Physicians, has been in the habit of earwiggling Lord Melbourne very frequently within the last few days. Sir Henry has also visited the universities of Oxford and Cambridge, in which there are no medical schools, and no *examination for the degree of Doctor in Medicine*, to confer with the renowned medical professors of those places on the best mode of gulling the government and the public into the belief that there are not such professors on this side of the Ganges, and that their doctors only are worthy of the Fellowship of the College. Sir Henry will learn to his misfortune, before six months, that he may quote his favourite Shakspeare,

“Farewell, a long farewell, to all my greatness.”

The age of humbug is gone by. A reformed parliament will and must change the laws relating to the conservation of public health, and the Ministry, the Universities, with the College of Physicians, cannot stay the course of right and justice.

**Hospital Reports.**

**ST. BARTHOLOMEW'S HOSPITAL.**

*Amputation of the Thigh near the Hip-joint, by Mr. Lawrence.*

On Saturday, October the 12th, Mr. Lawrence performed amputation of the thigh near the hip-joint, in a young woman, ætat. 25. The history of this patient's case is extremely interesting. She originally laboured under severe disease of the knee-joint, for which it was found necessary to remove the limb above the

knee. Soon after the operation the stump was attacked with most excruciating pains, which rendered the patient's life so truly miserable, that, in accordance with her earnest entreaties, Mr. Lawrence proceeded to amputate the stump. In the operation Mr. L. was assisted by Messrs. Earle, Stanley, and Skey.

The amputation being so high up, the adjustment of a tourniquet was impossible, and, accordingly, Mr. Stanley compressed the femoral artery by means of an instrument. Mr. Lawrence, with a large amputating knife, in one sweep, made a circular division of the integuments, and having put back the flap, he dissected the deep-seated parts with a smaller knife. The hæmorrhage during this part of the operation was rather considerable. Mr. L. then drew the saw across the bone, which suddenly snapped, and gave way in a manner that proved its structure was somewhat altered. During the operation the patient became extremely sick, and vomited the entire contents of her stomach. Previous to her being removed she became very faint, and large quantities of wine were administered, which she drank with avidity. The usual number of arteries were tied. The surface of the wound was then cleaned, and the edges approximated by means of large broad stripes of adhesive plaster. The patient was then removed to bed. Immediately after the operation Mr. Lawrence came forward, and made the following remarks on the case.

“Gentlemen,—In the case in which you have just seen me operate, the thigh was formerly amputated for disease of the knee-joint. The stump, as you perceive, healed remarkably well, but the amputation was succeeded by the most violent pains in the stump. The patient could not bear the least touch on the stump, which became endued with the most exquisite sensibility—a sensibility which rendered her existence truly miserable. The pains in the stump were evidently neuralgic, and they were attended with hysteria. She complained of agonising pains extending from the stump upward along the abdominal muscles, as far as the axilla; indeed, so great were these pains along the abdomen, that it was for a time supposed that the patient was labouring under acute peritonitis. She came into the hospital determined at all risks to endeavour at gaining some relief; even death, she said, would be preferable to the miserable life which she was leading. Since her admission, last summer, every means were resorted to, which were at all likely to afford relief. Leeches were applied to the stump: blisters were also used. Vesication was produced by means of nitrate of silver. Warm and cold applications were used. Internally we gave her opium in large doses, and also sulphate of quinine and carbonate of iron. All these failed; the patient still continued to suffer the most dreadful and unremitting pains. She then requested me to amputate the stump—a measure which, in a surgical point of view,

was not demanded, but to which, in consequence of the earnest entreaties of the patient, and from a hope that relief may be obtained by the operation, I have acceded.

"Now, gentlemen, there can be no doubt of this poor woman's sufferings arising from the state of the nerves produced by the former amputation. Our friend Mr. Langstaff has several morbid specimens of stumps, in which the state of the nerves was materially altered. He has published a very interesting account of some of these specimens in the 16th vol. of the Medico-Chirurgical Transactions. After amputation, large bulbs sometimes form on the extremities of nerves. In the operation which I have just performed, I cut away a large portion of the ischiatic nerve, above the spot where I performed amputation. I also removed a portion of another nerve. I trust these steps will be available in affording relief to this poor creature. We have not yet had time to make an examination of the stump I have just removed, but it shall be carefully examined and displayed for your inspection."

#### ST. GEORGE'S HOSPITAL.

#### *Calculus Vesicæ.—Lithotripsy by Baron Heurteloup.*

James Newton, æt. 56, was admitted a few weeks since, under the care of Mr. Brodie, with stone in the bladder. He had some years since, we believe, been under the care of Baron Heurteloup, who had broken down a stone and relieved him; and Mr. Brodie requested the Baron again to take charge of him whilst in the hospital.

The first operation was performed on Friday the 11th. The man was placed on the *lit rectangle* in the operating theatre; the bladder was injected, and the stone seized and broken into fragments. The Baron stated the stone to be a flat one. The man returned to bed. There was but little consequent fever, and the patient's general health continuing good, the second operation was performed on Tuesday the 13th.

Previous to commencing the operation, the Baron (through an interpreter) addressed the gentlemen present, remarking, that on the last operation he had detected the stone to be a flat one, and had broken it into fragments of greater or lesser size; some of these had unfortunately been thrown away, but those the patient had passed within the last twenty-four hours had been kept, and had come away nearly in the state of powder; within the last three hours, also, the patient had passed larger fragments, and, in sounding the bladder for the second operation (continued the Baron), much caution and care is requisite, lest there should be a small fragment of stone in the canal of the urethra at the time, which by unnecessary violence may lacerate the lining mucous membrane.

The patient was then placed upon the *lit rectangle*, and the urethra having been carefully sounded, the bladder was injected, and the *brise pierre* introduced. A fragment of stone was readily seized, which the Baron stated to occupy a greater space between the anterior and posterior branches of the instrument than the whole stone did before being broken. The instrument was fixed, and a few smart blows with the hammer were immediately struck upon it; the instrument was withdrawn, and between the branches were numerous fragments of stone reduced to a fine powder, which the Baron showed to those around him. This was scarcely done, when the patient, who was still lying on the table, was seized with general shivering and trembling in all his limbs, spasmodic difficulty of breathing, &c. This naturally drew the attention of all towards him, fearful lest some untoward accident should happen. The nervous symptoms, however, soon subsided, the man's face became flushed, and the frontal vessels appeared swelled, even at the distance we were from him; he complained of intense pain at the back of his head, and was therefore removed to bed. The Baron stated, that these symptoms were purely referable to nervous irritation, that he could give no reason for them, and they had not happened to the man before. A bystander observed, that the patient had taken no food that morning, which the Baron remarked was quite a sufficient reason to account for all the symptoms. Mr. Brodie said, that he hoped the symptoms would turn out to be nothing more than what they had all seen. He had frequently known the same thing happen after passing a bougie.

With reference to the operation of lithotripsy both Mr. Brodie and Mr. Keate are, we believe, very sceptical, as to the superior efficacy of it over lithotomy, and this could be plainly seen in the Baron's conduct towards these gentlemen. His anxiety in pointing out to Mr. Keate all the steps of the operation, and his asking Mr. Brodie afterwards, "*étes vous satisfait,*" plainly proved this. It appeared to us, that in breaking up the fragments of stone more force was used with the hammer than the case warranted.

Mr. Brodie's opinion is, we believe, against it. The common operation of lithotomy may be employed in many cases, where lithotripsy is inadvisable; nor do we believe, that the number of cases cured by the latter operation (although they are in general picked ones) averages above those cured by lithotomy. When first the operation was performed by Civiale in Paris, as long as it was confined to private cases it was generally successful, but on its being performed on patients in the public hospitals, the deaths, we believe, were as one to five.

13th. Seven P.M. The patient had a convulsive fit at five P.M.; he was immediately bled to  $\bar{c}$ xx., and an assafoetida enema was administered, since which he has had no return.

of the spasm, and has passed a small quantity of turbid urine; pulse 90; tongue white and furred. It was also stated, that he had passed some blood by the urethra, but on this point we could not perfectly satisfy ourselves.

On Thursday, October 10th, two operations were performed in this hospital. The first, which was performed by Mr. Hawkins, was the division of adhesions, which had taken place between the gums and cheeks in a child, about seven years of age. Mr. H. remarked, in reference to this case, that the adhesions resulted from severe inflammation, caused by an improper exhibition of mercury; the child was completely lock-jawed, and could not open her mouth; by dividing these adhesions he trusted there would be no recurrence of these bad symptoms. There was very little hæmorrhage.

#### ST. THOMAS'S HOSPITAL.

#### *Chorea successfully treated with Carbonate of Iron.*

CHARLOTTE CORNELIUS, aged 18, was admitted into Elizabeth's ward on the 22d of May with chorea, which came on after a sudden fright seven weeks before, and had been getting worse ever since. She had been for some time in one of the large hospitals in this metropolis, but, deriving no benefit from the treatment there employed, she left it and came to St. Thomas's. She had been taking a variety of medicines, and, amongst others, carbonate of iron in small doses. At the time of her admission the involuntary action of the muscles was so violent, that it was with difficulty she could be retained in bed; her limbs and face were incessantly and violently distorted; she could neither eat nor speak but with the greatest difficulty, and was quite unable to put out her tongue. There was no headach, nor was the general health so much affected as might have been expected from the time the disease had existed. She had only menstruated once, about eight weeks previous to her admission, just before the accession of the disorder. Bowels costive. Dr. Roots saw her on the 4th, and ordered her head to be shaved, and a cold lotion to be applied. Milk diet.

*Ferri carbonatis, ʒ ij. 6ta quaque horâ.*

8th. The patient was better, and could put out her tongue; but the spasms had been so violent since her admission, that it was found necessary to strap her to the bed, to prevent her from throwing herself off. The bowels were very much confined, and ol. crotonis ℥j. was ordered to be taken every morning. A pint of beef tea in addition to milk diet.

*Ferri carbonat. ʒ ij. 6tis horis.*

11th. The croton oil acted freely upon the bowels; but it was only given once, as the

spasms were rather worse, and it caused so much prostration that an ounce of wine was ordered to be taken three times a day.

*Ferri carbonatis, ʒ ij. 4tis horis.*

15th. The wine occasioned great heat and excitement, and was only given three or four times. The chorea was however better.

*Ferri carbon. ʒ iv. 4tis horis.*

18th. Better. There was a troublesome cough, for which tinct. hyoscyami gr. xii. 6tis horis were ordered.

*Cont. Ferri carb.*

22d. Gradually improving. The patient continued to take the tincture and the carbonate till the 25th, when the dose of the latter was increased to five drachms every four hours. The patient was much better, being able to sit up, feed herself, and walk a little.

29th. *Ferri carbonat. ʒ vj. 6tis horis.*

July 1. Was alarmed by seeing a patient in an epileptic fit, and much worse in consequence; she soon however got better.

5th. *Ferri carb. ʒ vj. 4tis horis.*

Tepid shower bath daily.

*Ext. hyoscyam gr. v. 6tis horis,*

as the cough still remained.

The patient gradually lost the involuntary action of the muscles, but those of the face continued to be affected some time after the symptoms had subsided in other parts of the body, causing momentary and ludicrous expressions of mirth in her countenance. On the 29th, the dose of the carbonate of iron was increased to seven drachms, which she continued to take till the 10th of July, when she was discharged perfectly well.

#### *Chorea.*

John Moulder, aged 16, a sawyer, of pale, and somewhat strumous appearance, caught cold three months ago from bathing, and was seized two days after with a neuralgic affection of the right side of the lower jaw. This soon went off, but returned almost every morning for the space of two months. There was now and then a slight headach with giddiness, but not sufficient to prevent the patient from working. Three weeks ago the headach and giddiness became much worse, and he then began to observe "a catching" of the muscles of the right arm, which soon extended over the whole of the right side, and ultimately over the whole body. The headach and giddiness then became better, but have returned several times since, together with the pain in the jaw.

On the day of his admission, July 4th, the contraction of the muscles was so violent, as entirely to prevent the patient from feeding himself, and almost from eating, speaking, or sleeping. Every voluntary muscle seemed

affected, and he was continually writhing and grimacing in a most extraordinary manner. The spasms were not attended with pain, but only with a feeling of great fatigue. Pulse natural; appetite good; tongue clean; skin cool; bowels rather confined. Mr. Stone saw him and ordered—

*Ol. Ricini*, ℥ ss. *stat. et rep. in opus vit.*  
*Ferri carbon.* ʒj. *6tis horis.*

House diet.

5th. Bowels have been opened by the castor oil, but the patient is rather worse, and has had no sleep. Dr. Elliotson saw him and ordered—

*Ferri carbon.* ʒ ss. *6ta quaque hora.*

6th. Mane: Became suddenly so much worse as to require force to keep him in bed for a quarter of an hour, and at the same time had a return of the pain in his jaw. This was followed by three hours' sleep, during which he was perfectly quiet. Vespere: The spasms are so violent, producing opisthotonos, that the patient, with his own consent, has been strapped to the bedstead. Though the appetite is good, he is able to take only a very small quantity of food, and it is with great difficulty that the medicines are given. He can only speak in monosyllables, and then does so by a sudden effort. There is an eruption of curved red lines on his hands and feet, with a sensation of smarting and heat in the parts.

*Ferri carbon.* ʒ ss. *4ta quaque hora.*

7th. Still obliged to be confined to his bed, though he is somewhat better. Has taken the medicine regularly. Pergat.

8th. Vespere: Bowels open by castor oil. The contortions of the body were so violent, that he could scarcely be held on the water closet, and nearly sprung from the arms of the men who were conveying him to bed. Pergat.

10th. Is much better; can speak and eat with less difficulty.

12th. Is improving rapidly; the affection almost confined to the face and upper extremities. Pergat.

13th. There is an eruption of boils, to which the patient has been subject, on different parts of the body; a large one on the chin, and two behind the ear.

15th. Continues to take his powder very regularly in treacle, and can now speak much more distinctly; sleeps well, and has been out walking in the square of the hospital.

22d. The patient has continued to take the carbonate of iron every four hours, and has been progressively improving. The spasms have entirely ceased in every part of the body, except in the face, where there still remains a slight twitching of the muscles.

The patient took the medicine till the 30th, when he was discharged quite well. It was occasionally necessary to administer a dose of castor oil during the progress of the cure; but

this was required only two or three times, as the treacle in which the carbonate of iron was administered kept the bowels sufficiently open.

#### MISCELLANIES.

The following gentlemen were this day elected office-bearers of the Faculty of Medicine at Glasgow:—J. P. Glen, Esq., President; Mr. T. Lightbody, Treasurer; James Lyle, Librarian; W. G. C. Clark, Seal Keeper. Directors—Messrs. J. Buchanan, W. Moffat, J. Dick, J. Anderson, W. Buchanan, H. Clark, A. Adam, and D. Taylor. Curators of Library—Messrs. Lightbody, Garraway, Adam and M'Lachlan. Curators of Museum—Messrs. Glen, Wylie and Lyle. Officer—John Hamilton.

**MEDICAL PROFESSION.**—The physicians and surgeons of the city and county of Cork were called together by a requisition of the Western Medical Society, and held their meeting (the most numerous ever convened in the South of Ireland) at Lloyd's Hotel, a few days ago, to take into consideration the state of the profession in the south of Ireland, as well as the alterations contemplated by the Board of Superintendents of the County Grand Jury in the management of Dispensaries.

Dr. Beamish, of Bandon, was unanimously called to the chair. Dr. Jago, of Kinsale, was requested to act as secretary to the meeting. A variety of matter connected with the Profession was discussed, and much useful matter elicited, which will be laid before the Committee of the House of Commons. A committee was chosen to draw up a memorial to the Grand Jury on the proposed changes. The memorial was submitted to the general meeting the next day and adopted. They then proceeded to the election of a permanent medical committee, when the following gentlemen were elected, to whom the management of their interests was

confided, viz.:—Dr. Beamiah, Bandon; Dr. Page, Kilworth; Dr. Nugent, Cork; Dr. Jago, Kinsale; Dr. William Murphy, Cork; Surgeon Fitzgibbon, Rosscarbery; Dr. Corbett, Innishannon; Dr. Bennett, Cork; Dr. M'Carthy, Bandon; and Surgeon Phelan, Clonmel. Dr. Bennett, of Cork, accepted the office of secretary to the committee. A deputation, consisting of the following physicians and surgeons, was appointed to present the memorial to the Grand Jury, and to confer with them on the proposed alterations, viz.:—Dr. O'Hea, Fermoy; Dr. Page, Kilworth; Dr. William Murphy, Cork; Surgeon Fitzgibbon, Rosscarbery; and Dr. Corbett, of Innishannon. We understand that the result of the interview between these gentlemen and the Grand Jury has been satisfactory, and has tended to remove the misapprehension of both parties.

The annual meeting of the Greenock Medical and Chirurgical Association took place yesterday, when the following gentlemen were elected office-bearers for the ensuing year:—Dr. Speirs, President; Dr. Mackie, Vice-President; Mr. Speirs, Treasurer; Mr. Auld, Secretary; Mr. Bruce, Librarian; Dr. Hill and Mr. Crawford (Gourock), Censors; Dr. M'Donald, Superintendent of Museum.

WELLS.—A Medical Society has lately been formed in this city, to which Dr. Macmullen has been appointed President, and Mr. Bullen, Secretary and Treasurer; and on Friday the 27th ult., a meeting took place of many of its members, consisting of the most respectable practitioners in the neighbourhood, at the Swan Hotel, and formed the rules of the society; they afterwards sat down to an excellent dinner provided by Mr. Rolle in his accustomed style. On the cloth being removed, the usual toasts, "the King and Queen," were given. The President then proposed "Prosperity to the Wells Medical

Society," which was received with considerable applause. The President's health was next proposed and drank in the most flattering manner. In returning thanks, Dr. Macmullen introduced some appropriate remarks on the good effects likely to result from the establishment of such a society, and observed how gratifying it was to see gentlemen of a profession so respectable as that of medicine meet together in so friendly and cordial a manner as they did on that occasion; and in conclusion begged to propose the health of Mr. Bond. Mr. Bond returned thanks in an excellent speech, and observed it was his opinion that the Wells Medical Society would become an extensive and respectable one, and that he should always take a lively interest in its welfare. He then proposed the health of the secretary, Mr. Bullen. Mr. Bullen expressed his thanks for the compliment paid him, and hoped he should always discharge, to their satisfaction, his duties as secretary; he remarked on the central situation of Wells, with reference to the eastern part of the county, considering it a proper place of meeting for the members of the society; and alluded to the propriety of the profession observing and endeavouring to counteract any attempt at improper alterations in the medical institutions of the kingdom. The healths of Mr. Marshall and Mr. Gale were proposed, who, in returning thanks, severally expressed the interest with which they regarded the society. Many other appropriate toasts were proposed and drunk, and about half-past ten the President vacated the chair, and the members retired, highly delighted with the proceedings of the day.

EDINBURGH.—The Royal College of Surgeons being this day met, made choice of the following office-bearers for the ensuing year, viz.:—John Campbell, M.D., President; Thomas Lothian, Treasurer; James Keith, M.D., Librarian; William M'Gillivray, Conservator of Museums.

*Examinators:*—John Gairdner,

M.D., William Brown, David Clark, M.D., John M'Farlan, Alex. Macaulay, M.D., James Pitcairn, M.D., Richard Huie, M.D., James Begbie, M.D., James Scarth Combie, M.D., Archibald Inglis, M.D., Wm. Dumbreck, M.D., and James Simpson, M.D.

Extracted from the Records of the Royal College, by

WILLIAM SCOTT, *Secretary.*

**PROFESSORSHIP OF CHEMISTRY.—MARISCHAL COLLEGE.**—The examination for the Professorship of Marischal College, vacant by the death of Mr. French, commenced on Thursday last, in the presence of the Principal and Professors—the patrons of the office—assisted by Dr. Thomson, Professor of Chemistry in the University of Glasgow, and the Rev. Mr. Forsyth of Belhelvie—the two latter having been invited by the Senatus to assist in the examination. The candidates who appeared were—Dr. Henderson, Lecturer on *Materia Medica* to King's and Marischal Colleges, and Assistant to the late Dr. French; Dr. Laing, one of the Physicians to the Aberdeen Infirmary; and Dr. Thomas Clark of Glasgow.

A difficulty having arisen as to the interpretation of the clause in the Deed of Foundation, which requires that the candidates shall have received a regular academical education, the Senatus divided upon the point as to whether Dr. Clark, by producing a diploma of M.D. from the University of Glasgow, had complied with the above requirement of the founder, and was therefore eligible for admission as a candidate. The question having come to a vote, there appeared

<i>For admission.</i>	<i>For non-admission.</i>
Principal Dewar,	Dr. Glennie,
Dr. Skene,	Dr. Knight,
Dr. Davidson,	Professor Brown,
Professor Cruikshank.	Dr. Black.

By this equality of votes, the question came to be decided by the casting vote of the Principal, who gave it in favour of admitting Dr. Clarke as a

candidate. Upon this, certain of the Professors, who had voted for non-admission, entered their dissent and protest upon the record.

The examination of the candidates was then proceeded in, and is still going on. It is, however, expected that it will be concluded to-day, after which the Examinators will report their opinion to the Senatus, who will then proceed in the usual form to elect the Professor.

APOTHECARIES' HALL.

**NAMES** of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, October 10th.

Richard Allen . . .	Leicester.
Henry Barrett . . .	Kingston, Beaks.
John Bennett . . .	Manchester.
Francis A. B. Bonny . . .	Brentford.
Robert Crisp . . .	Peterborough.
Henry Acheson Crozier . . .	Totneas, Devon.
Frederick Davenport . . .	Egham, Surrey.
Edward William Eton . . .	Bedworth, Warwick.
William Jenkin . . .	Cornwall.
Thomas Lloyd . . .	London.
John Warburton Moseley . . .	Burslem, Staffordsh.
David Morgan . . .	Llandilo.
Thomas Howel Stevens . . .	Barnstaple.
William Saul . . .	Green Row, Cumberland.

Wm. Stanhope Taylor . . .	
Jonathan Gawtress Wade . . .	Wath, near. Rotherham.
Francis Welsh . . .	Taunton.

BOOKS.

A Concise Treatise on Dislocations and Fractures, being a Selection from the Best Works, Illustrated by Fourteen Plates. New Edition, 12mo. London, 1833. Renshaw and Rush.

We strongly recommend this little work to every one engaged in the practice of surgery. It is a *multum in parvo*.

The Principles and Practice of Obstetric Medicine, in a Series of Systematic Dissertations on Midwifery and the Diseases of Women and Children, illustrated by numerous Plates. By DAVID D. DAVIS, M.R.S.L., Professor of Midwifery in the University of London. Part XXIV. London 1833. John Taylor.

An Inquiry into the Disease called Cholera Morbus, showing its Nature and suggesting the Means of Cure. London 1833.



Thoughts on Medical Reform by a Retired Practitioner. London, 1833. B. Fellowes.

A New Method of Making Anatomical Preparations, particularly those relative to the Nervous System. By JOSEPH SWAN. Third Edition, enlarged. 8vo. Part III. London, 1833. Longman and Co.

Surgical Essays, the result of Clinical Observations made at Guy's Hospital. By B. B. COOPER, F.R.S., Surgeon to Guy's Hospital, Lecturer on Anatomy, &c. &c. Royal 8vo. Pp. 281. Four coloured Plates. Lond. 1833. Longman and Co.

This work closely resembles the Essay of Sir Astley Cooper and Mr. Travers, and is replete with much surgical information.

Observations on Obstetric Auscultation, with an Analysis of the Evidences of Pregnancy, and an Inquiry into the Proofs of the Life and Death of the Fœtus in Utero. By E. KENNEDY, M.D. Pp. 288. Dublin, 1833. Hodges and Smith.

Lunacy versus Liberty. A Letter to the Lord Chancellor. By WILLIAM GRIGGS.

A Series of Anatomical Plates, in Lithography, with References and Physiological Comments in illustration of the Structure of different parts of the Human Body. By JONES QUAIN, M.D. Fasciculus I. Division I. Muscles. John Taylor.

## The Sanctum.

*Advertisement Extraordinary.*—A respectable metropolitan lecturer near the West-end, being anxious that his ensuing course should be reported for insertion in a contemporary, wishes to meet with a gentleman properly qualified to do the same. No one need apply who does not possess a thorough knowledge of *blarney*, and is not able to report such words as *post hoc* and *propter hoc* in the twinkling of a gallipot. No one who has been a reporter before, or who understands Latin well need apply. Letters will be received (post-paid) and personal references attended to any hour after dark, by Dr. —, — street, — square.

*Magnetism.*—A tom cat, a great friend of ours, was lately cured of a severe tic-doloureux of the stomach, by having a magnet passed over a piece of cheese before he (the dear fellow) took it for his supper.

*Important Clinical Lecture.*—A clinical lecturer, not many hundred miles from Hyde Park Corner, in describing a case to his pupils began, by saying that the patient had died, but he really did not know why; she was not left to die, neither had she any right to die. However, on examining her body, he found, to his surprise, that "the blood was everywhere

but where it should be;" now this he thought formed a very strange symptom in the case, and it was not right that the process of sanguification, or as he termed it, the "business of blood-making," should be left to go on in such a strange way, and ultimately kill the patient without his noticing it to his pupils. He next went on to describe a case of "splitting headach," in doing which he fairly "split the ears of the groundlings;" the word "splitting" in his ears sounded more medical than any double Dutch or dog Latin expressive of the same term could do. In fact, the lecturer and his lecture were as oddly assorted a couple as could be well met with in any hospital walk in London.

Our correspondent who dates from the Spooney Flats, Connecticut county, shall be immortalised in the next Sanctum.

*Pauper Physicians and Surgeons.*—A correspondent on whose veracity we can rely, informs us that there are at least three hundred professional men on the pauper lists of the metropolis.

*Intercepted Letters.*—We have received numbers of these lately, and if the parties for whom they are intended do not call for them before the publication of the next Sanctum, they will be treated *selon les régles*.

*A very funny M.D.*—A respectable physician whose lectures have gained him great notoriety, is noticed in a contemporary as remarkable for interlarding puns and smart sayings with his medical axioms. Rather a novel qualification this!

*Important Intelligence.*—Our correspondent, W. C., who wishes us to communicate what he considers important intelligence to our correspondents and readers is informed that we shall willingly do so when we have the opportunity. He is not, perhaps aware of the difficulty that exists in procuring it correct. We are obliged to him for his kind letter.

*Mr. Griggs.*—Reader, the worthy gentleman whose name you have just read is a member of the baking profession, and resides in the Edgeware Road. He has had the misfortune to be confined in Mr. Finch's Lunatic Asylum, where he considers he has been most unjustly and unkindly treated; and having got out, has determined on writing a book, which he has sent us to notice, but which we shall not do except specially requested by our readers, until when, most immortal Griggs, farewell!

We have received a letter from VERRAX, and a communication from the Editors of the *Journal des Connaissances Médico-Chirurgicales*, which shall be attended to.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

# London Medical and Surgical Journal.

No. 91.

SATURDAY, OCTOBER 26, 1833.

VOL. IV.

## LECTURES

ON THE

## PRINCIPLES, PRACTICE, &amp; OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

Delivered at the University of London,  
Session 1832—1833.

LECTURE IX., DELIVERED FEB. 28, 1833.

GENTLEMEN.—Towards the conclusion of the last lecture I was noticing the treatment of that form of periostitis which sometimes arises during a mercurial course, employed for the cure of syphilis, though chiefly in persons who are not careful of themselves while subjected to the influence of this mineral, either committing excesses in diet, or exposing themselves to damp and cold. It might, perhaps, here be more correct to say, that these circumstances in venereal patients tend to prevent the salutary influence of mercury on syphilis, and to bring the system into a condition, in which periostitis is readily excited. There may also be particular states of the constitution, independent of such causes, creating a predisposition to inflammation of the periosteum, which is then excited by the further derangement of the health, produced by the united effects of the venereal disease and mercury together. Different opinions are entertained by surgeons respecting the right mode of treatment in this form of periostitis. Many practitioners deem the antiphlogistic plan, combined with the continuance of mercury, the most advisable practice, and, not only in this instance, but in all forms of periostitis, whether depending on syphilis or not. But in those cases which have been produced by the injudicious and negligent use of mercury, I believe it is a better plan to discontinue that medicine, at least for a time, that is to say, until the derangement of the health has had a little while to subside: afterwards you may resume mercury, if necessary, under more advantageous circumstances. You will meet with many cases, however, which cannot be relieved by mercurial treatment; and certainly it is

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improper to push mercury while the constitution is deranged by the combination of circumstances I have mentioned, namely, by the inattention of the individual to take proper care of himself while taking the medicine, and by the influence of the original disease on the periosteum in the peculiar state of the constitution thus induced. Under such circumstances, the mercury should be discontinued, at all events, for a certain time, and, after having had recourse to leeches and purgatives, you may give light tonic alteratives, especially sarsaparilla, with small doses of the compound powder of ipecacuanha, James's powder, or hyocyamus, or opium, if the pain be very severe. When the constitution has improved, if the periostitis require it, mercury is now to be given, and you may even push it to some extent, cautioning the patient, however, against imprudently exposing himself to cold, living too freely, and following his usual exercises in the open air. You will generally find, that when the periosteum inflames during the mercurial treatment of syphilis, and the patient's constitution has not something wrong about it, independent of the causes here considered, the disease is brought on in the manner I have mentioned. Cases are frequently met with, in which colchicum is found to give considerable relief; and there can be no doubt, I believe, that one form of periostitis occurs chiefly in rheumatic constitutions, and that, in them, it is often excited by the disturbance of the health, occasioned by the united effects of mercury and syphilis together. When periostitis gets into the chronic stage, frictions with iodine liniments, or even blisters, are exceedingly useful; but in the acute stage, leeches, fomentations, and poultices, or the soap plaster with belladonna, are the right applications. When I come to the venereal disease, the subject of *nodes* will bring us into close contact with this disease again; I shall now pass on to the consideration of

*Inflammation of bone.*—This may be either acute or chronic, simple or specific, just like inflammation of the soft parts. In the chronic form of the disease, a slow enlargement of the bone is produced, attended with a degree of hardness perfectly incompressible. In no

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species of inflammation of the osseous texture, does the swelling come on so rapidly as that of the soft parts. It requires a longer time for its production; and, in the commencement of the affection, considerable pain always precedes the swelling. Then I have to notice, that the latter effect, slow as it is in its occurrence, is still slower in disappearing. In certain instances, chronic inflammation of a bone will follow a blow, or some other form of external injury, and then the pain is not always particularly severe, nor is it constantly accompanied by any material constitutional disturbance; but when the inflammation has arisen as a consequence of syphilis, or of the abuse of mercury, in peculiar and unfavourable conditions of the health, then the pain in the part is generally considerable, and remarkable for its periodical exacerbations, which usually come on in the night-time.

In *chronic inflammation of a bone*, gentlemen, the part is generally enlarged by an increased deposition of phosphate of lime within its texture, in consequence of which it acquires greater density, solidity, and weight. In the venereal inflammation of bones, when there is enlargement produced, you will generally find that the bone is heavier than natural, as you see in this example. You may observe, that it is not only increased in size but in weight, which changes depend upon the increased quantity of phosphate of lime that has been deposited in its texture. However, in some other kinds of inflammation of bones, there is no increased deposition of lime in the osseous texture, and consequently their weight is not augmented. Sometimes, instead of rendering a bone heavier than natural, inflammation will have the directly contrary effect, rendering the part lighter and more porous than common. This tibia, which has indubitable marks of having suffered from inflammation, is lighter than natural; and you will observe, that the vertebrae, which I now show you, are surprisingly light: this sacrum has not one half of the weight which it would have had in a healthy condition. But, gentlemen, I should mention, that, though in our Mussum catalogue these latter specimens are entered as instances of the effects of inflammation on bones, the history of some of the cases is not known; therefore, doubts may exist about the causes which produced so extraordinary a lightness of the osseous texture, and whether it has been truly brought on by inflammation. But there are other specimens in the Museum, in which we know very well, from the history of the cases, that the increased porosity of the osseous texture, and the diminution in its weight, were produced by the effect of inflammation. Here is an example of what I am referring to: it comprises the sections of a femur, which has been fractured, a good deal of inflammation has followed the injury, and its ends are manifestly more porous than the rest of the bone, and their solidity diminished. Indeed, you will generally find in frac-

tures, and more especially in compound fractures, that the ends of bones become porous and light in consequence of the inflammation which ensues.

Then, gentlemen, I need hardly tell you, that inflammation renders the surfaces of bones particularly rough, changes their figure, and produces an altered appearance of their prominences and edges. Here are specimens of the roughness, protuberances, and other changes, produced on the surfaces of bones, by inflammation of the osseous texture.

In scrofulous inflammation of a bone, you will frequently find, that the part becomes lighter than natural, and that in its interior a soft greasy kind of substance is deposited, at the same time that more or less of the phosphate of lime is deficient. Small cells are formed within the osseous texture, in which the soft greasy substance, which I have mentioned, is deposited, the earthy matter being absorbed in proportion. While these changes are going on in the interior of the bone, you will frequently find a considerable quantity of bony matter thrown out on its external surface, and forming osseous irregularities, which sometimes surround the whole head of the bone, and shoot out like sharp spiculae from it. You will find that scrofula is always most disposed to attack the heads of bones, and other parts of the skeleton, whose texture is spongy.

In the disease called *white swelling*, you will notice, that the bone is softened; that there is an undue absorption of the phosphate of lime from it; and that a deposition of a caseous greasy substance takes its place. In this disease, you will also observe the spiculae, or irregularities of bone, which sometimes reach, in the manner I have described, a considerable distance from the surface of the bone. I will show you various specimens of the effects of scrofulous inflammation of the bones, when the *diseases of joints* will come particularly under our consideration.

Inflammation of bone, kept up for some time by the pressure of the head of another bone, thrown out of its natural situation, sometimes leads to a very curious change in the bone thus pressed upon, as well as on the displaced head; a kind of *ivory deposit* may be secreted on the surface. You may observe a deposition of this kind on the head of the bone, which I now show you; it certainly appears very much like ivory, and seems to be produced as a substitute for cartilage, and to be capable of bearing a degree of friction without becoming inflamed, or an anchylosis, or complete growth of the two other bones to each other being the result. It is sometimes termed the *porcelain* deposit.

Sometimes inflammation of a bone leads to ulceration of that texture, or to what surgeons term *caries*; for, though this process corresponds in all essential points to the ulceration of the soft parts, yet it is customary not to call it ulceration, but to apply to it the other

name, which has been specified. A very good example of caries is seen in this radius, on which the ravages of a process analogous to ulceration, have occasioned almost a destruction of the part. I have already shown you different specimens of simple absorption of the bony texture, caused by the pressure of neighbouring tumours. A good illustration of this sort of change is now before you:—the greater part of this thigh-bone has been absorbed, in consequence of the pressure of a tumour on the thigh. Now, the simple absorption of bones differs essentially from caries, with which there is always a secretion of pus; whereas a mere removal of the osseous texture, produced by pressure, is not accompanied by any secretion of purulent matter, as is illustrated in the remains of the thigh-bone you are now examining; and, in aneurisms within the chest and abdomen, by the pressure of which diseases, the vertebrae, ribs, or sternum, become in numerous instances extensively absorbed; yet there is, as I have said, no secretion of pus; the osseous texture is quietly taken away, without the formation of any abscess. Thus, gentlemen, you see, that a good deal of difference exists between caries and simple absorption of bone.

Then, gentlemen, while simple enlargement of bones, attended either by an increase, or a diminution in their weight, is frequently the result of chronic inflammation of their texture, you will often find *suppuration in the cancellous structure* of bones, and *necrosis*, or the death of the harder parts of the osseous texture, are common consequences of acute inflammation of bones, that has gone beyond a certain pitch. Bones will not bear a violent attack of inflammation without a portion of their structure being likely to perish, and then the disease receives, as I have explained, the name of *necrosis*. In certain instances, suppuration takes place in the medullary texture; and this sometimes as a consequence of deep-seated chronic inflammation within the cancelli, or cavity of the bone. An interesting case was lately recorded in the *Medico-Chirurgical Transactions* by Mr. Brodie. A patient had been labouring under a considerable swelling at the lower part of the tibia for eighteen years, without being able to procure relief from any kind of treatment that could be thought of. Mr. Brodie determined to perforate the bone, conceiving that matter might be confined within it. The trephine was applied, and a small abscess found in the cancellous texture of the tibia. So small was this abscess, that it contained only about two drachms of pus; yet it had kept up a continual state of suffering for the extraordinary length of time which I have mentioned. You will also find in Hey's *Practical Observations on Surgery* other cases of a somewhat similar description.

A bone, that has been enlarged by inflammation, is not so quick in returning to its original size as the soft parts, when they have

been swelled from a similar cause. In fact, when a bone has once undergone an increase of size at any part of it, a considerable time generally elapses before it recovers its natural dimensions; and sometimes it never does so, but remains ever afterwards more or less altered in its shape and diameter; and this, notwithstanding all morbid action may have ceased within it. It is only the spongy parts of a bone which suppurate: at all events, if suppuration ever takes place in the harder parts of bones, there must have been some previous disease in them, the effect of which has been that of diminishing their solidity; for you will occasionally find that the harder parts of bones will lose their consistence and solidity, and in this case they may have matter formed within them. Suppuration, then, takes place chiefly in the cancellous structure, and in the heads of bones. We occasionally meet with instances of it in the diploe of the cranium. Generally, when suppuration takes place in a bone, in proportion as purulent matter is secreted, the earthy parts of the osseous texture become absorbed, and thus a considerable cavity may be produced. After the pus has collected in the cancellous structure of bones, it usually makes its way after a time through their walls, and, gradually making its way to the surface, collects under the skin. On the bursting or puncture of the abscess, the pus escapes, and the patient receives considerable relief. Such disease used formerly to be known by the name of *spina ventosa*: perhaps, the two cases, related by Mr. Brodie, would have been considered as examples of *spina ventosa*, though, from some causes, which are beyond our comprehension, the matter remained pent up in the interior of the bones for an immense length of time. Where the suppuration is accompanied by much injury of the medullary membrane, the case will be combined with necrosis.

Most of these preparations before me illustrate the roughness of the surface, and the change of shape and size, which we commonly meet with in carious bones; for this disease often follows an inflammation of the osseous texture, and more especially some forms of it, proceeding from specific or constitutional disorders. When exostoses have acquired considerable size, they are frequently attacked by caries or necrosis: the new bony formation seems to be even less capable of bearing inflammation, than the original part of the bone.

Acute inflammation of a bone is to be treated in the same way as idiopathic periostitis, that is to say, with leeches, cold applications, or poultices, saline aperients, and perfect quietude of the part. Sometimes you may also take away blood from the part by cupping. Cases occur, in which you find warm applications afford greater relief than cold ones, and then I advise you always to consult the patient's feelings, and if he expresses

a preference to warm applications, I should never hesitate about the expediency of employing them. In chronic inflammation of bone, the treatment should be regulated by the consideration of the causes of the disorder; you should endeavour to ascertain whether it is connected with syphilis, scrofula, or that peculiar state of the constitution which is brought on by the combined effects of syphilis and an improperly conducted mercurial course. As far as my own experience enables me to judge, I think you will rarely meet with inflammation of the bones in venereal patients, unless they have been employing mercury, and I believe not often then, unless they have been exposing themselves to the imprudences I have mentioned, while taking that medicine, or are individuals whose constitutions are originally bad. You will never be able to say positively, whether chronic inflammation of a bone is venereal, or not, by the mere appearance of the part; you must join with your reflections on the state of the part itself the history of the case. You must study attentively the character of all the other symptoms which the patient either has had, or has at the present time, and it is only in this manner, that you can arrive at a just conclusion. Then, if the affection of the bone be dependent on the venereal disease, you should prescribe mercurial treatment, for without this medicine you would have great difficulty in entirely relieving the patient's sufferings, and diminishing the enlargement. Perhaps this form of syphilis is not so readily cured by common medicines, as the other forms of that disease; for we know, that the ordinary forms of syphilis may all be cured without mercury, although that medicine is usually preferred, on account of the greater certainty with which it prevents the occurrence of secondary symptoms; but nodes and the chronic inflammation of bones from syphilis often make extraordinary resistance to the power of every medicine but mercury. But, in such cases, there is a period beyond which mercury ought not to be given, and if you were to continue its use till all the effects of inflammation had been totally removed, and the swelling quite dispersed, you might kill your patient sooner than accomplish your intention. Hence, when you have every reason to believe, that mercury has suspended the specific morbid action; when you find, that the pain has subsided, that the patient is able to rest better at night, and that other favourable symptoms announce an amelioration in the state of his constitutional health, then you may safely relinquish mercury, and commence with the compound decoction of sarsaparilla, as an alternative well calculated to complete the cure. If this fail, try other light tonics, with antimonials, or Dover's powder. In order to reduce still more the swelling, you may have recourse to blisters, or the ointment of the hydriodate of potash, and other iodine applications, but do not think of salivating your patient until the node entirely disappears.

The next affection of the bones, gentlemen, on which I wish to deliver a few remarks, is *caries*. Some years ago, *caries* and *necrosis* were confounded together; therefore, when you read books, published thirty or forty years ago, you will generally find, that the two diseases are not properly discriminated from one another, though nothing can be more certain than that *caries* is as different from *necrosis*, as ulceration of the soft parts is from mortification. While *caries* is one of the consequences of inflammation, or an irritated state of bone, some of the texture of which is absorbed without its vitality being destroyed, *necrosis* involves the complete destruction of the bone, or of a part of it. In *necrosis*, vast efforts are generally made by nature for the reparation of the portion destroyed, and frequently the whole shaft of a bone is reproduced, but *caries* is not usually followed by any thing in the shape of repair at all comparable to this. The points, in which *caries* resembles ulceration, are the following: *caries* and ulceration are each preceded by inflammation, each is attended with the formation of purulent matter, each may be followed by the production of granulations, and each may depend either on a local or a constitutional cause. Sometimes *caries* and *necrosis* are combined together; frequently when there is *caries*, dead fragments of bone are found in the cavity formed by that process, and this happens especially in *caries* of the vertebræ. When a considerable portion of their substance has been removed, pieces of dead bone are frequently found in the midst of the carious parts. We see an analogous circumstance in ulceration, which is often combined with sloughing. It seems, that, during the progress of ulceration, portions of the substance of the part perish, and are detached, and then remain in the cavity formed by the ulceration. The venereal inflammation of a bone sometimes produces *caries*, and sometimes *necrosis*, and not unfrequently both together. I have already explained to you, that simple absorption of a bone, as illustrated in cases where it has arisen from the pressure of aneurismal and other tumours, is quite a different affection from *caries*.

The bones are all liable to *caries*; but you find that it is the spongy parts of bones, the heads of bones, and the spongy bones themselves, which more frequently suffer from this disease, than the solid, compact, firm parts of them. Thus you meet with *caries* oftener in the head of the tibia, in the vertebræ, in the sternum, in the upper head of the femur, or in its condyles than in the generality of other parts of the skeleton.

Sometimes we can trace the effects of *caries* to a local cause, such as a blow, or other form of external violence; in particular, severe gunshot wounds, which happen to injure the bone. But I should state, that *caries* is more frequently the result of a general disease of the system, and more especially of two diseases, namely, *scrofula* and *syphilis*, particularly the

first. In whatever manner the disease may be produced, there is always, in the early stage, a degree of pain and swelling in the neighbouring soft parts; inflammation arises, an abscess then follows, and it bursts, and discharges a thin ichorous matter, which has a peculiarly offensive smell, and turns a silver probe black, from its containing sulphureted hydrogen gas. After the abscess has burst, it does not heal, but pale fungous granulations are generally thrown out, which bleed profusely on being touched with a probe; indeed, this ready disposition to bleed is one of the common symptoms which will lead you to suspect, that the bone under the sore is not sound. You will observe, that the ill-conditioned granulations about a fistulous opening, leading to a carious bone, have a remarkable propensity to bleed on being slightly touched. Sometimes when the disease is in the head of a bone, and you introduce a probe, you will not merely touch the bone, but the instrument will pass still more deeply into the cancellous structure, without any resistance from the osseous texture. This is sometimes exemplified in the bones of scrofulous joints. You will, also, sometimes find, that small portions of bone are discharged from the fistulous opening, and minute fragments detached from the carious surface.

Generally, if we except the circumstances, that caries is analogous to ulceration, and that it depends sometimes on local and sometimes on constitutional causes, we remain ignorant of various particulars respecting it. Perhaps, if the nature of a bone, the characters of its texture, and organisation, its dull innervation, and deep concealed situation, would allow a skilful pathologist to trace the commencement and progress of caries more easily, he might detect several varieties of the disease, and succeed in pointing out their peculiarities. But such an investigation cannot be so successfully made as in the soft parts. Much yet remains to be made out respecting the nature of caries, no pathologist has hitherto been able to define some of the differences which exist in the varieties of this disease. We know that some kinds of caries are curable by means different from those which are proper for other forms of it; and also that caries is sometimes a symptom of one disease and sometimes of another; yet we cannot always point out the minute differences in the appearance of the several cases. The *worm-eaten* caries is one peculiar variety of it, different from all others; I believe there are some specimens of it in the museum, and they shall be shown to you at the next lecture. In the *worm-eaten* variety of the disease, the bone is perforated at innumerable points and in various directions, and its difference from common caries is immediately apparent; for the latter merely produces a chasm the surface of which is marked by irregularities; but the *worm-eaten* caries presents appearances exactly similar to those which would be caused by the

kind of destruction to which the epithet refers. Around scrofulous caries, you will frequently observe a deposition of new bone in the form of spiculae, inequalities, and protuberant masses. No doubt, in many instances, where the bone is inflamed, the periosteum partakes in the affection, and is materially concerned in producing the changes which take place; or, at all events, the vessels of the periosteum, for the periosteum itself is merely a medium for the transmission of vessels into the texture of the bone. The vessels, then, of the periosteum must be considered as frequently acting a conspicuous part in the diseases of bones, and in their reparation.

The treatment of caries, gentlemen, must be regulated by the views entertained of its cause. If it arise from a local cause, that is, from local inflammation originating, from and following, external violence, of course, as you could not suspect the constitution of being concerned in bringing on the disease, the treatment should be restricted principally to local means. In other instances, where you have reason to believe that the patient is scrofulous, or has syphilis about him, then the treatment ought to comprise internal remedies calculated to rectify and amend the constitution generally. But, even when you have reason to think that the constitution is concerned in the production of the disease, it will be necessary to diminish the surrounding inflammation; for, it is found in caries, that a greater activity prevails in the circulation around the part. Hence, if the part be injected after death, you will see a greater vascularity in it than natural. There is in fact increased action about caries as there is about ulceration; and, viewing the case in this light, it will be evident, that antiphlogistic plans are proper in the first instance. Afterwards it will be your aim, either to remove the carious part of the bone, or to produce such a change in the action of the vessels of the part, as shall cause a cessation of the carious affection. With respect to the removal of the carious portion of bone, there are some who think that more can be done with a cutting instrument in one minute, than can be accomplished by other means in many months. And no doubt when the part can be scraped or cut away with sufficient facility, the practice is sometimes right, as the cure will take place more rapidly. Yet, there are cases in which the disease may be stopped by the use of medicines; thus when caries is dependent on syphilis, mercury will sometimes bring about a cure; and, though scrofula is less under the controul of medicine, yet, if we support the constitution by proper means, nature will occasionally bring even scrofulous caries to a favourable termination. Notwithstanding what is sometimes alleged, I believe, that caries from scrofula often ends in anchylosis, and that such a mode of cure is not only very possible, but absolutely a thing of daily occurrence. I am surprised that such a circumstance should have been doubted, when we

recollect that scrofulous disease of the vertebrae, when cured, is only cured by the establishment of anchylosis. When you find that you can safely cut away the carious portion of a bone, and that you are not likely to bring about a cure by other means, I can see no objection to the practice. Some other means may be useful, as for example, counter-irritation, which acts by arresting the morbid action going on in the carious part of the bone. The disease has also been sometimes benefited by the application of nitric acid and lunar caustic; these act on the same principle as counter-irritation, namely, by stopping the morbid action in the diseased part. With the same view, the actual cautery is commonly used in France, where surgeons as familiarly use the actual cautery, as we do the nitrate of silver, or caustic potash. The cautery destroys the carious part—causes, in truth, a necrosis—exfoliation follows—in other words, the dead piece of bone becomes loose, it is thrown off, or the surgeon takes it away, and the ulcer heals.

## CLINICAL LECTURES

DELIVERED BY

DR. WILLIAM STOKES,

*At the Meath Hospital, or County of Dublin Infirmary, Session 1832-33.*

### LECTURE XV.

#### *Fever, and the Theory of Broussais.*

GENTLEMEN,—At our last meeting I mentioned that it was my intention to devote the remaining lectures of our present course to the consideration of fever; I now proceed to the examination of one of the most important and difficult topics in the whole range of medical science. It is rather a remarkable circumstance, that we have not had, since I took charge of the wards, a single case of what could be called pure fever. In every case which came under our notice, there were, in addition to the fever, unequivocal evidences of visceral inflammation, more or less intense; and, accordingly, as you pursue your studies in pathology, you will be convinced, by repeated experience, that this holds good in more cases than you were previously led to imagine. Hitherto, the clinical lectures which I have delivered in this theatre have been devoted to the consideration of isolated cases of disease. We have not as yet touched on the subject of fever; but now, after you have seen cases of most of the visceral inflammations, you will come to the examination of fever with greater advantages. The ordinary mode of lecturing on the practice of medicine in these countries is, to commence with the subject of fever, for no reason that I can understand, except that it holds the first place in the nosology of Cullen. I have always pursued a different course, for the following reasons.

If we compare the state of our knowledge

of fever now with what it was in former times, we shall see that all our improvements spring from a single source, and that is, our knowledge, not of the essence of fever—not of the laws which govern epidemics—not of the remote causes—not of the phenomena of crisis, but of the number, extent, nature, and effects of the local inflammations which may precede, accompany, occur in the course of, and complicate, the disease. It is to this knowledge we have really advanced; and to attempt the study of fever without possessing a thorough acquaintance with the nature of local inflammations is totally absurd. How are we to understand the nature and symptoms of a nervous fever without a knowledge of the various shades of cerebral irritation, or a catarrhal fever, without an intimate acquaintance with the varieties of bronchitis, pneumonia, and congestion of the lungs? How can we investigate the phenomena of a gastric and bilious fever without a knowledge of that most Protean of diseases, gastro-enteritis?

It may be said, there are simple fevers without any of these local inflammations. True; but they are very rare; and it must always be remembered, that in fever, our incapability of discovering any symptoms of a visceral lesion does not imply its non-existence. How often has the fact been established, that many fevers, supposed to be simple, have been in reality complicated with latent local disease. *Essential fevers*, by which is meant fevers without any local inflammation, were at one time looked upon as diseases of frequent occurrence; they are now considered to be among the "*cas rares*." To this point I shall again return, and for the present merely remark, that all the well-marked local symptoms, in a case of supposed essential fever, are the result of visceral diseases more or less developed. Thus, the vomiting and the hiccup, which the essentialists place to the account of debility, or some other equally unmeaning term, are to the pathologist almost always the signs of a gastritis,—the diarrhoea and tympanitis of gastro-enteric inflammation. Again; that most abused of terms, *effusion into the chest*, by which so many die, is to the essentialist the result of debility; but the true pathologist shows, that in nine cases out of ten, it proceeds from an unsuspected and neglected bronchitis or pneumonia. Do not the delirium, the convulsions, and the coma, point out, most commonly, an excited state of the brain? Will not the pathologist, by investigating disease in this way, be likely to obtain what the essentialist never could arrive at—a rational key to treatment? He is not at one time prescribing for debility without knowing the cause, or for putrescence, or for acidity, or alkalinity of humours, but he is attempting to remove or modify a gastritis, a pulmonary or cerebral inflammation, or congestion.

Gentlemen, we owe a great deal of the improvement we have made in our knowledge of fever to M. Broussais, one of the most

remarkable men of modern times. Of him it may be justly said, that there are few men who have been more lavishly praised and more blindly followed; few who have been more misunderstood, both as to the nature and extent of their labours; and few, indeed, who more strikingly exhibit the shock which may be given to their own reputation, and the injury which may be done to science, by rashly overstepping the bounds of strict and careful induction. I am anxious, for many reasons, that you should acquire clear notions on the subject of the theory of Broussais before we part, because, in the first place, after having examined it we shall be better able to ascertain the actual state of the science with respect to fever, and, in the next, because a great deal of misapprehension prevails on the subject—the result of national prejudice. If medical men, and particularly medical teachers, were to learn before they attempted to describe, and to understand before they dared to ana-thematise, it would tend much to exalt the dignity and importance of our profession. But, unfortunately, it is much easier to abuse than to investigate; it is much more congenial to some minds to endeavour to debase others to their own level, than to exalt themselves by a noble rivalry in contributing to the treasuries of science.

I wish also to bring this matter before you, because we have been accused of Broussaisism in this Hospital by some persons who seem not to understand what the doctrines of Broussais are. But I deny the charge of being a blind follower of any theorist in medicine, and particularly of M. Broussais. I can safely appeal to the successive classes which have attended this hospital, whether I have not, when drawing their attention to the merits, always pointed out the errors of Broussais, and particularly, whether I have not always contended against his theory of fever, to which the downfall of his reputation is mainly attributable. Because, as the progress of science disproved the theory, the facts on which not only it but all his other conclusions rested, though well established, were in their turn doubted or disbelieved. Yet, putting aside his theory of fever, it must be acknowledged, that there is scarcely a part of practical medicine to which M. Broussais has not made the most valuable additions. Nothing can exceed the ignorance of the real nature of the doctrines and extent of the writings of Broussais, except the virulence with which every popy pretender in medicine attacks them; at the same time ignorant of this, and, generally speaking, of all other medical doctrines. Ask any of these gentlemen what the doctrines of Broussais are, and the answer is, that "fever is nothing but gastro-enteritis; that all diseases proceed from gastro-enteritis; and that to cure all diseases we must put leeches on the abdomen."

Such is the idea which I have found to prevail generally, and yet nothing is more

erroneous. In the first place, the doctrine of Broussais is, that fever may result from the irritation of any organ which is sufficiently powerful to be transmitted to the heart. (See his 111th proposition.) "Intense irritations of all organs are transmissible to the heart. Then its contractions are rapid, the circulation is accelerated, and the increased heat of the skin causes a painful sensation. This is what we call fever, which is here considered in a general and abstract sense." In the next place, he never said that all diseases proceed from a gastro-enteritis, as one of the fundamental principles of his doctrine is, that disease of any one organ of importance may induce disease in any other organ by sympathetic irritation, transmitted either through the systems of organic or animal life. Lastly, with respect to treatment, I need only refer to his therapeutics to prove the falsity of the statement that he attempts to cure all diseases by leeching the abdomen. On the contrary, no one can more strongly inculcate the value of local depletion in affections of the head, chest, or any other part when necessary. This is, I think, sufficient to overturn the false notions which exist on the subject of Broussais's theory.

The doctrine of Broussais has received from himself the imposing name of the *physiological doctrine*, as distinguished from all preceding ones. Objections have been raised to this denomination by many persons, but in my opinion needlessly; for if a doctrine be true, it must be physiological; and all we have to do is to examine whether the doctrine of Broussais really deserves so proud a name. But what does he mean by calling it the physiological doctrine?—Simply this, that, according to these views, disease is not to be considered as a *new* condition of the economy, but as resulting from a plus or minus degree of organic vitality. In this way he groups all diseases under a common formula; they are the result not of any new accidental freak of nature, but proceed from causes and operations already familiar to her. For example, the vascularity of the stomach during digestion is a physiological condition; but when a little more increased, it is a pathological state, constituting *gastritis*. The difference is merely in degree. Thus he gets rid of what he denominates "entities," by which is meant separate unanalogous states of the economy, and of course attacks the mode of treatment by specifics, which at first he denounced altogether, but has since been forced to admit to a certain degree. In his subsequent explanation of the action of bark in fever, he exhibits a sad instance of striving against truth, and of having recourse to sophistry to make facts square with theory. Let us, however, do him justice. There can be no doubt that too much faith was put in specificism; and the doctrines of Broussais have contributed greatly to shake the specific treatment by drawing the attention of practitioners to the similarity in



essence of most diseases. For instance, a patient has delirium proceeding from an irritation of the brain; this ceases, and the stomach becomes affected, and he gets an attack of vomiting. Now the delirium in the first instance, and the vomiting in the second, are results of the same morbid state; and the diseases only differ by their situation, the principles of treatment are precisely the same.

We come now, gentlemen, to one of the most striking parts of the doctrine of Broussais; a part in my mind the most objectionable, and yet the least objected to, particularly in these countries, because the objectors to Broussais are but little acquainted with his works. To the true Broussaisist there is no such thing as specific inflammation; all organic diseases are either diseases of inflammation, or of ab-inflammation; that is, they consist either in a plus or minus state of local vitality. Were this true, how beautifully simple would the practice of medicine be! In fact, the first announcement of this doctrine drew crowds of admiring disciples, who were captivated by the wonderful reduction of chaos into order, which seemed to be effected by the mighty genius of a single man.

In its searches after truth, the human mind longs for a principle and is allured by a specious generalisation. So it was with the followers of Broussais. They were delighted with the simplicity of the new doctrine, and saw in it a complete removal of all the difficulties which embarrass the pursuit of practical medicine. But if they reflected calmly they would find that in considering diseased action there are characters discovered which are not reducible to difference of situation, and which cannot be explained by the closest anatomical examination. There is something more to be taken into account than the difference of organic vitality as far as degree is concerned. There is a difference, inappreciable by the senses, which makes one sore yield to a peculiar medication and another to another. In a scrofulous or syphilitic ulceration there is inflammation without doubt, but it is not ordinary inflammation, because it does not yield to ordinary means, and it is to this difference it owes its specific character. How did Broussais get over this? By denying the existence of such diseases as scrofula and syphilis as distinct affections, a proceeding which drew down the reprehension of every thinking and practical man, and led many to doubt all the other statements of an author who could be guilty of such a medical error. If there be no specific inflammations why does the contagion of measles produce measles, or why does the contagion of syphilis give rise to syphilis? If in the latter disease there be nothing but irritation and inflammation, why does it not in all cases yield to ordinary antiphlogistic treatment? Broussais attempts to explain the cure by mercury by supposing a revulsion of irritation from the affected parts to the viscera. Admitting this, why is it that mercury is the best revulsive in

syphilis? The specific character of the disease appears under this view of the subject as well as under any other. It may be granted that the term, *specific*, is objectionable. But can we do without it, and, moreover, the followers of Broussais must own that it is more a negative than a positive term, and rather expresses what the disease is not than what it is.

Let us now proceed to analyse the physiological doctrine. The first of Broussais's medical propositions is, "*that life is supported by stimulants, and that everything, which augments the vital phenomena, is stimulant.*" Now you are aware that the doctrine of the celebrated Brown was, that all diseases could be reduced to one of two expressions, viz. sthenic and asthenic diseases, a division which merely repeats in other words the strictum and laxum of the ancient authors. I have before told you that Broussais divided diseases into those in which a plus or minus degree of vitality existed, and in this way got rid of the specific diseases; you will at once then recognise in the doctrines of Broussais the opinions of Brown, and, in fact, the physiological doctrine is nothing but modified Brownism. Still the modification is of the utmost importance, and is that which gives character and value to the opinions of Broussais. Brown divided, as I have before stated, diseases into two classes, sthenic and asthenic; but observe, with him these are general terms, *applying to the body or system at large*. He did not conceive that one part of the body could be in a state of sthenia and another of asthenia at the same time, he merely recognised the two diatheses or general states of the economy, and disease was with him the result of a general condition either of exaltation or diminution of the whole sum of vitality. Now the peculiarity of the physiological doctrine is this, it admits the sthenia and asthenia, but applies these terms not to the whole economy, but to the separate organs as the case may be. Two of its most important propositions are, 1st. "that there is no such thing as a general exaltation of the vitality of organs (the sthenia of Brown) or a general diminution of this vitality (asthenia) but that we may have sthenia of one organ or system, and asthenia of another." 2dly. "That all diseases are primitively local." "Health," says Broussais, "results from the regular exercise of functions, disease from their irregularity, and death from their cessation."

This leads us to another peculiarity of the physiological doctrine, and that is its exclusive solidism. Disease being the result of irregularity of functions, and functions depending on organs, and these organs being the solids of the body, it follows that in the solids alone we are to look for the sources of disease. To admit disease as primitively occurring in the fluids would be inconsistent with such opinions, and hence all diseases of fluids, and every remnant of the humoral pathology are carefully excluded from the system of Broussais. This is an example of a mode of proceeding

not unfrequently observed among medical as well as all other theorists. For instance, I have made a specious and pleasing theory, which I look upon as complete and perfect in all its parts; here is an alleged fact, but it must not be true because it is inconsistent with my theory; I will therefore get rid of the difficulty by denying it at once.

The follower of Broussais is then an exclusive solidist. Is this right? Are we to neglect the study of the alterations of the fluids, and are we to regard them as foreign to the economy, and holding no connexion with the phenomena, of organic vitality? No one denies that what has been called the humoral pathology contains a vast quantity of error, of unmeaning terms, and false conclusions. Yet we cannot expect much when we reflect on the low state of physiology and pathological anatomy, at the time this theory was in its highest vogue. Besides, there can be no doubt that anatomists, captivated with the discoveries of the last half century in the morbid anatomy of the solids, have gone too far in rejecting the humoral pathology altogether. The excitement which followed the dawn of chemical illumination in the first instance, and that consequent on anatomical discovery in the second, have now subsided, and it is found that truth lies between the anatomical and chemical theories of disease. In fact, to understand disease we must study the composition and structure, not only of the organised parts of the body, but also of those in which organisation cannot be demonstrated. Exclusive solidism can never explain all the phenomena of disease, and exclusive solidists can only know a part of the human system.

The illustrious Bichat, in his *General Anatomy*, says, that notwithstanding the exaggerations of the humoral pathology, yet it has some foundation in truth, and that there are many affections which can only be referred to an alteration of the fluids. On the subject of the fluids, it seems to be satisfactorily proved, 1st. That there is no exact line of demarcation between them and the solids. Who can say where the fluid ends and the solid begins? 2ndly. Many circumstances go to prove the influence of the nervous system on the blood. 3rdly. The composition of both is extremely analogous; fibrine, albumen, colouring matter, and salts are the constituents of both. Nay, many more of the secretions are found to exist in the blood. 4thly. The anatomical disposition is the same in both; the globules combined with an amorphous substance. 5thly. We find a red and white substance in both. 6thly. The effects of disease are similar, removal of red parts, and increase of albumen. Lastly, I shall quote on this subject Andral's three propositions. In the first place, he says, "As the solids are nourished by the fluids their composition and quality must be influenced by the fluids." Secondly, "As one class of solids is employed in making blood, that blood must be influenced by the state of

these solids." Thirdly, "As another class of solids takes from that blood, it is plain that these solids must also influence the composition of that blood. Hence it follows directly that the slightest alteration of the fluids will affect the solids, and the slightest alteration of the solids will affect the fluids." If, in addition to this, we recollect that there is no exact line of demarcation between the solids and fluids, that the chemical composition, anatomical character, and physical disposition are almost the same; and, lastly, if we admit the vitality of the blood, we must concede that the disputes between the solidists and fluidists are unnecessary, and that the animal body is to be looked upon as a closely connected whole.

Broussais was then wrong in rejecting altogether the humoral pathology, and this rejection it was that led to the greatest mistake in his doctrine, namely, that connected with the pathology of fever. If the alteration of the fluids causes disease of the solids, then the proposition that all diseases are primitively local must fall to the ground. He would not have erred so much if he had said that many of the diseases, which are supposed to be general, are in their commencement local. In this case he would not have committed himself too far, and it would have been a task of considerable difficulty to disprove his proposition. But he was led away by the ambition of theorising, and the statement that all diseases were originally local, was necessary to uphold his theory of fever. Time and the stubborn evidence of facts have tended to throw not only doubt but discredit on this theory, and Broussais has had the mortification of seeing his valuable labours but slightly appreciated, or even slighted, in consequence of their connexion with an unstable doctrine. Medical men saw that the fabric was unsubstantial, that it could not bear the scrutiny of a just and rigorous examination, and without looking to the intrinsic value and beauty of its materials, they pronounced the whole to be worthless.

So far, gentlemen, we have touched on the doctrine of Broussais, and exhibited some of its leading features. We have seen, that his rejection of the humoral pathology, his exclusive localisation of disease, and pure solidism were fatal to his system.

At our next lecture, when we shall enter on the consideration of local disease, we shall find that Broussais has given, with respect to the head, chest, and abdomen, some of the most beautiful and scientific principles of treatment that were ever promulgated.

A MEMOIR ON INOCULATION OF  
THE POX.

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READ AT THE ROYAL ACADEMY OF  
MEDICINE

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of the Author.*

BY ALEX. THOMSON, M.B., OF ST. JOHN'S CAMB.

GENTLEMEN,—In a first essay, which you were kind enough to receive favourably, and which had the honour of being inserted in the collection of memoirs chosen by you, I promised to bring you the result of my observations. I propose to accomplish this promise to-day, entreating, as then, your indulgence and encouragement.

The venereal disease, owing to the specific nature of my situation, is again the subject of this memoir, which will perhaps furnish you with some new and interesting results. But before entering on the subject, permit me to assure the learned Academy, which is kind enough to give me a hearing, that I am anxious to be sparing of its time, that I come not here for the purpose of making a display of erudition, which it possesses in a far higher degree than myself, and that, as regards my small efforts, I shall not turn over the dust of past ages, or engage in the controversies of the present day. I am about to relate my experiments, my personal observations, state what I have remarked, and indicate what I am still seeking. Doubtless in this paper all will not be new, for, I repeat it, I have rather observed the patient, I have rather sought for the results of experiment than for the opinions of others.

Of all evils afflicting the human race syphilis is the most insidious. It is in the very bosom of pleasure, it is in its very essence that it attacks man, frequently destroying the most fascinating illusions by the bitterest sufferings, what difficulty in avoiding it with its treacherous exterior, what incitement, and what occasions of becoming its victims! also what anxiety and what numerous researches to unveil, and how many labours to conquer it! Yet have we been always able to tear away its mask, or to chain its steps? All prudent observers will doubtless answer in the negative, and agree that all is not perfect in this twofold acceptation of the term. Is there not, even in the present day, a contest about the nature of pox (*verole*) and the symptoms characterising it? Does it not occur to the ablest men every day to be deceived? and is it not notorious that M. Bielt, so deeply skilled in the knowledge of skin diseases, admits the possibility of the error so easy to fall into, and so frequent in

the different diagnosis of herpes and of chancre. On the other hand, the words syphilis (*syphilis*) and pox (*verole*) are they not too general in their application, and do they not comprehend things differing in nature? In a word, is the venereal disease a single and identical affection, presenting itself under different forms? or else, on the contrary, are the pleasures of love, whether pure or impure, the sources of different affections? and of these affections are there not some that arise almost spontaneously, and without suspicious origin? One part of the question is already settled; but all the parts are not so; and yet their resolution is of the highest importance. These are frequently questions not only of pure pathology but, moreover, of morality. Has an individual venereal? Yes, or no? Such is the question to which we must every day answer, to save the honour of a person unjustly suspected, or to determine the prospects of another; and this it is expressly, which frequently cannot be decided. But, without dwelling longer on general considerations, and mindful of the promises, with which I set out, not to abuse the precious moments of the Academy, I shall forthwith point out the nature of my researches and their results.

1st. Pox is contagious. This is a truth we are unhappily obliged to admit.

2nd. This character (contagion), which is one of those peculiar to it, does not belong to all its forms.

3rd. In this respect, the differences are such as would rather induce one to admit diseases, essentially different, in what have hitherto been regarded but as forms of an identical affection.

4th. Finally, can the operation of mercury be well determined in the symptoms called primitive and secondary? is it a medicine simply curative of the existing symptoms, or is it at the same time a prophylactic remedy?

Observations have not been wanting since its terrific birth, whatever may be the land of woe that brought it forth, to prove the contagious nature of the pox. But it must be owned, even in our times, that the observations collected from patients have always been deficient in precision. Thus, when it is said that a woman, affected with blennorrhagia, has given chancres to a man, had that woman, to determine that she had only blennorrhagia, been examined with the speculum, as I examine them in the present day? Had the eye passed in review the whole extent of the organs of generation from the vulva to the uterus? No. Hence have errors glided into the study of syphilis, regarding the coincidence of its symptoms, and the manner in which they are propagated from one individual to another.

To facilitate the study of the pox, in regard to its intimate nature and its prophylactic and curative treatment, attempts at inoculation have been made at different periods, but hitherto have been tried only from diseased individuals, or from diseased individuals to

animals, and yet they have not been able to be well followed up, or generally applied, in spite of the experiments of Luna, Calderon, and some young French medical men, of whom the melancholy history is not forgotten. Never can it be tolerated in a professional man, however praiseworthy his intentions, to convey to any whomsoever in health, a disease for the sake of studying it, and least of all a disease of which the consequences may be so serious; and yet, in order to emerge from the chaos, to escape from the errors so easy to fall into, induced by the statements of patients, so many of whom designedly deceive you, while others deceive themselves, inoculation, that invaluable criterion, ought still to be employed, the only question being how to employ it with the least danger.

A patient affected with a lesion deemed syphilitic, whatever may be its nature, is still susceptible of contracting another; thus, after a first coition, he may be seized with a blennorrhagia, and by a second contact, a chancre. Chancres on different points may be contracted in different connexions and at different periods; thus: it is not uncommon to see women, already affected with chancre of the vulva, receive, at a subsequent period, a new affection of the anus, while the first still exists. Successive chancres, or inoculation of the adjacent parts, of wounds, of leech bites in the neighbourhood of chancres, are observed daily.

These observations, which had been made before mine, which have not always been explained in the same manner, could hardly have escaped my notice; and on the other hand, I knew that the danger of the pox was not in a direct and constant ratio with the extent and the number of primitive lesions. Hence, I drew this conclusion, that an individual, already deemed venereal, runs no risk from an inoculation, for which he himself furnished the matter, seeing that, under all circumstances, nothing could be given him, but what he already laboured under.

This principle being fixed, I commenced some experiments in the first months of the last year, and soon determined to follow them up regularly; all of them have been performed at my clinical visits, and have been witnessed by a great number of pupils, who attend my visits and lectures, and by many medical men.

Having taken the lesions deemed syphilitic one by one, and inoculated the individuals already labouring under them with the different products of their secretions, we have recognised this truth already established, that the symptoms called consecutive are not contagious, and that among the primitive, there exists great difference in this respect, as will soon be seen.

To practise the inoculation on the individual himself, I have taken pus, puriform mucus, and all the morbid secreted substances considered to belong to venereal affections, and have conveyed them, by the aid of the

lancet, under the epidermis of the inner part of the thighs, or upon leech bites of different durations, or upon parts of the skin, rubified or blistered, in different manners, or, finally, into the bulbs of hairs, these having been previously torn away. The puncture of the lancet has proved to be the most appropriate means for chancres and primitive lesions of the same nature.

When the inoculation has succeeded, it has given rise to a *characteristic pustule*, which we have never been able to produce by any other means, and which we shall now describe.

The first day, that is to say, twenty-four hours after the inoculation, a slight redness and a small elevation indicate the point at which the puncture has been made. On the second day the point becomes more elevated, surrounded with an areola, and assumes the conical form of a small pimple, of which the summit is crowned with a black or brown point, formed by dried blood, the results of the inoculating puncture. On the third day the epiderm is raised by a semi-transparent serosity of a yellowish colour, and which already existed in small quantity on the second day, constitutes a small pustule. On the fourth day this pustule becomes elevated assumes a round form, and the central blackish point is sunk, so as to form for it a species of umbilicus.

The areola, hitherto rather extensive and of a more or less vivid red hue, has now a tendency to become evanescent, in proportion as the liquid inclosed in the pustule is transformed or becomes purulent. On the fifth day the tissues adjacent to the base of the pustule are engorged and hardened. After the sixth day the pus thickens, the pustule is puckered and dries up, a stratified crust is formed of unequal discs, of which the smallest are at the summit, while the largest occupy the base. This crust may remain for a long time adherent, and even until such time as the subjacent parts be cicatrised, or may fall sooner or later, either spontaneously or by artificial means; and then it lays open an ulcer, having all the characters of the primitive venereal ulcers, known by the name of chancres.

When the inoculation is to give no result, the point punctured by the lancet having reddened during the first twenty-four hours, all trace of it disappears on the second day; so nothing remains but a small irregular pimple, which soon disappears, without ever presenting the character we have attributed to the characteristic pustule. In all our patients three inoculations have been made at once. When the symptoms have been of a nature to be inoculated, never has a single puncture failed in the great number of experiments made during two years; it has not occurred to me, for instance, to see two pustules only developed when three punctures have been made, or four or five when six

have been made; all or none is what I have always seen.

In the cases in which the inoculation has not taken, I have repeated it two, three, four, and five times with the lancet; then by the aid of leech-bites, so easily to be inoculated with chancrous matter; then by rubefying the skin, by vesicating it with cantharides or ammonia; then in the bulbs of the hairs, these having previously been torn out.

I have inoculated by the means I have just indicated—

1st. The matter of chancres, and of all ulcerations of the organs of generation, of the anus, and of the adjacent parts in the man, and in the woman.

2nd. The matter of urethral blennorrhagia in the man, of vaginal and uterine blennorrhagia in the woman, and of anal blennorrhagia in both.

3rd. Pus of buboes in different stages.

4th. Matter secreted on the surface of mucous papule or pustules.

5th. Pus of ulcerated tubercles.

6th. Pus of ecchymatous pustules.

7th. Secretion of the *ulcus elevatum*.

8th. Matter from ulcerations of the neck of the womb.

9th. Matter from ulcerations of the lips, of the internal walls of the cheeks, and of the throat.

10th. Pus furnished by carious bones.

11th. Matter secreted by the different excrescences and vegetations.

12th. As a counter proof, I have inoculated venereal individuals, or those I have considered such, with scrofulous, phlegmonous, herpetic, and acneal pus, with ichor of cancer, and of gangrene. Leech-bites also, and punctures of unsoiled lancets, and operations have been practised during the existence of well-characterised primitive symptoms.

The following are the results I have obtained:—

1st. Pus, taken from ulcerations having all the characters of chancre, has produced the pustule, not only once in the same individual, but three, nay even six times. The matter of these pustules, introduced by inoculation in its turn, has furnished pustules similar to those from whence it has been taken; and the last in their turn have occasioned similar pustules. I have produced as many as five generations, and I could have produced more still from the last, had I desired it: never have accidental pustules similar to those of inoculation supervened. Chancre has been inoculated in different stages of its progress, and unless there have accrued neutralisation, transformation, or change of its principle, the inoculation has constantly succeeded.

2nd. Ulcerated buboes of five, six, and seven months' duration, and not having produced consecutive or general symptoms, have still given rise to the inoculation. The chancre, which at first furnished a characteristic pustule, may be neutralised under the influence of a

spontaneous effort at cure, and be no longer contagious; while the pustule it has produced is still so. Here care must be taken against a cause of error. Dried pus, of the period at which a chancre was inoculable, may be taken from the sore, in place of that which is being actually secreted, and which is no longer so\*. Chancre may be neutralised by a general or local treatment; and finally, it may be transformed, *in situ*, into a consecutive ulceration, assuming its peculiar character, being then no longer contagious, the essential character, specific of primitive chancrous ulceration, being *inoculability*.

3rd. Suppurated bubo may give rise, by means of inoculation, to the characteristic pustule, in circumstances that are curious and important to examine.

a. When there was suppuration of one or several ganglia, when the skin placed over them had ulcerated after a spontaneous or artificial aperture, and when the bubo was subsequent to a chancre, the pustule always occurred.

b. The same thing took place when suppuration had been established in a lymphatic vessel; thus, there is identity for lymphitis and adenitis, the consequences of chancres.

c. When the inoculation was made, at the moment, of the aperture of the bubo, which we shall name *purulent lymphatic*, for the purpose of distinguishing it from phlegmonous, scrofulous, and simple lymphatic buboes, it has often failed, but, after some days, succeeded.

d. When the cellular tissue alone has been attacked with suppuration, whatever may have been the origin of the bubo, no ganglion having participated in this suppuration, although tumefied, and even prominent, through apertures made in the skin, inoculation has produced nothing; whence we must draw this conclusion, that the matter of chancre, or the *virus*, as they would have called it, is transmitted by means of the lymphatics, and remains imprisoned there until an ulceration from within outwards, or suppuration, makes a passage for it.

4th. Blennorrhagia gives also the characteristic pustule equally with the chancre; but, in this case, the most uncommon, it may be concluded that it is due to a chancre of the canal, for, in the others, never does it give anything, at least by the lancet, leeches, or recent wounds.

Never has blennorrhagic matter, taken in a vagina examined carefully by the aid of a speculum, and in which there has been found no chancre, given the pustule. In three cases

\* M. Vernois, one of my *internes*, has been requested to preserve some crusts and pus in tubes and between glass plates, in order to ascertain how long they may preserve their contagious character.

only, hitherto, of urethritis in men, without the least external excoriation, or any visible ulcer, in which matter had been taken from the meatus urinarius, which was not ulcerated, as far at least as the sight could reach by known means, has the characteristic pustule been produced, although the inoculation was performed twice at different periods, and with three punctures each time.

Such, gentlemen, are the only lesions deemed *primitive venereal*, which have furnished, by this mode of investigation, a character common to them, and specific, making them into a distinct disease—I mean the pustule we have been describing above.

All the lesions deemed venereal, studied in the same manner, have constantly yielded us negative results. They will hereafter form the subject of a distinct essay. But before terminating this, let us examine what are, up to this period at least, the consequences that may be deduced from it.

1st. Do not the results it furnishes to us explain the differences of opinion existing in the contagious nature of pox?

2nd. Chancre, and the lesions directly dependent on it, alone giving rise to the pustule we have described, constitute a disease altogether distinct from the other lesions called venereal.

3rd. Ulcerations having the same seat, and nearly, if not altogether, the same aspect, furnishing analogous secretions, and having an origin equally suspicious, may essentially differ from one another, inasmuch as some are contagious while others are not so\*.

4th. Thence, an ulceration being given, it is impossible to say, from its seat, its aspect, and the apparent nature of its secretions, in a host of cases, whether it be a virulent chancre or a simple ulceration of a chancrous form; in fact, a pseudo non-contagious chancre.

Inoculation, in whatever manner practised, can alone solve the difficulty; and this question will be very often of importance to decide, whether in legal medicine or in a multitude of other circumstances, as for instance, in the following, which has very often occurred to more than one medical man.

A husband returns from a voyage; after suspicious connexions, ulcerations have supervened on the genital parts; he has marital

duties to fulfil; if he abstains too long from doing so he may trouble the peace of his fire-side; serious consequences may ensue. Well, then, is it not important to be able to decide whether or not his ulcerations are contagious, and whether he may or may not have connexion with his wife?

5th. Very extensive primitive ulcerations may pass into a chronic state, and persist for a long time, without determining consecutive symptoms, and preserve their pathognomonic character, namely *contagion*.

I have at this present moment in my wards some ulcerated buboes of which the ulcerations have acquired a great extent, which have given rise to no consecutive symptom, after a duration of five, six, and seven months, and which still preserve their contagious or inoculable character.

6th. Other ulcerations, as we have already said, after having been contagious, speedily cease to be so, whether they do or do not progress towards cure.

7th. A wound may be made in the neighbourhood of a chancre already existing for a long time, without becoming venereal, provided it be not touched by the pus coming from that chancre.

8th. All chancres are far from producing buboes. Their production requires certain relations to exist between the chancres and the absorbent extremities. Hitherto our pustules have never determined buboes †.

9th. There is no general infection from chancres in the primitive state, or production of new contagious chancres, after the existence of a first, without a new inoculation, whatever may be the mode of its origin.

10th. Ulcerations, excepting of the inoculation, or other lesions regarded as consecutive upon chancre, are not contagious, unless they proceed from a ganglion or lymphatic vessel directly infected, and suppurated in consequence of a chancre, which then constitutes in my opinion an ulceration *successive* and similar in nature.

11th. From our researches, ulcerations of the mouth, throat, and every other part, susceptible of yielding inoculation, enter into the category of other chancres, and differ essentially from the ulcerations of these parts called *consecutive*, with which they have then no relations but of form and seat.

12th. From these first essays, and from the decided differences, they have enabled me to establish between certain lesions, which hitherto bear the common name of pox (*verole*) or

\* This I deny; and I refer the reader to the characters I have given in the supplement, of the ulcers producing the pustule on inoculation, in proof of my opinion. I have never seen, during the four months I have followed up the experiment of M. Ricord, one single ulcer, capable of yielding an inoculable pustule, which did not present the whole of these characters, provided it were seen before coming to its *maximum* of intensity; for, after this, during the tendency to heal, form and colour cease to be fixed characters for this or for any other form of ulcer.—A. T.

† This is incorrect. I have never seen suppurating buboes as the result of inoculation, but I have seen out of some hundred experiments, both on men and women, few cases in which the vertical ganglia arranged parallel to the saphenic vein have not been considerably enlarged, painful, and indurated, without, however proceeding on to suppuration.—A. T.

syphilis, have we not the right to conclude that if mercury be a specific for one of these lesions, it may very well not be so for the others, and to explain its successes and its failures, thus making up the difference between those who approve and those who disapprove its use.

18th. Finally, if while waiting for the result of the researches we are making on the other lesions referred to the venereal disease, we have been enabled to advance, with the engagement to prove, the foregoing propositions, we have caused an advance to be made in the science, by throwing light upon some points hitherto very obscure, and by publishing some truths of the highest importance, such for instance as the contagious nature of certain ulcerated buboes, though it has just been published in a recent article\* in the *Nouveaux Dictionnaire de Médecine Pratique*, "that the pus of all buboes may be inoculated with impunity." I challenge the authors of that article to inoculate themselves with the pus they deem so inoffensive, while I offer to submit myself to the inoculation of all the lesions I announce as uninoculable.

Gentlemen such are my labours, my observations have not been made with closed doors, and may be relied on. If you deem them useful, your approbation will sustain me along the painful path I have to follow, and from which I shall not be deviated by the cry of those I may leave in the rear. If I arrive at my object, or only approach towards it, those men who have judged before hearing me will alone bear the weight of their judgments.

#### APPENDIX TO THE PAPER OF DR. RICORD.

*Containing the result of observations on his Experiments during four months' attendance on him at the Venereal Hospital, in the spring and summer of 1833.*

BY ALEX. THOMSON, M.B. OF ST. JOHN'S CAMB.

*Characteristic Pustule resulting from the Inoculation of Syphilitic matter.—By what matter produced.*

1st. In no case, but two, has matter from an anal, genital, balanitic, præputial, urethral, vaginal, labial, nymphial, tincal, intrauterine, or cutaneous ulcer, having a more or less indurated base, hard, elevated edges, perpendicular to the bottom of the ulcer, and the bottom

of a greyish white, or greyish yellow colour, failed of being followed on the first inoculation in the skin of the thigh by the characteristic pustule.

a. One exception occurred in anal sores having these characters, so that it was taken for syphilis communicated per anum. The history of the case was doubtful, and the inoculation was not repeated. He had similar sores upon both the anterior faces of the anterior palatine pillars, and many ulcers, considered by M. Ricord secondary, in the mouth and pharynx. The anal and palatine pillar ulcers healed more quickly even than the others under the use of protoioduret of mercury. This case has already been published by Dr. Ryan.

b. The other was in an itch patient, in whom the ulcer was the result of an itch pustule scratched upon the internal malleolus, and had been taken for a secondary ulcer by M. Dupuytren. It was rapidly cured, and produced only a pimple without a vesicle, and without pus on inoculation.

2nd. In no case whatever has pus taken from ulcers wanting the characters described in No. 1, or particularly the greyish yellow, or white bottom only, been followed, even after numerous inoculations with the lancet, or on leech bites, by any pustule whatever.

In two or three cases, ulcers, both cutaneous and genital, have had hard elevated edges, perpendicular to their bottoms, and even of a blueish-red hue, but with their bottoms reddish, and more or less granulated, and in none has the pus yielded by them been followed on inoculation by any kind of vesicle.

3rd. In no case has pus taken from an inguinal bubo wanting the characters mentioned in No. 1 failed, after the bubo has been opened from one to three days, to be followed upon inoculation by the characteristic pustule.

In no case, where the bubo has been opened in the hospital, has the pus let out by the first incision, or discharged during the first or first two days, been followed on inoculation by the characteristic pustule.

4th. In no case has anal, balanitic-præputial, urethral, vaginal, or intrauterine pus, or gonorrhoeal discharge, when accompanied with such sores as described in No. 1, in the parts corresponding to, or traversed by, the pus,

\* By MM. Cruveilhier and Rattier, one of the most flagrant articles ever written by medical men, in which M. Rattier abuses M. Ricord's experiments, and declares them false, without having ever seen them but once, and that in my presence, when he declared publicly that he had never seen any similar experiments, and when he displayed the most complete ignorance of the subject—A. T.

† M. Ricord assures me that he has since then seen some, in which the grey bottom had actually disappeared, and which still yielded inoculation, although the external characters of chancre had previously existed. This is very important, as the patient may apply for relief when all external characters of chancre may be lost, and when nothing but inoculation can determine its character.

filled upon the first inoculation of yielding the characteristic pustule.

5th. In no case has the pus of inguinal bube, accompanying anal, balanitico-præputial, urethral, or vaginal pus, that has been followed on an inoculation by the characteristic pustule, failed of being succeeded on inoculation in the same circumstances as the buboes mentioned in No. 3, by the characteristic pustule.

6th. In no case has the pus of inguinal bube not successive upon the ulcers mentioned in No. 1, nor upon pustule generating vaginal, urethral, anal, or balanitico-præputial pus, been succeeded on inoculation by the characteristic pustule, or by any pustule whatever.

7th. In no case has pus taken from a characteristic pustule failed of being followed on the first inoculation by a similar pustule.

8th. In no case have leech bites, or scratchings come in contact with matter from such sores as described in No. 1, or the pus of these sores scattered over the bed, or the pus mentioned in No. 4, or with pus from the characteristic pustule, failed of being converted into the characteristic pustule.

M. Rattier, the externs of M. Ricord, assures me, and M. Ricord confirms his observation, that when the pox matter comes in contact with a very largely open leech bite, a chancre is directly formed, without the characteristic pustule.

*Inoculations of Syphilitic, or rather Chancrous Pus.—Its Consequences.*

1st. Invariably followed by the characteristic pustule described in Dr. Ricord's memoir.

2nd. In no case has the pimple, areola, pustule, crust, ulcer, or cicatrix assumed any other form than that of a circle, or ellipse, the last of which is rare, and in both of which the puncture forms the true central point.

3rd. In no case has more than one pustule followed upon each inoculation, or arisen from the same areola.

4th. In no case has a pustule arisen from the areola alone, without including the puncture.

5th. In no case, although in general there has been no more space between each two punctures than an inch in diameter, has a pustule arisen in that space.

6th. In no case has a pustule arisen in any other part of the surface of the body at the same time with the pustules from inoculation, unless it have been clearly traced, that pus from the original or factitious ulcers produced by inoculation, have in that part touched some abraded surface.

7th. In no case has one or more out of several inoculations taken without the rest.

8th. In no case, where there has been more than one inoculation, has one marched, or tended, or become incrustated, or been formed into an open ulcer, when left to themselves, or healed more rapidly than the others.

9th. In no case has an ulcer resulting from

an inoculation extended to more than one inch, and in scarcely any to less than three quarters of an inch in diameter.

There has, however, occurred during my attendance, one case of a barber who had had chancre of a serpiginous character in the groin during nine months, in which all sorts of treatment had been employed in vain during that period in the hospital. He was inoculated at my request, when the pustules ran their usual course; but, towards the 30th day, began to run together, and finally formed a serpiginous ulcer, of about six inches in vertical by three in transverse diameter. After two months' vain treatment of various kinds, cicatrisation commenced in the centre, and is now proceeding towards the circumference, while the circumference is expanding under the influence of the ulcer.

M. Ricord has since had another case, entirely similar, in which cicatrisation has not yet commenced, and which leads him, with the last, to suppose that there is some constitutional peculiarity in those in whom chancres become serpiginous, as in no others have the inoculation ulcers assumed such characters. In neither of these cases, the one thirteen months, the other seven, in the hospital, have secondary symptoms occurred.

10th. In no case has the pus oozing from the pustular ulcers, or from beneath the crusts, though trickling over and drying upon the thighs, been followed by a pustule, although the same matter has been followed upon inoculation by similar pustules.

11th. In no case have the ulcers from the inoculations been cicatrised, either during mercurial or antiphlogistic treatment, previously to the cicatrisation of the original ulcers.

12th. In no case when inoculations have been made with the pus of inoculations about to heal, although but twenty-four hours before the termination of the cicatrisation, has that pus failed in reproducing a similar pustule and ulcer.

a. Yet I have seen them made thus, as the cicatrices were on the point of closing in the same subject successively for four generations, and yet be produced in an equally marked manner from the last.

b. I am assured however, by M. Maxime Vernois, interne of M. Ricord, that one case has occurred to him, in which three successive inoculations had been thus made, and in which the last, some time previously to being healed, yielded nothing upon inoculation effected in several different manners. M. Ricord distinctly remembers this case, and assures me that the patient was under a mercurial treatment when this curious fact was observed.

13th. In all the cases the development of the inoculatory pustules has been followed by



more or less uneasiness, induration, and pain, and in three, by considerable pain, enlargement, and induration; but in none by suppuration of the vertical series of superficial inguinal glands lying alongside of the head of the internal saphenic vein.

14th. In no case has ulcerated sore throat, or tubercular or erythematous eruptions supervened during the existence of these pustules, though many of them have been open without treatment, save repose and half diet, for the space of from two to three months.

15th. In no case, during my stay at the hospital, did one that presented itself with secondary symptoms at the weekly consultations, prove to have been among those inoculated during the last two years.

We may therefore fairly conclude, since secondary symptoms did not display themselves in persons retaining these ulcers for three months, and since, during the space of two years, none of those who had been inoculated presented themselves with secondary symptoms, that those inoculated are not more liable to secondary symptoms than others, or that the number of chancreous ulcers is no scale of the probability of secondary symptoms.

16th. In several cases there have been inflammations of the contagious absorbent vessels, immediately upon the inoculation, to the distance of two or three inches from the inoculated points, which have, however, always ceased in a day or two, without any serious consequences, and without the application of any treatment.

17th. In no case have the ulcers or pustules, the consequences of inoculations, been followed by more than itching or a slight prickling pain.

18th. It is universally worthy of remark, that the cicatrices of the ulcers, resulting from the inoculation, were not followed by contracted or radiated marks, but by a regular round elliptical spot, equal in size to the ulcer, level with the surface of the skin, and more or less copper-coloured for some weeks after the healing of the ulcer.

*Characters of the characteristic Pustule, Areola, Crust, and Ulcer; according to the days, from actual observations. As deduced from cases taken down by Alex. Thomson, M.B.*

1st day. Inoculation with the matter by a lancet puncture on the inner part of the upper third of the anterior surface of the thigh.

2nd. Puncture surrounded with an areola, gradually but extremely slow, elevated towards the centre, redder than the skin, and becoming more intensely so towards the centre; from half to three quarters of an inch in diameter, perfectly and regularly round, or elliptical, having a portion, immediately around the puncture, much redder and more abruptly elevated, harder, and from one-eighth to one-tenth of an inch in diameter, and already sur-

mounted with a pustule one-half to three-quarters of a line in diameter, and already containing semi-opaque yellowish-white matter (pus), and itself surmounted with a central spot of coagulated blood.

3rd. Areola increased in magnitude, about three-quarters to one inch in diameter, having a pustule in the centre about one to one and one-half lines in diameter, flat at the apex, and depressed with a dark spot in its centre.

Yet this depression does not occur in more than two-thirds of the cases, and is therefore not characteristic.

4th. Areola unchanged in size; pustule one-third larger in diameter, having its base much larger, harder, and more elevated, and of blueish red hue.

5th. Areola unchanged; pustule more distended, about one-eighth of an inch, and with its indurated base one-third of an inch in diameter.

6th. Areola diminished about one-third in diameter; the base of the pustule increased about one-third in diameter, harder, blue, elevated about a line above the skin; pustule itself flatter, and nearly on a level with the summit of its base, and having, at its centre, equal to one-third of its diameter, a greenish brown crust.

7th. Pustule replaced by irregular reddish brown crusts, about one-third larger than themselves, or about one-fourth of an inch in diameter; areola much indurated in the subcutaneous cellular tissue, increased in elevation, so that they form a cone of a faint blueish-red hue, gradually rising from the margin of itself to the margin of the elevated edges of the withered pustule.

8th. Areola equal in size, less indurated, and faintly red in place of blue; the pustule reformed, the crust forming a part of its coverings, which is sometimes again burst, while the crust begins to form a saucer-like cavity upwards. This reformed pustule generally contains sanious coloured pus, or chocolate coloured pus.

9th. Areola unchanged in magnitude and appearance, but paler in hue, and having much less subcutaneous hardness; having the pustules, reformed the day before, flat indeed but about half an inch in diameter, now containing yellowish pus, and having about the central fifth of their skin formed by yesterday's crust; the transparent part of the coat being now divided by furrows, radiating from the crust to the circumference, as in small-pox. The pustules at this period frequently rupture, and are reformed, the dry pus forming the successive layers of crust.

It is about this period, or the few subsequent days, that pricking, or slightly lancinating pains begin to be felt in the base of the pustule.

10th. Areola entirely disappeared, and converted into a pustule about three-quarters of an inch in diameter, and about one and one-half or two lines prominent from the skin, containing

a watery translucent pus, but similar in other respects to the pustule of the last stage.

11th. Pustule replaced by a dark reddish-brown crust, formed of a series of layers, concave towards the observer, and successively larger from him towards the skin, all irregular in the margin, and successively thicker from the observer to the skin, allowing, when pressed upon, a greater or less quantity of watery pus to ooze from beneath the edges of the crust, which is sometimes sanguinolent, sometimes transparent and colourless, and sometimes chocolate coloured.

12th. Inoculation crusts in the same state, but thicker, broader, blacker, and permitting a thicker pus, tinged with blood, to ooze from under it when it is pressed.

13th to 16th. From time to time lancinations and prickings are felt beneath the crust, which increases much in size, becomes more cupped or concave in the middle, more elevated, and more rugose towards the edges, becoming surrounded by exfoliation of the epiderm, over a small adjacent space only.

17th to 19th. Crusts alternately becoming loose and adherent, permitting the escape of a brownish pus from beneath their loosened margins, being nearly an inch in diameter, and from two to three lines in height.

20th to 25th. Crusts increased in size about one-fourth, permitting the discharge of a fetid pus of a chocolate hue; lancinations still continuing.

26th to 34th. Crusts becoming loose and again adherent, remaining unchanged in appearance, but the oozing pus taking on a healthy character, of a yellow hue and creamy consistence.

34th to 36th. The crust falls off of its own accord, displaying an ulcer equal in diameter to the original areola, filled in part or altogether with large, pale red, fleshy granulations, isolated from one another on the surface, and soon covered with a reddish-brown crust, assuming the form of the granulations, and consequently having a blistered appearance; the edges of the ulcer being hard, blueish, and from one to one and a half lines in breadth. Sometimes the granulations are only arranged like beads around the margins of the cavity of the ulcer, leaving the centre flat and depressed from one to one and a half lines below their summits, and of a greyish-white or greyish-yellow hue.

From this time forward nothing constant can be established, except that where there are few granulations on the falling of the Ruppial crust, the ulcer is gradually filled up by smaller granulations, which become crusted, and if the crust is left to itself, which it has rarely been, is covered with a thin pellicular epiderm previously to its fall, but when poulticed, cicatrises slowly from the skin inwards, in both cases presenting at first a slightly prominent tumour, which gradually sinks as the patient recovers; and as the indurated edges of the ulcer return to their natural consistence

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and level, although the cicatrix finally, if it have any peculiarity, becomes rather broader than narrower than the ulcer, remains upon a level with the skin, is smooth and unpuckered, and always retains more or less of a brownish red tinge.

It must be borne in mind, that my course of these pustules is deduced from cases purposely left untreated, except by repose and half nourishment, by Dr. Ricord, and cannot, therefore, be looked upon as the course of those that are poulticed at an early period, or touched with caustic in their progress. When the crusts fall from the application of a poultice, an ulcer similar in all respects to the chancre I have described at the commencement of this appendix, equal in magnitude to the original areola, is displayed, which follows all the phases of chancres, and is easily cured by the same means.

I have seen the pustule burst by a puncture during each of the four first days of its existence, and burnt with a sharp pointed pencil of nitrate of silver, and thus entirely arrested in its progress. An eschar is formed, which becomes hard, dry, and black, while the areolar redness and swelling gradually subside, and at the end of four or five days fall, leaving a cicatrix ready formed.

If it be asked why my observations differ from those of Dr. Ricord, I answer, because my cases were taken down minutely day by day at the bed side, that the generalisation of Dr. Ricord has been drawn from ocular inspection, chiefly aided by memory, and that Dr. Ricord, who has carefully perused with me the facts of this appendix, authorises me to state, that he recognises the accuracy of all the observations. In support of the accuracy of my results I have the cases, which I have been permitted to take down by Dr. Ricord; for whose urbanity, kindness, and liberality to all our countrymen, as well as to professional men in general, he deserves the utmost gratitude of our profession, as he does that of the public, for his unwearied, assiduous, and unexampled success in his researches into the nature of this Protean and insidious enemy.

*Facts deduced from the consideration of Inoculation of Pox matter, leading to the belief of the existence of Chancre in the Urethra as the cause of the virulence of Gonorrhoea.*

1st. In all cases, where chancre can be seen, its pus, or balanitic, urethritic, or vaginitic pus coming in contact with it, is invariably followed by the characteristic pustule.

2nd. In no case where the parts can be examined by the eye alone, or aided by the speculum, either immediately or when swelling and irritation have subsided, is balanitic or vaginitic pus, when unaccompanied by chancre, followed by the characteristic pustule on inoculation.

3rd. In all cases, where the parts are temporarily hid from inspection by original mal-

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formation, or accidental transection, if the characteristic pustule have followed on the inoculation of the matter, chancres, or characteristic cicatrices have been found on the removal of the obstacles by art, or resolution.

4th. Even in the urethra, when urethritic pus has been produced or been followed on inoculation, by the characteristic pustule, in three cases chancre has been found in those parts to which examination can reach, as to the first three lines in the urethra of the woman, the first four or five lines in that of the man. It seems thence of the highest probability, that whenever urethritic pus is followed on inoculation by the characteristic pustule, there exists a chancre in the urethra.

5th. This idea is strengthened by the fact that in all the cases tried, and almost all have been tried, when visible chancre, accompanied by balanitic or vaginitic pus, has been cured previously to that pus having ceased to flow, that pus, though totally unchanged in all its external characters, has produced no pustules on inoculation. Add to this that

6th. Every bubo that has followed a chancre visible on any part of the genital or urinary organs, has, on its pus being inoculated one or two days after the bubo has been opened, (because bubonic pus scarcely ever, or rather never, gives rise to pustules on inoculation for a day or two after the bubo has been opened,) been followed by the characteristic pustule.

7th. Every bubo accompanying urethritic pus has occurred in cases in which there has been either visible chancre, or pustule yielding urethritic pus\*.

8th. Every bubo accompanying urethritic pus has yielded, on the inoculation of its pus, characteristic pustules.

9th. In three cases of mere bubonic pus from the inner of the horizontal range of superficial inguinal absorbents, where there was neither anal nor urethritic pus, nor anal nor penal ulcers of any kind, yielded on inoculation no pustule at all.

10th. In one of these it is true the supuration was not in the gland, but in the cellular membrane and true skin anterior to it†.

Hence it appears fair to conclude that,

Whenever genital pus, or pus from the genital or urinary organs is followed on inoculation by the characteristic pustule, there exists somewhere or other in these organs a chancre. In other words, that virulent gonorrhoea is simple bleenorragia, accompanied

with urethral or vaginitic chancre. This is actually the opinion of Dr. Ricord, who has however some doubts yet unexplained as regarding gonorrhoea, when accompanied by mucous pustules.

Are these pustules, which appear simultaneously on the genital parts and skin, and in the mouth, the result of gonorrhoea, or of a constitutional affection, or of a peculiar and distinct species of bleenorragia?

### Reviews.

*A Series of Anatomical Plates, in Lithography, with References and Physiological Comments, illustrating the Structure of the different Parts of the Human Body.* Edited by JONES QUAIN, M.D., Prof. of Anat. in the University of London. Roy. fol. Fasciculus I. Two Plates.

*A Series of Anatomical Plates, illustrating the Anatomy and Surgical Anatomy of the Human Body, with a Descriptive Text.* By G. D. DERMOTT, Esq., Lecturer on Anatomy, &c. at the Medical School, Westminster Dispensary, Gerrard-street, Soho. Royal folio. One coloured Plate. Published by the Author.

BESIDES the two works before us, another is announced for immediate publication. We can no longer complain of the want and scarcity of British anatomical plates, and more especially as those under notice are admirably executed, and published at an exceedingly moderate price. In this important particular they have a decided advantage over other productions of this description already extant.

Few anatomists are so competent as those whose names stand at the head of these remarks to undertake and execute a series of anatomical plates. Professor Quain has afforded ample evidence of his profound knowledge as an anatomist by his popularity at the Aldersgate-street Medical School, and more particularly at the London University, where his clear, methodic, and comprehensive lectures have given the greatest satisfaction, and elicited the unanimous thanks of

\* Yet, since these observations were written, M. Ricord has three cases in women in which there is vaginitic and urethritic discharge, and ulcerated inguinal bubo. The matter of none of these parts has produced inoculation; hence, proving in some measure the truth of the observation.

† M. Ricord has since had two exactly similar cases.

the largest class in this metropolis. His "Elements of Anatomy" is one of our best standard works, and is, in our opinion, infinitely superior to any monograph produced by his competitors in the London schools. Its greatest rival is that of Mr. Bransby Cooper. The various Manuals, Dissectors, &c., are generally good in their way, but not sufficient for the student who is advanced in anatomy, or as works of reference and authority.

In the present publication Dr. Quain intends to arrange a series of the most approved anatomical drawings, selected from monographic and systematic works, such as those of Scarpa, Tiedmann, Mascagni, Caldani, Cloquet, and Loder. Some of these works are extremely expensive, and totally beyond the reach of students and the majority of practitioners. Besides this objection, their text is in a foreign language. To remedy these objections, at the smallest expense, the present undertaking is commenced. The plates are accompanied by letter-press, containing minute descriptions of the tissues delineated, and the nomenclature is given in the English, Latin, and French languages. Physiological descriptions are also included. The number of plates will be about two hundred and fifty, and each fasciculus will contain two illustrations, with text. A fasciculus will be published every fortnight, at the surprisingly low price of two shillings.

The one before us illustrates the muscles in the erect and sitting postures, as also the general anatomy or proper tissue of muscle. The plates are well executed, the descriptions concise and comprehensive, and the typography of the first order. The work is highly creditable to the well-earned fame of the author, is extremely useful and instructive to students and practitioners, and does honour to the Institution to which he belongs.

Of the second fasciculus in our list we can speak in terms of high commendation. Mr. Dermott is well

known to the profession as one of the best and most successful lecturers on anatomy in London, and his numerous pupils are to be found in every part of this and distant countries. He has already published a series of anatomical plates on a large scale, which were favourably received by the profession. In the present series, he comprises the descriptive and surgical anatomy in each plate; and when we state, that he has, in one coloured illustration, included the anatomy of the head and neck, at the trifling expense of four shillings, we need scarcely say, that we strongly recommend his work. If he go on in this way, as we believe it is his intention to do, he will illustrate the anatomy of the human body on lower terms than ever before attempted. When we inform our readers, that in one view they may see the muscles of the face, scalp, neck, the arteries, veins, and nerves, with a description of all on the opposite page, and especially of the surgical operations connected with this important region of the body, and on such low terms, we think there is reason to infer, that a few plates will illustrate the whole system at a trifling expense. The work is comprehensive, instructive, and valuable, both to those commencing the study of medicine, and to those engaged in the practice of surgery.

*Outlines of a Course of Lectures on Military Surgery, delivered in the University of Edinburgh.* By SIR GEORGE BALLINGALL, M.D., F.R.S.E., Regius Professor of Military Surgery, &c., &c., 8vo. pp. 589. Edinburgh: 1833. Adam Black.

SURGERY has been greatly improved within a brief period by the writings of the medical officers of the army and navy; and those entering both these branches of the public services possess sources of information which had not existed even twenty years ago. So great was the demand for military

and naval surgeons during the late wars, that young men were sent out as medical officers who were as incompetent as it was possible for them to be. When they commenced duty, they were incapable of performing the simplest operation, venesection excepted; and their incompetence led to the most fatal consequences in numberless cases. After the peace of 1815, the senior surgeons of both army and navy made such representations to the heads of their respective departments, as led to a total change in the education of future military and naval surgeons. The course of education was so much enlarged, that the highest testimonial of competency was required for the subordinate situations in the medical department.

Military and naval surgery was now enriched by the works of Baron Larrey, Dr. Hennen, Mr. Samuel Cooper, Mr. Guthrie, Mr. Hutchinson, and Mr. Hammick, and by various essays contributed by Sir James M'Grigor, Sir William Burnett, Dr. Vetch, Sir Andrew Halliday, Mr. Bacot, Mr. Marshall, Mr. Murray, Mr. Dease, Mr. Lindsay, and many others. These writers communicated a fund of the most useful information, a great part of which was new, as it never had been noticed in the best standard works on surgery. Cooper's *Surgical Dictionary*, Hennen's *Military Surgery*, Guthrie on *Gun-shot Wounds*, and Hutchinson's *Naval Surgery*, deservedly rank as works of authority and reference. In the production before us, the author has analysed the labours of his predecessors,—he has laid all under contribution. He has collected and arranged the whole of the established facts, he has added the result of his own experience, and executed a system of military and naval surgery of inestimable value to those engaged in the practice of that branch of the healing art. But he is by no means sufficiently minute on some essential points; for example, on the selection and examination of recruits for the

army. It is true, he mentions the leading requisites for a good recruit, but he has not described the mode of examination in such a manner as would enable the young surgeon to form a correct opinion of the qualifications required by the army medical board for an unobjectionable soldier. It is very probable that Sir George Ballingall dilates upon this subject in his lectures; but many will read his work who cannot enjoy the advantage of attending his instructions; and therefore we argue the fairness of our criticism. The work on the whole is ably executed, and highly instructive. It will be perused with incalculable advantage by those intended for the army and navy, and ought to have a place beside Hennen's *Military Surgery*.

Some persons assert that there is no difference between civil and military surgery; and this must be granted so far as operations are concerned; but there is a vast deal of important information contained in the latter which is not in the former. In the works on surgery there is no allusion to the examination of recruits, the diet, clothing, and exercise of troops, their accommodation in camp, barracks, and billets, diseases in camps, garrisons, and hospitals, transportation of the sick and wounded, diseases of troops in foreign stations, punishments, feigned and fictitious diseases, medicine chests, surgical instruments, &c., &c. The medical directors of the army and navy boards have therefore very properly recognised one course of military surgery as a part of the course of education of surgeons for the services over which they preside. It is a remarkable fact that there is no professor of military surgery in the numerous medical schools of London or Dublin.

It must be obvious that a work composed of lectures will necessarily contain more lengthened details than an ordinary treatise; and therefore we find much valuable matter in the one which is omitted in the other.

We shall now proceed to make some extracts in proof of this statement. Sir George Ballingall, after having cited the opinions of the best writers on diseases of the army and on military surgery, as to the physical qualifications for a soldier, proceeds as follows:—

“ Into the physical defects which ought to lead to the rejection of recruits presented to a medical officer for examination, we can only enter very generally: they could not be easily borne in mind individually, and being specified in the printed instructions furnished to surgeons on this subject, their enumeration here becomes less necessary. My chief object at present is to inculcate the advantages of a systematic mode of proceeding in the examination of recruits. This examination ought never to be entered upon when the recruit is intoxicated, a state in which he is not unfrequently presented to the surgeon. He is, of course, to be stripped naked, and examined generally *a capite ad calcem*, both in front and in rear. He is to be made to move about the room, and to extend his joints and limbs in various directions, which will give the surgeon an opportunity of observing any glaring malformation or distortion of the bones or contractions of the joints. The surgeon is then to proceed more minutely to examine the head, where, if any obvious defect in its general formation, or any marks of severe fracture, with depression, nodes, exostoses, or *timea capitis*, are observed, they must be considered as unfitting this individual for the service. All defects in the eye or lachrymal passages, polypi in the nose, malignant tumours in the mouth, extensive deficiency, particularly of the front teeth, any appearance of caries in the jaws, either upper or under, are for the most part sufficient causes of rejection. In the neck, tumours, or rigidity of the muscles, with the marks of previous scrofulous ulcerations, are the circumstances most commonly met with as causes of incapacity. Distortions of the spine, and original malformations, or injuries leading to distortions of the ribs or sternum, so as to affect the circulation or respiration, are decided causes of rejection; as are all indications of a phthisical habit. Abdominal tumours, and hernia protrusions of every description, varicose enlargements of the spermatic vessels, and diseases of the testicles, should be considered as sufficient to incapacitate the individual for the service. Distortions of the arms, thighs, legs, or ankles; exostoses, nodes, ulcers, or extensive cicatrices of ulcers; varicose veins, and contractions or rigidity of the joints, are all to be looked upon as causes of rejection. By adopting this systematic mode of proceeding in succession over the head, trunk, and extremities, much time will be saved; any very serious defect can scarcely escape the surgeon's observation;

and it behoves him, as he values his own credit, the character of his corps, and the interest of his Majesty's service, to be accurate and minute in his inspection.

A duty of equal difficulty and importance devolves upon the military surgeon, in deciding upon the cases of men about to be discharged from the service, particularly of such as are to become a permanent charge to the public as pensioners or annuitants. While, in the examination of recruits, it is the surgeon's duty to see that no man is admitted into the army, who is not in every respect qualified for its duties, it must be equally his care to see that no man is discharged as an invalid, or placed upon the pension list, unless positive and permanent disqualifications exist. Here he must be constantly upon his guard, not only against imposition on the part of the soldier, but he must be prepared to resist the importunities of a commanding officer, an adjutant, or the captain of a troop or company, who are often disposed to load the surgeon with the responsibility of discharging a man who, although possessed of the necessary physical powers, may be troublesome, worthless, or unseemly. Many of the disabilities already enumerated are liable to occur in the common routine of duty, others originate from wounds, and from the vicissitudes of foreign service, to such an extent as to unfit men for the active duties of military life. These disabilities are more particularly specified in the instructions furnished to medical officers, and it seems unnecessary to enter more minutely into the detail of duties which must be in a great measure executed according to the established regulations of the service. The instructions which are from time to time issued to medical officers on the passing of recruits and invalids, in so far as they go, must form an implicit guide; but there are still many points which no regulations or standing orders in this country distinctly provide for. In the writings of Dr. Hennen, of Mr. C. Hutchinson, of Dr. Cheyne, and, above all, of Deputy-Inspector Marshall, much interesting and authentic information is contained applicable to the examination of recruits for the British army, and to the fictitious diseases of soldiers and seamen. Mr. Marshall has made this subject almost exclusively his own; his ‘Hints to Young Medical Officers of the Army on the Examination of Recruits, and respecting the feigned Disabilities of Soldiers,’ and a more recent work on the enlisting, discharging, and pensioning of soldiers, contain a fund of valuable information for which the most experienced will be ready to offer their acknowledgments to the author.

“ On many of the points thus cursorily noticed, a medical officer may be greatly assisted in forming an accurate judgment by an attentive study of the French ‘Code de la Conscription,’ of which an abstract is to be found in the sixth volume of the Edinburgh Medical and Surgical Journal. There is also a ‘Me-

moire sur le Choix des Hommes Propres au Service Militaire,' published by Beaupré, an article on the 'Simulation des Maladies,' in the 'Dictionnaire des Sciences Medicales,' by Baron Percy, and some observations on this subject in the 'Hygiene Militaire' of Revolat, well deserving attention. The many attempts made to evade the operation of the conscriptive laws in France during the revolutionary war, induced the authorities to frame and enact a set of regulations for the guidance of those concerned in examining conscripts, embracing almost every point on which a doubt or difference of opinion can exist."—pp. 24—37.

The preceding extract very fully proves the necessity of studying military surgery, because the information it comprises cannot be found in the best books used by students. In the enumeration of works, the author has omitted a great number of French productions, but more especially the *Manuel de Chirurgie Militaire* of Sarlandière which in a condensed form embraces every topic connected with military surgery.

Our limits do not permit us to make other extracts, as it is impossible for a weekly journal to have lengthened reviews, the notice of works being what it professes to give; but the preceding extract affords a good illustration of the manner in which the learned and experienced professor has executed the whole of his work. It is unnecessary for us to state, that we strongly recommend this work to all surgeons who intend to enter the army or navy.

### Reports of Societies.

#### HARVEIAN SOCIETY.

THE third session of this Society commenced on Monday the 7th instant, when Sir David Barry and Mr. Cox, surgeon, were elected Presidents, and a paper was read, by Mr. Maclure, "On the Preservative Virtue of the *Atropa Belladonna* against the Contagion of Scarlet Fever," in which he traced its use, as a prophylactic, from the year 1801 down to the present time. He remarked on the extraordinary circumstance, that, notwith-

standing the high professional character and reputation of the German physicians who had recorded their experience of its valuable efficacy as a prophylactic, no medical practitioner in France or in this country had yet even given it a trial. He then reported to the Society the favourable views he entertained of it from the experience of his own practice. He conceived the *modus operandi* of the plant to consist in its diminishing, by its narcotic power, the nervous susceptibility of the system, rendering it for a time less capable of receiving the impression of contagion.

Professor A. T. Thomson said, that after the powerful testimony of the German physicians, and the practical experience of the writer of the paper, he could no longer doubt the efficacy of the belladonna as a prophylactic.

Sir David Barry supported the views of Mr. Maclure as to the *modus operandi* of contagion generally, against those thrown out by Professor Thomson, who considered, that in all cases the morbid matter of contagion is absorbed through the skin.

An interesting discussion then ensued; and the general feeling of the members present was, that the subject was one deserving of further attention and investigation, and that experiments of the prophylactic powers of the drug ought to be extensively made.

Monday, October 21st, 1833.

MR. COX in the Chair.

#### *Ioduret of Iron in Chlorosis.*

A valuable paper was read by Dr. A. T. Thomson, Professor, upon the medicinal qualities of the ioduret of iron, founded upon two cases wherein that substance had been successfully employed. The Professor's remarks tended to show, that the article in question should be used where an increase of vital power, together with increased capillary action, is the main indication, as in extreme and complicated chlorotic cases. An interesting discussion upon the effects of Iodine

and its compounds ensued, but, we believe, nothing which has not been previously before the public was elicited. The dose of the ioduret of iron was two grains twice a-day.

Mr. Anderson also communicated an interesting case of obstruction of the vena porta by a substance resembling biliary calculus, attended by hæmorrhage into the alimentary canal, which had several times been arrested by large doses of acetate of lead, but the case ultimately terminated in death.

WESTMINSTER MEDICAL SOCIETY.

Saturday, October 19, 1833,

DR. COPLAND, President.

THE meetings of this Society for the session 1833-34 commenced on the above evening, when the minutes of the last meeting of the former session having been read and confirmed,

Dr. Copland rose to address the members, remarking that the Society commenced its meetings for the ensuing session at an epoch of great moment and interest to every member of the profession, not only as regarded the general interests of the great body of the profession at large, but also as regarded their connexion and intercourse with the public; and that the Committee of this Society thought it right that those questions of medical polity relating to the reform contemplated in the various branches of the profession, as well as in the medical and surgical corporations, should be discussed by the members of the Society, and that the opinions of the Society on these important subjects should be embodied in a petition to the two Houses of Parliament, as had been done in a former session, with reference to the Anatomical Bill. He stated, that in his recent sojourn in the sister kingdom he had found that in proportion as medical practitioners were united, and upheld the just honour and dignity of the profession, so were their professional services valued, esteemed, and proportionately remunerated by the public.

Dr. Webster rose to inquire whether any gentleman present had remarked the prevalence of ague in London within the last six weeks? remarking that he had met with many cases of it recently, occurring in persons who had not been out of London for many years past, and had not, therefore, been exposed to any marshy miasmata, &c. In one case only had he traced the cause of the affection to any miasmata; the most usual form in which he had met with the affection, was the tertian intermittent, and in the treatment he adopted he had found small doses of cinchona, in powder, to arrest the fit and subdue the disease.

Mr. Hunt felt obliged to Dr. Webster for the information he had afforded the society as to the presence of ague in London, and remarked that many practitioners were deceived where they met with a case of ague occurring in London, independent of transmission from any marshy districts or effluvia. An interesting discussion then took place in which Dr. Sigmond, Dr. James Johnson, Mr. Burnet, Dr. Webster, and Mr. Hunt took part, from which, however, no material point of practical importance was elicited.

This being the evening appointed by the rules of the society for the nomination of presidents and members of the committee for the ensuing session,

Dr. Sigmond rose as the organ of the committee, and in an eloquent speech in which he dwelt at some length on the important duties devolving upon the office of president of the society, and on the anxiety of the committee to nominate those gentlemen who in their judgment they considered best fitted to fill such an high and honourable office in the society, proposed Dr. George Gregory and Mr. Gilbert Burnet as presidents for the ensuing session.

A long and somewhat violent discussion here ensued, in which Dr. Johnson, Dr. Gregory, Dr. Epps, Dr. Sigmond, Mr. Hunt, Mr. Costello, Mr. King, and Mr. Chincock



took part, in the course of which Dr. Gregory begged to decline filling the office of president to the society for the ensuing session, and at the termination of the meeting Dr. Epps, Mr. Hunt, and Mr. Burnet, were, we believe, the gentlemen nominated to fill the office of presidents for the ensuing year, the election to take place at the next meeting (this evening).

Twenty gentlemen were then nominated (ten of whom only are to be chosen), to be on the committee, and Dr. George Gregory gave notice

“ That at the next meeting of the society the opinion of the members be taken on the subject of the resignation of the physicians and surgeons of the General Dispensary, Aldersgate-street, with the view of giving the thanks of the society to those gentlemen for their conduct on this occasion, and of expressing at the same time the feeling of this society relative to what virtually amounts to the sale of professional appointments.”

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*London Medical & Surgical Journal*

*Saturday, October 26, 1833.*

THE LATE ALDERSGATE-STREET DISPENSARY.—FURTHER APPROVALS OF THE CONDUCT OF THE LATE MEDICAL OFFICERS.

“ Ecce iterum Crispinus.”

*Jw. Sat. iv. 1.*

It is our duty this week, as faithful chroniclers, to place upon the record of our Journal the finale of the Aldersgate-street Dispensary affair.

From the first we anticipated the more than possible result of the obstinacy of the Committee, and of its fatal influence over the best interests of the charity. In the retrospect we can charge ourselves with but one delusion, and, upon consideration, even that appears rather apparent than

real. Up to the last moment of the election farce, no gentlemen of known reputation in the profession offered himself for the invidious office; and, in anticipating such professional conduct, we are proud to say there was no delusion. We had, indeed, dared to hope,—the case was so plain, the motive so honourable,—that no person, by any means belonging to the profession, would have presumed to show the white feather, and desert the ranks to which he had the honour to belong; and that utter helplessness—sheer inability to fill up the vacancies—would have brought the Committee to their senses: therein we were mistaken. The four gentlemen, whose conduct has convicted us of this amiable error, belong to fame. Standing alone, their vanity must have been gratified by an unanimous election. We know not what placebo to administer to their mortification at the chilling disgust they must have already experienced from their professional brethren. Drs. Witsed and Yates are the unenvied and undisputed physicians; Messrs. Caswall and Wyatt the surgeons.

In our last Number we offered a few remarks upon the evils which the wretched system of election, whose results we have just detailed, inflicts upon the medical profession and the poor objects of the charity. There is another evil no less destructive of the permanence of the charity in this same system. The old long-tried friends of an institution, who may have subscribed to its support for many a-year, become disgusted at the venality of such cor-

rupt proceeding, and naturally withdraw their subscriptions; whilst the nominal, elective, subscribers as naturally disappear, when the job is complete. What is the consequence to the charity it is needless to depict. To our own knowledge, there is one institution, not a hundred miles from Sloane-street, under the operation, at this moment, of these natural causes. So monstrous is the mischief against which we have raised our voices in this Aldergate-street Dispensary affair, that a late Act of Parliament, for the government of the Irish County Infirmaries, abstracted in a recent Number of this Journal, subjects the candidates to a strict scrutiny into their electioneering conduct in creating votes, and exposes the delinquent to a just and condign punishment; the election is annulled, and the convicted party for ever disqualified from filling the office.

We have heard it suggested, that, to meet some of the evils of elections in voluntary charities, the old subscribers should have a number of votes, bearing some proportion to the number of years they have continued to subscribe. In default of a permanent and radical cure for this constitutional taint in most of our public charities,—for which the public in this country is not yet prepared,—we think this idea is deserving of further consideration.

In addition to the testimony of respect and admiration, the late medical officers of the Aldergate-street Institution have already received from meetings of their brethren at Sheffield,

Nottingham, Cork, and London, we have no doubt, the sentiments of the profession will be as forcibly and unequivocally expressed in their favour, at the meeting of the Westminster Medical Society on Saturday next, when the subject is to be brought under discussion before that body.

We observe, the Committee have again advertised for a candidate in place of Dr. Roberts. No doubt it will find some unknown black sheep to accept the appointment.

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TRAVELS OF SIR HENRY HALFORD.

REASONS of State will not allow us, as yet, to gratify our readers with an authentic narrative of the Travels of Sir Henry Halford, to which we alluded in our last. We promise, however, he shall by-and-by, and in due time, be as great a "lion" as Capt. Ross himself on his return from the Polar regions. The worthy Baronet is only "mad nor-nor-west," but we assure him we too can know "a hawk from a hand-saw." Before Parliament meets we shall have ample time to prepare for the good fight, which must be fought on the floor of the House of Commons;—we shall be able to give Sir Henry "a breathing."

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MISCELLANIES.

EDINBURGH. — TOWN COUNCIL PROCEEDINGS.—THE COLLEGE. — At the meeting of the council yesterday, a report from the college committee was read, detailing the proceedings of a meeting held with a committee of the senatus academicus, on the subject of the recent increase of the matriculation fee. At this meeting the Lord Provost stated

the grounds upon which the council had resolved to raise this fee ; and on the other hand, the committee of the senatus stated the grounds of their objecting to it. The college committee reported as the result of this meeting, that they had heard nothing on the part of the senatus to shake their former opinion as to the propriety of the measure ; and that the fears entertained of injury to the university were altogether groundless. The committee recommended to the council to approve of the report, and to remit to Dr. Brunton to prepare a code of regulations for the future management of the college library. The report also recommended that a salary of 50*l.* per annum should be allowed to the secretary appointed by the senatus academicus.

In the course of the discussion on this subject, the Lord Provost observed that the new arrangement would be ultimately in favour of the students, as several small fees had been, and others would soon be, done away with ; and the greater facility of access to the library would be highly advantageous to them ; since in consequence of the rise of salary given to the sub-librarians, their hours of attendance were increased. In future the library would be open to students from nine o'clock till four (Saturdays excepted) instead of, as at present, from eleven o'clock till two. His lordship also alluded to a negotiation which had been commenced with Professor Jameson, with a view to reducing the price of admission to the College Museum from two shillings and sixpence to one shilling. Mr. Jameson had intimated that this would be agreed to, provided that the Senatus would sanction the change : and the city was in a condition to guarantee that the smaller charge should be as productive as the larger one had been. This his lordship thought the Council could have no difficulty in doing ; for, as regarded the sufficiency of the city, he was happy to refer the members of Council to the accounts made up for the last year, from which they would find that

the receipts of the year had exceeded the expenditure by £1700, which must remove all doubt upon that score ; while it must also be obvious, that the Senatus could not object with any degree of propriety to any scheme of rendering the Museum more accessible to the public and to the students, to which the Professor of Natural History had given his sanction and approbation ; and therefore his Lordship was of opinion, that the Council should not hesitate to confirm their previous resolution, but, by adhering to it, evince their desire to attend to the superior qualities and advantages of the Edinburgh University, which must, in the long run, be a far truer and more sure attraction to students than any petty saving of a few shillings, even although a few of the present professors should continue to exact the small class fees, which most of that body had already agreed to relinquish, and which must, as a matter of course, very soon terminate at any rate.

The report was approved of, and it was remitted to the Lord Provost and the College Committee, to prosecute the negotiation respecting the price of admission to the Museum.—*Edin. Caled. Mercury.*

**SCHOOL OF MEDICINE AT NOTTINGHAM.**—A school of medicine has just been established at Nottingham, to which the Duke of Newcastle has subscribed £500. If the nobility and gentry in every county were to follow this noble example, every city in England would have its school of medicine and surgery.

### Hospital Reports.

#### ST. BARTHOLOMEW'S HOSPITAL.

##### *Severe Compound Fracture.*

A MAN, *æt.* 34, was brought into the hospital on October 18, having fallen under the weight of another man while in a state of intoxication, by which the tibia was fractured about its middle. There was an extensive external wound through which the fractured extremity of the bone projected. There was also con-

siderable extravasation of blood. Mr. Earle, under whose care the patient had been placed, deemed it advisable to remove about an inch and a quarter of the bone, with a view to diminish the irritability caused by the projecting portion. The patient is now going on favourably.

#### *Abscess after Gonorrhœa.*

Davis, a native of Jamaica, was admitted under Mr. Earle's care with abscess in the anterior part of the perineum, after severe gonorrhœa. There were two fistulous openings at the anterior part of the scrotum, which Mr. Earle enlarged. On further examination it appeared that the patient laboured under contraction of the urethra, at the glans penis. Mr. Earle slit down the orifice of the urethra, since which the patient has improved. Mr. Earle, in his clinical remarks on this case, said that the abscess was caused by the contraction of the urethra, and adduced several instances of similar cases, in which he slit through the contracted part of the penis with the greatest advantage.

#### *Burns.*

There are some very interesting cases of burns at present in the hospital under the care of Mr. Earle. There is one very melancholy case of a child (whose history we have given in No. 82 of the Journal), in which adhesions formed between the chin and sternum, as also between the sides of the breast and arm, causing great deformity. Mr. Earle observed that these adhesions were caused by the neglect of those under whose care the child had been, as they would not have taken place if properly attended to. With regard to the adhesions between the chin and sternum, Mr. Earle is adopting a plan which he strongly recommended in his work on burns. In the treatment of those which exist between the arm and breast, he ordered the arm to be extended on a splint, and occasionally bent, so as to preserve the motion of the limb. This treatment has been crowned with complete success in many cases.

### ST. GEORGE'S HOSPITAL.

#### *Abnormal Tumour of the Thigh.*

John Williams, æt. 58, was admitted on the 11th of September, under the care of Mr. Walker. The history he gave of his case was this:—Five years ago he first perceived a small nodule under the skin at the upper and inner part of the right thigh. It was of a white colour, not painful on pressure, of the size of a pea, and seemingly of the consistence of cartilage. Its size gradually increased, and at the end of a twelvemonth from its first appearance it had attained the size of a small marble, retaining, in other respects, its original

conformation and character. At the end of the third year it was of the size of a pigeon's egg, and during the last twelvemonth it has increased more rapidly in size and bulk, and shooting pains are felt in the thigh whenever the patient uses any active exertion. Six months since it began to change in colour, and became softer in texture, and felt nodulated at its lower part. The pain in the tumour became aggravated, and the paroxysms returned so frequently as to prevent him from following his usual occupation. He has taken no medicine internally, and some simple plaster has been the only external application used.

12th. The tumour was removed. An incision was made on each side, commencing at about one inch and a half above the swelling, and terminating at about one inch and a half below it, thus uniting the two incisions, and including the tumour and an elliptical portion of integument within their circle. The tumour seemed less adherent at its upper than its lower part, where the skin covering it was thin and attenuated. The dissection was continued deeply down, including, with the tumour, a considerable portion of fat, in which it appeared imbedded, and exposing the surface of the adductor longus muscle. No adhesions had been contracted between the tumour and the deeper parts. Four small vessels were secured, the edges of the wound were brought together by sutures, and adhesive plaster, and dressed in the ordinary way.

On dividing the tumour through its centre, a large cavity was found at its lower part, containing from ʒij to ʒij of a sanguineous coagulating fluid, resembling much in consistence and tenacity the white of an egg discoloured. Internally, the cavity of the tumour was intersected by imperfect septa of thickened adipose membrane or coagulable lymph, dividing it into irregular cells communicating with one another. The upper portion of the tumour, which was solid in structure, appeared to be composed principally of condensed fat, interspersed with various-sized petechial spots, appearing to be in the incipient stage of that disorganisation which was complete at the lower part of the tumour.

The outer surface was unequally nodulated, corresponding in its convexities with the internal concavities in the structure of the tumour. Though previously to the operation the lower portion of the swelling appeared to be closely connected with the attenuated skin, yet it was proved not to be so on dissection.

The wound united readily by the first intention, no untoward symptom worthy of note occurred, and he left the hospital perfectly cured at the end of five weeks.

There can be little doubt, we think, that if the tumour had not been removed it would have degenerated into a malignant disease; and from the complete manner in which the tumour and the surrounding portions of cellular membrane with it were removed, the operation must prove permanently successful.

*Calculus Vesicæ.**(Continued from page 380.)*

Oct. 15. Soon after being bled he rallied in a great measure, and was able to walk from his bed to the water closet; but the paralysis soon returned again.

16. On visiting him this morning we found him decidedly worse, and apparently labouring under all the symptoms of incipient serous apoplexy; pulse 105, and compressible. He had been cupped at the back of the neck; a blister had been also applied; ice had been applied to the scalp, and mustard sinapisms to the calves of the legs and the soles of the feet. Baron Heurteloup, Mr. Brodie, and Dr. Seymour visited him in the course of the day.

5 P. M. Continues much worse; convulsive action of the tarsi; globe of the left eye everted; paralysis of the lower limbs and right arm; has passed his urine involuntarily; pulse as in the morning.

9 P. M. Has not spoken since 4 A. M.; skin covered with a cold clammy perspiration; cheeks cool; moribund; has had an injection administered, which brought away a small quantity of feculent matter.

17. Died at eight A. M.

*Autopsy thirty hours after death.*—On removing the cranium the cerebrum was found highly injected and suffused with extravasated blood, more particularly the superior, lateral, and posterior portions of the left hemisphere, (the paralysis affected more particularly the right side of the body); the lining membrane of the longitudinal sinus was found slightly inflamed; the lateral ventricles were filled with serum, and there was a rupture of the substance of the base of the posterior portion of the left hemisphere, beneath which there was a large clot of black blood. The coats of the vessels of the brain were found thickened; but the nerves were not noticed as altered in structure or appearance. The contents of the thorax and abdomen were in their normal state; the kidneys were inflamed and softened in their texture, the right more than the left. In the bladder were found many fragments of stone, the largest of which, about the size of a French bean, was the only one which, as Baron Heurteloup remarked, required breaking down to allow of its passing through the urethra: the Baron also remarked that another operation would have completely relieved the patient. The fragments of stone seemed principally composed of lithic acid.

If viewed in all its bearings, this case can scarcely be said to militate against the operation of lithotripsy. The patient had a naturally flushed face, and was of an apoplectic tendency. The only point of treatment against which we are disposed to enter our protest is, that sufficiently active purgatives were not administered to the patient previous to the second operation. His tongue was white, and his bowels were, we believe, confined, and a *lavement* only was administered by the orders of

Baron Heurteloup. We are inclined to think, that had his bowels been kept in a free soluble state the apoplectic symptoms might have been in some measure retarded. The strength and stamina of the constitution, mode of living, diet, &c., are so essentially different in the natives of France and England as to require a disease to be treated on as different principles; and where a gentle *lavement* is all that is required in the one case, the exhibition of an active aperient or cathartic is as imperatively called for in the other.

## MIDDLESEX HOSPITAL.

*Semeiology, Pathology, and Treatment of Pericarditis.*

DURING my attendance at the Middlesex Hospital, I had frequent opportunities of witnessing cases of *pericarditis*, and having perused with much pleasure several valuable papers upon that interesting disease in your excellent Journal, I am induced to make the following observations for the purpose of eliciting more facts from your able correspondents.

The point to which I would first advert is the *existence of a bruit*.—With regard to the value of this sound as a means of detecting the disease, no one who has given common attention to the subject can deny it. I am not prepared to say that "inflammation of the pericardium" must of necessity be accompanied by this phenomenon, but I am strongly inclined to believe that in the generality of cases it is to be found. How is it then that authors—even men of stethoscopic fame, pass over in silence this symptom. I believe, sir, it is because they have not listened early enough in the disease for its detection, and have not examined every square inch of the cardiac region. Be it remembered that this sound comes on very early, almost as it were ushering in the disease. It appears often before any other tangible symptom; and while the careless practitioner reposes in safety, the careful and vigilant is resorting to depletive and anti-inflammatory measures. This symptom however often comes and remains but a short time. It appears suddenly, and as suddenly may depart. It frequently too changes its seat, from being heard nearest the apex, it is discovered only at the base of the heart. And these may afford some reasons why this symptom is so little regarded. I know of no members of the profession who have done any justice to the subject, save Dr. Latham, some years ago, and Dr. Stokes within a later period. These physicians have inquired into the subject with a zeal which is most creditable to them, and with a talent and success which reflects the highest honour upon them as pathologists.

But the most interesting point is the cause of the bruit; whether it be "*bruit de soufflet*," or "*bruit de râpe*." It is, as some authors say, attributable to the increased velocity with

which the blood is propelled. Surely not. A rapid action of the heart may doubtless in some cases, as in hysteria, &c., cause a temporary bruit, but it is dangerous to admit this as the cause in pericarditis, for if we do, we find ourselves in a labyrinth from which it were difficult to extricate ourselves.

Dr. Stokes thinks the bruit depends in many instances upon the friction of two surfaces covered with lymph, and produces cases to bear out this opinion. He says also, which I can from experience corroborate, that the bruit is rapidly removed by antiphlogistic treatment. As to the first opinion, that of friction causing the sound, I am disposed to think it more than probable: we only require an accumulation of facts to establish the theory. I cannot but conceive that the cause of the sound is external to the heart itself: this impression is strengthened by some symptoms of a case at present in the Middlesex hospital. A man with acute rheumatism was placed under the care of Dr. Watson. He was admitted on Tuesday. On Wednesday morning the doctor noticed, for the first time, a puffing sound which attended the heart's action in a space which could be covered by a crown piece, immediately beneath the left mamma. This with other symptoms gave rise to presumptive evidence of pericarditis. The patient was accordingly bled to syncope 3 xviii. The bruit then disappeared. Two hours afterwards it returned, and it was noticed that the action of the heart was singularly altered. *There were three strong impulses given, followed by three contractions with but little impulse; the three former were attended with no bruit, while the latter gave a distinct sawing sound.* The patient became a little flurried, and at the time these symptoms disappeared.

May not this interesting fact be accounted for in the following way,—When the heart contracted forcibly and gave the strong impulse, the obstacle which the lymph afforded was overcome, while when the heart contracted feebly, attrition of the lymph might be supposed to cause those sounds. If this idea be correct, it may be added as an interesting fact to the observations of Dr. Stokes. Upon the present occasion I shall not enter into the affection of the lining membrane of the heart, so frequently a cause of bruit, and so often accompanying acute rheumatism. This no doubt, in a later stage of pericarditis, presents the various morbid sounds so well known to the observant pathologist. Another point, is the position of the patient. Authors tell us that this disease is readily known by the uniformity of its symptoms. This I deny, for many are the cases where no such uniformity has been observed, and many are the autopsies which disclose to the astonished inspector "inflammation of the pericardium," which he least expected. The patient lies on his right side, or his left, or upon his back, instead of being found, (if we trust to books and lec-

tures,) lying immoveably in one position or upon his side. Again, pain in the shoulder, and pain down the arm, must be regarded as very equivocal symptoms. In short, pericarditis often exists without any of the symptoms described by writers. In conclusion, I must enter my protest against the singular contempt with which some medical men, more especially general practitioners, treat auscultation as a means of diagnosis. As a signal instance of this, there are in the Middlesex Hospital at the present time, four cases of chronic pericarditis of an aggravated nature. In each instance the real cause was overlooked in the acute stage, while the effects were combated by depletions to the head in consequence of pain in that part and delirium.

I send you only brief notes of two cases which I have selected out of many. I have chosen fatal cases, the better to exemplify the disease.

FIRST CASE.—*The value of Auscultation—Pathology of acute Pericarditis.*—Robert Scott, *ætat.* 25, admitted under Dr. Watson, April 19th. Acute rheumatism of the knees and wrists of three days' duration; no affection of the chest. He was ordered gr. j. of the ext. of colchicum every four hours. He continued much in the same state till the morning of the 23rd, when upon Mr. Corfe, the apothecary, visiting him, the following note was made in the case book. No sleep during the night, but no delirium. There is a peculiarity in his manner; he is collected, but answers in a strange pert way; an expression of anxiety in the countenance; lying on the left side; pulse 120, undulating; no pain; *pressure in the epigastrium, and in the neighbourhood of the heart does not excite any.* Upon listening to the heart, about an inch to the sternal side of the left nipple, there was a distinct rough sawing sound, not unlike two pebbles being rubbed together.

These symptoms occasioning more than a suspicion of pericarditis, the patient was bled largely, leeches were applied to the chest, and calomel and opium given. "The sound disappeared after the v. s." From this time he continued to get worse; the anxiety increased; there was no dyspnoea, orthopnoea, or pain; the bruit was sometimes distinctly heard, at others but faintly, and not in the same spot. On the 28th he first complained of a catching in the breathing. On the 29th this was much aggravated, and notwithstanding the most active and vigilant treatment, he died upon that day, unaffected by the constant exhibition of mercury. Upon examination the pericardium contained three-fourths of a pint of yellow serum. Its whole surface was covered with reticulated depositions of lymph, thicker in some parts than in others, but no where adherent; some small morbid growths were found about the valves.

SECOND CASE.—*Illustrating the pathology of Chronic Pericarditis.*—Elizabeth Plumb, *ætat.* 17, under Dr. Watson's care Jan. 5th;

acute rheumatism of all the large joints; ill a fortnight; no cardiac affection. This patient was going on well till the 14th, when she complained of cough and pressure at the chest; dyspnoea; and a *bruit* was heard at the junction of the cartilages of the fourth and fifth ribs. She was bled and actively treated, and for a time she recovered apparently, but the *bruit* always existed. She was got under the influence of mercury, but this was of no avail; an idiotic state came on, and she lingered until March 31.

Upon examination there was found enlargement and paleness of the heart. The pericardium was thickened, and so firmly adherent to the heart that it could no where be removed. The valves, as in the former case, were diseased; the morbid growths were large and more extensive.

#### *Epilepsy.—Delirium aggravated by the ingestion of crude Vegetables.*

I do not find recorded in books a disease which I suspect is not uncommon, having witnessed several instances; for my present purpose I shall adduce but two, both of which occurred in the Middlesex Hospital.

The disease to which I allude is a perfect loss of consciousness, attended with violent agitation of the whole body, profuse perspiration and delirium, consequent upon crude undigested matter, lurking in the stomach and bowels, thus combining the symptoms of phrenitis, delirium tremens, and chorea in the same disease. To persons who have never witnessed such cases, their features are truly alarming, and would seem to require the most active treatment, while in the following cases the remedies were alike simple and successful.

I am, Sir, yours, &c.

“A PUPIL.”

William Fareweather, *ætat.* 17, under Dr. Hawkins, admitted Jan. 29, 1833. Of a spare habit; face flushed; head hot; violent action of the whole muscular frame, so that when on his legs it requires four men to hold him; talking, hallooing, and spitting about incessantly; does not give rational answers, and will not put out his tongue when desired, but he occasionally, of his own accord, lolls it out of his mouth, when it is seen covered with a viscid mucus. (The symptoms more resemble mania than any other disease.)

He was so outrageous that it was necessary to put on the maniacal jacket. Pulse frequent; not powerful; skin hot; bowels confined. These symptoms have been coming on for some time attended with constipation. (N.B. Has a voracious appetite which has been indulged.) Shave the head and apply cold lotion. Croton oil two drops, immediately.

*Vespere.* Symptoms aggravated; more wildness in his look; profuse perspiration. Repeat croton oil.

30th. No sleep; bowels not acted on; less strength, but no alleviation of the symptoms. Beef tea *Qj.* daily. Continue the croton oil every eight hours for three doses.

31st. No sleep; the same state; tongue brown; no evacuation. Repeat croton oil.

Feb. 1st. Tongue still brown, and mouth covered with sores; no improvement; has not slept since admission; restraint constantly necessary. To be cupped to  $\text{ʒvii}$ . at the back of the neck. *Assafœtida* injection.

*Vespere.* Bowels freely opened; motions offensive, consisting of solid lumps of undigested matter, especially vegetables, as carrots, cabbage stalk, orange rind, potato, &c. Repeat croton oil every morning.

2nd. No sleep; symptoms scarcely relieved; still ungovernably obstinate, refusing to take medicine. Evacuations unaltered.

4th. Decidedly better.

5th. Slept during the night; much better; allowed to be loosened.

He continued the croton oil every morning; and, as the evacuations became more healthy and regular, so the symptoms subsided. He was ordered *sulp. zinc.* one grain three times a day, and the shower bath every morning. Under this treatment he rapidly improved, and after a temporary relapse he was discharged well, March 11. In this case the bowels were evacuated on the fourth day after admission; but it required three more days before the system could recover itself, making it a week before he obtained sleep, and before the strait waistcoat was removed.

John Cox, *æt.* 21, a porter, also under Dr. Hawkins, admitted September 27th. Face flushed, eyes rolling, and the body in constant motion. He is so ungovernable that it is necessary to employ corporeal restraint. He is incessantly talking and singing, and appears not to hear (at least takes no notice) when spoken to. Pulse 120; tongue furred; bowels costive.

His friends state that he has been subject to epilepsy, which had been relieved of late by medicine. He has been permitted to indulge his appetite, and has eaten “whatever he could get hold of.”

Eleven *a.m.* *Extract. colocynth. gr. x.*; *Ol. croton. ʒj.*; *stat. et rep. ʒiss Acria.*

Four *p.m.* No motion. *Enema terebinth. statim.*

Towards evening profuse perspiration came on; agitation not all subdued; lips covered with sores; tongue dry and brown; bowels not open. Still incessantly talking and singing. Head hot and flushed; to be shaved and kept cool.

*Hirud. xx. temporibus. Calomel, ʒj. stat. Haust. emena comp. ʒiiss. Acria per noct. donec alb. resp.*

28th. There was but little alteration this morning, save that the patient was more exhausted. Restlessness and talking continue,

the latter, however, lower. No sleep; skin hot; pulse quick and full.

*Puls. Jakob j. Calomel ℥j. statim.*

*Vespere.*—Bowels freely opened five times during the day. Evacuations dark, offensive, and containing undigested apple rind, apple pips, and slimy mucus.

*Hyd. submur. gr. iij. 4tis.*

29th. Slept well during the night; no evacuation since eight o'clock yesterday evening. He is still singing and talking, but less in degree. He puts out his tongue when told, though consciousness is not perfectly returned. Pulse 90, soft.

*Ol. croc. ℥ij. Ext. coloc. co. gr. xv. stat. pul. iij. stat.*

30th. Not quite collected, but perfectly quiet at the time of the visit. Bowels open, evacuations dark, with a quantity of fecal, offensive matter. Slept pretty well. From this time he rapidly regained his consciousness and recovered. The note book states that he had an epileptic fit on the morning of the 4th, and one or two subsequently.

*Treatment of Pneumonia in the Clinical wards of La Pitié, by M. Bouillard.*

There were seventeen cases, all exhibiting the symptoms of the disease in an intense degree. Twelve were bled before the professor saw them, by the *chef de clinique*; in three of whom leeches were simultaneously applied. On the following day, if the constitution were robust, and the pulse still strong and frequent, two bleedings were ordered, one immediately of four *palettes*, the other, not so great, in the evening; and in the interval thirty or forty leeches were applied to the chest where pain existed, and the rattles or other characteristic sounds were heard; or if it were requisite to act with still more energy, two cupping glasses were applied. Seven out of the seventeen were treated according to one of these rules at the first visit. The other ten were bled only once, and had leeches, and, generally, cupping glasses applied. The general bleedings were often repeated for three or four days successively; sometimes there was an interval of a day between

them, and it was rarely necessary to resume them where once dropped.

The application of leeches and cupping-glasses, either together or separately, constantly accompanied by the general bleedings during the first days, and were continued as long as the symptoms were severe. In ten cases blisters were employed towards the end of the disease, when all febrile phenomena had disappeared, and there still remained either more or less pain, some *soufflet* or resonance, uneasy respiration, &c., and it was never found that they brought back the inflammatory symptoms, either local or general. There were also employed with benefit in some cases, at the same period of the disease, poultices moistened with thirty or forty drops of croton oil, which caused much pustular eruption, but never induced fever or over excitement, injurious to the resolution of the disease of the lung.

The objection urged against this mode of treatment is the extreme exhaustion in which the patient is left, and the resulting interminable convalescence. It is a fact, however, that the patients support it easily, and that a few days suffice to restore them to their usual strength. The average period of perfect convalescence was seven or eight days.—*Journ. Hebdom.*

APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, October 17th.

Bushell Anningson	. Waltham, Lincolnsh.
Edward Vaughan Austin	. Rotherhithe.
John Clegg	. Rochdale.
Sam. Dodd Clippingsdale	. London.
George Cochran	. Edinburgh.
Henry Frost	. Litcham, Norfolk.
Richard Smart Jackson	. London.
Nehemiah Lloyd	. Birmingham.
Hugh Rockett	. East Brent.
Edward Salmon	. Thornbury.
William Scarvin	. York.
Robert Thompson	. Bury St. Edmunds.
Charles Barham Wills	. Norwich.
Frederick Wildbore	. Shoreditch.
Thomas Wainwright	. Barnsley.



## OBITUARY.

## DEATH OF CHARLES THACKRAH, ESQ.

Charles Turner Thackrah was born at Leeds, and educated there and in its vicinity. After the completion of his apprenticeship, he went to London and entered as pupil to Guy's Hospital. A prize essay was offered at Guy's on "Diabetes," and Mr. Thackrah was the successful competitor. Soon after commencing practice in Leeds, he obtained the prize offered by Sir A. Cooper to the pupils educated at Guy's Hospital, for the best essay on the blood. This essay was published with additional experiments in verification of his conclusions. Mr. Thackrah was now elevated to a high rank as an experimental physiologist. He delivered at the Leeds Philosophical Institution an extended course of popular lectures on physiology. The substance of those on "Digestion and Diet," was published. His next work, and the one which has gained him more celebrity than all his other productions, was his treatise on the diseases incident to "arts, trades, and professions." The multitude of facts which are embodied in it, and the sound practical conclusions it contains, display great industry, ability, and philanthropy.

Mr. Thackrah's disease was phthisis pulmonalis. He expired on the 23rd of May, 1833. As in the majority of those cases, the delusion existed, that he would recover. "Bronchitis (he said) is my chief malady."

A complete analysis of Mr. Thackrah's intellectual character would occupy many pages. It would display the workings of a cultivated and energetic mind, spurred on by ambition, encountering difficulties, and surmounting obstacles, which few could have accomplished. The death of such a man is to be deplored as a public calamity, and not merely as affecting relatives and friends.

Mr. Thackrah was not, in the common acceptance of the phrase, a man of genius, but he had qualities possessed by few. Industry to collect facts, honesty to narrate them with fidelity, judgment to generalise them; perseverance to pursue an inquiry; and he had ambition and the love of approbation to impel him to exertion. Nay! he was a slave to popular applause.

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### The Sanctum.

*Sedative Effects of the White Ash on the Rattle-Snake.*—The following curious facts are from a letter of Judge Samuel Woodroff to Professor Silliman, in the last number of the *American Journal of Science*:—

"Some time in the month of August, I went with Mr. Kirtland and Mr. C. Dutton, then residing at Portland, to the Mahoning for the purpose of shooting deer. About an hour after we commenced our watch, instead

of a deer, we discovered a rattle snake, which it appeared, had left his den in the rocks beneath us, and was advancing across a smooth, narrow sand beach towards the water. It occurred to me that an opportunity now offered to try the virtue of the white ash leaves. Requesting the gentleman to keep, in my absence, a watch over our object, I went immediately in search of the leaves, and on a piece of low ground, thirty or forty yards back from the river, I soon found, and by the aid of my hunting knife, procured a small ash sapling, eight or ten feet in length; and with a view to make the experiment more satisfactory, I cut another sapling of the sugar maple, and with these wands returned to the scene of action. In order to cut off the retreat to his den, I approached the snake in his rear. As soon as I came within seven or eight feet of him, he quickly threw his body into a coil, elevated his head eight or ten inches, and, brandishing his tongue, 'gave note of preparation' for combat.

"I first presented him with the white ash, placing the leaves upon his body. He instantly dropped his head to the ground, unfolded his coil over upon his back, with this treatment his whole body into every form but the temporary, and appeared to be in great anguish. Archified with the trial thus made, I laid by the white ash. The rattle-snake immediately righted, and placed himself in the same menacing attitude as before described. I now presented the sugar maple. He lanced in a moment, striking his head into a tuft of the leaves, 'with all the malices of the under fiends,' and the next moment coiled and lanced again, darting his whole length at each effort with the swiftness of an arrow. After presenting this several times, I again changed his fare, and offered him the white ash. He immediately doused his perk, stretched himself on his back in the same manner as at the first application. It was then proposed to try what effect might be produced upon his temper and courage by a little flogging with the white ash. This was administered; but instead of arousing him to resentment, it served only to increase his troubles. As the flogging grew more severe, the snake frequently struck his head into the sand as far as he could thrust it, seeming desirous to bore his way into the earth and rid himself of his unwelcome visitors.

"Being now convinced that the experiment was a satisfactory one, and fairly conducted on both sides, we deemed it unnecessary to take his life, after he had contributed so much to gratify our curiosity; and so we took leave of the rattle-snake, with feelings as friendly at least as those with which we commenced our acquaintance with him, and left him to return at leisure to his den."

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## LECTURES

ON THE

## PRINCIPLES, PRACTICE, &amp; OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

## LECTURE LXI., DELIVERED MARCH 1, 1833.

GENTLEMEN,—There are two or three preparations on the table illustrating the subjects which I was considering in the lecture delivered yesterday evening. That which I now send round exhibits the appearances of the periosteum in an inflamed state. The portion of skull, which I will next pass to you, shows the appearances, produced by the kind of caries called *worm-eaten*, occasionally noticed in the worst stages of syphilis. I have seen some specimens, however, in other museums in London, which show its characters still better than this preparation before us; but it will convey to you an idea of the nature of this remarkable form of caries. You see that the bone is perforated in numerous places, and in various directions, giving it an appearance as if the mischief had been really produced by the process to which the term "worm-eaten" refers. These bones show the appearances arising from the venereal caries of the tibia; in fact, they are specimens of nodes, combined with caries.

Now, gentlemen, the next subject requiring your particular attention is *necrosis*, or the death of a portion of bone, sometimes of the greater part of it; for, not unfrequently, you will see the whole of the shaft of one of the long cylindrical bones destroyed. Here is a preparation, exhibiting a complete osseous case, formed as a substitute for the whole shaft of the tibia, which has been destroyed, or, as we say, which is in the state of necrosis. It is a beautiful specimen. The term *necrosis*, according to its etymology, has nearly the same signification as *mortification*; but, by the general consent of surgeons, it is now employed exclusively to signify the death of bone.

VOL. IV.

I told you, in the last lecture, that between *necrosis* and *caries* of the bones, as much difference exists as between *mortification* and *ulceration* of the soft parts. In *caries*, the function of nutrition in the bone is considerably disturbed and impeded; portions of the osseous substance are removed; but what remains is still alive. On the other hand, in *necrosis*, the part is entirely dead, its vital functions have completely ceased, and there is no longer any circulation through it. As I have explained, the mischief of necrosis may extend not only to a small portion of bone, but sometimes to the whole shaft of one of the long cylindrical bones. Generally, however, the head of the bone escapes; the articular parts are usually spared; and, when the new shaft is formed, the original portions left, which are commonly the ends of the bone, become grafted, as it were, on the new osseous case.

After a portion of a bone has perished, or fallen into the condition of necrosis, its detachment and removal become as necessary, for the process of reparation and the cure of the patient, as the taking away of any other extraneous substance lodged in any part of our frame, and keeping up irritation, suppuration, and other effects; indeed, the dead bone is to be now regarded as an extraneous substance, and its removal from the part, either by the action of the absorbents, or by surgical proceedings, is absolutely necessary. It matters not, as far as the nature of the disease is concerned, whether merely one layer of the bone is affected with necrosis, or the whole substance of it—the disease is still essentially of the same kind; and the various circumstances of depth and extent, to which the disease may have proceeded, relate only to its severity, and certainly are of great importance as far as regards the prognosis, the prospect of cure, and the length of time which will necessarily elapse before this desirable event can be accomplished; but the disease is *necrosis*, whether a small portion of bone perishes, or the whole or greater part of a bone.

While *caries* mostly affects the spongy parts of bones, and those bones which are of a light texture, *necrosis* is found to attack principally the harder parts of bones, and those bones

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which naturally contain the greatest quantity of phosphate of lime, and are of a firm compact texture; and this is so much the case, that those circumstances which would produce necrosis in the harder parts of bones, seem mostly to cause caries when they exert their operation on the softer spongy parts of the skeleton. Among the bones most frequently attacked by necrosis, I may mention, first, the tibia, then the femur, the lower jaw, the clavicle, the radius, and the ulna. The bones of the cranium are also frequently the seat of necrosis. Of all the bones of the skeleton, I believe none so frequently suffers from necrosis as the tibia. The disease now engaging your attention is one to which both sexes are liable, and this at any period of life; yet we find, that the disease is more common in very young persons, and especially in those who have scrofulous constitutions, than in other individuals. But this observation must be received with one qualification, namely, that all persons who are exposed to dangerous and laborious employments, whose pursuits render them liable to suffer from accidental external violence, are frequently the subjects of necrosis, and this, whatever may be their age or the nature of their constitution.

Gentlemen, although the most extensive forms, or degrees, of necrosis are chiefly seen in the long cylindrical bones, we do also sometimes meet with them in the flat ones; and even the short thick bones are occasionally quite destroyed. I have, indeed, already explained, that the bones of the cranium are not unfrequently the seat of the disease, and that the lower jaw is very often affected. You will find also in the records of surgery many instances, in which the scapula was attacked. One interesting fact, relating to this subject, I mentioned in the beginning of this lecture, which is, that when the shaft of a bone has perished, or fallen into the state of necrosis, its heads, or articular extremities, almost always continue to live; and afterwards, a process is established, by which they are united to the new osseous formation, covering the dead shaft. The examples to the contrary, though possible, are very rare. You may observe, that, in this preparation, the heads of the original bone are still preserved. In another preparation, which is on the table, and which is the femur, you may notice, that though the head of the bone has been immensely inflamed, and is rendered quite misshapen, yet it has not been destroyed; it is the original extremity of the bone that remains; and, although it has suffered severely from inflammation, this has produced no other effect on it, than that of making its surface exceedingly rough and irregular. What new bone presents itself, you see, has been thrown out below the articular part. Cases do sometimes happen, but they are very uncommon ones, in which the articular parts of bones are destroyed, or involved in the mischief of necrosis; and, then, as the shaft is more or less destroyed at the same

time, the prognosis is generally unfavourable, and amputation of the limb can scarcely be avoided.

Gentlemen, with respect to the causes of necrosis, I may inform you, that every thing, affecting the periosteum, the substance of the bone, or the medulla in such a way as to interrupt the nutrition of the bone, may conduce to the origin of necrosis. The causes, therefore, of necrosis may be divided into external and internal ones, the external causes are principally severe contusions, bad compound fractures, the pressure and irritation of foreign bodies in the substance of the bone itself or in its cancellous structure, (the lodgment of a musket ball there, for example, may produce necrosis), the long-continued exposure of the surface of a bone deprived of its periosteum to the air will lead to necrosis of the portion which is so exposed; and irritating the surface of a bone with acid or caustic applications will produce a similar effect. Thus sometimes the free use of strong concentrated acids in the treatment of sloughing ulcers on the shin will, if care be not taken, produce necrosis of the tibia. You may remember, that I showed you, a few evenings ago, a specimen of part of the cranium, which had been attacked by necrosis in consequence of a burn.

Whenever the old surgeons saw a portion of bone exposed to the atmosphere, and deprived of its periosteum, they concluded, that a cure was impossible without exfoliation of the part of the bone thus uncovered; they fancied that it would of necessity become attacked with necrosis, and thrown off from the living part of the bone before a cure could be accomplished. But, gentlemen, this was taking an erroneous view of things; it does not follow, that a bone must die and exfoliate under the circumstances I have mentioned. It is true, that, if the bone has suffered much contusion, if the patient is old, feeble, and unhealthy, and, especially, if the exposure has been long continued, necrosis will most probably take place. But, former practitioners were confirmed in their erroneous opinion by invariably committing two errors in the treatment of these cases; in the first place they did not take care to cover the exposed portion of bone, as quickly as possible with the soft parts, which had been detached from them, and thrown back in the form of a flap; and, in the second place, they commonly dressed the wound with irritating applications, and with what they conceived was calculated to promote exfoliation. Such practice would of course tend to confirm the view which they had taken of the case; for, under the kind of treatment referred to, necrosis would be pretty certain to follow; whereas, if they had promptly covered the exposed bone, with the soft parts, and had then resorted to proper dressings, they would soon have discovered that the simple exposure of the surface of a bone is not necessarily followed by necrosis; and that exfoliation is not always to be apprehended as a matter of certainty. We know,

that the osseous texture does not depend entirely on the arteries of the periosteum for its nutrition; and that those of the medullary membrane are materially concerned in this function; hence, it does not follow, that a bone must perish, because it is deprived of its periosteum. On the contrary, if the patient be young and his constitution sound, if the bone be not too much contused, and not kept exposed too long to the atmosphere, or dressed with improper drying, astringent, spirituous applications, the production of necrosis may generally be avoided. All this implies, however, that the violence which has given rise to the accident, has not operated too much on the medullary texture. When a limb has suffered such a degree of injury, that the periosteum is detached from the surface of the bone, along with the soft parts, an injudicious method of proceeding will of course bring on necrosis of the exposed bone; but, if the loosened flap of soft parts be immediately laid down again; and no stimulant applications be used, you may have no necrosis at all, and, of course, no exfoliation; granulations will spring up from the surface of the bone; these will unite to those arising from the soft parts, and a complete cure will often follow with extraordinary expedition, particularly in young and healthy subjects.

But, gentlemen, necrosis, and the worst forms of it, may proceed from internal causes, that is to say, from causes which affect the bone, through the medium of the constitution. Experience proves, that necrosis may follow that deranged and debilitated state of the constitution, which is left after various kinds of febrile disturbance. The origin of some of the worst cases of necrosis may be attributed to the debilitating effects of typhus fever, small-pox, or even measles. Scrofula, lues venerea, scurvy, and the prejudicial influence of a badly conducted course of mercury, have all been known, under particular circumstances, to excite necrosis. When mercury gives rise to this affection, it is generally when that medicine is administered for the cure of syphilis, and the patient does not, during such mercurial course, take proper care of himself, being exposed to the vicissitudes of the weather, or incautious in his diet. In many instances, the mischief is brought on by the mercury being given in excess, or by small quantities acting with unusual violence. The bones, which most frequently suffer under these circumstances, are the lower jaw, and part of the alveolar processes of the upper jaw, more frequently the latter. A few days ago, I saw a woman, who was attacked with a most severe salivation, though she had only taken seven or eight grains of blue pill; most of her teeth dropped out; and the jaw was partly in the state of necrosis: her life is now in the utmost danger.

The old surgeons used to imagine, that pus had a corrosive quality, and that, when it was left in contact with a bone, it would destroy a portion of it, but this doctrine is now exploded.

It is true, we frequently find necrosis and abscesses combined together; we sometimes find matter on the surface of a bone, part of which has perished, but the latter circumstance is usually in consequence of the very inflammation, which gave rise to the abscess, having extended its effects to the bone itself; the bone, therefore, suffers from the same causes as produced the suppuration. It is, however, possible to conceive that an abscess may produce necrosis, when its pressure operates upon the bone in an extraordinary degree; then, indeed, it is possible, that necrosis may be occasioned by an abscess, but certainly not by the supposed corrosive qualities of pus; the principle is a very different one. In many instances, where necrosis is combined with suppuration, the matter has not been in contact with the bone at all, the periosteum intervening between its surface and the abscess; in such a case, it is impossible even to suspect that the necrosis can have been produced by the corrosive quality of the purulent matter.

Now, gentlemen, I will devote the remainder of our time this evening to examinations on the important subject of aneurism, through which we have lately proceeded. The consideration of necrosis, I will resume at the next lecture.

## CLINICAL LECTURES

DELIVERED BY

DR. WILLIAM STOKES,

*At the Meath Hospital, or County of Dublin Infirmary, Session 1832-33.*

LECTURE XVI.

*Fever, and the Theory of Broussais.*

GENTLEMEN,—In my last lecture I commenced the examination of the system of Broussais, and drew your attention to several leading principles connected with that very remarkable doctrine. I noticed in the first instance, that the author has termed it the physiological doctrine, and stated, that what he means by this is, that, in his system, he endeavours to explain the nature and cause of disease as not arising from any new condition of the economy, but as the result of a plus or minus degree of vitality, affecting not the whole but particular parts of the body. His idea of inflammation is, then, that it is a plus state of the natural action of the parts, or, in other words, that it is an elevation of the vitality of part of the body. For instance, if we examine a serous membrane in a state of health, we find that its vitality is low; it possesses but little sensibility; it is pale, bloodless, and without red vessels; it represents the imperfect animalisation of a white blooded animal. But let this same membrane become the seat of inflammation, and you will perceive in it a rapid development of vital energies; it becomes exceedingly painful;—there is an increase of sensibility;—its vessels, which before only

carried white blood, now transmit red; this is another example of increased vitality. In health it secretes only a fluid, containing but a small portion of animal matter; in disease this secretion is altered, and the serous membrane eliminates a highly animalised product, lymph is shed over its surface, and this lymph quickly assumes the characters of an organised texture. So that when we look at a serous membrane, in a state of inflammation, we observe, in the first place, an increase of sensibility; next, the presence of blood in its vessels; thirdly, a secretion of a higher degree of animalisation; and, lastly, a power of new organisation. Diseased action, then, according to the opinions of Broussais, is not new to the economy, it simply consists in a plus or minus degree of vitality occurring in any organ or system of the body. A remarkable work has lately been published by the celebrated anatomist Serres, in which he attempts to prove that there is nothing in diseased action foreign to the economy, and he puts this forward as a discovery of his own, although an opinion exactly similar had been previously advanced by the physiological school.

I have before mentioned, that Broussais, struck with the similarity in essence of most diseases, rejected altogether the doctrine of specific inflammations, but that, in doing so, he had gone too far, and totally failed in establishing his position. I also drew your attention to one of the fundamental principles of his system, the localisation of disease, and showed that his exclusive solidism was one of his most fatal errors. The arguments which would express my views on this subject are as follows:—As the chemical composition, anatomical character, and physical disposition of the fluids and solids are analogous; as there is no exact line of demarcation between them, and as (without asserting the vitality of the fluids) there is every reason to believe, that they are under the influence of the nervous system, there is no reason why, if disease begin in any part of the solids, it cannot also begin in the fluids, and if so, then we may have diseases not primitively local. Unless Broussais can establish a distinct line of difference between the fluids and solids, and prove that the former are independent of the nervous system, he will not be able to disprove the opinion, that disease may commence in the fluids.

You will recollect, gentlemen, the distinction which I made between the theories of Brown and Broussais, as it is of importance in entering on the subject of the theory of fever. Brown applied the terms *sthenia* and *asthenia* to the economy at large; Broussais to the organs in particular. With Broussais one part of the body may be in the state of *sthenia*, another in that of *asthenia*; this Brown did not conceive. One of Broussais's propositions was, that where we have inflammation, or *sthenia*, of a particular organ, it implies *asthenia* of some other part; of this Brown had no idea, for he considers that all the organs are

at the same time in a state of *sthenia* or *asthenia*. Now, although I think Broussais has failed in establishing, as an universal law, the original local origin of diseases, yet there can be no doubt, that he has shown that a great many affections, supposed to be essential and independent of any particular local lesion, in reality arise from disease of some particular part of the body. There is one point connected with the theory of Broussais, to which I would draw your attention at present; it seems to afford some explanation of some remarkable facts in medicine, which have often surprised practitioners, I allude to the power of the economy in bearing enormous doses of medicine in many forms of diseases, which could never be borne in a state of health. In cholera and tetanus patients will take hundreds of grains of calomel without being salivated. Now, Broussais explains this by saying, that, in tetanus, we have a *sthenic* condition of the spinal centre, and in consequence of this an *asthenic* condition of the abdominal viscera, which are thereby rendered insensible to the stimulus of the mercury and remain unaffected. You, perhaps, remember a very remarkable case of low peritonitis in this hospital, in which one hundred and twenty grains of opium were given in the space of a few days without producing narcotism. In the same way the tolerance of tartar emetic in acute pneumonia has been explained. In a state of health, and where there is an equilibrium of vitality, a small quantity vomits, and if continued is likely to produce inflammation of the stomach; but, in a case of violent pulmonic inflammation, we may give ten, twenty, or even thirty grains of tartar emetic in the day without the hazard of super-inducing gastritis. Why is this?—Because the stomach can bear a stimulus which in a state of health would prove pernicious. There are certain circumstances in favour of this opinion. The more violent an attack of pneumonia is, the greater is the tolerance of tartar emetic, and we find that as the pneumonia declines the tolerance declines also. In the next place, the cases in which the tolerance is greater are those in which there is no inflammatory condition of the stomach. Other examples of the same kind may be cited, but it is a question whether these facts are always to be explained by the law of Broussais, or whether other conditions of the system, besides the *sthenia* of a particular organ, are not necessary for their occurrence.

Although Broussais has failed to establish, as an universal law, that the origin of all diseases is local lesion, yet there can be no doubt that he has contributed much to the improvement of practical medicine, by showing that many affections, supposed to be essential, depend upon the lesions of particular organs. It is a singular fact, that in this opinion he is strongly borne out by two very celebrated British pathologists, Dr. Parry and Mr. Abernethy. According to M. Broussais, we have local disease giving rise to two classes of

symptoms; first, the phenomena of the suffering organ itself; secondly, the phenomena proceeding from the sympathies of other parts with the organ originally affected. Both classes are observed in many cases of local disease. It is in those cases particularly where the second class of symptoms are predominant, that the disease has been supposed to be essential; and in demonstrating the local origin of many of those diseases, and thereby pointing out the true principles of treatment, Broussais has earned a crown of laurels of which his own errors can never despoil him. Take a few examples of this. Suppose a man gets an attack of gastro-enteritis. Here we may observe two classes of symptoms; first, the abdominal tenderness, pain, tension, and derangement of secretion, which are characteristic of local disease. But we have frequently another train of symptoms: we have all the phenomena of typhus fever, prostration of strength, delirium, coma, hurried breathing, cough, and quick pulse. Now in those cases where the second class of symptoms are predominant, the preceding local mischief is frequently overlooked, and the disease is supposed to be essential, and maltreated accordingly, although its phenomena are only symptomatic of an original local affection. It is in separating what is secondary and symptomatic from what is original and primitive, that the great improvement has been made. Another interesting example of an affection supposed to be constitutional is seen in the pathology of hectic fever. Hectic was formerly thought to be a nervous affection, a constitutional disease, an obstruction of the fluids,—in fact, any thing but the result of local disease. But it is now known to depend on local irritation, that its severity is proportional, and that we can modify or even remove it by applying our remedial means to the local mischief. The opinion still commonly taught in schools is, that hectic fever is produced by the absorption of pus into the system, and that the sweats which attend it are imperfect attempts at crisis. Without denying that purulent absorption may cause it, we find that it may exist in cases of chronic inflammation where there is no pus absorbed into the system. We observe hectic without suppuration, and we have cases of profuse suppuration without hectic. When lecturing on the subject of phthisis, I drew your attention to this fact, and stated that the violence of the hectic fever is in proportion to the irritation and extent of the pulmonary disease, and not to the suppuration.

Two of the most important results of the theory which upholds the localisation of disease are, first, the doctrine of revulsion, secondly, that of sympathy, to the consideration of which I would earnestly draw your attention. On these all-important subjects I may safely say that, for the greatest part of our knowledge we are indebted to Broussais. Revulsion, or derivation, is a term frequently

heard among medical men, but perhaps not generally understood. With the older authors revulsion and derivation were significant of different ideas; at the present time the same meaning is attached to both. The term revulsion is used in a two-fold sense; first, as indicative of a modification produced by art; secondly, as signifying a modification occurring independent of any artificial means. What is this modification?—A change of the seat of disease. Let us take examples of each:—Suppose you have a patient labouring under a chronic inflammation of the lungs;—well, you apply a blister over the chest, inflammation of the skin comes on, and the chest disease subsides. This is an example of artificial revulsion; a new disease is produced, and as a consequence of this the original one subsides. Now take an example of natural revulsion:—A patient has disease of the lung, cough, pain in the chest, and hurried breathing; he gets enteritis, and the pulmonary affection disappears. Or, a person labouring under an affection of the head, with coma and delirium, gets erysipelas, and, according as the disease of the skin comes on, the cerebral disturbance subsides. You perceive, therefore, that the theory of the localisation of disease is necessary for the doctrine of revulsion; for if the whole system was affected, we could not have a change from a diseased to a healthy part. Besides, it is a fact, that if we look to those diseases in which there is an universal morbid condition as in scurvy, and other diseases, we find that the revulsive plan is not so applicable, or natural revulsion observable. We only find revulsion useful, where there is a predominance of irritation in particular organs.

From an examination of the relative importance of different organs to life, and the power they possess of relieving themselves from disease, Broussais has brought forward several curious and important laws. You remember that when lecturing on the subject of arthritis, I spoke of three kinds of revulsion; first, the change of disease from one viscus to another, or internal revulsion; secondly, revulsion from external to internal parts, or central revulsion; and lastly, from the viscera to the surface, which may be termed peripheral revulsion. Let us take examples of each of these forms:—A patient has gastritis, and this subsides on the supervention of pneumonia, or bronchitis, and this disappears by a diarrhoea coming on. This is an example of the first kind, or of the change from one viscus to another. An example of the second species of revulsion consists in the subsidence of an attack of erysipelas of the scalp when inflammation of the brain appears; here is a change from external to internal parts. Lastly, the peripheral revulsion, or a change from the viscera to the surface, is a circumstance which may be observed every day in the cold fit of ague, and is that form which is most frequently employed in the practice of medicine. With respect to the value of these different modes,

you will recollect that I have spoken at large in a former lecture, and shown that the visceral revulsion is a mode of which the utility and safety may be questioned except under particular circumstances. There are two cases in which it may be employed with advantage; first from a more to a less essential organ; secondly, when the revulsion is from an organ which cannot easily relieve itself by secretion to one which can. Thus suppose we have an inflammation of the brain, here is an organ which cannot relieve itself by secretion, but by a revulsion to the bronchial or gastric mucous membrane we have a change to an organ capable of relieving itself. With respect to central revulsion, or the change from external to internal parts, this is a mode which is always dangerous, because it implies a change of disease from a tissue, the healthy action of which is not so important to life, to one which is highly essential. It appears, therefore, that of all those forms, the least dangerous and most useful is that in which the disease is transferred from internal parts to the surface of the body. Thus, let a person who is affected with any internal disease get erysipelas or any other cutaneous affection, and you will often observe a subsidence of the original complaint.

From observing the extraordinary cures effected by the aid of revulsion medical men have been borne away too much by an attachment to this mode of treatment, and, in fact, if we consider the practice of medicine as it is carried on in these countries, we shall see that the great proportion of it consists in revulsive means. For instance, the attempt to cure visceral disease by exciting diaphoresis is a revulsion; to endeavour to remove a pneumonia or an enteritis by diaphoretic medicines, is only to endeavour to relieve the viscera by determining to the surface. In the same light are we to look upon the practice of attempting to remove or relieve chronic disease of the liver by purgatives. Certain affections of the head, characterised by acute pain, we try to remove by purgatives and stimulants, as nitrate of silver; here again revulsion appears. Almost all those anomalous affections which occur among females, and are attributed to derangements of the uterine system are treated by stimulants applied to the stomach and intestinal tube. The great error is that in doing all this we think we are able to imitate the processes of nature exactly. But we are not capable of following these nice and subtle operations, and though we may produce irritation or excitation of another tissue, still it is against chances to suppose that we can combine all the elements for a successful result. Broussais carefully points out what practitioners in general never seem to dream of, namely, that all revulsives are stimulants. It may be said, as in the case of purgatives, that they are only local stimulants. True, but in many instances they are general stimulants, and in almost all instances, if long continued, they will have a general stimulant effect. In this case they

will ultimately excite disease of the organ to which they are applied, and through its influence the system at large; so that what was at first local, becomes afterwards general. In fact when we consider the revulsive treatment in inflammatory diseases, we can scarcely call it antiphlogistic, it is in reality stimulant, and all that is effected by it is to change the inflammatory action from one part to another. There is nothing directly antiphlogistic in it, all revulsives are stimulants, and of this I believe practitioners are not sufficiently aware. There is another very important circumstance. If the organ to which the revulsive treatment is directed does not quickly relieve itself by secretion, it may become more inflamed. If we employ diuretic medicines in the treatment of disease and fail in exciting the action of the kidneys, these organs may take on the inflammatory condition. In the same way in administering drastic purgatives we may not be able to produce intestinal secretion, and enteritis is the consequence. Suppose you have an affection of the liver to deal with, and you attempt to relieve it by purgation, this is only revulsion, if the purgatives do not succeed, and if a free secretion from the intestines does not take place, you will not be able to alleviate the liver disease, on the contrary you will only add to it by superinducing enteritis.

For the advantageous action of revulsive medicine two conditions seem necessary; 1st. That it shall excite the organ to such degree only that its action will not be reflected on the system so as to produce febrile disturbance. 2nd. That it shall not disorganise the part by over excitement. In fact the revulsive is a dangerous mode of treatment, and the scientific and cautious practitioner will not employ it when he can dispense with its services, and use some safer therapeutic means. Unfortunately medicine is not sufficiently advanced in other modes of treatment to be able to reject the revulsive plan, but medical men should always recollect that revulsives are not direct antiphlogistics.

We come now, gentlemen, to the consideration of the laws of sympathy. When we consider the system in a state of health, we find that the effects of impressions made upon one organ are rapidly transmitted to others. We observe, too, that excitement of one organ produces excitement in another and a distant one. These are the sympathies of health; and the organs of their transmission are supposed to be the nerves. Now, in disease we see the same phenomena; and Broussais maintains, that the morbid sympathies only differ from the healthy in this—that they transmit more irritation, or, to use his own words, a mode of excitation repugnant to the vital law. It is plain, that if by the latter expression he means anything more than a plus degree of the natural excitement, he is departing from the principles of his doctrine.

Broussais divides the sympathies into two classes,—sympathies of relation, and sympe-

thies of organic life. What does he mean by this? Modern physiologists have divided the functions into two classes,—those of animal and those of organic life. The centre of organic life is the great sympathetic nerve; the central organ of animal life is the brain and spinal cord. To give an example of sympathies, let us take a case of inflammation of the mucous membrane of the intestinal tube. During the course of the disease the patient gets headach—here is a sympathy of relation; next, we observe convulsions—here is another effect of sympathy; he becomes delirious—another similar result of the same cause; and all these are sympathies of relation. Let us go further. The same patient, as the result of an enteritic attack, gets fever, heat of skin, excitement of the circulation, and jaundice—all these are organic sympathies. Again; during the course of the same disease the patient may get an attack of cough and a difficulty of breathing—here is another organic sympathy, for the respiratory organs are affected. When the sympathies of relation are in excess, the results of that excess may vary according as they are reflected on the nervous system; and if these be very violent, the person may die of the excitement of the organ of animal life. If the sympathies of organic life happen to be excessive, the patient may be destroyed by the transmission of disease to other viscera: he may die of disease of the lungs or liver, or some other organ. This may tend, in some degree, to explain the laws of sympathy. On this subject Broussais has announced propositions too numerous to be laid before you in the course of a few lectures. To one of them, however, I would particularly draw your attention, namely, that sympathetic functional derangement when excessive and long continued may ultimately become real, or, in other words, that the affection of an organ, when persistent, may, though at first functional, afterwards become organic. Take the example before given, of a patient labouring under enteritis, with severe headach. If the disease continues for a long time the brain may become inflamed, and the patient die of cerebral disease. Two conditions, therefore, may produce the conversion of sympathetic irritation into real disease, intensity of symptoms and long continuance.

Let us take a few examples of the first class of diseases, or those which arise from an intensity of sympathy. A patient gets an attack of hepatitis, or pneumonia, or bronchitis; the action of the heart is disturbed or excited, the disease continues with undiminished intensity, and the heart, which was originally only affected by sympathy, finally experiences an organic change. Again; a person is seized with severe gastro-enteritis; during the progress of the disease his breathing becomes hurried, he gets cough and other symptoms of a pulmonary affection, and finally, intense and fatal pneumonia. A child labours under irri-

tation of the brain; this produces vomiting, and the vomiting may ultimately terminate in gastritis. On the other hand, we may have hydrocephalus supervening on an intense gastritis. Again; to take instances of disease arising from sympathy, with chronic and long-continued affections, how often do we read of persons, having constant headach from chronic gastritis, finally dying of disease of the brain. In the same way a gastritis may, in course of time, bring on hepatitis, or perhaps disease of the lung, forming what has been termed *dyspeptic phthisis*. How frequently is morbus cordis the result of long-continued pulmonary affections. Does not long-continued painful menstruation frequently end in organic disease of the uterus? These are examples of persistent sympathetic irritation terminating in organic disease, and tending to establish the great rule, that long-continued functional lesion is closely connected with that process which produces organic change. *It is, therefore, unscientific and dangerous to prescribe, on all occasions, for a chronic functional affection, on the supposition that it is only such; it is often safer to consider it as a disease of the organ itself.* Let us see how this is borne out by facts. It is now admitted by the most enlightened pathologists, that in cases of mania which have been going on for years, there is always more or less of arachnitis, or of disease of the substance of the brain, and that the patients die with symptoms of a cerebral affection—as convulsions, paralysis or coma. Let a patient labour for a considerable space of time under severe palpitations, and the result may ultimately be disease of the heart; or let him be dyspeptic or asthmatic, and he will commonly get a gastritis or organic disease of the lung.

I intended to have entered on the subject of inflammation, and to have examined the opinions of Broussais on this all-engrossing topic, but, as I perceive my time is nearly expired, I must defer it until our next meeting. I shall then draw your attention to what he has effected, in showing the vast extent of local inflammatory action, and the error he has fallen into in his theory of inflammation. Yet, if he had done nothing more than to demonstrate the inflammatory nature of some diseases not previously known to be such, and thereby succeeded in discovering the true key to their prevention and treatment, it would justly entitle him, in my opinion, to rank as one of the first physicians of the age.



LECTURES  
ON THE  
PHYSICAL EDUCATION AND DISEASES  
OF INFANTS AND CHILDREN,  
BY DR. RYAN,  
*At the Westminster Dispensary, 1833.*  
LECTURE IX.

*Duties of the Obstetrician at the Birth of the Infant.—Section and Ligature of the Funis umbilicalis, or Navel Cord.—Ablution—Dress and Management of the new born Infant.*

GENTLEMEN,—In the preceding lectures I described the moral and physical conditions of our species, which are most appropriate for the increase and multiplication of mankind; the proper age for the propagation of healthful offspring; the good and bad effects of generative function on parents and their infants; the disqualifications, both moral and physical, for marriage; the moral, hygienic, and medical treatment of pregnant, parturient, puerperal, and lactiferous women, as regards their own well-being and that of their infants. In the former part of this course of lectures on gynecology, anthropogeny, and pædonosology, or, as it is usually designated, midwifery and diseases of women and children, I communicated the received opinions on the reproduction of living beings, the generation or formation of the germs, embracing the latest conclusions respecting oovlogy, or the history of the germ in the ovary before fecundation, or impregnation; and of embryology, or of the new being after its descent into the womb, its figure, structure, tunics, connexion with the mother, its nourishment by the maternal blood through the placenta, or after-birth; the peculiar mechanism of its circulation; the influence of the moral and physical states of the parent on the new being, from the moment of conception, during the periods of utero-gestation, or pregnancy, parturition, the puerperal state, and lactation. I have now to describe the medical management and cares necessary for the human offspring from the moment it has passed the portal of life; and then consider infantile hygiene and medicine, or the physical education and medical treatment of infants.

The infant in the womb, at the period of parturition, has all its organs developed, though many of these are inactive, its senses of vision, hearing, &c., and hence it was said by some to enjoy an existence analogous to vegetables, but birth elevates it to the existence of animals. This comparison is scarcely correct, inasmuch as the infant possesses the power of locomotion in the womb, and this is more perceptible during the interesting and astonishing process of parturition. The human offspring comes into the world the most feeble and helpless of animals, and requires numerous

cares for its preservation and well-being. It would be highly imprudent and dangerous to abandon it to itself in a state of helplessness and nudity. The first care it requires, after it comes into the world, is to raise its head and body, turn its back towards the genital organs of the parent, so that the water, or blood, which escapes from the womb immediately after the birth of the infant, may not pass into its mouth or nostrils, and prevent the ingress of air into the lungs. This plan should be adopted when the woman is delivered on either side, but if on the back, as in other countries, and sometimes in this, the infant should be placed transversely between the limbs of the parent. By attending to this precaution the new born infant will escape exposure to an air vitiated by the transpiration of the mother, and by the urinary and alvine evacuations, which are often spontaneously expelled during the last efforts of parturition. The next point to be attended to is to remove the infant from under the bed clothes, to ascertain, quickly, whether it be affected with asphyxia (still-born) or with apoplexy, the face being livid. As soon as the infant is born we observe the motion of its limbs, the dilatation of its chest, caused by the sudden ingress of the air, and this followed by contraction, which in general establishes respiration, or breathing, almost instantaneously. The establishment of complete respiration renders the infant totally independent of the parent, and justifies the separation of the communication (navel string or cord) between them.

*Section and Ligature of the Umbilical Cord, or Navel String.*—The father of medicine advised the division or cutting of the funis umbilicalis, or navel cord, so soon as the infant had respired and cried; and this advice may be followed in a preponderating majority of instances, though circumstances may occur to prevent us from adopting it. When the parturition has been tedious, and the head of the infant subjected to considerable and long continued pressure, or when the navel cord is twisted round the neck, compresses the jugular veins, and causes cerebral congestion, it may not respire for ten or twenty minutes after birth, it is said to be still-born, or rather asphyxied, or apoplectic, and, in such cases, the cord must be divided, though respiration has not commenced, to disgorge the brain and to favour the establishment of breathing. But as a general rule, the navel cord ought to be divided as soon as respiration is established, because after this process commences, the pulsations of the umbilical arteries in the cord cease, this last collapses more or less, and no more blood passes through the umbilical arteries, or from the infant. (Denman, Leroy, Girard.) These authors concluded that the application of the ligature immediately after the birth of the infant, and before the umbilical arteries had ceased to pulsate, caused congestion in the liver, abdomen, lungs, and brain,

as the blood regurgitated in the arteries and aorta; and that jaundice, colic, difficulty of respiration, and lividity of the face were the consequences. I think this pathology is objectionable and inaccurate, or at least that it requires to be proved. The section of the umbilical cord, or navel string (omphalotomy), was considered by the ancients an operation of considerable importance, as two arteries and one vein were incised or divided. The Arabian physicians proposed, before the section of the cord, to remove, by repeated lotions, the fluids which fill the cellular tissue, which connects the umbilical vessels. It was hoped, by this precaution, to preserve the infants from icteritia (yellow gum), *crusta lactea* (milk-rash), small-pox, convulsions, &c. It is unnecessary to comment upon this error. The expression of the blood and mucosities from the umbilical cord, before applying the ligature for the above reason, and also for the prevention of convulsions, was advised by the Arabians, by Abbé Byzance, and Claude Sarton. Others recommended the blood to be pressed towards the umbilicus, or navel, from the fear of removing from the infant a principle of strength and vigour, a proceeding which Aristotle taught the Grecian mothers. It was also sagely held, that the length of the virile member, and the profundity of the uterus depended upon the length of the remainder or root of the umbilical cord left after its section. This is a popular error even in our day. I fully agree with Professor Capuron, that "these are questions which cannot be described without compromising the honour of modern physiology. They appear so frivolous at first sight, that the vulgar and even the most ignorant reject them with disdain." The ligature should be tied about two inches from the umbilicus, or navel. It was considered for ages past, that the ligature and section of the cord were indispensable, but about the commencement of the seventeenth century, John Fantoni, Professor of Anatomy at Turin, doubted the absolute necessity of this operation. Alberti held the same opinion. (*De funiculi umbilicalis neglectâ alligatiōe in causis infanticidii li-mataridâ.*) Schulzius, in 1733, sustained the same doctrine in his dissertation (*an umbilici deligatio in nuper natis absolutè necessaria sit*). M. Leroy defended the same conclusion in 1771 (*Médecine Maternelle*, 1830). These, with Daniel and other distinguished professors, concluded, that if the infant respired perfectly after birth, the divided vessels of the umbilical cord need not be tied, but that a ligature was necessary when the respiration was feeble or imperfect. M. Leroy pressed his hands on the chest of a new born infant, and while he impeded the motion of the ribs, the umbilical arteries, which were divided, bled freely, but as soon as he removed the pressure, and that the breathing was re-established, the hæmorrhage ceased. We observe, in general, that the umbilical arteries cease to pulsate in a few minutes after delivery,

and that the cord may be divided or cut without the least hæmorrhage. This remarkable phenomenon is attributed, by M. Velpeau, to the change of the direction of the iliac arteries, to the difficulty which the blood encounters in passing into the aorta through the arterial canal (ductus arteriosus), and into the cord, or navel string, through the umbilical arteries, which constantly occurs in the normal circulation, and in reality depends upon the attractive force of the placenta upon the blood, replaced by that of the respiratory organs, in such manner that the placenta, or after birth, is only an inert body, deprived of vitality, which the blood abandons, as it does in a limb affected with gangrene, or asphyxied. Vesalius and Beclard have seen the arteries of the cord pulsating in the fœtus in the incised womb of living animals at the end of gestation, but the pulsations ceased as soon as the membrane, surrounding the fœtus, was broken, and the air rushed into the lungs. Velpeau has observed the same fact on the human fœtus, expelled at the sixth month, and surrounded by the membrane. Notwithstanding these authorities, there is not the slightest doubt but that the arteries may bleed freely after respiration is complete; and examples are not wanted to prove, that the infants have been destroyed by umbilical hæmorrhage, or bleeding from the navel. Every one engaged in obstetric practice must have seen bleeding from the navel string after the section of it; and hence the universal practice of applying a ligature for its prevention. It is true, the animals dispense with a ligature, but with them the cord is lacerated or divided with the teeth, and hæmorrhage is thus prevented. Travellers assert, that the natives of the Brazils and the Hottentots chew and lacerate the cord with their teeth, and never apply a ligature.

The ligature consists of a piece of strong thread, twice or thrice doubled and twisted, and sometimes waxed, which is placed round the umbilical cord or navel string, within two inches of the abdomen of the infant, and tied with a single knot; it is again brought round the cord, and tied with a double knot. It must be firmly tied to prevent hæmorrhage or loss of blood, but never so tightly as to cut the cord or the vessels in it. A second ligature with a single knot is placed two or three inches near the mother; the cord is then divided with a pair of scissors, and the infant placed on a piece of warm flannel and handed to the nurse. The ancients did not use iron instruments for cutting the umbilical cord, because they considered them dangerous between the tropics. They maintained, that the edges of such instruments were covered with a rust or oxide, which could be seen with a microscope, and which was more abundant in the tropics than in the more temperate climates. These particles were detached in the operation of cutting the umbilical cord, and applied to the orifices of the three vessels, and

were said to produce deleterious effects in warm climates, which were known to the ancients, and of which the moderns have no knowledge.

M. Leroy asserts, that it was to avoid these dangers Moses ordered circumcision to be performed with a knife of stone. The Jews, in all climates, without knowing the reason of the precept of their legislator, at least those who observe, with exactitude, their law, do not use for this purpose any cutting instrument of steel or iron. M. Leroy ascribes the immense mortality among the negro children, caused by convulsions and tetanus, to the use of such cutting instruments; and to obviate such consequences, he advises the edge to be greased, so as to remove the oxide. "It is therefore necessary," says he, "to grease slightly the scissors for cutting the cord; and by this means, in our climate, cutting instruments of steel are not dangerous: between the tropics they would be less so; but it would be better, in these regions, to make this section without steel or iron. I advise young students to use the same precautions for all cutting instruments, and in all operations. Many have informed me that they have observed this practice evidently useful, and that the wounds inflicted have been less dangerous. After blood-letting we sometimes observe supuration in the wound, though made with a new lancet. These accidents rarely occur to those who have observed the precaution above indicated." M. Capuron comments on the preceding remarks in these words:—"Vain alarms and ridiculous precautions, the inutility of which falls before our eyes, and which do not deserve to be seriously refuted." It is very true, that in these climates bad effects rarely follow the section of the cord, though the scissors be not greased; but this does not prove the innocuousness of the practice in tropical regions.

With respect to the phlebitis consequent to venesection and other surgical operations, there is nothing more certain. I remember two cases of this kind; one was a male patient in the Royal Infirmary of Edinburgh, who was bled with a new lancet; the other was a female in Fetter-lane, whose arm swelled to a great size, erysipelatous inflammation traversed both sides of the body, accompanied by typhus, and after several weeks' suffering recovery happened. Though I admit, with Professor Capuron, that such cases are rare, I cannot help thinking, that were the edges of surgical instruments covered with platina, in the same manner as Dr. Wollaston had razors manufactured, it would be a decided improvement. The superiority of such instruments over those now made would be, that they would retain the finest edge for a long time, and be almost free, if not entirely so, from oxidation or rusting.

After the first ligature is placed on the umbilical cord, within two inches of the infantile abdomen, or at a much greater distance ac-

cording to others, the cord is squeezed between the index finger and thumb towards the mother to the extent of an inch or two, and a second ligature with a single knot is applied. MM. Capuron, Gardien, Velpeau, and other French writers, consider the second ligature not only unnecessary but injurious, except in cases of twins, by causing congestion of the placenta, increasing its volume, and thereby retarding its expulsion. They allege, that the maternal blood cannot escape through the divided umbilical vein to any serious extent, that the placenta discharges itself, becomes reduced in volume, and is more easily expelled. "A severe hæmorrhage, even by the cord," observes M. Gardien, "does not render this ligature necessary. The loss soon reappears after it has been suspended for some minutes. The blood which escapes from the uterine vessels on account of the inertness of the womb cannot escape by the cord, engorges the placenta, and destroys its adhesences with the womb. Hæmorrhage of this kind, as well as others, prevents the indication of exciting the contractions of the womb for removing the inertness which is the cause."—(*Dict. des Sciences Méd.* art. CORDON.) M. Leroy, on the contrary, recommends the second ligature, "because the blood which escapes from the vessels of the mother (uterine), in greater or less quantity, will enfeeble the womb, cause inertness and fatal hæmorrhage."—(*Médecine Maternelle*, 1830.) The most eminent obstetricians of this country apply a second ligature (Hamilton, Burns, Denman, Blundell, Conquest, &c.). In my opinion it is necessary, and does not retard the expulsion of the placenta. It is admitted by all obstetric writers, that the centre of the placenta is first detached from the uterus by the contractions of this last organ, that a quantity of blood is effused between the placenta and womb, and that finally the circumference of the placenta is separated. It therefore follows, that the second ligature on the cord will cause, more or less, engorgement of the placenta, detach it by rupturing its adhesences with the womb, and facilitate its separation and expulsion. The second ligature prevents the loss of maternal blood by the cord; and it is by no means proved, that the blood which causes the placental engorgement, or the quantity of blood effused between the uterus and placenta, is more injurious to the woman than if the cord was allowed to bleed freely. Some recommend the umbilical cord to be tied before cutting it, which is the usual practice in these countries; others, to make the section, remove the infant, and then apply the ligature. Care must be taken that there is no part of the intestine in the cord (omphalocele) before the ligature is applied. When the umbilical cord is tied and incised, the next cares required by the infant are washing and dressing.

*Washing and cleaning the Infant.*—The skin of the infant at birth is covered with anunctuous, whitish substance, and sometimes

mixed with blood, which is, according to some, a secretion from the skin, while others consider it an albuminous deposit from the liquor amnii or fluid which surrounds the infant in the womb, upon the body of the fœtus. It is most abundant in the groins, between the thighs, axillæ (armpits), neck, behind the ears, and in all situations in which surfaces approach each other. This substance obstructs the pores of the skin, suppresses insensible perspiration or transpiration, and ought to be removed by ablation or washing. It is absurd to suppose, as some authors have done, that the removal of this matter is contrary to the object of nature; that the washing of the infant exposes it to the impression of the air, produces cough, griping, convulsions, &c. The refutation of this error is afforded by the proceeding of the inferior tribes of mammiferous animals, as the cow, the goat, &c., for its removal. Besides, many infants are born without it. The vulgar prejudice of leaving it on the head to strengthen the fontanelle or opening, which prevails in France, is still more ridiculous. In this country, even amongst the vulgar, it is removed by washing. After the ligature and section of the umbilical cord, the infant should be enveloped in a piece of warm flannel, its mouth and nose being uncovered, and then removed into another apartment.

The ablation or washing of the infant should be performed in an adjoining chamber to that in which the mother has been delivered, as nurses in general make much noise and bustle during this process. They also handle the delicate infant very roughly, and cause it to scream during the whole time occupied in ablation, and therefore disturb and distress the mother, who ought to be kept quiet and tranquil, more especially when delicate, or after a tedious labour. In such cases she should not talk, or be spoken to, without absolute necessity.

The manner of washing a new-born infant is simple. A lather of mild soap is gently applied to the head with a piece of soft flannel or sponge, care being taken not to allow the eyes to be irritated by this fluid. Spirit of any kind is unnecessary, though frequently employed by nurses, unless when the scalp is tumefied. The eyes should be washed with tepid water only, and should not be exposed to the light of a candle or fire, as is usually the case. The head and ears are now dried by means of a soft old napkin, and a flannel cap is put on. The neck, body, limbs, with all their creases, should be thoroughly washed; and, when the sebaceous or unctuous matter is very adherent, the addition of some olive oil, lard, fresh butter, or any fresh grease to the soap lather, or to the affected part will facilitate its removal. In performing this task, it is desirable that it should be done as quietly as possible, all hasty and violent movements or turnings of the infant should be carefully avoided.

Sometimes the infant is immersed in a warm bath, imitating the position which it had in the amniotic fluid, or that which surrounded it before birth. When the infant is delicate or feeble, the addition of a small quantity (a teaspoonful) of wine, brandy, or other ardent spirit forms an excellent tonic bath, which strengthens and reanimates the new being when in a languishing or dying condition. Care must be taken not to add too much spirit, or the delicate, soft, and tender skin will be excoriated or inflamed, or convulsions, apoplexy, or death induced. The body is now to be wiped dry with a fine soft napkin, the groins, internal surfaces of the thighs, neck, behind the ears and armpits powdered with fine hair powder, or finely powdered starch, and the infant is then dressed.

In former times, the body was powdered with fine salt, afterwards washed with warm wine, and then dressed with warm clothing, a practice still advised by M. Leroy, but I believe, never followed. The custom of the ancient Germans, Britons, Greenlanders, Scotch and Irish, according to Locke, Italians and Scythians, who imitated the Lacedæmonians, in plunging their new-born infants into cold water, and sometimes mixed with ice for purpose of rendering the body less sensible and more robust, is hurtful and condemnable. The inhabitants of Latium, in Italy, adopted this custom, of which Virgil has said, *Æneid*, Lib. ix. v. 604,—

“Durum a stirpe genus, natos ad flumina  
primum  
Deferimus, savoque gelu duramus et undis.”

This custom, which is still observed in some parts of Russia and Lapland, so far from strengthening the constitution in all cases, is destructive to one half of the infants by inducing convulsions. The frail and delicate body of a new-born infant, which has left a temperature of 96°, cannot be plunged into cold or iced water without certain injury, if not certain destruction. It must also be remembered, that the vigour and robust constitutions of the northern people depend upon their regimen and active exercise, and the mortality of their infants is immense. If the people of northern nations are vigorous, it is because their feeble and delicate infants are destroyed by exposure to the custom under consideration, and by the inclemency of the seasons. The practice which they pursued, and which no longer exists, except in the places alluded to, was adopted on the grounds of having strong athletic citizens in the state, as infirm individuals were considered more embarrassing than useful; but in all civilized nations at present, infants, whether delicate or vigorous, are entitled to equal protection from parents and society at large.

Medicated, alcoholic, and strengthening baths, which were formerly and even now in use, are to be prescribed by medical practitioners only, when the infant is feeble or

languishing; while simple tepid baths or ablutions can only be employed with equivocal advantage by those unacquainted with the science of medicine. In conclusion, I must observe, that some ignorant midwives and nurses will attempt to wash the new-born infant with cold water, or immerse it, even in winter, in a cold bath, unless prevented by the medical practitioner. When the infant is washed and dried, it is enveloped in a warm flannel, its body is to be examined to ascertain its proportions or deformities, and dressed as speedily as possible.

*Swathe and Dress of the Infant.*—In ancient times the new-born infant was swathed from head to foot, like an Egyptian mummy, a proceeding termed swaddling, and this injurious custom still remains in use in many of the French provinces. Bandages are placed round the head and neck to keep the former steady. All modern Gallic obstetric writers condemn these proceedings. The proper mode of dressing a new-born infant deserves particular attention. The first part of the dress of an infant is applied to the remains of the umbilical cord in the following manner:—The nurse takes a soft piece of old linen, about two inches square, cuts a small circular hole in its centre, through which she brings the remaining part of the navel cord, and then envelops it. She next turns it towards the chest of the infant, and places a small flannel bandage or roller over it, and round the body. This should be secured by tapes. The object in dressing the navel cord is to prevent it irritating the skin of the infant. Some writers recommend a small pad over the dressing, but this is seldom applied in this country. The bandage should not be too tight or too loose, as in the first instance it is intended to secure the navel cord, and secondly to prevent the starting of the navel, hernia, or omphalocele. The dress of a new-born infant is plain and simple. As a general rule, all compression of the chest or abdomen is highly injurious: it renders the respiration difficult, prevents the return of blood from the head, causes congestion, apoplexy or hydrocephalus, derangement of the digestive organs, hiccup, vomiting, griping; the development of the body is arrested, the action of the muscles, including the motion of the limbs, is impeded, the body becomes curved according to the direction of the pressure, the spine and limbs become deformed, or, to use a popular phrase, "grow out," or are rickety, while the vigour and beauty of the structure are diminished or destroyed.

The Asiatics, Turks, Africans, and all people who allow the free development of the body, chest, shoulders, back, and limbs are remarkably large and vigorous. In fact, the custom of swathing or swaddling is totally abandoned in all civilised countries, unless among a small portion of the lower orders. The bad effects of the custom shall be further described hereafter.

Another cruel practice is adopted by nurses, and that is, "squeezing the breasts of infants to get out the milk." This proceeding is useless, and often induces inflammation and supuration of the injured part. It is true that gentle compression causes a slight discharge of a thin fluid, and if resorted to at all, it must be with proper caution. Most infants do well without such an operation.

Almost every part of the infant's dress should open on the back, and be fastened by tapes or buttons, and pins ought to be entirely laid aside. The absurd practice of tightening the cap-tapes under the chin to make "the baby look well," is highly to be condemned. The infant should be at ease, and enjoy perfect freedom of motion of its superior and inferior extremities. It therefore follows, that the triangular doublet or napkin placed round the lower part of the abdomen, fastened in front, and then the remaining angle of it brought between the lower limbs, and pinned to the former part, should not be too tightly applied, as it would prevent the free motion of the lower limbs.

When the infant is dressed it is enveloped in flannel, the face being uncovered, and placed on its right side in its cot, which is preferable to the bed of the mother, as this is too warm, and predisposes it to catarrh, or cold, or snuffles which will prevent it from sucking. But maternal affection leads to the violation of this precept. Every mother longs to gaze upon her infant, and must be gratified. The beautiful language in which the illustrious Byron apostrophised his daughter on the morning of her birth admirably illustrates parental affection.

"Hail to this teeming stage of strife!  
Hail, lovely miniature of life!  
Pilgrim of many tales untold!  
Lamb of the world's extended fold!  
Fountain of hopes, and doubts, and fears,  
Sweet promise of ecstasie years!  
How could I faintly bend the knee,  
And turn idolater to thee!  
'Tis Nature's worship—felt—confessed,  
Far as the life which warms the breast."

The new-born infant stands in need of heat, and especially of vital heat, as that of the mother, or a sort of incubation. Instinct directs quadrupeds, to afford the breast and place the young between the legs, while birds cover their young with their wings. Reptiles too expose their young to the heat of the sun. All quadrupeds and birds prepare a warm bed or nest for their young, and the new-born infant should have the same care, and be properly clothed so as to protect it from the cold. It is therefore contrary to nature to expose it to cold as recommended by some writers, and practised by some nations as already mentioned. Though an infant should be placed in bed with its mother immediately after birth, and allowed to repose in this situation for a few

days, some say nine days, yet the practice cannot be long continued, as too much heat is imparted by the mother, the new being rendered liable to the impression of cold, and the parent, whose chest must be uncovered, suffers from the last inconvenience. The air of the bed impregnated with the changes which take place in the respiration of the mother, is unfit for the well-being of the infant, but of this I shall speak more fully hereafter. I shall now briefly notice the management of new-born infants, and dilate upon the precepts herein inculcated as I proceed.

*Hygiene of Infancy.*—This expression is applied to the collection of precepts which are to be followed to procure infants a sound and vigorous constitution. These are based upon nature, science, and experience, but are modified by climate, condition, sex, and a thousand other circumstances. Nevertheless we may lay down general rules, but these are liable to exceptions.

Infantile hygiene was enriched by the writings of many physicians, as I stated in my first lecture, but more especially by Andry, Buchan, Ballesserd, Dessessart, Virey, &c.; while the moral education of infants was vastly improved by illustrious philosophers, Locke, Montaigne, Fénelon, Rousseau, and many others.

In treating of the physical and moral education of infants, we must follow nature and the established principles of our science. These guides will enable us to detect and refute a host of errors and prejudices.

It is lamentable to reflect on the universal ignorance of all classes of society, except our own profession, on the management of infants and children. Persons often take great interest in rearing domestic animals, but if we speak to a father on the physical education of his infant he almost feels offended; but ask him about his dogs and horses, and he is ready to give his views on rearing them.

It would be extremely beneficial to the interests of humanity were there some popular work on the hygiene of infancy; and it is somewhat surprising that amidst the incessant publication of all kinds of useful and instructive works, there is not one on this important subject. But we view the infant from the moment of birth, and observe its delicacy and feebleness, without reason or experience to guide it or enable it to appreciate what is beneficial or injurious to its existence. The delicacy and excitability of its brain, nervous system, skin, digestive system, eye, ear, taste, &c., render it liable to be affected by all surrounding bodies, and to an immense number of disorders and diseases from the slightest causes. The anatomical, physiological, and pathological conditions peculiar to it, will form matter for consideration at a future time; and slight allusion to them at present is necessary to remind us of the rules and cautions to be observed for the conservation and development of the infant.

As soon as it is cleaned and dressed it is placed with its mother, or in a cot or cradle by itself. It ought to respire a pure air, not too cold or too hot, too dry or too moist, and it should not be exposed to the vicissitudes or changes of the weather. An impure, fetid, or bad air, is not calculated for its respiration, and hence death destroys an immense number of infants in hospitals and in the unhealthful abodes of the poor. For the same reason infants that sleep with their parents are too warm, deprived of good air, and become weak or sickly.

The first care it requires is nourishment, and this is supplied by the mother's milk, which possesses an aperient property, and evacuates the contents of the bowels. But nurses generally administer some medicine for this purpose, which is totally unnecessary when the mother has breast milk. The infant has had no evacuation from the bowels during its sojourn for nine months in the womb. Birth is the period of all kinds of evacuation, and particularly of the contents of the intestines called *meconium*. The changes that take place in the economy of the infant at birth, the irritation of the air on the skin and lungs, the efforts of crying or breathing often expel the contents of the intestines and bladder, in many cases before the infant is washed and dressed. If this evacuation does not happen, the first food, whether breast milk or other aliment, usually effects it. The application of the infant to the breast is important to the mother as well as to itself, because it instinctively sucks, and thereby prevents painful swelling of the breast, milk fever, and sore nipples. The first milk, called *colostrum*, is serous and purgative, it titillates the infant's bowels, excites their action, and evacuates the meconium. When the milk is not formed at birth, nurses administer sugar and water, sugar and butter, syrup of violets, almond or castor oil to open the bowels. In France they use syrup of chicory, composed of one part of syrup of rhubarb and three of water, or a drachm of manna dissolved in water.

A mild aperient is necessary, when a wet nurse, whose milk has been secreted for several weeks before the birth of her foster-child is employed. It is of great importance to cause the evacuation of the meconium in negro children, as it is supposed to excite fatal convulsions. We often observe the retention of the meconium in our infants excites jaundice, screaming, want of sleep, griping, and sometimes convulsions. When the infantile bowels are regular every day, it is quiet, sleeps, takes its food, and thrives very rapidly. The natural colour of the alvine motions is a light yellow, any other is a proof of disease.

It is essentially important to health that the nurse should keep the infant neatly dressed and perfectly clean, and that she change its dress whenever it is wetted or soiled, and that she wash its thighs with warm water whenever they are soiled to prevent chafing or exco-

riation, and afterwards powder them. The clothes should be suited to the season, and should be worn very loosely so as to allow a free motion of the trunk and extremities. The clothing next the skin should be soft and warm.

The cradle or bed should be furnished with a mattress of hair, of oaten straw, or fern; feathers, down, and wool, should be forbidden, because the heat renders the infant uncomfortable, and the softness induces bad attitudes of the body. The bed should be hard, the clothes soft and warm. All savage and domestic animals and the weakest birds make hard beds for their young, and cover them warmly. This method is essential to give perfection to the strength of man. A soft bed weakens a child, and a hard one strengthens it. On the former the muscles have a vacillating support, like a soft soil on which a person walks with difficulty and fatigue, because the effort is continual, and because there is no fixed point for support. The infant perspires too much in a soft bed; it becomes relaxed, and its urine and excrements readily escape from it. On a hard bed all the body is fortified, and the infant walks much sooner. Lycurgus ordered the cradle to contain beaten reeds, with a warm covering. Plutarch attributed the strength and graces of Alcibiades to the Spartan methods by which he was reared; and Greeks and Romans employed Spartan nurses for their children. Hard beds are the most proper for ensuring muscular energy. The infant seldom soils itself in them, more especially if, when taken up, gentle friction is applied over its abdomen and loins, which will induce the evacuation of the bladder and bowels. When this friction is practised at regular hours the infant learns a habit of cleanliness. It should be placed on the right side in bed with the mother, with the head and shoulders slightly raised, as this position facilitates the rejection of the saliva or mucus, when the infant has catarrh or cold; and also the passage of the food through the stomach, which is from the left to the right side. It may be placed on the left side alternately with the right, but the latter is preferable after the ingestion of aliment. The cradle or cot should be covered to moderate the impressions of light and cold, but there ought to be a sufficient aperture for the free admission and renewal of air. Pure air is essential to respiration, and allment to the growth of the body, and this is supplied by the mother's milk.

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**GENERAL DISPENSARY, ALDERS-  
GATE-STREET.**

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On Saturday night last a meeting of the members of the Westminster Medical Society took place in the Hunterian Museum, Great Windmill-street, pursuant to a notice, that "the sense of the Society be taken on the subject of

the resignation of the physicians and surgeons of the General Dispensary, Aldersgate-street, with the view of giving the thanks of the Society to those gentlemen for their conduct, and of expressing at the same time the feeling of the Society relative to what virtually amounts to the sale of professional appointments."

Mr. Pettigrew took the chair in virtue of his office of President.

Dr. Gregory, in commencing the discussion, said he thought he need offer no apology for bringing under the notice of the Society a subject deeply affecting the character and dignity of the medical profession. They had lately witnessed an extraordinary event: six medical gentlemen, of great reputation and scientific attainments, had simultaneously resigned situations in the General Dispensary; and the conduct of those gentlemen could not be a matter of indifference to any body of their professional brethren. (*Hear, hear.*) They must either have acted wrongly or rightly. (*Hear, hear.*) He had not thought proper to attend the meeting which took place at the Freemasons' Tavern relative to this subject, because he understood that it was convened to support the medical officers, and he did not approve of their conduct in every particular. For instance, he did not admire the sarcastic quotation of which one of them made use from Cato, nor could he take their part in a trifling and paltry dispute about a side entrance to the Aldersgate-street Dispensary. He thought they were also to blame for having resigned their situations in a hurry, without giving the Governors an opportunity of filling up the appointments. But

—"Non ego paucis  
Offendar maculis;"

and he was therefore prepared to support them on the important principles, that the interests of the sick poor, and the respectability of the medical profession, required that medical appointments in public dispensaries should be free even from the suspicion of purchase. (*Hear, hear.*) This opinion was confirmed by the custom now established with regard to surgeons and assistant-surgeons in the army. There was a time when these places might be bought and sold, but the practice was put a stop to, because it was found to be derogatory to professional character, and detrimental to the efficiency of the service. (*Hear, hear.*) In the East India Company's service any man attempting to sell an appointment of this nature was liable to be indicted, while the party proposing to purchase it was declared incapable of serving his Majesty. (*Hear, hear.*) He also begged to call the attention of the meeting to the course pursued by the House of Commons with respect to the Irish infirmaries. They refused to vote one shilling of the public money to those institutions, unless a regulation was established preventing subscribers of less standing than twelve months from voting at elections for officers. (*Applause.*) In London charitable institutions were gene-

rally conducted on the principle, that professional appointments should not be open to purchase, but the Governors of the Aldersgate-street Dispensary had thought proper to follow a different rule, and they defended their conduct, he believed, on the ground, that good medical officers were not wanting to those few institutions whose regulations were the same as those which they had just adopted. This was precisely a repetition of the argument so commonly used in defence of the rotten borough system—"it worked well;" but the people of England would not be satisfied with a bad principle because it worked well. (*Applause.*) The Governors of the Aldersgate-street institution had, in point of fact, converted their dispensary into a species of rotten borough, and, until their late resolution was rescinded, he hoped it would be spoken of as the Old Sarum of medical charities. (*Applause and laughter.*) He concluded by moving a resolution, declaring that the interests of the poor and the respectability of the medical profession required that the appointments to public charities should be free even from the suspicion of being open to purchase.

Mr. Griffiths stated that he concurred in every word that had fallen from Dr. Gregory, and felt pleasure in seconding the resolution.

Carried unanimously.

Mr. Chinnock, in moving a resolution declaring that the regulation lately adopted by the governors of the Aldersgate-street Dispensary, in permitting persons to vote who became governors seven days previous to the election, amounted virtually to the sale of professional appointments, observed that the effect of the regulation would be to open the doors of charitable institutions to inexperienced youths with plenty of money in their pockets, instead of to persons of mature talents. He himself knew a gentleman who would have been very glad to expend five hundred guineas to place his nephew, who had just obtained his certificate, in a public dispensary. If the members of the medical profession would only unite firmly together, and display an *esprit de corps*, they might easily prevent the execution of such an obnoxious regulation as that to which the resolution alluded. (*Hear.*)

Dr. Ryan seconded the resolution. He condemned the regulation adopted by the governors of the Aldersgate-street Dispensary, as tending to the introduction of inexperienced persons to situations which none but men of ability and practice ought to fill. He gave the governors credit for having put down premature canvassing and proxy votes; but they destroyed these salutary changes by allowing persons to make votes a few days before the election. In fact, they allowed a physician or surgeon of a day's standing to compete with practitioners of eminence and experience. Their law deprived the poor of the best advice, to which they are entitled on the grounds of humanity.

Carried unanimously.

Dr. Webster said that, believing the conduct

of the late medical officers of the Aldersgate-street Dispensary to be highly deserving of approbation, he felt great pleasure in proposing a resolution of thanks to those gentlemen. (*Hear, hear.*) It had been said that they ought not to have exposed the sick poor to danger by a precipitate retirement. From that opinion he totally dissented, and he thought no imputation could be cast upon their character in consequence of their resignation. Upon retiring they had declared that they would willingly attend to the sick poor of the dispensary until their places were supplied by others; and it would be in the recollection of the meeting that an advertisement very soon afterwards appeared in the newspapers, notifying that a physician and surgeon were, as usual, in constant attendance at the Aldersgate-street institution. No injury to the sick poor had, therefore, resulted from the retirement of the late medical officers. (*Hear.*) After passing a high eulogium on the character and abilities of Dr. Birkbeck, and the other medical officers of the Aldersgate-street Dispensary, Dr. Webster concluded by proposing that the cordial thanks of the Society be given to those gentlemen. (*Applause.*)

Mr. Millington seconded the resolution.

Dr. Epps rose and said, Sir, I oppose this resolution; I approve entirely of the principle, that no public Institution should be open to purchase, and I have voted for the resolution moved by Dr. Gregory: to this, indeed, I cannot consent, and must beg that, as we are met to inquire respecting the resignation of the medical officers, the Society, from whom I perceive I differ from the manifestations of applause, will hear the grounds on which I must vote in opposition to this resolution. I find, Sir, that the Aldersgate-street Dispensary was established in 1770, and that one of the laws thereof, till the year 1825, was, that any person might vote who subscribed *four* days previous to the election, *proxy* and *personal* votes being admitted. It is well known also, that this law was altered in 1825, and the regulation was introduced, that no person (excepting Life-Governors) should vote unless he had been a Governor of *six* months' standing. The Committee, it is also well known, perceived, as they imagined, the injurious effect of this law, and succeeded in reverting, not to the original law, but to one which virtually abolished proxy voters, so far as they might act injuriously in an election, and gave to Governors of seven days' standing the power of voting in person. This law the Committee further protected by passing a very salutary regulation—"Every person to be incompetent to be a candidate, who, either directly or indirectly, shall solicit, or authorise, or permit any person to solicit the vote of any Governor in his favour previously to the notification of the vacancy by public advertisement." I ask, Sir, what regulation can be more excellent, more tending to promote the dignity of our profession? In addi-



tion to this, they passed another regulation, "That no person shall be eligible as a candidate for any medical office whose testimonials shall not have been previously approved of by the Medical Committee." The liberal constitution of this Committee I admire (*here Dr. Epps was called to order*) I referred, Sir, to the Committee, because I might show that they had not acted so injuriously to the dignity of the profession as had been implied; and also that, as the approbation of the conduct of the medical officers will, by implication, condemn the alleged misconduct of the Governors, I thought it but fair to notice the real condition of things in reference to this much-spoken-of resolution. It is well known, that in consequence of this new regulation having been passed, the medical officers resigned: and the resolution before us gives the cordial thanks of this Society to these medical officers for so doing. I would have given my cordial thanks to these gentlemen if they had acted consistently throughout; but when I look to the names of these gentlemen and find that Dr. Birkbeck, Dr. Clutterbuck, and Dr. Lambe came into the Charity under the *old* regulation (not guarded like the present one) namely, Drs. Birkbeck and Clutterbuck in 1807, and Dr. Lambe in 1812, what am I to think of these advocates, in 1833, of the dignity of the profession; for surely if these gentlemen joined an institution having this denounced law, surely the dignity of the profession was as much offended *then* as *now*. I do not say that Dr. Birkbeck, Dr. Clutterbuck, or Dr. Lambe made use of this law to get themselves into the Charity; no, for there was no contest in the case of these three gentlemen; but my wonder is, that they should have identified themselves with, and sought admission into, a Charity having a law, from which Charity they now make it a virtue to depart, on the ground, that a law, in their minds, similar to that under which they joined the Charity has been enacted. Surely, if it be honourable in them to resign now, what must be the conclusion regarding their having sought admission then? There is a want of consistency; and, as exhibiting this want of consistency, I cannot give them my cordial thanks. (*Hear.*) Another gentleman, whose name I find among those who resigned, is Mr. Salmon. Now I find that Mr. Salmon tried to obtain admission into the Aldersgate-street Dispensary in the year 1820, and he had 127 votes. This same gentleman, or, at least, a gentleman of the same name, stood again, in 1825, in opposition to Mr. Ellerby, and had 636 votes, while Mr. Ellerby had 643. Now, are we to imagine that the public estimation in which this gentleman was held by the Governors of the charity could occasion this augmentation in votes from 127 to 636 in the course of four years? This might be; but such a favourable inference is completely overturned by the fact, that at the next election, at which Mr. Salmon gained the object of his ambition,

he had only 315 votes. Now where were all the Governors who voted for Mr. Salmon on the preceding occasion: more than 300 of his supporters in 1824 were absent on this, a contested election. Now what must I infer from this, namely, that the report which prevails is true,—that Mr. Salmon made voters on the occasion. Now, Sir, I ask you, and the members of this Society how can a person, who made use of this system of making money voters, claim merit to himself in resigning, because a law, somewhat similar, although materially different in some respects, is re-enacted? (*Here again called to order.*) In conclusion, Sir, I beg to state that, under these grounds, namely, that three of the medical officers, namely, Dr. Birkbeck, Dr. Clutterbuck, and Dr. Lambe, came into the charity with the regulation, which they now condemn, staring them in the face; and further, that a fourth, Mr. Salmon, had made use of the very law which he now so deprecates, I cannot but oppose the giving to *them* the cordial thanks of the Society\*.

Mr. Pettigrew requested Dr. Epps to confine himself more strictly to the question under discussion.

Dr. Epps said that his object was to show that the committee of the Aldersgate-street Dispensary were not so much to blame as some persons would have it believed. One of the resolutions which they passed—that no candidate should directly or indirectly canvass for a place until its vacancy was publicly advertised—reflected the highest honour on them. They also adopted a regulation abolishing the evil of proxy votes, and resolved that no person should be eligible as a candidate whose testimonials were not approved of by the medical committee, which was composed of gentlemen belonging to every branch of the medical profession. (*Question, question, and disapprobation.*) He was unwilling to weary the meeting, and he would at once withdraw his opposition to the motion, if Mr. Salmon would declare that he had not expended two hundred guineas in the purchase of votes at the Aldersgate-street Dispensary. (*Disapprobation and general cries of No.*)

Mr. Salmon, who was present as a visiter, said that when the proper time arrived he should be able to vindicate his own character and to place Dr. Epps in that position in which he ought to stand. (*Hear, hear.*)

Dr. Epps said that the impression on his mind was, that Mr. Salmon had, for electioneering purposes, created a vast number of governors. (*Question.*)

Dr. Johnson rose to order. The resolution before the society referred to a specific part of the conduct of the medical officers of the Aldersgate-street Dispensary, and it was con-

\* We have considered it an act of justice to Dr. Epps to give a full report of his observations, as they were so strongly opposed to those of the other members of the Society.

suming time to no purpose to rake up the history of past transactions. (*Hear, hear.*)

Mr. King hoped that the resolution would pass unanimously, but in order to obtain that desirable result, he thought it was necessary to discuss the question fully in all its bearings.

Mr. Pettigrew thought that Dr. Epps was travelling too far wide of the motion; the time of the meeting was limited, and it was therefore desirable to keep as strictly as possible to the question under discussion.

Dr. Epps said that he considered the conduct of the Governors of the Aldersgate-street Dispensary would be impliedly censured by passing a vote of thanks on the late medical officers; and he had therefore thought proper to state what the governors had done. There was but one more point to which he would call the attention of the meeting before he sat down. The late regulation of the dispensary prevented governors of less standing than six months from voting, governors for life excepted. This was a most important exception, as it allowed the manufacture of any number of votes, on the payment of ten guineas for each, and yet this was the regulation of which the late medical officers of the dispensary, who pretended to be such sticklers for the dignity of the profession, approved.

Dr. Sigmond could have hoped that no person would have been found to oppose a resolution which had met with the unanimous approbation of every class of the profession. In his opinion the late medical officers of the Aldersgate-street Dispensary had conducted themselves most properly under circumstances of peculiar difficulty. (*Hear, hear.*) He did not think that they were bound to support an obnoxious law because it was in existence when they joined the dispensary; on the contrary, the very circumstance of having felt the inconveniences arising from the law would naturally induce them to oppose it. (*Hear, hear.*) Sir F. Burdett, who had been a reformer all his life, entered the House of Commons by means of the close borough of Boroughbridge, but he did not, therefore, consider himself precluded from exposing the evils of the borough system. In his opinion the society ought to feel deeply indebted to the gentlemen who had been the first to make a stand for the honour of the profession; and he had no doubt they would receive the thanks of the whole meeting, excepting Dr. Epps. (*Applause.*)

Mr. King was ready to give his thanks to the late medical officers of the Aldersgate-street Dispensary; but at the same time he thought that no censure should be cast on the Governors of the institution. He was convinced that their conduct was not actuated by any feeling of hostility towards their medical officers. The mischief was in the system, and not in the men.

The resolution was then put and carried, Dr. Epps being the only person who opposed it.

Dr. Copland moved a resolution of thanks

to his Royal Highness the Duke of Sussex, for having marked, by resigning the office of President of the Aldersgate-street Dispensary, his disapproval of the regulation lately adopted by the Governors.

The resolution having been seconded, was carried unanimously.

The next resolution, proposed by Dr. Somerville, declaring "that any physician or surgeon who avails himself of the regulation lately adopted at the Aldersgate-street Dispensary, and thus virtually purchases a medical appointment, will thereby forfeit the respect of his professional brethren," was also carried unanimously.

Dr. Birkbeck then presented himself to the notice of the meeting amidst great applause. He said it was impossible for him to be indifferent to the opinions of the body he had the honour to address; but highly as he valued their vote of thanks, he regarded it as insignificant when compared with the resolution which preceded it, and which established the principle for which he and his colleagues had contended. (*Applause.*) If he had thought that the observations directed against the late medical officers of the Aldersgate-street institution could have influenced the decision of that meeting, he should have risen earlier, to state facts which as yet had not been stated, for the purpose of preventing an erroneous impression being produced; but he felt it was impossible for that society not to perceive to what sources the individual from whom those observations proceeded had applied for the facts, as he called the statements which he had made. That individual had, indeed, taken especial care not to make acquaintance with these whose communications might have led to the material modification, if not the entire suppression, of his speech. (*Great applause.*) It had been imputed to himself and his late colleagues that they obtained their appointments in the Aldersgate-street Dispensary by the assistance of a law which they now condemned. In reply he begged to state that they had derived no assistance from that law; and when he was told that he might obtain the situation of physician to the dispensary, to the exclusion of Dr. Clutterbuck, by making governors, he at once said that if such means existed, they should not be employed by him. (*Hear, hear.*) He also knew that Drs. Clutterbuck, Lamb, and Lloyd, and Mr. Pereira, refused to avail themselves of that obnoxious regulation, and Dr. Epps, if he had taken the trouble to inquire why so few governors were present at some of the elections, might have learned that the reason was because there was no opposition. (*Hear, hear.*) As soon as Dr. Clutterbuck and himself possessed the power, they proposed the adoption of a new regulation, the necessity of which was made more apparent by the unfortunate scenes of riot and uproar created by guinea and pocket voters, which followed the election in which Mr. Salmon was engaged—honourably he

(Dr. Birkbeck) would undertake to say, notwithstanding all the insinuations to the contrary. (*Hear, hear.*) The regulation, as originally proposed, provided that no governor of less standing than twelve months should have a vote; but the opposition to this proposition was so great that they were glad to compound for six months. They had also left out of the regulation those words which gave to life-governors the right of voting immediately on the payment of their ten guineas; but this was considered such an outrageous attempt to be virtuous as could not be endured, and they were obliged, for fear of losing the benefit of the rest of the regulation, to allow the ten guinea voters to remain. That was not their fault, but their misfortune. (*Hear, hear.*) However, the regulation was thought too good to continue, and accordingly attempts were made, from time to time, to alter it, which at last succeeded. It was then that he and his colleagues resigned, in order to show that they were resolutely determined to maintain the principle on which the regulation was founded; and if the course which they had pursued tended to the introduction of a sounder system, in reference to the appointment of medical officers to public charities, their purpose would be fully answered. (*Hear, hear.*) He begged, before he sat down, to return his thanks for the kind manner in which the meeting had been pleased to notice their conduct. (*Great applause.*)

Dr. Roberts begged to thank the meeting for the vote of approbation which they had passed on his conduct. In looking back at what he had done, he felt that he had nothing to apologise for, except, perhaps, an indiscreet quotation. (*Laughter.*) There was not a step taken by himself and colleagues with reference to the Aldersgate-street dispensary but he gloried in. (*Applause.*)

Mr. Salmon said that having been personally attacked in the course of that evening by a gentleman to whom, he was happy to say, he was an entire stranger, he thought it right to state what was the course he pursued in order to obtain the situation he lately filled in the Aldersgate-street Dispensary. He had been engaged in three contests, and during two of them he had never resorted to any other means of obtaining votes than canvassing the Governors whom he found in existence. That was well known to the gentlemen who happened to be his opponents on those occasions. He had also determined to act upon the same principle in the third contest, when he heard that his opponent intended to buy the place by creating Governors. He then declared that he was willing and anxious to carry on the election in a fair manner, but that he would not submit to be beaten by a creation of new Governors; and he fairly told his opponent that if any attempt was made to defeat him by creating guinea-voters, he would use the same means in self-defence. (*Hear, hear.*) He was now opposed to every regulation by which

medical appointments of this nature were made purchasable; and he had often said, that if they were to be sold at all, the best plan would be to take them to Garraway's coffee-house, and dispose of them by public auction. (*Hear, hear.*) After this explanation, he trusted that Dr. Epps would admit that he had been deceived. In conclusion, he had only to observe that he highly appreciated the manner in which his conduct, dictated solely by a sense of what was due to the dignity of the profession and the interests of the public, had been taken notice of by the Society. (*General applause.*)

Dr. Epps said that the statement just made by Mr. Salmon confirmed what he said, that Governors were made by that gentleman for electioneering purposes. Still he was willing to admit that Mr. Salmon had explained the matter in a way that proved he had not been actuated by improper motives.

A resolution pledging the Society to bring the subject under the consideration of Parliament, and another thanking the medical gentlemen of Leeds and Nottingham for the part they had taken in reference to this matter, were proposed and carried unanimously.

Mr. Pettigrew, before leaving the chair, observed that he had hitherto abstained from expressing any opinion on the subject which had just been discussed, in consequence of its having fallen to his lot to discharge the duty of president; but as the meeting was now at an end, he had no hesitation in saying that he entirely concurred in the resolutions which had been passed, and should feel no hesitation in attaching his name to them.

The meeting then separated.

At the conclusion of the above discussion the following resolutions were unanimously agreed upon and carried.

It was moved by Dr. Gregory and seconded by Mr. Griffith, and resolved unanimously,

That in the opinion of this Society the interests of the sick poor, and the respectability of the Medical Profession, equally require that the appointments to public charities should be free from even the suspicion of being open to purchase.

Moved by Mr. Chinnock and seconded by Dr. Ryan, and resolved unanimously,

That in the opinion of this Society the Regulation lately adopted by the Governors of the General Dispensary, Aldersgate-street, permitting any person to attend and vote personally, who should become a Governor seven days prior to the election, amounts virtually to the sale of the professional appointment.

Moved by Dr. Webster, seconded by Mr. Millington, and resolved unanimously, with the exception of Dr. Epps,

That the cordial thanks of the Westminster Medical Society are due and are hereby given to Drs. Birkbeck, Clatterbuck, Lambe, and Roberts: also to Messrs.

Salmon and Coulson, for their noble and disinterested conduct in resigning their office, rather than tacitly assent to the introduction of a law which compromises the honour and independence of the Medical Profession.

Moved by Dr. Copland, seconded by Dr. Sigmond, and resolved unanimously,

That the most respectful thanks of this Society be tendered to His Royal Highness the Duke of Sussex for his liberal and enlightened conduct in retiring from the Presidency of the General Dispensary, Aldersgate-street, thereby marking the sense His Royal Highness entertains of the conduct of the medical officers in resisting the adoption of a most pernicious and obnoxious regulation.

Moved by Dr. Somerville, seconded by Mr. Hunt, and resolved unanimously,

That in the opinion of this Society any physician or surgeon who shall avail himself of such a law, and thus virtually purchase a professional appointment in any public charity, forfeits thereby his claim to the respect of his professional brethren.

Moved by Dr. Somerville, seconded by Dr. Sigmond, and resolved unanimously,

That the Society pledges itself to bring this, amongst other grievances, before such Committee as may be appointed by the House of Commons, to inquire into the practice and regulations of the medical profession.

Moved by Dr. Jewel, seconded by Dr. J. Wyatt Crane, and resolved unanimously,

That the thanks of this Society are justly due and hereby given to the Medical Practitioners of Sheffield, Nottingham, Cork, and other provincial towns, for their readiness to stand forward in support of the dignity of the Medical Profession.

Moved by Mr. Stodart, seconded by Mr. Greenwood, and resolved unanimously,

That these Resolutions be signed by the Chairman in behalf of the Society, and that they be inserted in the several Medical Journals and the following daily Papers, namely the *Times*, *Herald*, *Chronicle*, *Globe*, and *Standard*.

T. J. PETTIGREW,  
Chairman.

EDWARD STODART, Sec.

—  
**OBSERVATIONS ON THE CHARACTER  
AND TREATMENT OF IRITIS.**

BY CHARLES WARBURTON RIGGS, ESQ.  
SURGEON.

(Concluded from page 302.)

On inspecting the *iris*, its colour, if inflamed, will be altered; this discolouration will depend on the natural

colour and the degree and duration of the inflammation. As the change is produced by deposition of fibrine, an admixture of yellow with its colour, in health, may be anticipated, with a tinge of red. If the colour approach to that of green it will become lighter, mingled with yellow; if blue, it assumes a greenish hue; if dark, it will exhibit a reddish tint. In cases where the inflammation is high, globules of lymph will be deposited, of a yellow or amber colour, usually three or four in number, and occupying in general the papillary margin; they may, however, form in the ciliary border, or on the surface. There is sometimes seen, likewise, a detached substance in the lower part of the anterior chamber, of different magnitudes, varying in bulk from a pin's head to that of a small pea, called *hypopion*. The earliest deviation in the motion of the iris is that of sluggishness, unaccompanied by irregularity. This diminution in the brisk action of the iris may be partly owing to the injected condition of the part. Mr. Guthrie ascribes this to a state of turgescence of its vessels; he conceives that the mobility of the iris may be impaired, and contraction rendered irregular from a loaded state of the vessels, before any change in the organisation has occurred. Subsequently it becomes irregular, contracts imperfectly, or not at all; the papillary margin becomes thickened, irregular, contracted, and drawn backwards. A times the aperture of the pupil is dilated, at others contracted; it is in the generality of instances diminished. The pupil may be divided by a band of lymph, a net-work may obstruct the opening, or a complete closure of the pupil may happen. Under any of these conditions, especially the latter, restoration of vision by medical treatment is very ambiguous, and the prognosis ought consequently to be guarded.

An interesting question has arisen as to the origin of this affection—whether the disease ever exists in a sound state of the system, or is

*idiopathic*, or follows or arises from a general morbid state of the body, *specific* or *constitutional*. I cannot assent to the opinion, notwithstanding the high authority Mr. Lawrence's name attaches to it, that iritis is never simple or idiopathic. It is seldom so; but the weight of medical testimony is in favour of the possibility of the existence of the uncomplicated form of the complaint. In the summer of last year a case corroborative of the correctness of this opinion came under my observation.

A countryman, *æt.* 24, of a very robust frame, was attacked, after several hours' exposure to wet, while his face was exposed to a penetrating wind, by inflammation of the iris, ushered in by the usual symptoms, and uncomplicated by inflammatory action in any other texture. It showed the characteristic marks of iritis in the most indisputable manner; and although measures were promptly and vigorously used, it ended in adhesion, and slight permanent alteration of colour. This young man had not, I can attest, been the subject of syphilis or rheumatism, nor had he any symptoms of strumous diathesis.

That syphilis, rheumatism, gout, scrofula, and mercurialism, predispose in a peculiar degree, and in frequency in the order of their enumeration, to the affection, must, I think, be admitted. It is a sequence of fever among the poor in Dublin. It may occur from punctured wounds, or after extraction of cataract. The disease is, however, induced by secondary syphilitic action generally, and often co-exists with the syphilitic papular eruption, or the scaly eruption, sore throat, superficial ulcerations on the soft palate of a venereal nature, in cases where mercury was administered ineffectually, or acted deleteriously during its exhibition. Mercury may be the sole exciting cause, in particular where the body has been under the severer influence of the mineral frequently. I have known it attributed to the use of the warm bath during mercurialisation.

The first step in the treatment of this disease is the free abstraction of blood, if the inflammation be acute, and the strength of the patient do not contra-indicate its adoption. The intention should be that of producing a decided impression on the constitution; and the quantity of blood drawn must be proportionate to the accomplishment of this design. Without this preparatory step any course of treatment will be uncertain and injudicious. It lessens the local action, mitigates the general disturbance, and facilitates the curative operation of mercury. An acute attack may destroy vision in four or five days. The use of mercury is to follow immediately the abstraction of blood; it checks the action in the minute vessels, and prevents the inflammation from ending in adhesion.

Calomel and opium are in general use. The calomel and opium are to be given every third, fourth, and fifth hour; the calomel in doses of from three to five grains, until its constitutional influence is unequivocal. As soon as that is established, the pain and intolerance of light abate, the redness disappears, the motion of the *iris* is restored, the absorption of lymph is set up, the clearness of the *cornea* is restored in cases in which it had participated, and the aqueous humour becomes transparent. Whilst these effects are being brought on, the extract of belladonna is to be smeared over the superciliary region, and round the orbit night and morning. Many other substances answer this end. Henbane is used by some; but the belladonna, either in form of extract round the eye, or in solution to the globe, has superseded every other. It dilates the pupil, and prevents the adhesion of the *iris* to the crystalline capsule; or, if adhesions have formed they are elongated. It is supposed also to alleviate the pain, and with this view has been combined with opium; but this benefit is by no means certain. Topical applications are unavailing; local depletion by leeches or cupping may be highly

advantageous in the course of the treatment. This treatment is applicable to an acute attack.

In the sub-acute cases there is not the imperative call for the full effect of bleeding, nor the very rapid introduction of mercury into the system. Leeching or cupping may be substituted for the general bleeding if debility is apprehended, and the calomel apportioned in smaller doses, and given at longer intervals. In the chronic form of the complaint, a month or six weeks is not an unusual period for its duration; when it assumes this moderate and protracted form of action, there is consequently less necessity for the adoption of the vigorous and prompt measures already specified. These, however, are to be followed at the discretion of the practitioner, and may be relied on as bringing about a favourable issue.

Cases occasionally occur in which this treatment would be injudicious, or even hazardous. They are rare, but too frequent to be overlooked. There are individuals who cannot bear mercury in any quantity or form. Where this idiosyncrasy is known or found to exist, mercury must not be given, or its use must be discontinued on the manifestation of any untoward symptoms. The *mercurial rash* may be excited by a few grains of the mineral.

*Iritis* now and then comes on in conjunction with *syphilis*, when mercury would, if given in efficient doses, be unsafe. The sort of cases to which I allude will be met in the persons of young men of dissipated habits and broken up constitutions, with a tendency to tubercular deposition in the lungs, or strong evidence of its having already taken place. If mercury be given to check the *iritis*, it will be at the risk of exciting a fatal action in the chest. In those cases where it is accompanied by *syphilitic eruptions*, the blotches may degenerate into scabs, a phagedenic ulceration may ensue. The spirit of turpentine, as recommended by Mr. Carmichael, I have seen used in cases, such as I

have described, with entire success. Given to the extent of one or two drachms three times daily, I have witnessed a perfect cure. An alleviation was generally experienced on the third day of its use; and at the end of from twelve to sixteen days all traces of the disease had vanished.

The spirits of turpentine will be found a valuable subsidiary remedy in cases at least in which mercury is prohibited.—*Edinb. Med. and Surg. Jour.*

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NORTHAMPTON INFIRMARY.—  
LITHOTRITY.

A NUMEROUS meeting of the medical gentlemen of this and the neighbouring towns took place at our Infirmary a fortnight since, to hear a lecture on the novel and interesting operation of lithotrity, and to witness the performance of the operation on several patients by Mr. Costello. On Thursday there seemed to be no abatement of the interest excited on the occasion, as the medical gentlemen assembled in still greater numbers, and from greater distances than at first, to witness the continuation of the operations. Practitioners were present from Bedford, Newport Pagnel, Stony Stratford, Wellingborough, Kettering, Thrapton, Oundle, Market Harborough, Leicester, Daventry, Banbury, Towcester, Leamington, and some even from Birmingham. At two o'clock Dr. Robertson was called to the chair. On taking the chair Dr. R. dwelt on the pleasure which the meeting had felt on the former occasion, in hearing from Mr. Costello his clear and able narrative of facts, bearing upon the discovery and successful establishment of this important improvement—the most important—of modern surgery. Seeing so many gentlemen present on this, who were not able to attend on the former occasion, he hoped Mr. Costello would not think it too much trouble to enter briefly upon some of those points of the medical literature of lithotrity, previously to the performance of the

operations. The board room of the Infirmary was crowded, and the interest at this moment was intense. Mr. Costello undertook the task, and performed it in a fluent, clear, and impressive manner, shedding over the inductions and details of science the graces of easy and natural eloquence. He observed, that nothing could be more interesting to the medical man of the present day, than to consider separately the history of any operation or curative process, from its earliest period down to its present state. By way of elucidation he made a rapid sketch of amputation, tracing it through its phases of actual cautery, ligature, union by first intention, &c. He followed out the history of lithotrity in the same manner, dwelling forcibly and learnedly on the various attempts which had been made, in the progress of ages, to supersede the operation by the knife. He alluded with gratitude to the labours of Civiale, who was the first to establish this beneficent and almost painless mode of operation; and concluded his luminous address, which was frequently interrupted by the applause of the meeting, by stating that the popularity of lithotrity was founded on the benefits it had already conferred on suffering humanity, as evinced in upwards of 300 cases of cure.—One of the patients was now introduced and placed on the table. There was none of the terror in the countenance of the patient, nor anxiety in that of the operator, which the by-stander is wont to associate with the idea of a great surgical operation. The patient was smiling and apparently unconcerned; the operator calm and cheerful. His dexterity was truly admirable; in a twinkling the stone was seized, and was distinctly heard to break down under Mr. C's rapid manipulation. The instrument was now withdrawn, and passed round for inspection; its jaws were loaded with the debris of the poor patient's internal enemy. He got off the table nimbly, and it was highly pleasing to hear him, turning towards Mr. Costello, with a tear swelling in his eye,

exclaim, "Ah, sir, I wish I had something to give you."—Another patient was now placed on the table, when Mr. Costello facetiously remarked, "this is our old friend, Jack Robinson." In this case there was but a small fragment remaining, which for a short time seemed to elude the grasp of the instrument, which made Mr. Costello observe, while he still continued his search, that "some pockets were not so easily picked as others;" it was now secured and destroyed in a moment. At the termination of the operations the rounds of applause were deafening.

The following series of resolutions were afterwards passed by the meeting.

It was moved by Wm. Percival, Esq., of Northampton, seconded by H. Terry, Esq., of Northampton, and resolved unanimously,

- 1st. That the thanks of this meeting be given to Mr. Costello, with the strongest assurances of the great pleasure the meeting have felt in witnessing the very able and satisfactory manner in which he has gone through with the novel and interesting operations performed this day.

It was moved by Dr. Witt, of Bedford, seconded by H. L. Smith, Esq., of Southam, and resolved unanimously,

- 2nd. That this meeting cordially and entirely approves of the following resolution, passed at the meeting, held at this Infirmary, on the 5th instant, viz.:—"That this meeting, taking into mature consideration the nature and bearings of the dispute betwixt the Governors of the Aldersgate-street Dispensary and the Medical Officers of that Institution, is unequivocally of opinion, that the said Officers have vindicated their own honour and the honour and dignity of the medical profession in the noblest manner, by resisting a regulation which strikes at the root of honourable and talented competition for medical officers, and opens the door to ill-disguised venality and intrigue. This meeting is furthermore of opinion, that the late Medical Officers of the Aldersgate-street Dispensary, by the spirited and independent manner in which they have acted, are well entitled to the support and sympathy, the thanks and applause, the approbation and admiration, of the profession at large."

It was moved by John Harris, Esq. of Bedford, seconded by Wm. Jones,

Esq. of Lutterworth, and resolved unanimously,

3rd. That, in reference to the Aldersgate-street business, this meeting observes, with regret, that the Governors still adhere to the pernicious and derogatory regulation complained of by their late Medical Officers; and that, after making a parade of their philanthropy, and of their tender regard for the distressed objects of the Institution, the said Governors have thought fit to elect the first and only medical men that offered themselves for the appointments.

This meeting furthermore laments, that any medical men should have been found capable of accepting the vacant offices, conscious, as they must be, that they have so accepted them in defiance of the honest opinion of their professional brethren throughout the empire, extensively expressed, and all but universally felt.

It was moved by H. Terry, Esq. of Northampton, seconded by Thomas Parker, Esq. of Woburn, and resolved unanimously,

4th. That this meeting also take the present opportunity of tendering their thanks to their medical brethren in Sheffield, for the very laudable and necessary remonstrance they lately addressed to the Governors of the Dispensary of that place, touching the admission of patients, in point of circumstances not proper objects of charity—a matter which this meeting views as of vital detriment to the interests and welfare of the medical profession, and of charities in general.

It was moved by H. L. Smith, Esq. of Southam, seconded by D. Boulton, Esq. of Leamington, and resolved unanimously.

5th. That these resolutions be communicated to the weekly medical publications, and to the newspapers.

It was moved by Dr. Witt, of Bedford, seconded by John Horwood, Esq. of Northampton, and resolved unanimously.

6th. That the thanks of this meeting be given to Dr. Robertson for his conduct in the chair.

## Reports of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, October 28, 1833.

WILLIAM KINGDON, Esq., President, in the Chair.

### *Pathology of Cholera.*

Mr. Proctor observed that it would be very desirable to ascertain the opinions of the society on the treatment of malignant cholera, so that in the event of the reappearance of the disease, practitioners might have some certain method of treating it. There were many gentlemen present who had seen it during the last and the present year. According to his observation, there were three distinct diseases prevalent this year, diarrhoea, English cholera, and malignant cholera. He believed the last was Asiatic and contagious. He had seen four cases in which the patients had died on beef steaks and mutton chops, and died in four or six hours afterwards.

Mr. Stephens described the derangement of the digestive system which was very general during the epidemic influenza in 1832 and 33, which consisted in rumbling in the bowels as if about to be purged, slight numbness in the superior and inferior extremities, oppression of the heart, intermittent pulse, and tendency to syncope, which last several days. He was desirous to learn if others had observed these symptoms.

Dr. Johnson felt surprised that Mr. Proctor considered the three diseases he had mentioned as distinct, as the majority of the profession considered them stages of the epidemic cholera. The symptoms described by Mr. Stephens were almost universally present both in 1832 and 33, and attacked those who had escaped as well as those who had suffered from the disease.

Mr. Hooper could not agree to the sentiments of Mr. Proctor, while he fully concurred with those expressed by Dr. Johnson and Mr. Stephens.

Mr. Headland expressed his dissent from the notion that a correct treatment could be discovered while



the real cause of cholera was undecided. He mentioned a case in which he and three other practitioners attended, and each had his peculiar views, but the patient recovered.

Dr. Williams agreed with Mr. Headland that as yet the cause of the cholera was undecided, and that he should like to be informed on the diagnosis of the disease.

Dr. Uwins said that he and Dr. Johnson had done more for the treatment and suppression of the disease improperly called cholera, by destroying cholera-phobia, than most other practitioners. He had seen several cases five months before the advocates of contagion would allow that the disease existed in this country; and one of the cases was also observed by Mr. Owen of Holborn. The term cholera as applied to this and what was called the English disease was absurd.

Dr. Negri stated that the diarrhoea which preceded cholera was characteristic, it was accompanied by a peculiar expression of countenance, a glazed and slightly bloodshot eye, coldness in the abdomen, and the other symptoms described by Mr. Stephens. The cholera belonged to the same genus as the febris perniciosa cholericæ described by Torti, and he had endeavoured to show the connection in a letter which he had published and addressed to Dr. Barry. In one case of choleric diarrhoea, he had ordered six grains of calomel and a draught composed of magnesia and rhubarb with water, he had given two other doses and the disease had ceased. The symptomatology of cholera was diversified, and no plan of treatment as yet proposed was generally successful.

Dr. Shearman said that no such disease as the malignant cholera had occurred during his observation, which was extended to a period of between forty and fifty years. He agreed with those who held it important to determine its cause before a plan of treatment was proposed.

Dr. Walshman considered it most important to dilute the fluid which was so copiously secreted, either

with cold water or chicken tea, as he had found this plan of great service in English cholera.

Dr. Uwins proposed that a special general meeting of the society be held on Monday next, to consider the subject of the late proceedings at the Aldersgate-street Dispensary.

Dr. Waller seconded the proposal, and it was carried unanimously.

THE

**London Medical & Surgical Journal**

*Saturday, November 2, 1833.*

MEETING OF THE WESTMINSTER MEDICAL SOCIETY. — VOTE OF THANKS TO THE LATE MEDICAL OFFICERS OF THE LATE ALDERSGATE-STREET DISPENSARY.

WE announced in our last number that the Westminster Medical Society would, at their next meeting, take into their consideration the conduct of the late medical officers of the late Aldersgate-street Dispensary.

The meeting took place on Saturday last, and was the fullest attended we recollect to have seen in our experience\*.

\* There are no less than nine hundred members of the medical profession belonging to this society, and there are but few, if any, names of practitioners of repute in this large city which are not enrolled upon its books. From its great numbers, from the respectability of its members, from the general scrutiny it exercises over the affairs of the medical profession, and from the influence which its discussions have upon the character and future prospects of the medical body, it ranks, in our eyes, as a kind of reformed Medical House of Commons. In fact this large voluntary association, governed by the will of the majority, and enjoying perfect freedom of debate, may be considered as embodying in the general tone of its sentiments, the thoughts and feelings of the liberal part of the profession in this country upon all questions of medical ethics or politics. It is therefore with no slight satisfaction that we contemplate its late proceedings upon the subject which has latterly occupied so much of our attention.

It has been truly said that the daily press in this country is but the organ of public opinion,

Dr. Epps, with singular magnanimity, opposed the general feeling of the Society on the question. We refer with pleasure to the striking and just remarks of Dr. Sigmond, in reply to the strange charge of inconsistency against the late medical officers. Dr. Epps is of opinion, that these gentlemen were, as lawyers say, *estopped* from objecting to the fraud being practised for the future, because some of them, it seems, from his information, were cognisant of the fraud at former elections. In the same manner the College of Physicians have, at times, tried to gag a noisy licentiate who might have dared to object to their darling and *insolent* monopoly (as we shall prove in good time), by quoting against him his declared acquiescence in their laws. Thus ever does use sanction abuse. Subject to this little exception, the proceedings of the meeting (reported in another place of this Journal) were dignified and unanimous.

MEDICAL REFORM.—TACTICS OF THE COLLEGE OF PHYSICIANS.—THE APOTHECARIES.

It is singular to observe what important changes in the legal constitution

and it almost invariably follows, where shallow reasoners persuade themselves it leads,—the sentiments of the thinking public. In the same spirit we, as journalists, shall be more proud of the justice of our strictures, and their consonance with the general judgment of the profession, than captivated by the charms of mere originality.

The discussion on Saturday night has, in a measure, wound up the Aldersgate-street affair. The gentlemen who so honourably resigned have received their highest applause, from the largest and most influential body of their brethren in the kingdom; and those who have distinguished themselves by the force of contrast, "verily, they have their reward."

of the medical profession have been set afloat by the attempt of the profession in Scotland to obtain a little bit of legislation in their own behalf. So anomalous, so contradictory, so absurd, is the system under which admittance to the profession is regulated,—such discontent was engendered by its insulting distinction of ranks—that the medical institutions had actually arrived at that stage of climacteric disease, as Sir Henry Halford calls it, when the slightest movement was enough to disjoint the whole.

We shall have frequent occasion to enlarge upon the causes of this rapid decay in foundations laid,—some would fondly hope,—for perpetuity. The history of the past contains a lesson for the future; we shall hereafter find "meat for the strong" in certain legal struggles of the College of Physicians with volunteers from among the licentiates, in courts of justice. Their triumphs upon these occasions, by means of legal technicalities, have bolstered up that overweening self-confidence, which they cannot even yet bring themselves to renounce. The sun of corporation absurdities has set; the day when every by-law was *tolerated*, because it was *barely legal*, has passed away; and, with improvements occurring around us, far surpassing even the visions of those who dreamed of the perfectibility of man, it is cheering to conclude, that the time is not far distant, when the medical profession will be legislated for, according to its vital importance to society; and that, what once depended upon the acci-

dental influence of a favourite physician with a minister, will become the bounden duty of a reformed House of Commons. Assured are we, that Linacre and Harvey would rejoice to see the College they dignified, accommodated to the spirit of the times, if indeed its present rotten state was ever contemplated by its founders.

Meantime the *vis inertiae* of the College is overcome. We understand that, a few days ago, Sir Henry Hallford and the Fellows of the College of Physicians forwarded a memorial, through Lord Melbourne, praying for power to grant medical degrees in London, in competition with the Universities of Oxford and Cambridge. This was met by a counter-memorial of the Licentiates, praying for an inquiry into and reform of abuses. Nothing is to be done without the knowledge of the Licentiates;—and, in the nineteenth century, we may, without much risk, go farther, and say, Nothing *shall* be done, until a thorough investigation of the whole state of the medical profession in the three kingdoms shall have taken place: and, so much more is there to be accomplished, in restraining the mal-practitioner, than a King's charter, in the plenitude of its power, can effect, that an Act of Parliament will be, more than probably, the charter of our rights and privileges. The time for palliatives is gone by. A prudent alteration of its odious by-laws might have formerly satisfied the wants of the public, and the desires of the profession.

These overtures of the College arise from some rumours that it was the

intention of the ruling powers to give the London University the power of conferring degrees in medicine. We believe the subject is receiving the serious consideration of the government. If we did not see a plain necessity for a still broader and more durable arrangement, there is no existing body of whose medical department we have a higher opinion, or to whom we would more willingly trust such a serious duty.

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#### SCHISM IN THE ROYAL COLLEGE OF SURGEONS.

WE have heard that a serious misunderstanding has occurred at a late meeting of the Council of the Royal College of Surgeons. Some of the members were contending that there should be two examinations,—one for members or consulting surgeons, and another for lecturers. The subject was so warmly discussed, that six of the Council retired, and declared they would not attend another meeting. We regret that any such contest should have occurred.

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#### GENEROSITY.

A GOOD man delights to have an opportunity of doing good suggested to him. We understand Minter Hart is in "durance vile," one of his coadjutors being already sentenced to transportation. Ought not Dr. Ramadge, in return for past services, to assist him with some part of our £ 400? A friend in need is a friend indeed.

UNIVERSITY OF EDINBURGH.

AN impression has gone abroad, and has gained strength from certain recent discussions in the Town Council, that our University is in a declining state, and in particular, that, as a Medical School, it is losing the high status which it once held in public estimation. The statement, if true, is one in which the inhabitants at large are interested. Education and Law are the two staple occupations by which the town subsists, and if these fail us, where shall we find a substitute? In estimating the condition of a university, some persons think merely of the eminence of the professors; and the deceptions, arising from the uncertainty of this in itself, are increased by associations connecting themselves with the changes which inevitably take place. A professor, for instance, is gathered to his fathers at the ripe age of seventy or eighty, with the accumulated fame of half a century on his head, and is succeeded by a young man of whom the world has heard nothing. This is the course of nature, and the change wears the aspect of a declension at the moment when it occurs, though, in point of fact, the illustrious deceased was perhaps as much overshadowed by the merit of his predecessor when he first obtained the chair, as the present occupier; and the latter though appointed amidst evil auguries and forebodings, may, in his turn, be deplored at his death, as an irreparable loss to the seminary. In general no safe conclusions can be drawn from such uncertain data; and the true test of the prosperity of a university is to be found in the number of students who attend it. Now, when we apply this standard to our Medical School, we shall find the result the very reverse of discouraging. The question is one of fact; and that we might proceed on sure grounds, we have procured from an authentic source, returns of the number of Medical Students who matriculated and graduated at our

college for a series of years, and we here present them as briefly as we can.

I. Dividing the forty years from 1790 to 1830 into the periods of ten years, the average number who matriculated annually, was as follows—

	Average Matriculations.
1790 to 1800 . . .	560
1800 to 1810 . . .	739
1810 to 1820 . . .	828
1820 to 1830 . . .	839

II. If without striking an average, we take five single years at intervals of ten years from each other, the result is similar.

	Matriculated.
The Session 1790-1 . . .	517
1799-1800 . . .	636
1809-10 . . .	876
1829-30 . . .	896

III. We shall now give a table of the average graduations for periods of ten years, from the institution of the Medical Faculty in 1726. This will show the number of students who completed their medical education here.

	Average Graduations.
1726 to 1738 . . .	2
1740 to 1750 . . .	5
1750 to 1760 . . .	10
1760 to 1770 . . .	12
1770 to 1780 . . .	21
1780 to 1790 . . .	28
1790 to 1800 . . .	39
1800 to 1810 . . .	49
1810 to 1820 . . .	84
1820 to 1830 . . .	113

These tables, we think, are not less satisfactory than conclusive. Our University has been like an oak, of slow but regular growth, possessing a firmness and strength which has enabled it to move onward in a course of prosperity, unaffected by the moral and political changes which were constantly occurring. Let us be careful to keep it, by judicious reforms, on a level with the state of science, and the wants of society, and we need have no fear for its future success.—*From a Correspondent.*

MISCELLANIES.

**BATH MEDICAL SOCIETY.**—At a special general meeting of the Bath Medical Society, Dr. Barlow in the chair, Dr. Daniell was elected President for the ensuing year.

A general meeting of the apothecaries of Ireland is to take place in Dublin, the 19th of next month, on the projected change in the law regulating pharmacy.

The various classes in the University of Edinburgh, for the season, commence the 5th of next month.

**BIRMINGHAM DISPENSARY.**—On Wednesday a special general meeting of the Governors of the Dispensary was held for the election of a physician in the room of Dr. Eccles, recently appointed to the General Hospital. Drs. Hamett and Huey having withdrawn, the only candidates were Drs. Lloyd and Evans. On the chair being taken by the Rev. John Kentish, a vote of thanks was passed to Dr. Eccles for his valuable services to the charity during the sixteen years he had held the appointment. Dr. Lloyd and Dr. Evans were next reported by the medical officers of the charity to be duly qualified; and the former gentleman was proposed by the Rev. Edward Burn, seconded by P. M. James, Esq.; the latter by Mr. Whateley, seconded by Mr. Wm. Wills. The ballot then commenced, and continued until two o'clock, when the numbers were declared—

For Dr. Lloyd—Present	165
Proxies	30
	— 195
For Dr. Evans—Present	80
Proxies	55
	— 135
Majority for Dr. Lloyd	— 60

who was accordingly declared duly elected. Thanks were then voted to the chairman, and the meeting separated.—*Birmingham Paper of Monday, Oct. 28.*

**PROFESSOR TRAILL.**—Dr. Thomas Traill, Professor of Medical Juris-

prudence in the University of Edinburgh, lately paid a visit to Orkney, his native county. A number of gentlemen, chiefly his school-fellows and early associates, being desirous to evince the high respect and esteem which they entertained for his worth, talents, and scientific acquirements, invited him to a public breakfast in Macdonald's Inn, Kirkwall, on the 10th current, when he was presented with a handsome piece of plate, bearing the following inscription:—  
 “Presented to Dr. Thomas Traill, Professor of Medical Jurisprudence in the University of Edinburgh, F.R.S.E. Mem. Wer. Soc., F. Geol. Soc. Lond., Mem. Royal Min. Soc. Dresden, &c., &c., on his visit to Orkney after an absence of 29 years, by a few Friends and Contemporaries, in testimony of their high regard for his private worth, respect for his talents and professional and scientific attainments, and of their gratification at the honour which has, through him, been reflected on their common country.”  
 —September, 1833.

**Portuguese Hospital Reports.**

*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN,—I have the honour of forwarding to you some of the many cases that came under my observation at Oporto, where I had the good fortune to be stationed during the siege of that city by the Miguelites. When I acknowledge that I had every access to the Military Hospitals there, and that I attended them with some attention and diligence, you will be surprised to find my cases so few and so little interesting. But of those I saw at the Hospital of the English Brigade, for many reasons the chief object of my visit, I shall publish none, as the more interesting cases treated there will be laid before the public by a more able pen than mine.

I owed the privilege of attending the British Hospital to Mr. Rutherford Alcock, the talented staff surgeon

of the English Brigade, whom I here warmly thank for his constant kindness and liberality to me, and in doing this I represent, I am sure, the feelings of all my brethren connected with the English squadron in the Douro, all of whom experienced from Mr. Alcock the same kind and liberal behaviour.

I need not say, that these cases are wholly at your disposal. You may publish them all, a part, or none of them.

I have the honour to be,  
Gentlemen,

Your obedient and humble servant,  
JOHN REES,  
*Assistant Surgeon, R.N.*

*H. M. S. Orestes,*  
*Portsmouth, Oct. 14, 1833.*

*Simple Fracture.—Amputation.*

Jan. 27. Senhor Thomas Bento, the clerk of a Portuguese merchant of Villa Nova, a man of 43 years of age, and of regular habits, broke his leg the 27th of December, 1832. He met with this misfortune by falling over a cliff, when in the act of running away from a shell that threatened to burst near him. His first medical attendant was a Miguelite regimental surgeon, who applied splints to his leg, &c, and visited him regularly for about a month, when, considering his case to be incurable, he deserted him, with a strong advice to call immediately to his aid one of the "Holy Fathers." Not being able to communicate with Oporto, on account of the siege, and having broken his leg when on the business of supplying the British squadron with provisions, he applied for surgical assistance to Captain Glascock of H. M. S. Orestes, the senior officer of the Douro squadron. Mr. Monteith, surgeon of the Orestes, and myself went immediately to see him. He was attended by an old woman, who anointed his leg with oil and crammed his stomach with chicken-broth, the diet of all sick people in Portugal, whatever their age or the nature of their disease. We found him extremely reduced ;

pulse 120, and feeble ; tongue loaded, and brown at the root ; no appetite ; bowels regular. The bones were fractured about the insertion of the Ligamentum patellæ. Not the slightest union had taken place, and on each side of the leg, at the seat of the fracture, was an ulcerated opening, whence discharged a great quantity of thin, dark, and fetid matter, which evidently came from the interior of the knee-joint, and from abscesses around and about it.

Amputation being the only means that promised him a chance of recovery, the limb was removed the following day by Mr. Monteith. The patient bore his sufferings very well, and lost very little blood ; he, however, became very faint at the conclusion of the operation, but by giving him a little wine, and putting him in bed he was soon revived. To be kept perfectly quiet, to have chicken-broth in moderate quantities, and ʒss. of t. opii. h. s.

*Examination of the Leg after amputation.*—The knee-joint was greatly diseased, hardly any traces remained of the outer articular cartilages, and the articulating ends of the bones were denuded of their cartilages almost entirely. The bones, to some extent at their fractured ends, were denuded of periosteum, and there existed no signs of any attempt at uniting the fracture.

Jan. 28th. Slept well all night ; says he feels much better. Pulse only 106, and of a more favourable character. Has had no starting or pain in the stump. There has been a little hæmorrhage about the end of the bone. The stump to be kept wet with cold water. The same diet to be continued, and repeat tinct. opii.

29th. Passed a good night ; has no fever ; pulse 112. There has been a little more bleeding at the same spot. The same treatment to be continued, but to omit tinct. opii.

30th. Did not sleep so well ; in other respects is the same as yesterday ; no more bleeding. To contin-

the same diet and cold application, and to have a common enema.

31st. Slept better; bowels purged twice; the state of his system in other respects the same as yesterday; complains of pain and heat in the stump. Opened the stump; about a third has apparently united; the un-united part is opposite the bone, where the bleeding was, whence was discharged some matter mixed with blood. Omit cold water to stump; continue the same diet.

Feb. 1st. Slept badly on account of pain in the stump; bowels open; pulse the same; a considerable discharge from the stump; matter thin, and of a rather unhealthy colour; parts that appeared united yesterday are gaping to day; only about half an inch at the right corner now united. The same diet to be continued.

2nd. Slept pretty well; in other respects is the same as yesterday, but discharge from the stump is less, and of a better quality. To continue the chicken broth diet, and to have 3oz. of port wine daily.

3rd. Is worse to day; slept very badly; is a little feverish; pulse 122; bowels rather loose, with some griping pain; state of the stump the same. Omit wine; continue the same diet. Pil. hyd. gr. iv., Opii, gr. i., P. rhei, gr. vj., nocte.

4th. Is better; slept pretty well; bowels open; pulse the same; says he has a good appetite coming on; discharge from stump the same; no more union. Dressed the stump with compresses so placed as to keep the flaps in close contact, and to allow of no retention of matter within. Cap. Quin. sulph. gr. i., ter in die. The same diet, and to have some jellies; some meat also for dinner.

5th. Better in all respects; pulse only 100; no matter retained in the stump, and the whole appears to have united, excepting at the situation of the ligatures; the stump was dressed the same manner as yesterday. To continue the same diet, and sulph. quinine.

8th. Stump has been daily dressed; which as well as his general health, continued improving until last night, when he became a little feverish, and had pain in the stump; slept badly; more matter than usual discharged to day from the corners, the situation of the ligatures opposite the bone; the flaps have gaped, and there was discharged thence a table-spoonful of matter mixed with blood. Applied pressure by compresses above and below at each corner, and as I considered the mischief at the bone to proceed from the bleeding of a vessel in a cavity, I applied to the end of the bone gentle pressure, by means of a soft compress. To continue the same treatment.

9th. Feels better. Very slight discharge and no bleeding. Continue the same remedies and diet.

11th. Very little discharge yesterday. Omitted the compress at the end of the bone. A considerable discharge to-day, particularly from the situation of the end of the bone; also some hæmorrhage from that situation. Is a little feverish. Ligatures came away; replaced the compress at the end of the bone. Continue the quinine and the same diet.

18th. Continued to improve until yesterday, when the stump was all but healed. Edges have since gaped at the corners and at the end of the bone. Discharge considerable. Was feverish last night, and is so to-day; bowels regular; pulse 112. Has not been guilty of any irregularity so far as I can ascertain. Stump to be dressed as before, and to continue the same diet and medicines.

19th. Much better to-day; pulse 104; very little discharge. The same treatment to be continued, &c.

From this period he continued slowly improving, both as to his general health and the state of his stump. By the 12th of March he was quite well and his stump perfectly healed.

(*To be continued.*)

## French Medicine.

*Scirrhus of the Superior Portion of the Oesophagus.*—M. G., æt. 46, had been suffering for four or five years from an affection of the throat, for the relief of which all remedies had been unavailing. She was of a highly susceptible and nervous temperament, and was at times subject to slight attacks of hysteria. The sound of her voice betrayed the presence and irritation of a foreign body in the throat, keeping up a spasmodic action of the muscles of the part, which, when controlled, caused no pain on pressure being made over the anterior and lateral parts of the neck.

Her nights were sleepless from the constant desire to cough up the mucus deposited on what she supposed was the seat of the affection, the irritation of which was always greater when she lay down to rest. On examining the interior of the mouth, the mucous membrane covering the velum, palate, and pharynx, was found inflamed, but not sufficiently so to form the sole cause of the affection. There was no tumour to be seen or felt on the external surface of the larynx. Pressure over these parts gave no pain. The sound of the voice was not remarkably altered; she could raise or depress it without causing much cough, or spasmodic action, which would not have been the case if the larynx had been at all implicated in the affliction. She had been bled generally and locally: counter-irritation had been employed over the affected part, and she used gargles of various kinds without any relief. A seton in the neck had been proposed, but to this she would not submit. It was then determined to try the effect of blowing fine alum powder into the throat, which considerably increased all her former sufferings. The expectorated mucus was slightly tinged with blood, which had not been remarked before using the alum powder. A seton was now made in the neck, which, after discharging for a month, had afforded no relief, and

which was therefore dried up. The power of performing deglutition had greatly decreased, and she could, with difficulty, swallow fluids, which caused great irritation. This difficulty increased daily, and the body wasted in proportion from want of nourishment.

An oesophagus tube was endeavoured to be passed into the stomach, but was found impracticable.

She now placed herself under the care of another medical man, but he was unable to relieve her, and she died.

*Autopsy.*—The lungs were healthy; the mucous membrane of the bronchiæ, larynx, velum palati, and pharynx presented slight traces of phlogosis; the sub-mucous cellular tissue was slightly infiltrated; the trachea contained a small quantity of viscid mucus, but the harder textures of the larynx were in their normal state. At the upper part of the oesophagus was a scirrhus tumour about three inches in length; it was cylindrical in shape, and formed in the muscular structure of the part; its thickness was from four to five lines posteriorly, and somewhat less anteriorly; it had grown from without inwards, and had so narrowed the calibre of the oesophagus, that a director could scarcely pass. The mucous membrane immediately around the tumour presented no traces of disorganisation, and there was no exterior adhesion between the scirrhus tumour and the surrounding tissues. At the upper portion of the tumour there were three or four irregular and ulcerated excavations having a cancerous appearance; these probably had been caused by the use of the alum. The tumour was of a cartilaginous consistence, and of the colour of the white of an egg. The pectoral portion of the oesophagus was in a normal state. The appearance of the body generally was that of extreme marasmus.—*Gaz. Méd.*

*Division of the Symphysis Pubis.*—M. Baudeloque has recently performed this operation with perfect success both to mother and child.



*Dislocation of the Humerus backwards.*—M. Sedillot, surgeon at the Val de Grace, has met with a case of luxation of the humerus backwards into the fossa infra spinata, which was reduced a year and fifteen days after the accident took place. This dislocation is so rare, that Desault never saw a case, and Boyer mentions only one.

NATIONAL ASSOCIATION OF THE APOTHECARIES IN IRELAND.—VIEWS OF THE GOVERNMENT ON MEDICAL REFORM.

A DEPUTATION of the National Association of the Apothecaries in Ireland waited on Mr. Littleton, the Government Secretary, a few days since, and begged to be informed of the nature of those reforms contemplated by the administration, in respect to the medical professions of Great Britain, &c.

Mr. Littleton stated, that this extensive and important subject was still open to investigation. After giving it the best consideration, it had appeared prudent to defer the enactment of any partial measures, and he (Mr. Littleton) fully expected that a motion would be made early in the next session of parliament for a select committee of the House, with full powers to obtain all necessary evidence, to enable parliament to legislate consistently and comprehensively. He thought it highly probable, that ultimately three separate Bills would be enacted, to regulate the professions of physicians, surgeons, and apothecaries, each of which should contain a distinct and uniform code for each particular profession.

Mr. Littleton assured the deputation, that the Government was justly desirous to aid in placing the medical profession on the most respectable and consistent basis, but, at the same time, felt that the subject needed much open investigation, to enable the legislature to take decided and permanently useful steps in the business.

After some further conversation on

this important subject, in which Mr. Littleton appeared anxious to meet the general views of the profession on this topic.

The deputation withdrew.

APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, October 24th.

George Allarton . . .	Birmingham.
John Burdon . . .	Highampton.
John Foote Coad . . .	Plympton.
John Coley . . .	Bridgenorth.
James George Davy . . .	Portaca.
Edward Evans . . .	Cardiff.
John King Eager . . .	Guildford.
Henry Harris . . .	Rodruth.
William Howith . . .	Lancaster.
Henry James Player . . .	Loughor.
Oliver Sprigge . . .	Brockley.
William Wood Wiseman . . .	Wakefield.

CORRESPONDENTS.

*Phosphorus* has been tried.

The address of the profession at Nottingham to the late medical officers of the Aldersgate-street Dispensary in our next.

*J. W. R.*—The object in view would be obtained without residence at Erlangen.

*A Westminster Hospital Student.*—The piracy of Mr. Guthrie's excellent Lectures on the Diseases of the Urinary Organs is too bare-faced to require a single comment. It shows how hard up our contemporary is for matter, when he lashes up, without acknowledgment, the lectures which appeared in this Journal. As to Mr. Edwards, "the puffer-general of Baron Heurteloup," we shall pass him by, but we shall keep an eye upon him. We are aware of his friendly feelings, and duly appreciate them. The present opportunity enables us to assure the Editor of the Satirist, that we did not allude to him when we used the term—"Calumniators of Mr. Guthrie." In fact, there are some persons who are in the habit of sucking Mr. Guthrie's brains, and then defaming him in the immaculate pages of a contemporary. These we designated calumniators.

*A. Z., a Birmingham Subscriber; A Friend in Liverpool; A Student at King's College; A General Practitioner; M. H.; Scotia.*—The lectures will appear in future as often as convenience will permit.

Books in our next.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

## LECTURES

ON THE

## PRINCIPLES, PRACTICE, &amp; OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

LECTURE LXII., DELIVERED MARCH 4, 1833.

GENTLEMEN,—In the last lecture I drew your attention to some of the causes of necrosis, amongst which were those of a mechanical nature. Here is a fine specimen of a necrosis which was the consequence of a mechanical injury, namely, a fracture, and where you see that the dead bone is surrounded by a great quantity of new osseous matter. The technical term given by pathologists to the dead bone, so circumstanced, is the *sequestrum*. On one side of the new bony case you may observe several apertures, through which the matter, formed in the interior, is discharged, and hence they receive the appellation of *cloaca*. The nature of these apertures I will explain more fully hereafter. The preparation, which I now show you, is an example of a necrosis consequent to a surgical operation. Necrosis of the femur, after amputation of the thigh, is by no means an uncommon case; and it is certainly possible that, in the instance before us, as well as in others, the disease for which amputation had been performed, might have extended its effects into the medullary membrane higher up than where the bone was sawn; but, on other occasions, you will find what remains of the shaft of the bone is attacked with necrosis, though it was sound at the period of the operation: this happens when the stump becomes much diseased and large abscesses form in it;—then the bone becomes affected secondarily. In the instance before us, you see that the necrosis has extended as high up as the trochanters, and even partly involves the head of the femur, which is not an ordinary occurrence. Gun-shot wounds frequently give rise to necrosis. In the preparation, which I will now pass round for your inspection, you may see a remarkably

white portion of bone; that is the dead part—the *sequestrum*, as it is termed: the necrosis was produced by a gun-shot injury.

With regard to the symptoms of necrosis, gentlemen, I may observe, that they vary in different cases, according to the extent of the disease and the nature of its cause. When the necrosis is of limited extent, that is, when the affection is merely superficial, not extending deeply into the bone, and arising in consequence of external violence, the symptoms will not be very different from those of a common phlegmonous abscess. Suppuration occurs in the soft parts, and, as soon as the matter is discharged, if you introduce a probe, you will feel the bare bone. In such a case, unless there be an extensive and violent inflammation of the soft parts, there may be little or no constitutional disturbance; but when the necrosis is more considerable, and the soft parts are more extensively implicated, either primarily or secondarily, in the disorder, then there will be a greater, and sometimes a violent, derangement of the system. But there is a form of necrosis—one, in which the patient is generally young and of a scrofulous habit of body, and in which the bones of the carpus, or tarsus, or the phalanges of the fingers, suffer. In such cases, in general, an indolent swelling first forms, unattended with much pain or disturbance of the system; at length a fluid collects in the part, which bursts, and pours out an ichorous matter. In this stage of the disease, if you introduce a probe, you may feel the bone to be bare and rough—in fact, it is already in the state of necrosis. It is chiefly in individuals, thus predisposed to the disease, that we meet with those formidable examples of necrosis, in which the whole shaft of a long cylindrical bone perishes. In scrofulous or syphilitic persons, on the application of some exciting cause, the death of the whole shaft of a long bone, or a considerable portion of some other bone, frequently occurs, as you may observe in this preparation, where you see the whole shaft of the tibia has perished. When the disease arises in individuals, whose state of constitution promotes the origin and wide spread of disease in the osseous system, necrosis generally begins with a deep-seated.

and excruciating pain in the limb, followed by a general swelling, involving the whole of that part of the member, and mostly including also the two nearest joints. It is, however, much greater about the centre of the limb than elsewhere; and one of its characters is, that it seems to have no definite boundary, presenting everywhere a remarkably firm unyielding feel. The patient experiences no alleviation of his sufferings till matter forms and the abscess bursts, and then there is generally some diminution of the pain; but, it is found that, on the escape of the matter the tumour does not subside in the degree usually remarked in a common abscess under similar circumstances; there still remains an immense swelling, which is of a very firm unyielding kind, depending upon the great quantity of coagulable lymph effused around the dead bone, and the thickened and oedematous state of the cellular membrane. These circumstances explain why there is very little subsidence of the swelling immediately after the matter has been let out, or made an outlet for itself. If you introduce a probe after the bursting of the abscess, you will generally find that it passes onwards till it is stopped by the bone, a portion of which may often be felt to be bare and rough. In these cases I recommend you to let out the matter early, for the sooner this is done the sooner will the patient experience a diminution of the agony attending the confinement of deep-seated matter. After the abscess has made its way out, or been discharged by puncture, the opening or openings (for there are sometimes more than one) will not heal up very speedily; in fact, they are mostly converted into fistulae, and, losing all disposition to cicatrize, they emit fungous granulations around their orifices. The indisposition of these fistulae to heal, however, does not usually depend upon any other impediment than the presence of the dead bone in the limb, the sequestrum, which, in the manner of an extraneous body, keeps up irritation and suppuration. Hence, nature seems to maintain the fistulous apertures, in order that whatever pus is formed may flow out, and sometimes, as experience proves, for the passage of the dead bone itself. In consequence of the presence of the sequestrum and the long-continued suppuration thereby produced, the sympathetic inflammatory fever, which attends the first stages of an extensive necrosis, is soon converted into a febrile disturbance of the hectic type; indeed, the disease generally goes on so long, and the discharge sometimes continues for such an indefinite length of time, that the constitution may be reduced to the lowest state of weakness; and, in addition to the hectic, there are occasional attacks of irritative fever, by which the patient is brought into great danger, such danger as admits of no means for its removal except an operation for the extraction of the sequestrum, the cause of all this suffering and peril; or if the disease be

not in a state for such proceeding, you may feel yourself called upon to perform amputation of the limb, in order to save the patient's life. Where the patient's health is sinking fast, and he appears incapable of sustaining a longer struggle with the local disease, which is acting as the cause of all the constitutional disturbance, your only resource is either to make an effort to extract the sequestrum, or else to take off the limb; the decision will often require all your judgment, and is sometimes a delicate and difficult duty. Before you can say positively that necrosis exists, it is necessary to introduce a probe, for until you can touch a portion of dead bone, you cannot be certain that the disease has occurred. Sometimes, however, when the dead portion of bone lies superficially, you may actually see a part of it within the fistula, or at the bottom of an ulcerated chasm. Gentlemen, you should recollect that the colour of a sequestrum is not always the same; it is often perfectly white; and when you see a portion of bone whiter than natural, you may be sure that it is in the state of necrosis. Generally when the dead bone has been exposed for some time to the air, it becomes black, and every body knows that a bone with this appearance has perished. In particular instances, where the whiteness may not be much increased, there may be doubt; but if you observe a brown tinge upon the exposed bone, you may conclude that it is dead. Excessive whiteness, or a darker colour than natural, is a sure indication of necrosis. Here, gentlemen, is a beautiful specimen of a white sequestrum. I should wish you to remember, that the colour of the sequestrum depends very much on two circumstances; when it lies deep, and is not exposed to the air, it is generally white, or of a light brown colour; but when it has been exposed for some time to the atmosphere, or has lain long at the bottom of an open ulcer, it assumes a darkish and even a black hue.

Now, gentlemen, the process of *exfoliation*, or that process by which the dead portion of bone is separated from the living portion, requires a few observations. It has a considerable resemblance to the process by which sloughs of the soft parts are thrown off; especially this will seem the case, if you make due allowance for the greater slowness with which all changes in the bones are carried on. If you examine this skull-cap, which I will pass round, you will see that a groove has been formed all round the sequestrum, which is generally believed by pathologists to have been produced by the action of the absorbents of the adjoining living bone, which once surrounded it. The groove begins on the surface, and extends gradually deeper and deeper, until the dead portion is completely undermined and detached; in this respect you will recognize also a correspondence to what happens in the separation of sloughs. In another skull before us, on which there are

several exfoliations taking place, you will remark a curious circumstance, namely, one sequestrum is actually wedged in between the two tables of the cranium, and would therefore have required the removal of a portion of the external table, ere it could have been taken away. Here is a good specimen of a dark coloured sequestrum, which also illustrates another fact, namely, that a sequestrum is frequently grooved and irregular on its surface, a circumstance which is accounted for by some pathologists as the result of the action of the absorbents of the living upon the dead bone; a doctrine, however, which I observe is not very much respected in some of the Edinburgh schools. Indeed, you will sometimes find that a sequestrum is reduced to an inconsiderable size, compared with what it was originally; in fact, sometimes the greater part of it is removed, and unless it come away in minute particles with the discharge, I know of no agents for the production of this change, but those busy workmen, the absorbents.

In the earliest stage of necrosis, the periosteum (if spared), in the neighbourhood of the portion of bone about to be destroyed, always becomes thickened and more vascular than natural, and continues in this state during the formation of the substitute for the old bone; but as soon as this process is finished, and particularly after the detachment of the sequestrum, the periosteum returns to its natural condition, and loses its increased vascularity; its inner surface has no longer the pulpy, granular, highly vascular texture which it had in the early stages of the case, when the office of producing the new bony formation round the sequestrum devolved upon it. After the sequestrum has been completely loosened, it still remains at the bottom of the abscess or ulcer, or within the new bony case, and would sometimes continue there a considerable time, keeping up pain, irritation, and discharge, were you not to introduce your forceps and remove it, and even to make such incisions for the purpose, and such removal of a part of the new deposit of bone, as may be requisite. Occasionally the sequestrum is not only perfectly loose, but so superficial and exposed, that it can be taken away without any occasion for the knife, trephine, or saw. When an abscess, ulcer, or fistula, is complicated with dead bone, it is a rule in surgery always to remove the sequestrum as soon as possible, that is, as soon as it is loose, and for this purpose to practise such operations as may be necessary. But not only is the sequestrum often loosened and thrown off from the living bone by spontaneous or natural processes, (and I have seen several cases in which considerable portions of the shafts of the humerus and femur have been thus detached, coming out through the integuments without the aid of any formal surgical operation,) not only does nature effect all this, but when the entire shaft of a

bone has been destroyed, she makes wonderful and generally most successful efforts to form a new bone, that answers almost as well as the original one. When the shafts of the tibia, humerus, femur, or other long cylindrical bones, are destroyed, and nothing of the original bone remains alive, except the articular extremities, (for I mentioned to you in the last lecture, that though the whole shaft of a bone be destroyed by necrosis, yet the articular heads are generally spared;) even when the destruction has proceeded to this extent, nature will form a new bone, and the uses of the part or limb will be restored. You see in the preparation which I now place before you, an instance in which the whole shaft of the tibia has been destroyed, and a considerable portion of it removed, probably by absorption; that a new osseous tube has been formed completely round the sequestrum; you also see in the sides of the new bony formation the openings, termed the *cloacae*, which serve, as I have already explained, for the escape of the matter, which is generally secreted in the interior of the new bone, as long as the sequestrum keeps up irritation there. The *cloacae* in many instances take an oblique course, and do not pass straight and direct into the cavity of the osseous tube. They mostly have an oval or a round shape. Some of these before us appear to pass direct into the cavity of the new bone; a fact not agreeing exactly with Weidmann's description, whose account of this subject is only surpassed by what nature herself reveals. No doubt, the straight direct course of the *cloacae* before us, is an exception to the general rule. The flat, as well as the cylindrical bones, when attacked with necrosis, possess the power of reproduction; there are several cases on record, in which the scapula has been reproduced, after suffering necrosis; and it is known, that portions of the cranium, under particular circumstances, may also be regenerated. Instances are related, where nearly the whole of a parietal bone has been reproduced. Considering the little reparation which losses of portions of the skull from the trephine, or external violence, undergo, this is what we should not *a priori* expect; yet we know, that in the museum of this university, there is a remarkable preparation, the skull of a person who had been trephined forty years before his death, and a considerable portion of bone taken away, which has in a great measure been restored. Generally, the reproduction of bone after trephining does not happen to any great extent; the pericranium being destroyed and both the tables of the skull being removed, the reparation is very partial. It appears, therefore, that the dura mater does not possess the power of reproducing bone at all equal to that of the pericranium, or periosteum of the bones in general; however, if only the outer table be removed, the diploe and the dura mater together, will effect the reproduction of the lost portion; but, in other instances, you will rarely find, that any very successful

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attempt is made by nature for the restoration of the two destroyed tables. Even fractures of the skull are alleged to unite with difficulty and slowness. The preparation I am speaking of, I regard as a particularly interesting one; in all probability, at the time of the operation, the patient was young, perhaps a child; this I infer from the circumstance of his having been trephined forty years before his death; now, in young growing subjects, you will find the power of reproduction in bones is always considerably greater than in older persons.

Gentlemen, though the long, cylindrical, and flat bones, may be regenerated, the short cuboid bones cannot be reproduced. When once destroyed, there can be no restoration of them; this fact is one, which all men of experience are fully aware of. In the early periods of life, as I have mentioned, and in healthy subjects, the power of reproduction in bones is always greater than in old or debilitated persons. The power of reproduction is also seriously diminished in particular states of the constitution, and especially when the individual is under the influence of lues venerea, at least the worst forms of it, cancer, scurvy, and rickets. I believe, however, that some of these constitutional diseases do not absolutely prevent the reproduction of bone in every instance; and that exceptions are met with, in which broken bones unite more or less completely in spite of them.

Now, gentlemen, the next subject respecting necrosis, is a very curious and interesting one, I allude to the means adopted by nature to bring about the reproduction of bone. Of this part of the inquiry different pathologists give different accounts, proving that further investigations into certain points would be desirable; my own views I will presently explain. The questions are, whether nature accomplishes her purpose by means of the vessels of the periosteum? by means of those of the medullary membrane? or in another manner, in which it is supposed, that, when the whole shaft of a bone has been reproduced, the inner portion of the bone alone has perished, and that the outer one has been saved and transformed into the new shaft? This last opinion is maintained by some men of considerable eminence both in France and Scotland. They assert, that, in necrosis, the whole of the bone does not really perish; that the outer portion is preserved; and, that, when the whole shaft seems to have been reproduced, it is in consequence of the external lamina separating from the inner ones, which alone are truly destroyed. That the latter representation is not applicable to a great number of instances, I consider perfectly certain; but whether it is ever really the case, is another question.

Dr. Macdonald, who investigated this subject with considerable talent, found, that the new bone actually began to form previously to the complete death of the old one. Both he and Professor Russell observed, that, during the formation of the new bone, they could

inject the vessels of the old one. These circumstances as far as they go, would strengthen the doctrine I have adverted to, as one prevalent both in France and Scotland, namely, that the old bone is the source of the new one. The supporters of this doctrine have recourse likewise to another circumstance, as an argument in favour of their view, they take advantage of the fact, that, in all, or almost all, cases where new long cylindrical bones are formed, the articular heads are saved, so that these preserved portions must be regarded as contributing also to the formation of the new bone. But, this doctrine certainly cannot apply to other instances, in which the whole shaft of the bone is known to have been destroyed, through its entire thickness. Cases are continually presenting themselves, in which from the thickness of the sequestrum, there can be no doubt of the whole substance and diameter of the original bone having perished. Then, how would the suggested theory explain the reproduction of portions of the whole thickness of the tibia sawn away, or lost by the effect of external violence? Indeed, the careful observation and correct examination of the different stages of the process of reproduction, tend to prove, that, at all events, in some cases the periosteum has a principal share in the formation of the new osseous matter; for it is found to become thickened and more vascular than natural; to assume a pulpy granular texture internally; a new kind of organisation, fitting it for its increased duty, the cellular membrane external to it also becoming swollen. In the museum of St. Bartholomew's Hospital are some preparations, put up by Dr. Macartney of Dublin, exhibiting these facts. The periosteum then separates from the portion of bone, which is about to perish, and becomes covered internally with a vascular pulpy substance, that is destined for the secretion of the new bone, the nidus for which is no doubt at first coagulable lymph. Such are the processes which probably always take place when the whole shaft of a bone perishes; they seem to happen also very early; for, in one instance, which Dr. Macartney had an opportunity of examining in an incipient stage, the separation of the periosteum had taken place, though there was only a small abscess formed in the medullary membrane. With respect to the changes which are preparatory to a deposit of new bone, they are an increased thickness of the periosteum, and an increased vascularity of it and of the adjoining cellular substance. These facts admit of demonstration—they may be seen—and, I have no doubt, that any gentleman who may wish to study the preparations illustrative of them in the museum of St. Bartholomew's hospital, would be permitted to examine them on mentioning my name either to Mr. Lawrence or Mr. Stanley. Indeed those preparations completely refute the doctrine, which maintains exclusively that the old bone is invariably the organ by which all the new shaft is produced. I do not mean to say, that there may not be

cases, in which the internal portion perishes and the outer portion lives, any more than that there may not be instances, in which the destruction is confined to the outer lamina; we know that these last cases are common enough, in relation to the destruction of a certain extent of almost any bone. Experiments have been made on animals, which tend also to prove the fact of the periosteum being often actively concerned in the reproduction of bone; every part of the bone has been removed, all the medullary membrane, and the whole of the osseous texture have been taken away, in order to ascertain whether the periosteum was capable of restoring the lost substance; these experiments confirm the views I have given you on the subject. Some of them were made by Troja and others by Koehler, to whose respective works I must refer you.

Gentlemen, there is another point, on which very different opinions are entertained by different pathologists. When the periosteum has formed the new bone, what becomes of it? Dr. Macartney describes the periosteum as being removed after performing that office, and the cellular membrane on the outside of it as being converted into a new periosteum. This seems to be rather improbable, for, after the new bone has been formed, it must still require a supply of blood for its nutrition, the same as during its formation; and the vessels of the new bone being connected with those of the original periosteum, it is difficult to conceive why the circulation should not continue to be carried on through that medium. I may also mention, in relation to this fact, that in the Museum of St. Bartholomew's Hospital there are preparations, in which the periosteum of the new bone is seen to be continuous with that of the articular extremities of the old one, a consideration, I think, very much against the hypothesis of the removal of the old periosteum. This and other minute circumstances I look upon as demanding further investigation.

The internal surface of the new bony case forms a tube, lined with a vascular pulpy substance, which becomes a membrane. The dead shaft, or portion of bone that has perished, as I have said, is called the *sequestrum*; and in the osseous case, there are always one or more, sometimes seven or eight, apertures for the passage of purulent matter and fragments of bone out of the space between the sequestrum and the new bony formation. These apertures, you will remember, are called *cloaca*, as I have already told you. Experience has proved, that the sequestrum gradually undergoes, when long retained, a change in its shape and size; but this change is one of considerable slowness; indeed, the total absorption of the sequestrum would sometimes require so long a period, that the patient would hardly live till the completion of the process. In children it goes on more quickly and with greater success. The absorption of the sequestrum is probably effected by the absorb-

ents of the vascular substance between the sequestrum and the new bony tube. In the living subject, you will not find the dead portion of bone so loose within the new case as it is in the preparations I have shown you; in fact, the space between the old and new bone is occupied by the pulpy vascular substance I have mentioned. As the new osseous formation is produced before the removal of the old bone, and is external to it, of course it must be larger and more clumsy than the original one. You see an illustration of this circumstance in the preparation which I now pass to you. The old bone appears, then, to serve as a kind of model for the new one, and in time, after the sequestrum has been entirely removed, the irregularities on the surface of the new bone are gradually smoothed down, and its thickness diminishes, so that it becomes as nearly as possible of the size and shape of the original bone. One most curious fact is, that during the whole of the processes by which an original bone is destroyed and regenerated, it rarely happens that any want of firmness in the limb is experienced; it is not flexible; there is no shortening of it; and, what is equally remarkable, the attachments of all the muscles are preserved as in their original state, a fact, which, I think, proves the truth of the opinion, that the old periosteum remains.

Gentlemen, notwithstanding what has been stated, you may meet with an uncommon sort of case, in which the new bone is not thrown out fast enough to prevent a shortening of the limb. There was an instance at St. Bartholomew's Hospital, a few years ago, of the femur being destroyed by necrosis, and the new bone not being secreted with sufficient quickness and perfection to prevent a retraction of the limb. In that case, amputation was performed, and the preparation is now placed in the Museum of St. Bartholomew's Hospital.

On Wednesday, gentlemen, I shall direct your attention to the *treatment of necrosis*, and to some other subjects connected with this very curious and interesting disease.

## CLINICAL LECTURES

DELIVERED BY

DR. WILLIAM STOKES,

At the Meath Hospital, or County of Dublin Infirmary, Session 1832-33.

LECTURE XVII.

*Pathology of Inflammation.*

GENTLEMEN,—At my last lecture I drew your attention to the doctrines of revulsion and of sympathies, and pointed out the great practical advantages which result from a careful consideration of morbid sympathies. I mentioned that the improvement in medicine, consequent on the study of sympathies, may be considered in a double point of view. In the first place

it gives us a clear insight into the connexion of diseases, and enables us to form an idea when there is one disease existing in the system, how another may supervene; we are also led to suspect what the secondary and subsequent affection may be, and in many instances are able to employ preventive measures with effect. In the next place, we are taught that long-continued sympathetic irritation is very apt to terminate in organic disease. You observe, gentlemen, the great practical importance of this law; it strongly inculcates a most essential rule in practice, namely, that when an organ has been sympathetically affected for a long time, the probabilities are that there is more or less of organic change, and that it would, in many instances, be dangerous to treat a chronic affection otherwise than as a case of real organic disease.

We come now to one of the most important parts of the doctrine of Broussais, his theory of inflammation. His opinions on this subject may be expressed in a very few words. He does not seek to explain the different modifications and forms of inflammation as many others have endeavoured to do, he only attempts to prove that the inflammatory affection of any organ is to be considered as a plus degree of the vitality of that organ. This is all he essayed to prove; he has not advanced a single step further. I have already alluded to this, and shown that mere difference in degree will not explain the various forms of disease. And though it may be difficult to demonstrate the difference between the physiological and pathological excitement of an organ, yet that there is an essential difference is shown by their results and effects on the constitution. But what he has chiefly effected, and the benefits which he has particularly conferred on practical medicine consist in the very important announcement, that a great majority of local diseases are referable to an inflammatory process, that a vast number of affections, not previously supposed to depend on inflammation, are really inflammatory, and that we may have *intense local inflammation in a worn and debilitated constitution*. If Broussais's services had been nothing more than drawing the attention of the medical world to the inflammatory nature of numberless diseases, previously looked upon as non-inflammatory, he would be most justly entitled to the most unequivocal praise. He certainly has the honour of having first pointed out the connexion of an enormous group of diseases with inflammation, and has clearly demonstrated the existence of increased vascular action in cases where it was before totally unsuspected. He has shown, that many instances of cerebral disease are intimately connected with an inflammatory process, and gives various instances of epilepsy, mania, delirium, and apoplexy, in which there was distinct proof of vascular excitement of the brain. He does not pretend to say, that in all and every case of cerebral affection there is an active deter-

mination of blood to the brain, requiring antiphlogistic treatment, but he asserts and proves, that such is the case in a great many instances. Again, he has shown that a carditis may produce disease of the valves and hypertrophy; he has demonstrated the connexion between inflammation and organic disease of the aorta, and hence has demonstrated the very close link between aortic inflammation and aneurism. With respect to the lungs, Broussais deserves the credit of having developed most of our information on the subjects of pneumonitis, bronchitis, and pleurisy, and has shown the intimate connexion between tubercles and inflammation. To this I have alluded in a former lecture. I do not agree with Broussais in thinking that tubercles are always the result of an inflammatory process; but however this may be, it is certain, that, in many instances, tubercular development is preceded by inflammation, that it is accompanied by inflammation, that its progress is accelerated by an inflammatory condition, and that the principles of its treatment are those which are calculated to remove congestion and inflammation of the pulmonary tissue. He has also connected the growth of a variety of other morbid productions in the lung with inflammation; and, although I do not go so far as to admit his theory, which makes all such growths depend on inflammation, still I think the principles which have been applied to the treatment of tubercles are admissible here as in cases of cancer or hydatids. Broussais has certainly done a great deal in developing the history of latent disease of the lungs, and has given most valuable hints for the treatment of sympathetic derangements of these organs, a class of diseases which was previously but very little understood. He has shown, that many cases of apparently intense pulmonary derangement are only to be relieved by treatment directed to the stomach, or some other organ. Our true knowledge of the nature of asthma and hooping-cough is due to him; for he has shown that many cases of disease of the chest, supposed to be spasmodic, are complicated with more or less of inflammation and organic change.

We come now to his discoveries in the pathology of the digestive system. One of the most interesting illustrations of disease of the intestinal tube is this, that we may have extensive inflammation of some part of it without any pain being complained of by the patient. Now the painless character of such affections was first noticed by M. Broussais; it was he who first demonstrated the falsity of a doctrine, long prevailing among medical men, that pain was necessarily connected with inflammation. It is an undoubted fact, that some of the worst forms of inflammation may occur without the co-existence of pain. The idea which the older authors had of enteritis was, that it was an inflammatory condition of the intestinal tube, accompanied by severe pain, and cases of this painless enteritis were generally looked upon as instances of essential

*fever.* According to their actions enteritis not only consisted in inflammation of the mucous membrane of the intestines, but also of their muscular and peritoneal investments, and they were not aware that inflammation might be confined to the mucous membrane and mucous glands, and that there cannot be a more important or more frequent form of disease. I think we may safely affirm, that the best and greatest part of our information, on the subject of enteric inflammation, is due to Broussais; and when we remember what a vast proportion of persons die of enteritis, that it occurs in every degree of violence and intensity, that the digestive system is the main-spring of our very existence, the fountain on which the economy depends for nutrition and repair; when we reflect upon this, and consider that almost all our knowledge of the affections of a system, so important to life, is due to M. Broussais, we must confess that he has effected much for the advancement of science.

Let us take a brief review of the phenomena of disease in different parts of the digestive tube. In the first place, with respect to diseases of the œsophagus, many affections, before now considered to depend on spasm and nervous derangement, are at present found to have a close connexion with inflammation. Stricture of the œsophagus is now proved to arise in various instances from inflammation of the submucous tissue; this it is of importance to be acquainted with. In the next place it has been established, that in the stomach we may have innumerable shades of inflammatory action, and that in the great proportion of dyspeptic cases of any standing there is more or less of gastritis. I believe Broussais has gone too far, in saying that all cases of dyspepsia are cases of gastric inflammation; but I am convinced that many of them are essentially of an inflammatory character, and I think it would be well for the public if British practitioners were more thoroughly acquainted with this fact. It would frequently enable them to trace the status, anorexia, and pain, to their true cause, gastric inflammation, and not to some unknown condition of the nervous coat of the stomach. Viewing the subject in this light, the physician will not commit the fatal error of aggravating a case of dyspepsia connected with gastritis, by administering tonics, stimulants, or purgatives, nor will he by injudicious treatment bring on fatal organic disease of the stomach. It is now established (and our knowledge is derived from the same source), that many cases of cancer of the stomach have commenced by simple inflammation, and hence it is that Broussais looks on such cases as only instances of an aggravated chronic gastritis. I do not know whether this be true or not; but I believe it is certain that many of them are such, and that in their progress there is more or less inflammation present, and that the most decided benefit is frequently derived from local antiphlogistic means.

When we come to the duodenum, we find that the discoveries of Broussais are equally valuable, and that very little was known respecting its pathology until he threw light upon it. Many cases of jaundice otherwise obscure, are explained by a knowledge of the inflammatory affections of this part of the digestive tube. Bichat was the first person who pointed out the strong sympathy which exists between the mucous membrane of the duodenum and the excretory ducts of the liver and pancreas, but it was Broussais who taught the doctrine, that jaundice without accompanying symptoms of hepatitis most commonly depends on inflammation of the duodenum. This explains the complication of jaundice with the occurrence of gastro-duodenal inflammation, and gives a most important key to the treatment of such affections. Another discovery of Broussais, the value of which cannot be sufficiently appreciated, is, that inflammation of the upper part of the digestive tube is a common cause of constipation, and that the constipation is in proportion to the gastro-duodenal affection. You perceive of what importance this view of the subject is, and you can conceive how hazardous it would be to attempt to remove this by purgation, that is, by the employment of a direct revulsive stimulus. I shall not comment on the purgative practice generally followed in these countries, in the treatment of every form of dyspepsia.

With respect to hypochondriasis, and some affections of the liver, he is also of opinion that most of these depend on inflammation, and are frequently the consequence of a gastro-duodenitis. This is not necessarily true, nor do I think it has been sufficiently proved. Yet I believe that we may frequently find a gastro-duodenal inflammation combined with hepatic disease, and that in many of these cases it would be improper to attempt to relieve the affection of the liver by purgatives.

Until the publication of Broussais' work, *tabes mesenterica* was supposed to be an original scrofulous disorganisation of the mesenteric glands, but he has shown that the enlargement and obstruction of the glands is often secondary to inflammatory disease of the mucous membrane of the intestines, or in other words, that the enlargement of those glands resembles the buboes which appear in the groin as a consequence of chancre on the penis. The old practice in the treatment of this disease, was to give medicines which were supposed to be possessed of a solvent or de-obstruent property, and it was customary to employ alkalies, lime water, and other substances which were considered to be capable of removing the obstruction. It however unfortunately happened, that many of those remedies having a direct stimulant effect, only increased the mischief by irritating an already diseased intestinal surface. Broussais' views of *tabes mesenterica* were essentially different. He considered the disease as an original in-



inflammatory affection of the mucous crypts and surface of the intestinal tube. This, in the first place, points out the most rational principles of treatment and cure in the incipient stage, and even in an incurable case indicates that mode of practice which is devoid of danger and likely to give relief. In almost all cases of tabes, you will find that the disease has commenced with symptoms of enteritis, or what has been termed infantile remittent fever. Are we, then, to consider all cases of tabes mesenterica as secondary and dependent on an original inflammation of the intestinal mucous membrane? I believe not. There are cases in which we find scrofulous matter deposited in various parts of the mesenteric glandular system, without the co-existence of mucous inflammation of the intestines, but these are exceptions, and the pathology which I have given furnishes us with the general rule in the consideration and treatment of this form of disease. By far the most common cause of tabes mesenterica is primitive inflammation of the mucous follicles and membrane which lines the intestinal canal.

With respect to melæna, intestinal hæmorrhage, diarrhoea, and dysentery, and also stricture of the intestines, ascites, and disease of the kidneys, Broussais, by showing their close connexion with inflammatory action, has furnished us with a key to their treatment, which had been previously conducted in an empirical manner. For instance, we used before now to give purgatives in dysentery, under the erroneous impression that the disease was produced and kept up by retained scybala; this is no longer the practice: mild laxatives are used where necessary, but the disease is considered and treated as a colitis. It is unnecessary for me to pursue this subject any further, and I shall only remark, that by demonstrating the inflammatory nature of most organic diseases, he has added immensely to the value of medicine, and furnished a great many new hints to the treatment and prevention of disease.

Now, let us ask ourselves this question. When we consider the present state of medical science, and compare it with what it was fifty years ago, when we observe the vast improvements in practice, and the vast number of diseases previously considered obscure and intractable which are now well understood and successfully treated, where are we to seek for the source and origin of all these valuable additions to our knowledge? You will, I think, on reflection, be inclined to own that all or nearly all our improvements in medical science, that is to say, all our improved treatment of disease, arises from the discovery, that most organic diseases are in their nature inflammatory, or if not so at first, still that the probability of an inflammatory complication during the progress of the affection is exceedingly strong. Let us take a few examples. Convulsions have been treated in different ways; by stimulants, opiates, and antispas-

modics, and the irritation of the brain and spinal marrow were too often overlooked. Without going so far as to say that all cases of convulsions depend on inflammation of these organs, it is certain that it frequently exists, that irritation of such important parts should never be totally neglected, and that in the majority of cases it will be safer and better to direct our treatment to the spine and head than to trust to antispasmodics. Again, hydrocephalus was supposed to be a species of dropsical effusion, unaccompanied by active inflammation, and diuretics and purgatives were administered for the purpose of removing it. What is the practice at present? Leeches, cold affusions, mercury, every thing calculated to remove congestion and inflammation from the system. To what is the improvement in the treatment of dyspepsia owing? We have got no new specific, no panacea adapted to all its Protean shades of character. Still we treat it now with better success and less empiricism than formerly, and why? Because we no longer look upon all cases of dyspepsia as mere nervous derangement, unaware that in nine cases out of ten, where the disease has been of any considerable duration, there was more or less gastritis. How many cases of hysteria and supposed disease of the heart, are now found to depend on spinal irritation? How many of the complex and puzzling affections of females are now found to be benefited and relieved by local antiphlogistic means? Has not a knowledge of the inflammatory complications of whooping cough thrown a vast deal of light on its treatment? Is not the modern treatment of hydrothorax, by means calculated to remove local inflammation, infinitely more successful than the old plan of diuretics and expectorants? Look to skin diseases: our predecessors were not happy in the management of these affections; at present we are very successful, because in treating them we always keep their inflammatory nature in view. Who is there now, who is not aware of the advantages of bleeding from the arm in many cases of psoriasis, and leeching the penis in many instances of syphilitic inflammation? We treat arthritis at present better than it was done formerly, because we trust less to specifics, and are more aware of its inflammatory character. Neither are we so fond of purgatives as we used to be, for we know that they are irritating and stimulant, and highly objectionable in many states of the intestinal canal. In decrying purgative medicine Broussais went too far, but, doubtless, if he has given too little, we have used them far too abundantly. An eminent physician told me, that after the publication of Hamilton's work on purgative medicines, strictures of the rectum and colon became much more frequent. There are very few diseases in which our knowledge of a primary or subsequent inflammatory condition has not been productive of the most beneficial results.

Gentlemen, I come now to speak of Broussais's theory of fever. I have told you on a former occasion that his doctrine on this subject

is, that there is no such thing as essential fever, and that all fevers are symptomatic of some local disease. We shall consider this theory in three points of view; first with respect to the exanthemata, next to intermittent, and lastly to continued, fever.

Previously to the publication of Broussais's opinions, the exanthemata were commonly looked upon as mere affections of the skin. This was the idea which generally prevailed on the subject, and I regret to state that it has not as yet been entirely discarded. Broussais, however, has proved that the exanthematous eruption is only secondary, that the first morbid action is on the viscera, and that if we consider them as merely skin diseases, we take a very imperfect and limited view. I believe that the whole of the improvement in the treatment of the exanthemata consists in the attention to the state of the viscera. When a person dies of measles, he certainly does not die of skin disease, it is some visceral affection which proves fatal. The results of the case are in exact proportion to the healthy or unhealthy state of the viscera, and it is to these that our attention must be particularly directed. There are two periods when the viscera are most likely to be affected, before the eruption comes out, and when it begins to decline. Sometimes the viscera are violently attacked in the commencement, the eruption does not appear, and the patient dies of pneumonia or some other inflammation. Again the danger is very great at the subsidence of the cutaneous affection. We are, therefore, to look upon the eruption as only a link in the chain of phenomena, and sedulously attend to the condition of the viscera, as it is upon this the fortunate or fatal termination of the disease more immediately depends. It was to this point Broussais particularly directed the attention of medical practitioners, and though he may not have the honour of originating the improvement, still he has the merit of having been the first who strongly impressed on the minds of medical men the important fact that life or death, a safe and speedy, or a tedious and doubtful convalescence, depends, not on the state of the cutaneous eruption, but on the healthy or morbid condition of the viscera.

Broussais's theory of fever has been the great stumbling block to the progress and due estimation of his improvements, because it has not been able to stand the test of rigorous examination, and has been disproved by the stubborn authority of facts. His theory of fever may be expressed in two propositions; first, that fever is always sympathetic of some local lesion; and in the next place, that typhus is only the sympathy of a constitution with a gastro-enteritis. Before I enter upon the consideration of the question, whether typhus is to be considered only as a gastro-enteritis, I shall make a few remarks on fever in general. Broussais has not discovered, nor indeed has he made any attempt to discover, the proximate cause of fever, and our knowledge of its actual nature is

now just what it was in the time of Hippocrates. But our acquaintance with its phenomena and treatment is vastly increased, and it consists in the knowledge of this important fact that simple, essential fever without any local lesion is an exceedingly rare occurrence. Mere fever, without organic or visceral disease, is very seldom met with. It is true we frequently hear of persons dying of fever, but if we investigate such cases we shall find that death has been produced by some visceral disease, and I believe that it may be stated as an undoubted fact, that in very many cases, on opening the body of a patient who has died of what is termed fever, visceral lesions will be detected sufficient to account for death, if fever had not existed at all. Go round the wards of a fever hospital and examine all the patients, and you will be convinced how few are the cases which are unaccompanied by visceral disease. One has symptoms of disease of the brain, another has the cough, lividity, and respiration of bronchitis, another has the signs of abdominal irritation, pain in the belly, diarrhoea, and foetid stools, another exhibits all the phenomena of pneumonia, and some present decided indications of disease of the three great cavities. Go next to the dead room and inspect bodies, and you will find unequivocal marks of every form of visceral inflammation. Andral gives an account of the post mortem examinations of fifty persons who died of fever; in three-fifths of these there was disease of the intestines sufficient to account for death; in the remaining two-fifths, three had erysipelas of the lower extremities, two had arachnitis, two croup, one hepatisation of the lungs, four had disease of the stomach, and in four more the lungs, liver, and spleen, were filled with hydatids. Now considering fever as a general affection combined with local lesions, which are generally the cause of death, we arrive at a grand principle of treatment, and for this, I must say, we are indebted to Broussais. It shows us that *it is to the local affections which arise during the course, and modify the progress and cure, of a fever, that we are chiefly to attend.* We perceive that nature is frequently prevented from bringing about a favourable crisis by the presence of some acute local affection, we reduce this, and by doing so, gain several advantages; we moderate the fever, we diminish the liability to new local disease, and give, as it were, fair play to the operations of nature. We prevent the lesions from becoming so violent as to prove dangerous, and thus do all that human aid can effect in bringing on a favourable termination. These are the principles which flow from Broussais's doctrine of the localisation of disease. A most beautiful deduction from this view of the subject is one which is, perhaps, not sufficiently known, namely, that what is called crisis in fever almost invariably depends on the reduction of local inflammation. What prevents the occurrence of crisis in almost every case? Acute local inflammation. Remove this, and

crisis appears. I have frequently directed your attention to this in our clinical practice, and shall say nothing more on the subject. You may, however, see from this, that in the treatment of fever you should not attempt to force a crisis;—the true mode of bringing it about is to reduce local inflammation, and endeavour to keep the viscera in a healthy state. The practice, too often employed, of attempting to force it by diaphoretic medicines is opposed to common sense and sound pathology. The great general improvement in the modern treatment of fever is, that antiphlogistics are at present much more extensively employed than stimulants. Before the publication of Broussais's discovery it was too commonly the practice to have recourse to stimulants during the whole course of the disease; but, at present, every judicious physician uses antiphlogistic means, at least in the commencement, and will not resort to stimulants until the vital powers begin to sink. It is a common opinion, and one which I am sorry to say some medical teachers are in the habit of impressing on their pupils, that opposite modes of treatment will often do equally well in fever, and that Dr. A. who gives wine, Dr. B. who bleeds, and Dr. C. who purges, will be alike successful. This I do not deny may be true in a few instances; there is an endless variety in the nature of fever; and a bleeding doctor might lose a patient which another might cure by giving wine and stimulants. But, until it is shown that brandy and bark are capable of removing a gastritis, a pneumonia, or an irritation of the brain, or that bleeding will improve a debilitated frame, we are, I think, to look on such declarations as an outrage on common sense.

A few words now with respect to the theory that typhus is nothing but a gastro-enteritis. Broussais sought for the anatomical characters of this kind of fever, and, as he most generally found those to exist in the intestinal tube, he fell into the erroneous opinion, that typhus was only sympathetic of a gastro-enteritis. Physiologists have, however, rejected this doctrine for the following reasons. In the first place, it is an established fact, that we may have fatal typhus without any perceptible alteration of the intestinal canal. This single fact is sufficient to disprove the whole theory. In the next place, it has been proved that there is no constant relation between the amount of intestinal disease and the fever,—that is to say, that in some cases we may have a fatal typhus with very little disease of the intestines, and *vice versa*. Thirdly, in many cases of gastro-enteritis there is no typhus fever at all. Fourthly, it has been proved, that the introduction of poisonous substances into the blood of animals is capable of producing symptoms of typhus and disease of the stomach and intestines. Lastly, instances of typhus are frequently observed in which the morbid state of the system is removed by treatment not at all calculated to cure disease

of the mucous membrane of the stomach and bowels. This part of Broussais's theory is therefore no longer tenable, and must be given up. Still, much good has been effected by drawing the attention of medical men to the very frequent occurrence of gastro-enteritis in fever. It appears, indeed, to be an exceedingly common affection; and though we cannot cure every fever, still we can alleviate and remove a great many by treatment directed to the stomach and bowels. Broussais has also made a precious addition to the stock of our knowledge, by showing that intestinal inflammation may come on in a latent insidious manner, without pain or the usual phenomena of the disease; and he has developed the symptoms of this form of inflammation in an ingenious and able manner. One of his most interesting discoveries is, that where, during the course of a fever, secondary inflammation sets in so as to form an unfavourable complication, and retard the appearance of crisis, if you remove the inflammation you will often be able to succeed in curing the fever. This is a fact of undeniable importance.

Before I conclude, I shall make a few observations with respect to a very strong objection which may be urged against the doctrine of Broussais. He has fallen into a great error, in supposing that *inflammatory affections demand an antiphlogistic treatment in all periods of their course and progress*; in other words, he has not recognised the fact, that there is a time when disease is not to be removed by ordinary antiphlogistics, and that, under such circumstances, *stimulants are in reality antiphlogistics*. This he seems to have overlooked. Yet, when we look at inflammation in any part of the system, we find that it is characterised at two different periods by extremely diverse conditions, one requiring an antiphlogistic treatment, the other a stimulant. Broussais has certainly done much to improve our knowledge in managing the first stage, but has, unfortunately, neglected the last, or that which has been described as the stage of *asthenia hyperæmia*. His impression was, that all forms of inflammation yield to antiphlogistic remedies, not reflecting, that even when we succeed in removing an inflammatory affection by constant depletion, we may purchase the cure at a very dear price. We are all aware, that in a case of psoriasis the antiphlogistic treatment is at first essentially necessary; but we are not to infer from this that it will be equally efficient in every stage of the disease. The time will come, when venesection, leeches, and purgatives must be given up, and a stimulant plan of treatment adopted. The same rule holds good in cases of conjunctival inflammation, of tinea capitis, and many other complaints having an inflammatory origin. In the advanced stage of a bronchitis we do not attempt to effect a cure by depletion; we prescribe a good nutritious diet, and stimulating, expectorant, and diaphoretic medicines. It is in the recognition of this second condition that

much of the value of practical medicine depends; and this rule applies not only to affections of the membranes, but also to those of the viscera. Andral gives a very valuable suggestion on this point. He is inclined to think, that the good effect of stimulents, in the advanced stage of fever, may arise from the existing asthenic condition of the whole system, and there is much ingenuity and justice in the supposition.

Gentlemen, this concludes what I had to observe on the theory and doctrines of Broussais. I have laid before you a brief, but, I trust, intelligible exposition of his principal opinions, and have endeavoured to show where he has been successful and where he has fallen into error. He found medicine in a state of chaos, and attempted to reduce it to order, his talents were undoubtedly great, and his discoveries of the deepest importance; but he went too far, in thinking that he could explain every variety of typhus fever by referring it to the existence of a manifest or concealed gastro-enteritis. He fell into the great error of proving too much. He also displayed some of the arrogance which is the besetting sin of theorists and dogmatists; he had not enough of the modesty which should characterise science, and his fate will be a warning hereafter to speculative individuals, never to sacrifice truth to theory, or to place opinions in array against the overpowering evidence of facts.

Gentlemen, I have now finished, and must return thanks for your attention. Our session has been an interesting one. We have had a great many valuable cases in the hospital; the industrious have had ample opportunities of acquiring the most important part of professional knowledge; and I am proud to say, that it has never been my lot to meet with a more intelligent and gentleman-like class. The friendship which we have formed will, I trust, not soon subside, and believe me, gentlemen, I shall long and affectionately remember the class of 1832-33.

## CLINICAL LECTURES

DELIVERED BY

G. J. GUTHRIE, ESQ., F.R.S.

PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS, &c. &c.

*At the Westminster Hospital, Oct. 30th.*

### LECTURE VI.

*On the Anatomy and Diseases of the Bladder and Urethra.*

QUESTIONS.—What is the urethra? This question, I presume, you all think you can answer without a moment's hesitation. It is, however, a most difficult one, which I cannot solve without some circumlocution. Is it the canal itself through which the urine passes? Upon that point you will say there is no doubt;

but is it not also the wall which bounds and forms the canal? Is not the word used surgically in that sense? You will admit this also without hesitation; and now then, gentlemen, will any of you tell me of what the wall, or substance which forms the tube, is composed? Be pleased to read over the last twenty authors who have written on the subject, and you will not find two of them quite agreeing in opinion; some say it is one thing, some another, and others shirk the inquiry altogether; yet it is a very important one with relation to the means to be adopted for the cure of some of the diseases which affect it. It is admitted by all parties, that the inner lining is cuticular, and covering a mucous membrane, which is also elastic, and endowed with great and peculiar sensibility. But some, with Mr. Hunter, Sir E. Home and Mr. Wilson, suppose this to be a muscular coat also, composed of muscular fibres, so small as scarcely to be detected by the microscope, and united to each other by mucus instead of tendons, a state which may exist, but which I do not comprehend. Others, again, consider these muscular stricte to be merely a vascular arrangement, or to be the elastic fibres of the membrane itself. All parties, however, appear to me to consider the wall of the canal to be similarly composed in its whole length, which I apprehend to be a source of error, there being three great divisions, very differently circumstanced as to structure with relation to the surrounding parts. These three divisions are the prostatic, the membranous, and the bulbous and spongy parts of the canal. The two first I have described; and your attention will at once be drawn most forcibly to the great difference which exists between them, when I state to you a fact which is acknowledged by almost all surgeons of experience, namely, that the prostatic and membranous parts are not the seat of stricture, which is confined to the anterior part of the urethra, or that portion which is co-existing with, and anterior to, the triangular ligament, and is called the bulbous and spongy part. The membranous part of the urethra is so called, I believe, because it may by dissection be readily reduced to its internal membrane alone. I have demonstrated to you a peculiar muscle which surrounds it, which I have no doubt compresses and closes it so as to act as a sphincter, the true nature of which had been overlooked; but the contraction of this muscle which surrounds this part of the urethra is so evident and perfect a manner does not give rise to permanent strictures. It may compress any thing introduced into the canal and flatten it; it may render it impervious when strongly excited, but it does not remain permanently contracted, or give rise to continued stricture or obstruction. The urethra at this part, membranous as I have described it to be, and capable of being reduced to a single layer of mucous tissue, is not applied in this state to the inside of the muscle. There is a quantity

of condensed cellular and fibrous structure between them, so that the wall of the canal is not only here composed of a cuticular, a mucous, and a vascular layer, but of an external covering of fibro-cellular structure, something resembling the coat of an artery, and by which it is connected to the sphincter or compressor muscle. It passes through the triangular ligament in this state to meet the bulbous portion of the urethra, and it is rarely, except when it meets with this, or is surrounded by the corpus spongiosum, that strictures are found in disease. It appears therefore a reasonable deduction, that it is in consequence of something which is added, rather than on account of something which is taken away, that this propensity to disease takes place.

I have described to you with some precision the origin and attachments of the accelerator urinae muscle, and particularly that part of it which surrounds the urethra immediately anterior to the triangular ligament; and, as this part of the urethra is commonly the seat of permanent stricture, an irregular action of this muscle is supposed to have much to do with its formation; and if stricture existed only at this part, the inference would be a just one; but stricture often takes place at the orifice of the urethra, and for two inches backwards, to which parts no fibres of this muscle extend; and the membranous portion of the urethra, which is surrounded by a muscle acting as a sphincter, and whose description I have given at length, is supposed by most persons to be free from this disease. If, then, the part posterior to the accelerator is free from stricture, although more intimately and closely connected to and surrounded by a stronger muscle than the accelerator, when compared with the space it covers, whilst the very anterior part which has no muscle at all, is affected by stricture, I think it must be admitted, that the action of the accelerator muscle cannot be the cause of stricture in the intermediate part. In the horse, the accelerator muscle surrounds the whole of the urethra, anterior to the pubes, nearly up to its orifice, and its action is assisted by the two retractor muscles which lie upon it, but in man the accelerator does not continue along the under part of the urethra, to near its extremity. Now, if the horse had stricture at this part, and the man had not, then it might be fairly attributed to the action of this muscle, but as this is not the case, the undue action of the accelerator urinae, or ejaculator seminis, as it is also called, can only be supposed to keep up and increase the mischief, when the parts within are inflamed or irritable, but it cannot give rise to it alone.

The whole anterior portion of the urethra, or that part in which stricture is usually situated, is surrounded by the corpus spongiosum, and it is to it that I am disposed to attribute the principal share in the formation of the worst kinds of permanent stricture, and the great difficulty which is experienced in

effecting a perfect or radical cure. When the membranous portion of the urethra passes through the triangular ligament it preserves its fibro-cellular exterior, and more particularly at the upper part to which the bulb of the corpus spongiosum is not applied; but when the corpus spongiosum does surround the urethra, this external fibrous cellular covering leaves the internal mucous membrane, and is attached to, and merges in the elastic structure of the internal layer of the erectile tissue of the spongy body, to which the mucous membrane is so intimately attached as to be separated only by scraping with considerable care, and thus destroying the shreds of attachment between them, which are in some places more strongly marked in the general cellular attachment than at others. At the part, where the urethra enters the glans, the erectile tissue is thinnest, the urethra is nearer the surface and is supposed to be wider. Some large follicular glands are situated at this part, which is called the fossa navicularis, and are prone to enlargement, terminating occasionally in the formation of fistulae in the prepuce of a very troublesome nature, but it is not often the seat of stricture. Here are three dissections of these parts, illustrating what I have said. The thinness of the internal membrane and its attachments to the elastic internal layer of the spongy body are well shown in each. The manner in which the urethra enters the corpus spongiosum is also evident, and the highly vascular texture of the bulb and spongy body is also shown by injection from the internal pudic artery. It is nearly as red as the inside of the stomach in an infant. The whole corpus spongiosum, including the bulb, seems to be formed originally in two symmetrical halves, or parts, and to unite to form one body, much after the manner of the corpora cavernosa penis. In some of the dissections made by Mr. Taylor, the septum, in the centre of the bulb, is well shown, and may be traced along the corpus spongiosum; but these parts still require a closer investigation. The elasticity of the urethra when surrounded by the corpus spongiosum, is best shown by introducing a solid sound into it, and turning the point forcibly downwards, when it may be stretched to a considerable extent in every direction. This may be done in the living body without giving pain, with the exception of the orifice of the urethra which will yield but little. If the person should have an old narrow permanent stricture at the distance of three inches from the orifice the experiment is made most conclusively, for the urethra stretches at every part anterior to it with great ease, but when the solid sound reaches that point it can penetrate no further, the elasticity of the part is lost, the hardened obstacle formed by the stricture is distinctly felt from the outside, and by a little turning downwards of the sound, its point, carrying the urethra before it, can be felt through the external parts projecting below the obstacle. If a sound just large enough to

go through a stricture of this kind be passed, and the part be examined between the finger and thumb, the extent of the stricture may be easily ascertained by the hardness, which is quite peculiar and distinct from the feel of the part either before or behind it. If the instrument be withdrawn and the part be again examined the hardness is very perceptible, when compared with the soft elastic sensation communicated by the spongy body in its natural state. The hardness is sometimes like a cord, and occasionally when circumscribed, like a small hazel nut. In the erectile state this hardened part is not augmented in size, the spongy body is distended before and behind it, whilst it remains a stationary hard line, or spot, connecting the two distended parts together, and when the stricture is in an irritable state often giving pain. If this hard part be cut into, the corpus spongiosum seems to have lost its spongy appearance, its erectile texture has become consolidated, and resembles rather a solid substance than an elastic structure. This kind of disease is very apt to form when the urethra is ruptured, during the severity of what is termed a chordee. It yields to the distending power of the two erectile bodies, and the inflamed part which has lost its elasticity is torn; the tear extends into the spongy body itself, blood flows freely from the orifice of the urethra, and the cells of the corpus spongiosum around the rupture become loaded with it. Inflammation follows, and, without great care be taken in the treatment, a permanent stricture is the result. Old Heister used I believe to recommend that when a chordee was troublesome, and the part had an undue curvature, it should be cured like many other obstinate things by beating it straight, in which operation the urethra was usually ruptured, when the flow of blood relieved the symptoms for the time, to cause perhaps a more permanent evil.

When the mucous membrane is inflamed, and has lost part of its elasticity, it does not always yield as readily under distension as some of the interstitial parts of the corpus spongiosum, which when they give way, allow the blood to be effused in the strict sense of the word, and a soft swelling takes place, which is a sufficiently remarkable although not a very common accident. I have just now under my care a young gentleman, who has a soft swelling of this kind about two inches and a half from the orifice of the urethra, and which appeared suddenly. The urethra was inflamed at the time, but was not ruptured; a full sized bougie could and can be readily passed along it. It gradually altered its appearance, became less, and would I think have gone away altogether, had not another gonorrhoea supervened, which by adding new symptoms, has rather increased than diminished it, and without great care a stricture will possibly be the result. In a case which I treated many years ago in the York Hospital, the swelling situated in the same place was as

hard and as circumscribed as if a Barcelona nut had been inserted into the under part of the urethra. It was quite cartilaginous to the touch, and the man made his water almost by drops. I removed this disease by the repeated but careful application of the *argentum nitratum*, so that no signs of it remained externally, the hardness having gradually diminished until it went entirely away. The man, a soldier, was to have been discharged, but on leaning over his bed to fold up the blankets one morning, he fell forward dead. I opened him next day, and found his heart diseased. The urethra appeared quite sound, and to my great surprise nearly as much so at the part which had been affected as any other. I had a preparation made of it, and it is or ought to be in the museum at Chatham. Lest you should go away with the impression that a stricture of this kind may always be cured by caustic, I must mention to you the case of a gentleman who consulted me a short time afterwards. He had a similar swelling situated at the part where the scrotum joins the penis. I was delighted to have the case and felt assured of a similar termination, but no such thing took place; the swelling and hardness increased rather than diminished, and at last I was obliged to divide the part from without inwards to save his life, by giving free passage to his water. I have since had many other cases of a like nature, all of which have been treated and relieved with various degrees of success, but none so pre-eminently well as the first. You will ask me perhaps, why? I can only say, it is as difficult to answer you on this point, as it is to tell you why in some cases of almost impermeable stricture a permanent cure is effected by simple dilatation, whilst in others as nearly alike as possible, the relief obtained is only temporary. It depends on the various shades of distinction between diseases; and on the particular extent to which each peculiar structure is affected. Experience assisted by careful observation may enable us to select the best and least dangerous mode of treatment, but it has not as yet enabled us to mark all the distinctions and shades of difference between these diseases, which it is necessary we should know to arrive at a more perfect knowledge of their treatment.

In repudiating the opinions which have been entertained of a muscular structure of the membrane of the urethra being the cause of contraction in this part, you must not suppose from what I have said, that it is entirely attributable to the elastic structure of the corpus spongiosum. I have demonstrated to you, contrary to the received opinion of all modern surgeons, that stricture takes place at the neck of the bladder at the inner end of the urethra, to which part the corpus spongiosum does not reach by a considerable distance, it cannot therefore when in this situation, be attributed to it, and all that can be admitted is, that the corpus spongiosum con-

tributes largely towards rendering a contraction more permanent and more difficult of cure. I can flatter myself that I have told you why a stricture may be more obstinate, more permanent, and more difficult of cure, where the urethra is surrounded by the corpus spongiosum than where it is not so situated, but I cannot flatter myself that I have told you why those parts of the urethra which are called membranous and prostatic are free from this contraction or stricture, which is so common in every other part. If the membrane of the urethra at its vesical end, or the very commencement of the bladder itself, connected only with cellular structure, or a few muscular fibres, can in any case however few, become hard and inelastic so as to form a bar or stricture, it is quite plain that the very membrane itself must possess some properties, the deprivation of which leads to the evil, but of which properties it is possible it might not be deprived by a cause exerting an influence of the same extent and degree when dissimilarly connected. For instance, low inflammation at the neck of the bladder may produce contraction and loss of elasticity there, when it cannot do so a few lines more forward where it is neatly surrounded by the prostate gland; and active inflammation as well as chronic may give rise to it in that part of the urethra which is surrounded by the corpus spongiosum, whilst it does not generally do so in the membranous part, which is enveloped only by a fibro-cellular and muscular structure. In this statement you will perceive I admit that the membranous part of the urethra does not usually originate a stricture, but I do not affirm that it is always free from that complaint, or that it is not communicated to its anterior part by continuity of structure and extension of disease.

The loss of the elasticity of these parts is to be accounted for, and my belief is, that it is caused by inflammation in all its various shades and stages, and in this I support the opinions of Sir C. Bell, Mr. Shaw, and others, against those of Sir E. Home, Mr. Wilson, and the host of authors who directly or indirectly take a different view of the question, and attribute the contraction to a wrong action of muscular fibres which have not been satisfactorily shown or proved to exist. The most remarkable fact on this point I have stated, viz. that in the membranous part of the urethra, which is now known to be surrounded by a very powerful compressor muscle, the advocates for muscular contraction admit that contraction does not take place, and if it does not take place there, it is and will be difficult to prove why it should occur from that cause any where else.

The urethra is scarcely sensible to its natural stimulus when in its normal state, but when it is affected by inflammation or irritation its sensibility is so greatly augmented and its sympathies are often so peculiarly developed as to excite intense anxiety and suffering. The appearance of the urethra when the canal is

slit open varies a little in colour; during life there can be no doubt of its being of a bright red, which arises from its great vascularity, a fact easily ascertained by separating the sides of the orifice; this redness gradually diminishes in intensity in the course of the urethra, and after death it disappears, and the inside of it is found more or less of a light yellowish colour, deepened or redder at those parts which in general possess most sensibility when in a state of irritation. Thus the bulbous and membranous portions, and particularly the bulbous, are of a reddish colour, whilst the prostatic part is of a pale yellow, yet that and the neck of the bladder, whose colour is equally pale, are often most acutely sensible.

The surface of the urethra in a state of health is lubricated by a secretion of mucus sufficient to defend it from the irritation of the urine, but not so abundant as to flow from the orifice, the edges of which are scarcely more than moist, unless some irritation greater than usual has taken place in the canal. It is secreted in all probability by the whole mucous surface, but particularly by the various lacunae which are distributed throughout, and which seem to pervade especially the most sensible part. Those situated in the fossa navicularis, about an inch from the orifice, are often the cause of much inconvenience, both from abscesses and from increased secretion. The orifice of the urethra is not a round opening, but rather resembles a mere slit, from the edges being applied to, or in contact with each other, a state which is supposed to exist throughout when the parts are quiescent. When the erectile tissue is distended, the urethra is elongated, the sides are separated from each other, and the canal becomes more or less enlarged or round. It is only fully distended by a continued stream of urine.

The urethra thus formed is a tolerably strong canal, and not liable to be perforated by instruments introduced into it, when they are used with dexterity and moderation. Like every other part of the body it is liable to abuse, and there is nothing which may not be done to it by ignorant and violent men. The membranous portion has usually been supposed to be most easily and most frequently torn; I am convinced, however, from repeated dissections, that this is not the case, that false passages usually begin in the bulbous portion, and pass by the side or under the membranous part towards or into the bladder, or they begin at the termination of the membranous part, and pass through the prostate. Mr. Powell, of Great Coram-street, when surgeon to St. Clement's workhouse, was so good as to give me a prostate which had five openings through it from the urethra into the bladder, made at different times by the catheter, and which gave little comparative uneasiness, the patient dying at last of an acute disease, I believe of the chest.

ANATOMICAL NOTES.

DISCOVERY OF THE TRUE DISTRIBUTION OF THE OBTURATOR NERVE.

BY ALB. THOMSON, M.B., OF ST. JOHN'S CAMB.

Most friendly but sceptical reader, be kind enough to take once more the scalpel in hand, and cut down to the inter-muscular interval, between the adductor brevis and magnus muscles, and there, among other nervous twigs coming from the posterior lamina of the obturator nerve, you will find one that plunges apparently into the adductor magnus, somewhat lower down than the others, but which, if you believe it possible for such great men as Meckel and Velpeau to be deceived, and thence take the trouble of following, you will trace, passing between these muscles into the adductor-vastal sheath of the femoral vessels, to penetrate into the true sheath of the vessels, creep between the popliteal vein and artery into the popliteal space, and accompany these vessels thence in their branchings, as far at least as to the line where the middle meets the inferior third of the leg. This will no doubt stagger you with respect to the dogmata of these gentlemen, but be kind enough to examine this erratic branch, and you will find that great names are sometimes too easily obtained, and pass under their shelter much that is not well done. But you will not be displeased with me for sending you once more to school, when you shall find that this filament furnishes a twig to all the perforating arteries, to the articular branches of the knee-joint, to all the secondary twigs of the popliteal and posterior tibial and fibular arteries, but also that it sends numerous filaments through the reflected tendon of the serous membranous muscle to perforate the posterior ligament of the knee-joint, and be distributed in a fine network over the unpolished surface of the synovial membrane. But Meckel has already pointed out the twigs passing into the round ligament of the hip-joint by entering through the space behind the anterior crucial ligament of the cotyloid cavity; yet, in addition to this, you will find one insinuating itself through the pelvic fascia into the iliac fossa, and passing forwards to arrive at the iliac fossal-cursa mucosa of the iliac and psoas muscles, give it some twigs, and then pass on to plunge into the anterior part of the capsular ligament of the hip-joint, and be lost by innumerable anastomoses on the synovial membrane, thus establishing an anatomical cause for the great sympathies existing between the hip and the knee-joint. If you detest minute anatomy be kind enough to go no further; if, however, your curiosity is excited you will peruse the following details, which will, I hope, amply repay your trouble.

*Obturator Nerve. Its direct connexion with the sympathetic of the lumbar region.*

18th Subject. Male, right side.—The ob-

turator nerve in this case arose from the anterior roots of the second, third, and fourth lumbar nerves, and immediately at the point of junction of its third root, that is opposite to the middle of the posterior margin of the side of the body of the last lumbar vertebra, received a branch from the sympathetic, about one-third of a line in diameter, which from thence ascended obliquely upwards, forwards, and slightly inwards, winding round the groove made by the last origin of the psoas magnus, coming in this case from the quarto-quintal lumbar articulation, till it arrived at the anterior margin of the muscle; having arrived there, crossed the articulation, then ascended upwards along the interior edge of the vertebral origins of the psoas muscle, and terminated by being lost in the inferior extremity of a ganglion, lying on the secundo-tertia lumbar articulation, having sent some filaments to the ganglion, lying in front of the tertio-quarta lumbar articulation, and also to that lying over the quinto-sexta lumbar articulation.

This was seen and verified by M. Daniel Roy, surgeon, August 10th, 1833.

*Obturator Nerve. Its branches to the anterior part of the capsule of the hip-joint.*

2nd Subject. Female.—This nerve in its pelvic course ran above the artery, which in its turn lay above the vein, notwithstanding the arrangement given by Cloquet (which see, § 1743).

The nerve opposite to the sacro-iliac symphysis gave off a branch, a quarter of its own magnitude, running along the inner margin of the iliacus-internus muscle exteriorly to the iliac fascia, upon the margin of the upper strait of the small pelvis, as far as the posterior extremity of the ileo-pectineal eminence, where it passed forwards in contact with the eminence, and in the groove made by its surface, and the attachment to the same of the psoas parvus tendon, so that here it lies between the psoas magnus and parvus; after passing forwards as far as the anterior margin of the ileo-pectineal eminence, it divided into two twigs, both of which descended behind the psoas magnus and iliacus, to be lost upon the capsular ligament of the hip-joint. Right side; left not examined. May 5th, 1833.

The same arrangement of parts and distribution of twigs were found in a female who died of venereal caries of the palate and sphenoid and maxillary bones, in the venereal hospital, on May 6th, 1833.

*Origin.*—In the fourth and fifth subjects, both female, it arose by roots, equally large, from the second, third, and fourth lumbar nerves, each root crossing vertically before the origin of the nerve below it, and in close adhesion with that origin, and successively shorter from above downwards. May 11th, 1833.

(To be continued in our next.)



CONTINUATION OF M. ALIBERT ON  
THE SKIN.

BY SAMUEL PLUMBE, M.R.C.S.

*Late Senior Surgeon to the Royal Metropolitan  
Infirmary for Children, &c.*

## ARTICLE III.

*Of the external Causes thought likely  
to favour the development of the  
Teignes.*

GROSS and indigestible food, particularly that abounding in albuminous principles, ranks among these. It has been likewise attributed to the filthiness in which some children are brought up; these causes may undoubtedly contribute to it, as it is most commonly the sad appendage of poor people. The favous particularly attacks individuals who have lived in dirty and damp places; the parts of Paris inhabited by the poor abound with it; but this affection sometimes attacks children of rich parents, although they are more liable to the granulated or mucous scald. Is it through contagion that the disease is propagated in so rapid a manner among the children of the poor? Is it through the custom they have of using the same comb for their hair? Some observations appear to prove this; the greater frequency of scald heads in town than country aids this assertion; however, I must say the dangers of this form of communication have been greatly exaggerated. M. Gallot has proved by four cases that if the scald head is contagious, it is much less so than is thought, and that it wants, at least, preparatory causes to facilitate its transmission from one individual to another. He mentions in his thesis at the Ecole de Médecine, Paris, an officier de Santé who vainly tried to give this disease to two little scrofulous girls, in the belief that their bodies contained the seeds of the disease, and it was important to make it come out on their skins; it was vainly that for eight days he put every evening on their heads a linen dipped in the matter of the disease. This

surgeon, notwithstanding, succeeded afterwards in communicating the favous form to another child, six years and half old, by the repeated application of a cataplasm so much impregnated with teignous virus that it emitted a foetid odour like that of a cat's urine; but M. Gallot cites two further cases where the infection has not been effected, notwithstanding the most favourable circumstances. Particular circumstances which I have witnessed appear to me equally to confirm the opinion of the difficulty there is in propagating the disease when it is desirable. I have seen a child brought up at school who has never communicated the granulated form, with which she was afflicted, though they neglected separating her from her companions, with whom she continually played. Jeanne Magdelaine Duval, aged 13, who came to the Hospital St. Louis for advice, slept constantly with her sister for six months without communicating the favous with which she had been afflicted from infancy. I could give a number of similar instances. It is evident that the degrees of power of infection are not yet clearly defined; this problematical question requires new inquiries. An infinite number of causes have been assigned with reason to the cutaneous affections in question, in general every thing which increases the activity of the circulation determines to the head. Among these causes may be reckoned trouble, anger, and other passions, to which nurses imprudently abandon themselves. There was at the Hospital St. Louis, Lucie Dugard, aged twenty-two months, born of a mother who was continually in violent passions. This child having been suckled by her in the midst of these choleric fits, was attacked with the mucous teigne, which occupied the forehead and face, and emitted a yellowish and viscous humour. This disease decreased remarkably when the mother was calm, and especially when sober, for we learn that she was always getting intoxicated, and was besides of immoral habits.

## ARTICLE IV.

*Of the Particular Seats of the different kinds of Teigne.*

THE seat of the teignes is a very interesting question to pathologists. Several authors have established its primitive origin in the bulbs of the hair, but no positive conclusion has been arrived at; the alopecia, or baldness, has been vainly alleged as an unexceptionable proof of the correctness of this assertion, for, besides its not being constant, and being only observed in scald heads at advanced stages, it arises in other diseases intirely foreign to the scalp, besides the favous teigne attacks parts entirely devoid of hair, as the back of the shoulders, the loins, thighs, &c. The forehead, face, ears, &c., are liable to the mucous form; it is, therefore, to be presumed, that some change in the reticular tissue, or rete mucosum, may prove the true origin of these diseases. The hair can, in general, only thrive when this structure is duly discharging the functions belonging to it; it must consequently decay when the necessary moisture is wanting for its nutrition. Is it not thus that plants cease to vegetate and grow on a barren and unkind soil?

## ARTICLE V.

*Of the Results of Autopsy in the different kinds of Teigne.*

I HAVE not neglected this inquiry, though the accidents, which follow the invasion of scald heads, rarely occasion death; but it is sometimes complicated with other diseases, much more dangerous, which afford more frequent occasions of anatomical examination.

**CASE 1.**—*Of Examination post mortem.*—The individual in question died under our observation at the Hospital St. Louis, in consequence of the favous form, which attacked almost the whole of his body. He was a beggar, 13 years of age, was without an asylum, and often slept in the streets of Paris; he was so emaciated he fell a victim to it even

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before we could question him respecting the relative accounts of the origin and progress of the disease. The anatomical observation of the body gave the following results: all the scalp was covered with a cap, formed of favous crusts, some of which were yellow, regularly in the form of a cap, and others white and broken, offering only a mass of scabs without any determined form; the skin had many longitudinal fissures, excoriated and daubed with a bloody concretion, and it was deprived of epidermis; the rete mucosum, the cutis, and the subcutaneous cellular structure participated in the alteration; the parietal, occipital, and frontal bones were stripped, and had a reddish aspect; the divided skin of the neck showed a string of hardened glands. On the shoulders, loins, and external parts of the thighs were large plates of favous scabs, some of which, in falling off, left the skin stained, of a dark violet colour; others, which were very adherent, were excavated in the middle, like those in the scalp. There was nothing particular in the brain. The chest and abdomen were equally sound. Along the mesentery was a series of small scirrhous and white concretions; the liver, spleen, and intestinal canal were not damaged.

(To be continued.)

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**Reviews.**


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*Signs of Pregnancy and Delivery.*  
By W. F. MONTGOMERY, M.D.,  
Prof. of Midwifery to the School  
of Physic in Dublin. Lond. 1833.  
Royal 8vo. pp. 45.

From the "Cyclopaedia of Practical Medicine."

*Observations on Obstetric Auscultation, with an Analysis of the Evidences of Pregnancy, and an Inquiry into the Proofs of the Life and Death of the Fetus in Utero.*  
By EVORY KENNEDY, M.D., Lecturer on Midwifery and Diseases of Women and Children at the Richmond Hospital School, and late

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Assistant to the Dublin Lying-in Hospital. *With an Appendix containing Legal Notes.* By JOHN SMITH, Esq., Barrister at Law. 12mo. pp. 288. Four Plates.

OUR Irish brethren have, within a few years, thrown off that lethargy which so long oppressed them, and are now among the most prominent supporters of the medical literature of these kingdoms. The many works which have issued of late from the Dublin press are some of the most valuable contributions to the annals of medicine, and have proved what many short-sighted persons were led to doubt, that there are clever and able members of the profession in Ireland as well as in other countries—that something good might yet come from Nazareth. If proof were required of us in support of this position, we should adduce the Dublin Hospital Reports and Transactions, the various productions on Fever, the works of Carmichael, Harrison, Hargreaves, and Wallace, the Dublin Pharmacopœia, the Dublin Journal of Medical Science, and though last not least, the lectures of Graves, Stokes, and Mac Adam, in this Journal. The works now before us are justly entitled to be added to our list, for both are ably executed, and well deserving of praise. The subjects of which they treat are of considerable importance in forensic and obstetric practice, and are more fully considered than in any works with which we are acquainted. Both authors discuss the same points, but Dr. Kennedy extends his observations to obstetric auscultation in dystocia or difficult parturitions. We regret that our space will not allow us to give long extracts; we must therefore confine ourselves to the conclusions arrived at by both writers.

Professor Montgomery commences his subject by referring to its relations with criminal and civil law, the importance of determining the existence or absence of pregnancy, legitimacy, succession to property, concealed and

feigned pregnancy, the inquiry concerning gravidity in stay of execution, and the inquiry, at the instance of the heir presumptive, on a writ *de ventre inspiciendo*. The learned author gives a case, in which a pregnant woman was executed in consequence of the ignorance of medical witnesses. He then proceeds to examine most minutely all the signs of pregnancy. After a general history of the usual signs, we have next a comment upon each of them.

*Suppression of the Menes*.—This generally occurs; but numerous authorities are cited to prove that menstruation may recur once and oftener after conception, and also that pregnancy has happened before menstruation has been established. *Nausea and vomiting—Salivation and Affections of the Mamma*.—There is nothing new under these heads. *The Areola*.—In the section relating to this sign, great importance is very judiciously attached to the change of colour in the areola, which succeeds conception in most cases; and this commences at the end of the second month, according to our author. It varies in hue according to the complexion of individuals; its extent is from one to three inches in circumference at the end of utero-gestation: but pregnancy may exist without it. Wherever it appears it is a strong presumptive proof of an existing or former pregnancy. Several instructive cases are detailed in support of this conclusion. We pass over the section *Milk in the Breasts*, as this sign is most equivocal. *Quickening and the Motions of the Fœtus*.—Under this head the experienced Professor descants upon the absurdity, injustice, and immorality of the law, which considers the embryo inanimate before the fourth month; as all physiologists and medical practitioners are unanimous in the opinion, that the fœtus is alive from the first moment of its existence. The law is most inconsistent and contradictory, which enacts, that the embryo is entitled to an estate *en ventre de mère*,

from the moment of conception; and yet may be hanged four months afterwards for the crime of the mother. (See Paris and Fonblanque, vol. iii. p. 141.) Cases are adduced, in which the parent never perceived quickening or the motion of the fœtus, though it was born alive; and one remarkable case is detailed, in which the woman did not feel the motion of the fœtus, though clearly felt by the author, Dr. Marsh, and Mr. Cusack. Again; a medical practitioner said he had repeatedly recognised the infantile movements, though the author found that there was no pregnancy. In cases of pregnancy complicated with ascites, ovarian dropsy, or large tumours, it may be difficult, if not quite impossible, to detect the movement of the fœtus. A case in point is detailed, in which auscultation was useless, though the fœtus was living. According to the Professor's experience, quickening usually occurs two or three weeks before the fourth month of utero-gestation, and sometimes much later. Every obstetrician knows that the same woman will quicken at different periods during successive pregnancies; and examples are recorded which prove that quickening, or the motion of the infant, may not be felt until the moment of parturition, and the infant be born alive and vigorous.

The next sections are, *Size of the Abdomen and state of the Umbilicus*—*State of the Uterus*—*Ballotement*—*and Application of Auscultation*.—All these are treated ably. The author is of opinion, that the placental murmur cannot be heard sooner than the fourth month, at which time the fundus uteri ascends above the pelvis. Velpeau arrives at the same conclusion. Others have supposed they heard this sound (*bruit de souffle*, bellows sound,) so early as the tenth week.

The next subjects considered are, *Substances expelled from the Uterus*—*an early Ovum*—*Moles*—*Hydatids*—*Membranes expelled in Dysmenorrhœa*—*Accidental circumstances*—*Expression of the Countenance*—*Signs*

*afforded by the Blood, Urine, Pulse*—*Age of the Individual*.—There are some curious facts in the last section. The author holds that conception before the age of fourteen is very rare, but he cites some authors, who alleged that it occurred at the ninth year in Abyssinia and Bengal. He likewise quotes cases of pregnancy from the fiftieth to the sixty-third year. Professor Capuron remarks, as to the last case, that it was generally believed in Paris. In May last a case was decided in the English Court of Chancery, and an immense property taken from the heir, because no medical practitioner in London, at least none of those examined, had ever attended a woman in labour at her sixtieth year. The Editor showed the incorrectness of this conclusion, in vol. iii. p. 687, of this Journal.

The next section of interest is entitled *Conception without the Knowledge of the Woman*.—Medical jurists agree, that conception may happen while the woman is in a state of hysteria, under the influence of narcotics, during asphyxia, drunkenness, or sound sleep, and consequently without being conscious of it. A woman may likewise be delivered in any of these conditions. Two cases are detailed, in which a girl and a servant woman were impregnated during profound sleep; and when called on by the magistrates to swear to the fathers of their children could not do so. The mystery was cleared up by the respective fathers confessing the facts.

The remarks on the presence or absence of the hymen, contain conclusions universally received, that the hymen is not a proof of virginity.

The learned professor writes a long section on the *Examination of the Uterus and its Appendages*, and after citing all the physiologists who have written on the corpus luteum, and described the corpora lutea of various animals, specimens of which are in his museum, he arrives at the following conclusions, which distinguish the appearances so called before and after impregnation. The corpora

Intea in virgins differ from those of women who have borne children in the following particulars:—

" 1. There is no prominence or enlargement of the ovary over them; 2. the external cicatrix is wanting; 3. there are often several of them in both ovaries, especially in patients who have died of tubercular diseases; 4. they are not vascular and cannot be injected; 5. their texture is sometimes so infirm that they seem to consist merely of the remains of a coagulum, and at others fibro-cellular, like the structure of the ovary, but in no instance were they soft, rich, or of glandular appearance, or as Hunter described them, 'tender and friable like glandular flesh'; 6. they have neither the central cavity nor the radiated cicatrix which results from its closure."

The remainder of the essay is on the *Signs of Delivery*, and is as well executed as it possibly could be. The whole production evinces deep research, great experience, and sound judgment. We feel convinced that had it been published as an original essay, it would have extensive circulation; and it is decidedly one of the very best contributions to the work whose pages it enriches.

Dr. Kennedy has offered the profession an admirable work on the same subject, with much additional information on topics untouched by his contemporary. He adduces a host of authorities and numerous cases which had fallen under his observation, many of which were seen by others, in proof of the value of auscultation in enabling us to detect pregnancy so early as the tenth, eleventh, or twelfth week. According to his experience, which is very extensive, he never heard in a single case the *souffle*, or bellows-sound, with the ear, but in which he did as readily with the stethoscope. He does not agree with Siebold and Fodera, that the ear is preferable. He says it may be applied in cases of irritable nervous women, and attaches much importance to the application of the cheek also. In making this kind of examination, he places the patient on her back with a sheet thrown over. His conclusions on obstetric auscultation are extremely valuable, and in our opinion, perfectly satisfactory.

" As the first indication of pregnancy afforded by auscultation is the *souffle*, we shall commence with the consideration of that phenomenon.

If we examine, either with the naked ear or the stethoscope, the abdomen of the pregnant woman, we shall (provided the pregnancy be sufficiently advanced) observe a peculiar blowing or hissing sound. This sound is to be met with in almost every case, and is observed at different parts of the uterine tumour. It does not always exhibit exactly the same characters, yet these are sufficiently striking to render it recognisable in almost every case. It assumes the different varieties which Laennec describes under the term *bellows' sound*; namely, the bellows' sound, properly so called, likened by that author to the continuous murmur, similar to that of the sea, familiarly exemplified by the application of a large shell to the ear; the rasping or sawing sound, which is occasionally found so exactly imitated as to lead the listener to imagine an artisan at work quite close to him; and the musical or hissing sound, so well described by the same author. A sound, resembling the cooing of a dove, is sometimes observable, but this is comparatively rare. A more frequent peculiarity, to be noticed, is a strange drone resembling that of a bagpipe accompanying the sound, but yet without interfering with it. The most constant form we meet with, however, is a combination of the bellows' or sawing with the hissing sound, commencing with one of the former, and terminating with the latter; and this is in general so protracted, that the last *souffle* is audible when the subsequent one commences.

" These sounds are, from the distension of the uterus, and consequent facility of examination, easily detected in advanced pregnancy; and although not so loud or sonorous in the earlier stages, yet to the practised ear they become equally distinct. None of the above mentioned varieties are peculiar to particular stages of pregnancy, being detected indifferently in them all. The extent of surface over which the sound is observable, varies much according to circumstances; in some it is confined to a small circumscribed spot, in others it is audible over a greater surface, perhaps two or three inches square; and in a few it is to be met with over the greater part of the uterine tumour, although there is in many cases one spot in particular, perhaps not larger than the end of the instrument, where the sound is vastly more distinct and sonorous than elsewhere. The *souffle* is most frequently found in the lateral and inferior parts of the uterus, but it may have its seat in any part of it; and it must be added, that cases will occur, although, if proper precautions be had recourse to, very rarely, where we shall not be able to detect it. The cause producing the sounds in question requires explanation, with a view to which, we must briefly inquire into the nature of the vascular structure and circulation of the uterus."—pp. 64—66.

Dr. Kennedy enters into a long explanation of the causes of the placental murmur, which we omit, as of no practical importance.

The application of auscultation in determining the life or death of the foetus in utero, in dystocical parturitions, enables us to arrive at a positive certainty on this important question, and affords the practical obstetrician that information so long and so anxiously desired. Though the author before us lays no claim to originality in directing the attention of the profession to the value of auscultation in obstetric medicine, for he candidly acknowledges that the merit is due to Moir of Geneva, and Kergaradee, nevertheless he is entitled to great praise for having carefully established, beyond the possibility of doubt, what his predecessors had not done; that a certain diagnosis may be determined in doubtful cases of utero-gestation, from the tenth week after conception to the period of parturition, and in the numerous distressing cases, in which the practical obstetrician was to be guided in his operations by the life or death of a fellow being.

We consider this work one of extreme value, both on account of the novel information it contains, and the numerous interesting and embarrassing cases it elucidates and simplifies.

*A Manual of Experiments, illustrative of Chemical Science, systematically arranged, with the Theory of Definite Proportions, Application of Tests for the Detection of Poison, Examinations of Mineral Waters, and a Vocabulary of Technical Terms.* By JOHN MURRAY, F.S.A. F.L.S., &c. 12mo. pp. 109. Third Edition.

This manual is what it professes to be, and is an exceedingly useful text book for those commencing the study, or engaged in the practice, of chemistry. It cannot supersede the necessity of possessing the elementary and systematic works on the delight-

ful science of which it treats, but it is a safe guide for junior students.

*Illustrations of Vegetable Physiology practically applied to the Cultivation of the Garden, the Field, and the Forest.* By JAMES MAIN, A.L.S. 12mo.

This production is interesting to those engaged in horticulture, agriculture, botany, and an interesting portion of natural history. Vegetable physiology is an amusing study, and has thrown much light on the economy of the animal kingdom. This work will be perused with advantage by those interested in the pursuits to which it principally refers.

*A Compendious History of Small Pox.* By H. GEORGE, Surgeon.

The history of small pox affords nothing very new for an author to dwell upon, or for a reviewer to notice, and we therefore regret that Mr. George should have filled the larger portion of his work with it. Although contemning the practice of others, he does not, to use his own words, feel himself called upon to recommend any specific remedies in the disease. The local treatment employed by him being the only one that wears at all the appearance of novelty, we shall transcribe it in his own words; he was led to employ it by reasoning from analogy of its utility in those cases of burn where the cutis is much abraded.

"The treatment consists in covering the body as completely as possible with an absorbent powder, (I have generally used the calamine); the advantages which follow the use of this dressing in the early stage of this disease, are, to moderate the violence of the local inflammations, and to prevent the painful tumefaction of the common integuments. After the calamine has been applied some hours, a very sensible difference is to be observed in the appearance of the parts so covered; the areola of each pustule being much less distinctly marked. It is not unreasonable to suppose, that even at this moment some advantage is gained by the application; the quantity of pus secreted may by this circumstance be diminished, and a great saving made

of the powers of the constitution; but it is in the advanced stages of this disease that the greatest benefit is derived from this method of local treatment. It is at this time that we have it in our power not only greatly to circumscribe the field of suppuration, but to heal, on destroying the cuticle, by the process recommended, every pustule on the body, almost in the space of a few hours. To accomplish this is indeed a painful task. By the same process, those extensive portions of exposed cutis may be rapidly healed; exclude them also from communication with the atmosphere, and they cease to be sources of irritation. I have seen patches of exposed cutis, six or eight inches in diameter, at the end of two or three days, by this treatment, no longer occasioning disturbance.—pp. 71—74.

"The advantages attendant on this mode of local treatment are,

"1st. It entirely prevents the seaming or scarring of the skin.

"2nd. If it does not altogether prevent the pitting, it renders it comparatively trifling.

"3rd. It rescues the patient from those sources of danger, to which, from the eighth day, he is exposed; the consequences of the powers of the system being in a great degree exhausted."—p. 83.

### Reports of Societies.

WESTMINSTER MEDICAL SOCIETY.

Saturday, November 2, 1833.

DR. GREGORY, President, in the Chair.

*Medical Reform—Bad and good effects of Iodine in various Diseases—White Swelling on the Knee and Ankle-joints—Scirrhus Mammæ et Uteri—Ascitic and Ovarian Dropsy—Chlorosis—Hydrocephalus.*

AFTER the minutes of the last meeting were read and confirmed, some other private business was transacted.

Dr. Gregory then expressed his warmest thanks to the Society for the honour they had done him in re-electing him their President, and pledged himself to discharge his duties impartially, while he felt satisfied that the Society would co-operate with him in enforcing the laws.

Dr. Somerville then gave notice, that on this night two weeks he would, with the sanction of the Society, introduce the subject of Medical Reform. He said that at present "we

belong to no medical corporation, and had no other place to consider our grievances than in this Society." He should be happy to receive the suggestions of any of its members on the resolutions he intended to propose, and to modify the plan in any way that might be determined upon after due consideration.

Mr. Pettigrew observed, that agreeably to the laws of the Society, it would be necessary to reduce the proposal of Dr. S. to writing.

Mr. Hunt considered the subject of great importance, and that it was essential to the profession, that all its ranks should fight under one banner.

Mr. Holt felt happy that the subject had been proposed; and as he had communicated with Lord Althorp on medical reform, he should be happy to communicate his lordship's opinion.

The President then announced that the time for medical discussion had arrived.

Dr. Roscoe wished to inquire of the Society, whether any of its members had observed symptoms of incipient amaurosis during the use of iodine. He had a patient labouring under diabetes, whose vision became impaired while using iodine, and he had heard of a lady in the country who suffered in like manner.

Mr. Greenwood observed, that iodine was extremely beneficial in various enlargements, but he had not seen the effects noticed by Dr. Roscoe.

Dr. Bradley said, that in Savoy, where goitre was common, and iodine extensively used for its removal, amaurosis was a frequent consequence.

Mr. Hunt remarked, that iodine was a powerful remedy, but one which required great caution in its use. In cases in which the brain was supposed to be indurated to some extent, and the diagnosis of such cases was extremely difficult, the remedy might do great mischief if an erroneous view was taken of the disease. It often caused constitutional disturbance when used externally, excited vascular action in the part to which it was ap-

pled, and deranged the digestive organs in many instances. The young practitioner should therefore be cautious in its employment.

Dr. Copland stated, that he had used iodine since 1820, (when he brought a quantity of it from France,) in visceral enlargements, all forms of scrofula, in dropsies, in chlorosis, and in bronchocoele. He considered it a most valuable remedy; but a great error prevailed, regarding its dose and employment. He was in the habit of recommending the iodurated solution, consisting of iodine, hydriodate of potass, and water. He had known several cases in which the remedy was prescribed by others without benefit, because it was ordered in too large doses; and yet it effected a cure in his hands. He related many cases in proof of this statement, in one of which it caused dysentery.

Dr. Ryan said, that in consequence of being connected with a public institution, St. John's Hospital, and of being a strong advocate in favour of the great efficacy of iodine, he had employed it in a large number of cases. He fully agreed with Dr. Copland in all he had said concerning it; and felt convinced that the reason it had failed or produced bad effects, was because it was generally given in improper doses or in an objectionable form. He had employed it successfully in all the diseases mentioned by Dr. Copland, and in many other diseases not yet noticed this evening by the Society. He had given the aqueous solution of it to infants at the age of two years and a half, in mesenteric and rachitic disease, and from that age upwards, but he had never observed the bad effects ascribed to it by Mr. Hunt. He had found it effectual in white swelling of the knee and ankle-joints, and if Dr. Negri, his worthy colleague, were present, he would corroborate this statement. He, Dr. R., had tried it in the case of a lady, who was declared by two eminent practitioners in the country, and by others in town, to labour under scirrhus of the breast, for

which amputation or excision was proposed, but the iodurated combinations effected a cure. He had tried it in a case of scirrhus uteri, for which his advice was requested by Mr. Matthews, of Hunter-street, Brunswick-square, and with complete success, though he agreed with Mr. M. at first, that the case was hopeless. The lady had all the symptoms of malignant scirrhus, recovered, became pregnant, and since married a second husband. He had employed it in ovarian dropsy with perfect success; and he knew a case of ascites with liver disease, in which fourteen quarts of fluid were extracted, the abdomen in a few days became as large as before tapping, and under these circumstances the hydriodate of potass alone, in doses of from five to fifteen grains twice a-day, was given, and an ointment of iodine, hydriodate of potass, and axunge rubbed over the liver. The result was, that a perfect cure was effected, though the patient had been tapped.

Mr. Costello agreed with Mr. Hunt as to the constitutional derangements caused by iodine, and was of opinion, that when the tissue was diseased iodine was of no use. He doubted the cases of scirrhous breast and uterus, for scirrhus was supposed to exist when there was merely engorgement. He had employed iodine in diseases of the prostate gland with benefit.

Dr. Ryan rejoined, that the ablest medical men in France—Magendie, Dumeril, and Serres—were deputed by the Academy of Medicine to observe the patients under Mr. Lugol, and they assured the Academy that they had never seen any bad effect from iodine, when used as recommended by Lugol, that is, chemically and scientifically. Mr. Costello's assertion might be very satisfactory to some persons, but he (Dr. Ryan) would prefer the evidence of ocular demonstration. The cases he had related had been seen by others. He (Dr. R.) might be mistaken, but the testimony of others was entitled to as much credence as Mr. Costello's.



Dr. Negri remarked, that he considered iodine a most powerful and valuable remedy. He was really astonished at the result of two of the cases mentioned by Dr. Ryan—white swelling of the knee and ankle joints, in which the most surprising good effects were produced, and a cure effected, though amputation had been proposed before the use of the remedy.

Dr. Somerville observed, that he had witnessed the levée at the house of Dr. Coindet, in which that learned physician foretold, with astonishing accuracy, all cases he could cure, and all in which he would fail. Dr. S. was decidedly in favour of iodine.

Mr. Quain stated, that he had most experience with the effects of iodine and its preparations in scrofulous ulcers. In some cases it disagreed at first, and was obliged to be abandoned. When the digestive functions were attended to, and the remedy again employed, it produced rapid cicatrization. He preferred the aqueous solution, and other preparations, mentioned by Dr. Copland, which were those of M. Lugol.

Mr. Stodart related cases in which he had seen a drachm of the tincture of iodine exhibited three times a-day without any bad effect. He employed the combinations of the remedy mentioned this evening in his own practice, and had never witnessed any constitutional disturbance.

Dr. Copland rose to sum up, in conclusion, the remarks that had been made this evening. He corroborated Dr. Ryan's statements from his own experience. He dissented from the conclusions of Mr. Costello, especially as to the inutility of iodine when there was change of structure in a part. In scrofula of the neck there was a deposition of fluid, semifluid, or curdy matter, and yet iodine removed the disease. It was useful in chlorosis, and excited the genital organs. He had seen a scirrhus breast cured by iodine; but he was aware it was extremely difficult to decide when such disease existed. The usual symptoms were present in the case to which he

alluded. He also tried it in chronic hydrocephalus, but he would reserve the results for some future time. He had lately recommended Dr. Malin, of Liverpool, a gentleman known by his literary attainments, to employ the hydriodate of potass in hydrocephalus. He would state, in conclusion, that he had found iodine, in small doses, a valuable tonic, and had seen patients who had fallen into flesh after its employment. He had used the remedy in cases of diseased prostate with and without success.

Mr. Costello, Mr. Hunt, and Mr. Greenwood, mentioned the difficulty of determining the existence of malignant scirrhus of the uterus, even by the ablest practitioners. It was well known, that partial excision of the uterus had been frequently performed when no scirrhus existed.

Dr. Gregory said, that as Chairman, he declined to take any part in the discussion. He would now remark, as the discussion had closed, that he was officially appointed to visit the Royal Sea Bathing Infirmary at Ramsgate. In that Institution there were 250 patients, 150 of whom were treated by iodine, or its combinations. No bad results ensued; there was no constitutional disturbance as described by Mr. Hunt. In some cases there was severe local inflammation excited. It was worthy of remark, that Mr. Chalk, the medical superintendent, had told him that the iodureted ointment often produced the worst effects. A better formula was the solution, composed of three grains of iodine, six, eight, or twelve of hydriodate of potass, and ten or twelve ounces of warm water, used as a fomentation.

The Society then adjourned.

NOBLE LEGACY.—Mrs. Ann Wignall, of Kensington, has bequeathed £4000, three per cent. consols, to the Norfolk and Norwich Hospital, after the death of Mr. Marchant Tubb, aged about 68.

**MEDICAL SOCIETY OF LONDON.**

*Monday, November 4, 1833.*

**WILLIAM KINGDON, Esq.,** President,  
in the Chair.

THIS was a special general meeting of the Society, for the purpose of taking into consideration the conduct of the medical officers of the General Dispensary, Aldersgate-street. The meeting was numerously and most respectably attended, and several non-professional gentlemen were present.

A gentleman inquired whether visitors would be allowed to take any part in the proceedings of the evening.

The President replied that members of the profession only were entitled to that privilege.

Dr. Waller then rose to propose the first resolution. He regretted that this society, which was the oldest in London, had not come forward at an earlier period to express its opinion on the important principle on which the late medical officers of the General Dispensary, Aldersgate-street, had so nobly acted. He ably explained the evil effects of the law adopted by the committee, as it would give the office, not to the candidate who had most brains, but to him who had most sovereigns. He deemed it unnecessary to prove that this would be most injurious to the interests of the charity, of the poor dependent upon it, and of the dignity of the medical profession. He then forcibly pointed out that the new laws destroyed all competition among medical gentlemen, and concluded a very able speech by proposing the first resolution, which will be found at the end of this report.

Dr. Williams seconded the resolution, of which he highly approved, which was carried unanimously.

Dr. Uwins then addressed the meeting on the claims which the late medical officers had, not only to the thanks of the profession, but the public. He eloquently eulogised the scientific attainments and contributions made by the eminent gentlemen whose philanthropy led them to sacrifice self-interest to public good.

Mr. Dendy, in classic and eloquent language, seconded this resolution.

Dr. Spearman now moved the third resolution—of thanks to His Royal Highness the Duke of Sussex, and pronounced a just eulogium on that illustrious personage, for his readiness at all times to promote the interests of science and the cause of humanity, and in particular for his patronage and support of the late medical officers of the Aldersgate-street Dispensary in their praiseworthy conduct.

Mr. Drysdale felt sincere pleasure in seconding this resolution.

Dr. Ryan proposed the fourth resolution. This related to the dignity of the profession, and as some persons denied this, especially the committee whose conduct was under consideration, he should, though it was perfectly unnecessary, inform such individuals, some of whom were present, upon this subject. The moral statutes of the profession bound each of its members to support its dignity, and to do all in their power for the promotion of medical science, and the relief of their fellow-creatures when suffering from disease. The dignity or utility of the medical profession was not supported by those who advocated the absurd and erroneous principle, that the youngest of its members were as competent to treat disease, or prescribe for the sick poor, as the most learned and experienced. This was the error into which the Aldersgate-street committee had fallen, and, unfortunately, it was acted on by the subscribers of most dispensaries. He gave the committee due credit for preventing the corrupt practice of making proxy or pocket votes, and for preventing premature canvassing, but they completely nullified these salutary laws, by enabling a candidate to make as many votes as he pleased seven days before the day of election. The voice of the profession was against this law, and in favour of the opposition to it by the late medical officers, and those who acted against the feeling of their brethren would learn very soon that they were in error.

Dr. James Johnson felt great pleasure in seconding it; and, in an able and comprehensive speech, depicted corruption in all elections, from the crown to the parish beadle; the professions of law, physic, and divinity; the army, navy, &c. included. In his opinion the only rational mode of electing medical officers to hospitals, infirmaries, and dispensaries, would be to have the whole body of physicians vote for physicians, surgeons for surgeons, and apothecaries for apothecaries. Shop-keepers, tradesmen, and commercial men were wholly unfit to vote on such occasions. They subscribed to afford relief to the poor, and were incompetent to interfere in matters which they did not understand.—The resolution was carried unanimously.

Mr. Wray then defended Dr. Clutterbuck from a charge brought against him, of being physician to the Western Dispensary, whose laws were said to be similar to those of the institution in Aldersgate-street, which was not true. The fact was, that, at his request, Dr. C. allowed himself to be nominated consulting physician, but he knew nothing whatever of the laws of the charity; and every medical practitioner well knew that consulting physicians, or surgeons, were always in this position, as they were rarely called on to interfere.

Mr. Proctor then moved that the foregoing resolutions be inserted in the *Times*, *Morning Chronicle*, *Globe*, *Medical and Surgical Journal*, *Lancet*, and *Medical Gazette*.

Dr. Clutterbuck then rose to return thanks, as the oldest officer among his late colleagues, and after stating the pride he felt in having his and his colleagues' conduct so highly approved of by that, the oldest and one of the most respectable societies in the metropolis, he felt himself bound to explain to the meeting the real causes that led to the resignation of himself and his colleagues. He said that there were seven druggists on the committee, they supplied the drugs, audited their own accounts, and paid

their own bills. The fact was, that the committee were interested tradesmen who supplied the institution with every thing, and the late medical officers could not connive at such monstrous abuses. After numerous remonstrances on their part to the committee, against the abuses and the obnoxious bribery law, without effect, they were at length compelled to address a circular to the governors, in which they exposed abuses, and tendered their resignations (in the event of the obnoxious law being carried. At the meeting of the old friends of the Dispensary, they (the medical officers) carried their point. But the committee were determined to succeed; they called another meeting of the governors, made a number of new ones, and out-voted the real friends of the charity. The medical officers now resigned, as they had intimated they should do, in the event of such a corrupt and obnoxious law being established.

Mr. Groom, one of the committee, asked permission to address the meeting in reply to Dr. Clutterbuck, as he could show that Dr. C. was not in a condition to prove his imputations.

The President said that according to the laws of the Society, none but members of the profession could take a part in its debates.

Dr. Birkbeck returned thanks, and ably explained the bad tendency of the law adopted by the Aldersgate-street committee.

[As this gentleman's sentiments were so very fully explained in our report of the meeting of the Westminster Society in our last, it is unnecessary to give them here.]

Mr. Salmon rose to return thanks, but before he did so, he wished to correct a statement made by his friend Dr. Clutterbuck, which was, that there were seven druggists on the committee. In fact, there are but three druggists on the committee, Mr. Herring, the treasurer, who supplied the drugs; Mr. Biggs, who supplied the chemicals, and Mr. Lucas, who supplied the in-eris

articles; but it was true that they could, whenever they desired it, command the votes of other chemists, who had been made life governors. The committee were interested in supplying all articles, and paid themselves. They did not stop here, but when the medical committee, one of whose duties was to examine the testimonials of medical candidates, had refused to do so, as a meeting of the governors had been summoned to confirm or reverse the proceedings of the committee, this body made four chemists new governors, and these were brought to the dispensary to examine the testimonials. The treasurer or committee had no power to act in this shameful manner; and the present medical officers were elected illegally. He now adverted to his own conduct, and declared he did not obtain his appointment under the obnoxious law; in fact, he lost a former contest by it.

Mr. Coulson briefly expressed his warmest thanks for the honour conferred upon him by so distinguished a Society, and he felt proud that in defending a good principle, he forfeited his office.

Dr. Uwins moved that the President do leave the chair, and that Dr. Shearman take it.

Dr. Uwins then proposed a vote of thanks to the President for his impartial conduct as chairman, and this was received with acclamations.

MEDICAL SOCIETY OF LONDON.

At a general meeting of the Society, held on Monday, the 4th of November instant, William Kingdon, Esq. President, in the chair, the following resolutions were unanimously adopted.

Moved by Dr. Waller, and seconded by Dr. Williams,

- 1st. That in the opinion of this Society, the regulations recently recommended by the Committee and adopted by the subscribers of the General Dispensary, Aldersgate-street, by which the medical appointments are offered to the competition of the richest instead of the most talented

candidates, is injurious to the interests of the poor, the respectability of the profession, and utterly subversive of the object for which such institutions were founded.

Moved by Dr. Uwins, seconded by Mr. Dendy,

- 2nd. That Doctors Birkbeck, Clutterbuck, Lambe and Roberts, and Messrs. Salmon and Coulson, are highly deserving the thanks of this Society, for the spirited and praiseworthy manner in which they have stepped forward to oppose the making public Medical appointments matters of bargain and sale, and for resigning their offices, when they could no longer hold them without compromising their professional honour and independence.

Moved by Dr. Shearman, and seconded by Mr. Drysdale,

- 3rd. That the cordial thanks of this Society be given to H. R. H. the Duke of Sussex, for the zeal he has on all occasions manifested in patronising measures calculated to advance the interests of science, and particularly for the countenance and support he so promptly afforded to the late Medical Officers of the Aldersgate Dispensary, in their endeavours to uphold the dignity of the profession, and to promote the welfare of the sick poor.

Moved by Dr. Ryan, and seconded by Dr. James Johnson,

- 4th. That the Fellows of this Society exceedingly regret that any of their medical brethren should have so far forgotten the dignity of the profession to which they belong, and their own self-respect, as to have allowed themselves to be nominated and appointed to the vacant offices, transmuted as they now are by such an obnoxious regulation.

Moved by Mr. Proctor, and seconded by Mr. Cox,

- 5th. That the foregoing resolutions be published in the *Times*, *Morning Chronicle*, and *Globe* newspapers, and in the *Medical and Surgical Journal*, *Lancet*, and *Medical Gazette*; that copies of the votes of thanks, signed by the President on behalf of the Society, be transmitted to His Royal Highness the Duke of Sussex, and to each of the late Medical Officers of the Aldersgate-street Dispensary.

EDWARD HEADLAND, }  
H. P. ROBERTS, } Secretaries.

LITHOTRITY. — Mr. Elderton has published several documents in the *Northampton Mercury*, proving that he was the inventor of the Lithotr:

THE  
**London Medical & Surgical Journal**

Saturday, November 9, 1833.

THE LATE ALDERSGATE - STREET  
 DISPENSARY.—THE TRUTH, THE  
 WHOLE TRUTH, AND NOTHING BUT  
 THE TRUTH.

"Fruiturque famâ sui,"

*Tacit. Ann. ii. xiii.*

IN resuming this subject, which every week acquires a greater interest in its practical bearings, we must beg our readers to call to mind, that, on a former occasion, we stated, in general but very distinct terms, the real nature of the matter at issue before the public.

Undoubtedly the purity of medical elections is a point of paramount importance; and the fraud, which the Committee attempted to practise upon the profession, will still furnish us with a topic of great interest, in our further endeavours to expose the machinations of the designing, and to effect a general and salutary reform in the medical appointments to public charities.—We shall not at present descant further upon this head of the Aldersgate-street Hydra. To-day we have to illustrate that part of our statement, which pointed at certain other frauds in the conduct of the Committee, as the foundation of the whole affair. It was by a vain attempt to stem these latter, that the late Medical Officers incurred the unforgiving hatred of the wrongdoers; and in consequence were artfully disgusted into a resignation of their offices by the manœuvre of the obnoxious medical appointment law.

The conduct of the London Medical Society, on Monday last, fully justified our expectations. The sentiments of all the speakers, who addressed the meeting on the general question, so fully accord with the tenor and spirit of our remarks at former times, that we shall content ourselves for the present with referring to the resolutions of the meeting, in another part of this Journal. By far the most interesting part of the proceedings, in reference to our preceding observations, was the plain and manly statement which Dr. Cluttbuck and Mr. Salmon were induced to make, in acknowledging the approbation of such an influential body of the profession. It is to this statement we desire to call the attention of the public. The facts disclosed in it illustrate the true origin of the contest in which these gentlemen have been engaged. The public is now enabled to probe the matter to the quick. Pounds, shillings, and pence every man can understand, and every man can appreciate the propriety or impropriety of measures emanating from so foul a source as the love of pelf,—albeit he can persuade himself the unanimity of a numerous, respectable, and disinterested profession, upon a matter affecting their respectability, their professional acquirements, and independence, is not the test of truth. The true motive of the new election-law of the Dispensary is now brought to light.

It will be seen, from the report of the meeting in the public papers, and in our Journal (for we desire to be

exact), that Dr. Clutterbuck, in explaining the motives of his conduct, stated, "that the Committee of the Dispensary was made up of tradesmen, who were deriving profits from the institution in various ways, and who, with a view to those profits, made regulations, to which he felt he could not, with a due regard to the dignity of the profession, conform—that there were no fewer than seven druggists upon the Committee, and they ordered what was wanted, and examined and paid their own bills, and that the offices of druggist, chairman of the Committee, and treasurer were united in one person." In pursuing the same observations, Mr. Salmon said, that strictly "there were only three members of the Committee who were druggists: the treasurer, Mr. Herring, who supplied the drugs; Mr. Biggar, who supplied the chemicals; and Mr. Lucas, who supplied a small quantity of inferior articles; but it was true they could, if they desired it, command the votes of three other chemists, who had been made Life Governors." Comment upon such details is superfluous. No wonder the medical officers of the establishment, who had dared to avow their disapprobation of such a system of partnership, and its consequences were odious to the Committee. No wonder the most efficacious means were adopted, to force the resignation of such hated monitors, and to secure the appointment of persons, from whose independence no apprehensions were to be entertained.

Another instructive quirk of ma-

nagement was exhibited, on the late occasion, in the mode in which the medical testimonials of the new candidates were examined. It may be fairly conceded, this examination was, on that occasion, a very unimportant trust; and we give those concerned the benefit of the excuse at its full value. This duty, by the rules of the charity, should have devolved upon a Committee of Governors, who were of the medical profession. That Committee, when summoned after the resignations, refused to act till a meeting of the Governors generally should have decided upon the charge then pending against the Committee. The authorities were not to be baffled:—an appointment of four chemists in the neighbourhood as Governors was soon got up; and these latter *professional* gentlemen, some of them, we verily believe, not being aware of what they were doing, or wherefore, performed their parts in the farce to admiration, and the managers were eased of the old, sturdy, medical Committee! Look to these things, Subscribers!

MEDICAL REFORM.—VIEWS OF THE PROFESSION.—INTENTIONS OF GOVERNMENT.

"Quanto summæ spei propior, tanto impensius." *Tacit. Ann. i. xxxiv.*

AFTER our late account of the operations of the College of Physicians and their *classical* President,—after even that tardigrade body has become "restless, unfixt,"—it may be readily imagined what intense anxiety is felt upon the subject of medical reform, and how busy are the thoughts of the thinking part of the profession, as the

time approaches when reflection shall spring into action. In the interval, it shall be our duty to discuss anew the leading parts of the general question; and, without pledging ourselves to any new-fangled scheme, or self-interested party, we shall proceed upon the broad principles of public policy, and professional respectability, to discharge that debt which Lord Bacon says every man owes his profession, and canvass, with candour, the various opinions which are entertained on the subject by the leading parties or persons.

The Profession will observe with much interest that Dr. Somerville has given notice that he will propose the discussion of medical reform at the Westminster Medical Society in a fortnight from this date. By this means thoughts will be brought into collision, and men's minds will be prepared for that more searching inquiry, which will take place before Parliament in the next session. In the mean time we will take the liberty of assuming the office of Moderators, and suggest a reasonable rule for the conduct of the argument.—It is, very simply, to beware of dogmatizing. There is still much information to be elicited before we have all the data for the solution of such an intricate problem. The opinions of the Profession will have great weight with the Legislature; and we would not have them too rashly “jump to a conclusion.” These observations are particularly addressed to those who intend taking a part in the debate.

Since our last number we have re-

ceived some slight intimations—satisfactory in their nature—of the intentions of Government relative to the approaching investigations. For these we are indebted to the frank communications of Mr. Littleton to a deputation of the National Association of Apothecaries in Ireland, to inquire into the nature of the reform contemplated by the Administration. This body and its able President, Mr. Donovan, is a serviceable ally in the cause of medical reform. The Chief Secretary of Ireland declared his opinion of the necessity of obtaining much further information before the work of legislation should commence; that he expected some hon. member (perhaps Mr. Warburton) would move for a select committee, with full powers to obtain the necessary evidence, to enable Parliament to legislate consistently and comprehensively; and that “he thought it highly probable that ultimately three separate bills would be enacted to regulate the professions of physicians, surgeons, and apothecaries, each of which should obtain a distinct and uniform code for the particular profession, with a view to its assimilation throughout the three kingdoms, and thus no longer to leave its practitioners the sport of laws often differing widely in principle, and, if they ventured to change the scene, conflicting in practice too.” The absurdities of the present system cannot be more vigorously compressed into a text than in these latter words. “Mr. Littleton expressed himself decidedly convinced that the wants of the poorer classes

throughout the empire required that the apothecaries should, in addition to a knowledge of pharmacy, possess that of surgery; but he was not prepared to uphold the converse of the proposition, and seemed to think that the study of pharmacy should be left optional with surgeons."

Such are the main details of this important interview. We must reserve some remarks upon the opinions it broaches for another occasion.

#### COLLEGE OF SURGEONS.

It is with much pleasure we announce that the College has purchased a house adjacent to the Museum, on the site of which it is intended to erect a wing to their present building. They will thus have convenient room for their extensive library, and be enabled to display the increasing treasures of their museum. The cost is to be £10,000. The College has at present a capital of £60,000.

#### MISREPRESENTATION.

A CORRESPONDENT sent us last week a very angry remonstrance against a gross deliberate misrepresentation contained in a letter admitted, without note or comment, into the pages of "The Chlorosis of Medical Literature," under the signature of a Fellow of the College of Physicians. The letter in our cotemporary bore internal evidence of having come from head quarters. That the truth was not in it was palpable to the merest tyro of a licentiate. Mere mistake prevented the insertion of our correspondent's

letter in due time, and as there is a palinode, in the shape of another letter, in last week's number of the original offender, it is unnecessary to break a fly upon the wheel by publishing our correspondent's indignant letter.

#### MEETING OF GENERAL PRACTITIONERS.

WE understand that a meeting of the Profession is to be held on Friday, the 16th inst., at half-past seven o'clock in the evening, at the Sussex Hotel, Bouverie-street, Fleet-street, to take into consideration the infringements made upon the profession by unqualified persons and to confer on the most efficient mode of removing this injustice.

We are glad that the General Practitioners, who are the physicians, surgeons, and apothecaries of the great bulk of society, and who do not keep open shops, or vend chemicals, quack medicines, &c., have at length come forward to vindicate their respectability. We have always considered this class as useful and as respectable as any other in the profession; but we denounced those of that body who vend fire-boxes, &c., who confound themselves with uneducated chemists and druggists.

MEETINGS at Nottingham, Macclesfield, at Colchester,—of the Medical Society, Cork, and several places have lately been held, at which the unanimous thanks of the medical profession were given to the late Medical Officers of the Aldersgate-street Dispensary. The noble and magnanimous conduct of the then officers has been duly appreciated by the profession in this kingdom, and will, no doubt, receive applause throughout the medical world. We find that so much of our space has been occupied with addresses to them, that we cannot henceforth occupy our pages with further communications of this kind, as, indeed,



they are unnecessary. We shall, however, feel much pleasure in noticing any that may be forwarded to us.

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DINNER TO DR. CLARK OF GLASGOW.

ON Tuesday last a dinner was given to Dr. Clark, in the Tontine Hotel, Glasgow, by a number of gentlemen, in token of their sincere respect for him, previous to his leaving Glasgow to commence his duties as Professor of Chemistry in the Marischal College, Aberdeen. Colin Dunlop, Esq. was in the chair, and Charles Tennant, Esq. officiated as croupier.

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APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, October 31st.

George Henry Doawell	Romsey, Hants.
Thomas Richard Fisher	Oxford.
Denham Melancthon	Tregony.
Jewel	
Edmund Harwick Marriott	Needham Market.
Wm. George Fred. Payne	Frome.

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BOOKS.

Surgical Observations on the Restoration of the Nose, and on the removal of Polyipi and other Tumours from the Nostril, from the German of Dr. Dieffenbach, of Berlin, with the History of the Rhinoplastic Operation. By JOHN STEVENSON BUSHMAN, M. R. C. S., &c. 8vo. Pp. 155. Twenty-six Plates. London, 1833. Highley.

The Glasgow Medical Journal, conducted by WILLIAM WEIR, M. D. and JAMES ADAIR LAWRIE, M. D. October, 1833.

Traité de la Vaccine et des Eruptions Variolieuses ou Varioliformes, ouvrage rédigé sur la demande du Gouvernement. Par M. J. B. BOUQUET, M. D. 8vo. Paris and London, 1833. J. B. Baillière.

The Dublin Journal of Medical and Chemical Science, &c. Editor, Robert J. Kane, Esq., Professor of Chemistry to the Apothecaries' Society, &c., &c.

Report of the Sussex and Brighton Infirmary for Diseases of the Eye. 1833.

Chemical Diagrams, accompanied with a Description of each Decomposition, the Vegetable Alkalies, the Urine and Urinary Calculi, and Tables of Chemical Equivalents. By ALEXANDER LEE, A. M., Surgeon. London: 1833. 12mo. pp. 162. E. Cox.

Nos. V. and VI. of the Animal Kingdom, arranged according to its Organisation, serving as a Foundation for the Natural History of Animals, and an Introduction to Comparative Anatomy. By BARON CUVIER, Great Officer of the Legion of Honour, Councillor of State, &c., &c., &c.; with figures designed after Nature. Translated from the latest French edition, with additional Notes, and illustrated by nearly 600 additional Plates. London. 1833. G. Henderson.

The First Part of the ninth edition of the Gardener's Dictionary, containing the best and newest methods of cultivating and improving the Kitchen, Fruit, and Flower Garden, and Nursery, as also, for performing the practical parts of Agriculture, &c., &c., &c. By PHILIP MILLER, F. R. S., formerly Gardener to the Worshipful Company of Apothecaries, at their Botanical Garden in Chelsea, and Member of the Botanic Academy at Florence. London. 1833. G. Henderson.

A Series of Anatomical Plates, with References and Physiological Comments, illustrating the Structure of the different parts of the Human Body. Edited by JONES QUAIN, M. D., Professor of Anatomy and Physiology in the University of London. 1833. Part II. John Taylor.

Principles and Practice of Obstetric Medicine, in a Series of Systematic Dissertations on Midwifery, and the Diseases of Women and Children; illustrated by numerous Plates. By DAVID D. DAVIS, M. D., M. R. S. L., Professor of Midwifery in the London University, &c., &c. Part XXV. John Taylor.

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CORRESPONDENTS.

*M. R. C. S.*—We should give the names of the gentlemen who pass the College of Surgeons every week, but the ruling powers in that quarter withhold their consent.

*P. P. P.* should have paid the postage. It is really too bad that correspondents should put us to expense in answering questions solely relating to themselves. In future we shall not notice a single communication unless the carriage has been defrayed.

*Dr. Stade.*—We are much obliged for the contribution, and shall insert it at our earliest convenience.

*Mr. Wallace's* communication as soon as possible. He shall hear from us by Monday next.

*Mr. Atkinson's* letter is under consideration.

*Mr. B.*—We shall give Dr. Stokes's lectures on the Practice of Medicine, and Dr. Graves's on the Theory or Institutes of Medicine, alternately.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

# London Medical and Surgical Journal.

No. 94.

SATURDAY, NOVEMBER 16, 1833.

VOL. IV.

## LECTURES

ON THE

## PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,**Session 1832—1833.*

## LECTURE LXIII., DELIVERED MARCH 6, 1833.

GENTLEMEN,—You are not to suppose, that necrosis never attacks the articular extremities of bones; it is true, that it is not much disposed to do so; but the occurrence is sometimes noticed, as is exemplified on the head of this tibia, a great part of which is in the state of necrosis. The case, from which it was taken, proves the truth of an observation delivered in the last lecture, namely, that, when the head of a long cylindrical bone, one that enters into the formation of a considerable joint, like the knee, is involved in the ravages of necrosis, amputation may become necessary. You may observe in Wiedmann's excellent work on necrosis, now before us, representations of several of the most interesting circumstances, which take place in this disease. We had on the table, at the last lecture, a preparation, showing the extension of necrosis so far up the shaft of the femur, that the head of the bone was attacked by it: this was a case which followed amputation of the thigh; but in ordinary cases only the shaft suffers, and the end of the bone, or that which is disposed to protrude from the stump, is attacked; this in time exfoliates, and the part then heals up, without any further occasion for another operation. The engraving, to which I now beg your attention, shows the protrusion of the dead shaft of a humerus through the skin, in such a way, that it admitted of being taken out with the fingers: and here is a representation of the sequestrum after its removal. It is curious to notice, that the lower portion of the dead bone is generally more angular and irregular than the upper. Here are engravings, exhibiting the appearances of necrosis in the os frontis, and also in the tibia. In some of these fine and accurate plates, the

VOL. IV.

drawings for which were all taken from nature, you have views of the *cloaca*, or apertures, which I described to you, as forming outlets for the matter collected between the sequestrum and new bone. There are also several plates in the work, representing necrosis of the articular extremities of bones, and here is a very remarkable one, in which there are not less than three sequestra, one in the upper head of the fibula, and two in that of the tibia. If ever you should have occasion to make any researches on the subject of necrosis, I should recommend you to look over Wiedmann's matchless work, for the correctness of the descriptions in it correspond fully to the beauty of the engravings. One of the plates represents a regeneration of the lower jaw; here it is; the case was a necrosis of that bone, and you see the reparation of the mischief which has been effected by nature, and the appearances of the new bony formation—how well it has served as a substitute for the original bone.

In the treatment of necrosis, gentlemen, it is necessary to consider that the disease presents itself in three different stages. *The first is attended with inflammation, and is that in which the disease is forming.* In the *second stage, the sequestrum, or dead bone, has been produced, but it is still fixed, and firmly connected to the living parts of the bone.* In the *third, the sequestrum is not only formed, but loose.* Now such varieties in the condition of the disease have a considerable influence on the choice of plans for adoption, with a view of promoting the cure.

In the *first stage*, supposing the disease to be extensive, and to be accompanied by severe inflammation of the soft parts, while the sequestrum is only forming, it is manifest, that you can do little more than endeavour to check and moderate the inflammation of the soft parts. In this stage of necrosis you are to have recourse to antiphlogistic treatment, especially the application of leeches, fomentations, and poultices, and sometimes you may cup the part with a better effect, than what is obtained from the other form of local bleeding. It is evident from the very nature of the disease, namely, from the circumstance of its unavoidable-

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able and speedy complication with a portion of bone, entirely deprived of all vital action in it, which dead piece of bone must then be regarded as an extraneous substance; that the utmost we can do in this stage, is to lessen the inflammation and appease the patient's sufferings; the sequestrum will inevitably be produced, and must be got rid of before a cure can be accomplished. In the early stage of the disease, gentlemen, one principal indication is to let out matter directly it has formed; and I wish to impress upon your minds the fact, that, in these cases, the matter is a good deal confined; it is mostly under the periosteum; and, in many instances, a deep and free incision is necessary for its evacuation. Always remember, then, that the early and efficient discharge of deep-seated abscesses, is one of the most useful measures which can be pursued in the treatment of the first stage of necrosis.

In the *second stage, or that in which the sequestrum is completely formed, yet firmly attached to the living part of the bone*, the surgeon is generally obliged to wait till nature has more or less detached it, before he can take any useful steps for its removal: we know of no medicines that would have the effect of quickening the process of exfoliation; and even when the whole shaft of a bone is in the state of necrosis, it is by the process of exfoliation that its separation from the living extremities of it is to be effected. You could not, in such a case, extract the dead bone without a great deal of difficulty, unless exfoliation were somewhat advanced. You may generally know, that the disease is in the second stage, by observing the presence of *fungi*, through which you may commonly feel some part of the sequestrum on introducing a probe.

The *process of exfoliation, or that by which the dead portion of bone is loosened and separated from the rest of it*, is a particularly slow one, sometimes requiring months and even years for its completion. Though the process is analogous to that, by which sloughs are detached, it differs from it in requiring a much greater time; and, unfortunately, we have few means by which we can influence it in this respect. Some surgeons try counter-irritation; they apply blisters for the purpose of expediting the process of exfoliation; this plan was strongly recommended by the late Mr. Crowther, in a good practical work, which he wrote on the subject of necrosis and diseases of joints, and at one time such treatment was extensively adopted in some of the London hospitals. I believe, that counter-irritation, with blisters, or issues, may tend in some degree to quicken the process of exfoliation, and, at all events, it is often beneficial in lessening the disposition to repeated attacks of inflammation in the deeper parts of the limb, the recurrence of painful and profuse abscesses, and all the severe constitutional disturbances which is so liable to arise from these states of the disease. In necrosis, gentlemen, the health

suffers, not merely from the discharge which is so copious and long kept up, but from the repeated recurrence of fresh inflammation, and renewed formations of matter, after other abscesses have been nearly, or quite cured. You may also essentially serve the patient by supporting his strength; for, when he is languid and debilitated, or much reduced by hectic complaints, the process of exfoliation will not go on so well, as it would do if the actions and functions of the system at large were carried on with more vigour and less disturbance. We know, that exfoliation naturally proceeds more quickly in young persons than old ones, which may be regarded as fortunate, because a large proportion of the worst forms of necrosis happen in young subjects. However, notwithstanding all you can do, by means of tonics, assisted with an eligible diet, notwithstanding the most judicious support and regulation of the general health, a complete cure of necrosis, in its second stage, by natural processes, that is by the complete absorption, or annihilation of the sequestrum, and the subsequent healing up of the fistulous openings, is not frequently accomplished. Yet we have, at this present time, a young girl at the Bloomsbury Dispensary, in whom a necrosis of the upper portion of the humerus seems to have terminated in this very favourable manner. In the generality of instances, very active and sometimes remarkably bold measures become necessary, but these can seldom be adopted with any success during this second stage of the disease, unless you were absolutely compelled to amputate the limb; for if the health should be so dangerously reduced and deranged by the pain and irritation, and profuse discharge, that a further perseverance in the attempts to save the limb would be more likely to lead to the patient's death than the cure of the necrosis, you would then be called upon to amputate the limb. In fact, this necessity occurred in the case illustrated in the engraving before you, in which there was a necrosis of the condyles of the femur and of the head of the tibia; here the health was so seriously affected as to render further attempts to save the limb improper, and the operation was performed.

In the *third stage of necrosis, or that in which the sequestrum is loose*, the dead bone can only be regarded as an extraneous body, keeping up more or less irritation and suppuration. Its removal, therefore, either by natural processes, or by the interference of the surgeon, is now necessary for the cure. Sometimes one end of the sequestrum will actually make its way through the skin, and will protrude, as happened in the case from which this engraving was taken, and then it may be easily taken away; but, in other instances, its removal will be more difficult, as where it is completely surrounded by a new bony tube: then an operation will mostly be required sooner or later, for the purpose of extracting it. In very young subjects, it has sometimes been

removed by natural processes, even though thus circumstanced, but, in general we are obliged to cut away a portion of the new osseous deposition that confines it. But, first, it is necessary to ascertain whether there is really a sequestrum present, and whether it is loose—information which may generally be ascertained by means of a probe. You are to be careful to form a correct judgment on these points, for very useless and painful operations have sometimes been performed after the sequestrum has been actually absorbed. On this account, *when you find the health pretty good, the discharge lessening, and the fistulous openings inclined to heal, it is the best practice to leave the case to take its own course.* At all events, here there is no urgency for any operation, and let nature have time. *But where the health is suffering dangerously, and the sequestrum is known to be loose, that is, can be felt to be so, it becomes an object to remove the dead bone from the osseous canal, in which it is confined, and which is frequently so hard as to require the saw or trephine.* Suppose the sequestrum to be surrounded by a bony tube, you should make an incision on that part of the new osseous formation, under which you have ascertained with a probe, that the loose dead bone is situated. Having done this, you will generally see the cloace, through which you make another examination of the state of the sequestrum with a probe. Then, by cutting the interspaces between these apertures, some of which, as you see in this preparation, are rather large, you will sometimes succeed in making sufficient room for the extraction of the sequestrum, which may be divided itself, if that will facilitate its extraction piecemeal. At all events, as much of the bony case, as will enable you to get at and remove the dead bone within it, must be cut or sawn away. After the dead bone has been exposed to a sufficient extent, it should be divided with cutting-pliers, like those which I now show you, and then the fragments are to be taken out through the same aperture. There are several reasons why you should avoid making openings in different parts of the new bony case: in the first place, such practice would destroy too much of the new bone; secondly, the soft parts would be injured by it to too great an extent. Suppose you could not succeed in removing the proper extent of the osseous case with the cutting-pliers, which a remade strong enough to cut through any bone of a moderate thickness and consistence, then you should use a saw, and the saws employed by the late Mr. Hey are particularly convenient for the purpose. Sometimes the application of a small trephine becomes necessary. This is one of Mr. Hey's straight saws, but those, which have a semicircular edge, are frequently the best for cases of necrosis, as they will divide the bone in any direction you please. You will also find an elevator particularly useful in removing the sequestrum.

It commonly happens, that the sequestrum

does not extend through the whole length of the tube, and only certain portions of the original bone are destroyed, in the manner you see delineated in this plate; consequently, the new bony formations are then only at particular points.

I have already informed you, gentlemen, that, in unfavourable and extensive cases of necrosis, amputation sometimes becomes indispensable, because the patient's constitution cannot bear the repetition of operative proceedings necessary to get away every part of the dead bone, for it frequently happens that you cannot remove all the sequestrum at once, and then several operations may become necessary. In the course of the treatment, tonic medicines will usually be needed, and sometimes, also, on account of the frequent attacks of inflammation, these must be combined with antiphlogistic means. In the course of a year, there may be from eight to sixteen attacks of severe inflammation of the soft parts, followed by new abscesses on each occasion, and, under these circumstances, reluctant as we may be to do any thing to weaken the patient further, we are compelled to employ local bleeding and other antiphlogistic remedies in moderation. Then, gentlemen, if you consider the unavoidable irritation and drain upon the system, produced by the long continuance of the disease, you will not be surprised if, in many instances, the patient should be reduced so low by hectic fever, that amputation is the only chance of preservation remaining for him. Do not, however, take off the limb unnecessarily; remember that nature will do a great deal for the patient in this disease, and, as I have explained, it is in the osseous texture that she possesses, perhaps, a greater power of repair and reproduction than in any other tissue of the body.

The next disease of the bones for your consideration is *mollities ossium*. This is a very rare affection, and one that is sometimes confounded with rickets, though erroneously. In mollities, the bones become preternaturally soft and flexible; those of the lower extremities may indeed, in some instances, be bent in such a degree, that the outer ankle can be brought against the temple without the femur being fractured. It is, as I have said, an exceedingly rare disease; I never saw a case of it, nor have I heard of a single example of it in St. Bartholomew's Hospital during the last thirty years. However, there are well authenticated cases of it on record, and therefore I think it right you should know that there is such a disease. In the natural state, the bones contain more than half their weight of earthy matter, and I believe that, in some instances, the proportion of earthy matter amounts to nearly two-thirds of their whole weight. But, gentlemen, in mollities ossium, in the morbidly softened state of the bones to which I am referring, the earthy matter is only in the proportion of one-fifth part to four of the animal matter in their composition, and sometimes

even less. It seems to me, that there are several points in which a striking difference prevails between mollities ossium and rickets. In the first place, mollities ossium is a very rare disease, whereas rickets is particularly common. Mollities ossium hardly ever takes place except in females, and in those who are above the middle period of life; whereas rickets attacks chiefly children, or, at all events, those who are under puberty. Another distinction is, that in rickets the earthy matter has been originally deficient; the bones have never been properly developed from birth; but in mollities ossium, the bones attain their full growth, their texture is perfect, and their proportion of earthy matter is quite right, until about the middle period of life, when those peculiar changes in the texture of the osseous system take place, which constitute the disease under consideration. The disease appears to arise from some defect in the nutrition of the bones; but the exact cause of it is not understood. You will sometimes find writers confounding *mollities* with *fragilitas ossium*, but this is erroneous on many accounts; the two diseases seem to me to be the reverse of each other. Thus, when the thigh-bone is so soft that the outer ankle can be placed against the temple, this must be a different case from fragility, in which the bone cannot be bent at all without breaking. Sometimes in mollities ossium nearly the whole of the natural texture of the bone is absorbed, and but few vestiges of it remain. A bone in this state is found to contain cells, filled with a brown or livid substance, and having communications with the cells on the outside of the bone, or, in other words, with the cellular membrane. When the osseous system is thus affected, of course it is disqualified for its functions, as it can no longer support the limbs, nor will the bones, thus altered, serve as levers for the muscles to act upon: neither can they afford that protection to the important parts which we find they are frequently designed by nature to give. Hence, in the worst forms of mollities ossium, the stature is so much altered, that persons afflicted with this disease, who were originally five or six feet in height, become not more than two:—thus Madame Supiot, whose case, I believe, is the most remarkable one on record, was, at the period of her death, only twenty-three inches in height. In her case, there was also such a change in the shape of the bones, that the compression of the thoracic viscera was probably the circumstance which mainly contributed to put an end to her miserable existence. Her limbs could be bent in the extraordinary manner I have explained, without breaking. Mollities ossium, as far as all our present information about it reaches, is invariably and certainly a fatal disease; for there is no instance of it on record, in which a cure has been effected; and, whenever it occurs, there is immense disturbance of the constitution; in particular, the patient usually has constant and profuse perspiration; a very copious deposition of phos-

phate of lime takes place in the urine, and a great deal of fever occurs. Here, you may observe, there is a vast difference between this disease and rickets; in this last disease, there is not necessarily any severe degree of constitutional disturbance; the disorder is not the cause of any fever or pain. But, in mollities ossium, the patient's sufferings are truly deplorable, and the health is universally and totally deranged. In rickets, you see no profuse sweats, no copious deposit of phosphate of lime in the urine. When I make these observations, it is not my meaning that you may not have rickets combined with very bad health; but, when this is the case, the complication is only an accidental and not an essential one. You may have marasmus and great constitutional disorder with rickets, or not; and, as in dwarfs, it is not uncommon to observe in rickety children a great precocity of the mental faculties. For the treatment of mollities ossium, I have already told you that the disease is regularly a fatal one. The phosphate of lime has been tried internally, on the supposition that there is a deficiency of that earth in the system; but this notion is quite hypothetical. Though an unusual quantity of phosphate of lime seems to be thrown out of the system by the kidneys, it does not follow, as a matter of course, that there must be any want of it in the constitution. The fault lies probably in some inexplicable derangement of nutrition of the osseous system, either interfering with the regular deposition of that substance, or causing its too rapid absorption and conveyance out of the system. It seems unnecessary for me to say anything about tonic plans; every thing has proved inefficient. But, gentlemen, as a very curious disease, I considered it right to say a few words respecting it, and its distinction from rickets and *fragilitas ossium*, although it is equally rare and incurable.

Gentlemen, the next disease on which I mean to make a few remarks, is *fragilitas ossium*, which consists in an unnaturally brittle state of the bones. When I was on the subject of fractures, I mentioned the influence of particular diseases in rendering the bones liable to be fractured by very slight causes. You may remember, I informed you, that in the advanced stages of syphilis, in cancer, in fungus hæmatodes, in scrofula, and in scurvy, so great a weakness and fragility of the texture of the skeleton are sometimes created, that fractures will take place from the most trivial causes, so trivial, that those are sometimes termed *spontaneous*. We had on the table one evening, a thigh-bone, which had been fractured as the patient was merely turning himself in bed, and the accident happened while he was taking mercury for nodes on the opposite thigh-bone, which is also in the University museum. Here is another specimen, in which the humerus was broken by shampooing; the patient had scrofula, and while the limb was undergoing the shampooing process, the bone broke; this first

fracture united; but a second fracture happening afterwards in another place, a false joint formed in the situation of the injury. These facts are plainly seen in the preparation. The bone was so brittle, that when the surgeon was dissecting it after death, it broke in a third place, as you may perceive.

In old age, there is always a degree of fragilitas ossium, and this is generally explained by the circumstance, that, in the bones of old persons, there is a large proportion of calcareous matter to the animal and vascular matter in them. However, the bones of aged individuals are not so brittle as to crumble away; on the contrary, they are found to contain a great quantity of greasy matter; you will find, when you wish to make a skeleton, that if you take an old subject, you will never get bones perfectly clean; they will always look greasy, and you cannot make them white. The other varieties of fragilitas ossium are attended with a diminution in the quantity of phosphate of lime; and when there is really an increase in its quantity, it is, I believe, only in that form of fragilitas ossium, which comes as the natural effect of old age. In all the other forms of this disease, the bones are generally lighter than natural. The fragilitas ossium of old age is of course incurable. In other examples of it, arising from different diseases of the constitution, the cure will entirely depend on the possibility of curing the original disease; if this can be cured, there will be a chance of the proper texture of the skeleton being restored; but under other circumstances, no hope of a cure can be entertained.

I was called some time ago to a patient, whose thigh broke as he was turning in bed; it appeared that he had a cancerous disease of the bladder, for after death a large fungous tumour was found in his bladder, situated upon so hard a cartilaginous base, that when felt through the bladder, it was at first supposed to be a stone. One of the ribs was also broken, and both this fracture and that of the femur were surrounded by a mass of scirrhous matter.

Gentlemen, the next disease for your consideration is *rickets*, or *rachitis*, as it is termed. It principally affects children, and mostly between the ages of eight months and three years. I have already told you, that many writers confound this disease with mollities ossium; but this is a mistake; for there are not only the differences I have mentioned between the two diseases, but some others. In mollities ossium, the bones may be bent without breaking, but in rickets they cannot be bent without being fractured, so that there is a degree of fragilitas accompanying the disease. In rickets, the bones have never from birth contained their due proportion of phosphate of lime; while in mollities ossium, the bones reach their perfect development, but after the individual has attained the middle period of life the changes take place in them

which I have described. Then, in mollities, there is not that thickness of the bones of the cranium, which is commonly observed in rickets; sometimes, indeed, the thickness is immense. As a specimen of a thick skull in a rickety subject, you cannot meet with a better one than what I now show you. As Mr. Shaw has observed, the derangement of the minute textures is exhibited in the skull in a remarkable manner, some parts of the calvarium having an extraordinary thickness, while other parts of it are reduced to the thinness of paper, and the divisions of the tables are lost. Sometimes the parietal bones become seven-eighths of an inch in thickness, while in the situation of the fontanelle and sutures the cranium is surprisingly thin. Mr. Shaw mentions a skull-cap, taken from a child between three and four years old, where the bones were in some places seven or eight lines in thickness, and when squeezed, blood and serum issued from their interstices. This specimen was shown by Hunault to the Academy of Sciences. When the bones have once become affected with mollities, they never recover their natural texture, and sooner or later, the disease proves fatal; but in rickets the bones often acquire in time a better shape and a greater degree of firmness; indeed, they often acquire such a degree of firmness as fits them perfectly for the performance of their functions; and some rickety children grow up to be very athletic subjects. When the disease, however, is in an aggravated form, the deficiency of phosphate of lime is sometimes so great, that nothing but the shell of the bone is left, the internal part being filled with cells containing a red sanious fluid. Although there is in this circumstance a degree of resemblance between rickets and mollities ossium, it is to be recollected, that the bones in the former disease cannot be bent as they can in the latter. With respect to the change in the bones, it does not merely consist in that deficiency of the secretion of phosphate of lime; in addition to the loss of firmness from that cause, there is a disorganisation of the minute textures of the bones—and this is so much the case, that, in aggravated cases, the walls of the long cylindrical bones may be entirely removed, and the whole interior preserves, according to Bichat, a homogeneous appearance, and consists of cellular texture throughout. Here truly you might have mollities and flexibility; but these are extreme cases, such as are not usually met with.

It is curious to observe the efforts, made by nature to obviate the effects liable to occur from the weakness of the bones in rickets. You will generally find, if you examine a bone that is bent by the effects of the disease, that in proportion as the walls of the larger curvature are thinned, the walls of the lesser one are thickened and strengthened; you see this illustrated in several of the rickety bones before us. The reason of this is, that the lesser curvature has all the weight of the body

to support, and, if there were not this provision made, the bone would be incapable of supporting any weight. For some valuable observations on this subject, we are indebted to Mr. Stanley. There are preparations in the museum which shew the thickening of the lesser curvature of rickety bones, better than the bones you are now examining, though these will give you a very good idea of it. You see, that the wall of the lesser curvature is thicker and stronger than that of the larger one.

Next, gentlemen, I wish you to observe, that one effect of rickets is to flatten the long cylindrical bones, and that the greater diameter of the bone, when thus flattened, is always from the fore-part of the curvature backwards; thus the same effect is produced as what results from the wall of the lesser curvature being thickened—the bone is strengthened by it. This change is well shewn in the bones, which I now pass round for your inspection. When the cylindrical bones are affected with rickets in an extreme degree, the medullary canal is sometimes obliterated, in consequence of one side of the wall of the bone acquiring an immense thickness. This preparation was sent in as an example of the change in question; the medullary canal is certainly obliterated, but I do not think that it has happened in this instance as a consequence of rickets.

It has been supposed, that the heads of rickety bones expand; but this is found not to be the case: the joints certainly seem very large in this disease; yet this is proved by dissection to depend principally upon the emaciation of the soft parts. At one time, too, it was imagined that, in rickets, the periosteum was thickened; Beclard was of this opinion; but subsequent investigations have proved that such is not the case in any common examples of the disease. Here is a tibia showing the remarkable thickening, which the walls of the lesser curvature undergo.

We do not find, that the bones of the upper extremities are generally much deformed in rickets; for it is principally the weight, which the bones have to support, that produces the deformity of those of the lower limbs, and therefore such bones are principally affected with deformity in rickety children. Certainly it is not often that you meet with deformity in the bones of the upper extremities. The preparation which I now show you, therefore, is to be considered as a rare one; the humerus, you see, has been twisted by the action of the muscles, in consequence of which the ulna has been moved partly into the place of the radius, and the radius displaced. The upper head of the latter bone, no longer having the humerus to play upon, is elongated, and altered in its shape. Examples of deformity of the upper limbs from rickets are rare, compared with those of the upper extremity. We have another instance of it, however, in this subject, in which you will see an extraordinary deformity of each humerus produced by the pres-

sence of crutches. The skeleton is that of a boy, about ten or twelve years old, and it shows various other interesting circumstances connected with rickets; for example, it exemplifies the slow development of the teeth, and the imperfect formation of the alveolar processes, occasionally noticed in rickety children. The preparation is interesting on another account, for here the rickets was complicated with a scrofulous affection of the spine—a scrofulous caries of the vertebræ. Many writers incline to the belief, that rickets is essentially connected with scrofula; but this is an erroneous opinion; sometimes scrofula may be accidentally joined with rickets, as in this instance, but we frequently meet with rickets where there is no scrofula in the system. The skull of this subject is also surprisingly thick, more than an inch, I believe, in some places; and you will find, if you study the state of many of the bones, that they and their processes are but very incompletely developed. This is certainly the case with the vertebræ.

It was an observation, made by the late Mr. Shaw, that, in whatever state of distortion the spine and ribs may be, the bones of the pelvis will not be found distorted, unless there be at the same time marks of rickets in some of the long and solid bones; and it is argued by his brother, that as neither the bones of the upper, nor those of the lower extremities become incurvated, when the distortion commences near the age of puberty, it follows, that a cause, totally different from rickets, gives rise to it, and that the pelvis incurs no danger of being implicated in this deformity. Mr. Alexander Shaw, therefore, considers those skeletons only as true specimens of rickets, in which the distortion is exhibited throughout all the osseous system together—in the skull, the cylindrical bones of the extremities, and the large bones of the pelvis, as well as in the spinal column and the thorax. The figure of a rickety skeleton is distinguished by the head, the thorax, and the arms being preponderating and large, while the pelvis and lower extremities are, in a relative degree, diminutive and short. In the examinations of skeletons, made by Mr. A. Shaw, it was found that all the bones were to a certain degree deficient in size; but that such want of development was much more considerable in the lower half of the skeleton, the vertebral column and arms scarcely losing one-fifteenth of their natural length, while the bones of the lower extremity lose one-third of it. In the pelvis, the bones wanted nearly a quarter of their natural size. Hence, when the pelvis is deformed by rickets, it is not only those diameters, which are contracted by the thrusting inwards of the bones that are smaller than usual, but all the diameters are less than natural; whereas in the deformity of the pelvis from mollities ossium, in proportion as one diameter is lessened, the other is elongated, but this, according to Mr. Shaw, is never the case in rickets. In mollities, the bones have been fully developed

in rickets, their growth has been interfered with at an early period, and they have never attained their full size.

## CLINICAL LECTURES

DELIVERED

*At the Meath Hospital, or County of Dublin Infirmary, Session 1833-34.*

BY PHILIP CRAMPTON, M.D., F.R.S.,  
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### LECTURE I.

*Introductory.—Qualifications of a Surgeon.*

GENTLEMEN,—As senior medical officer of this institution, the duty (and it is a very grateful one) devolves on me of meeting you here this day and opening our Winter Course of Clinical Instruction. It is customary on such occasions to give some general views of the nature and scope of the medical profession, to describe the talents and attainments necessary for its successful cultivation, and, above all, to show the surpassing importance of clinical instruction, as a means of acquiring a practical knowledge of the healing art. For several years past I have abstained from entering on these topics, not because I undervalued their importance, but merely because they are so fully handled in distinct treatises, in the elementary works on medicine, or in the introductory lectures delivered at the different schools. On the present occasion, however, I am induced to revert to a topic which I have long left untouched, and, trite and exhausted as the subject is, I must say a few words respecting the qualifications which are considered as most essential for the study of medicine.

Here I must premise, that, in this country, we require much less from our students than our neighbours either in France or Germany. You will find that Professor Rothe (as quoted by Dr. Young) considers it "essential that the student of medicine should be intimately acquainted with all the languages, living and dead, from the Hebrew to the language of the gypsies; that before he enters on the study of anatomy and chemistry (which should occupy twenty years) he should be well versed in all the standard works, whether logical, metaphysical, moral, political, statistical, agricultural, mathematical, geographical, chronological, genealogical, (he forgot phrenological) heraldic, diplomatic, numismatic, and historical. Then Vogel only asks for talents and genius of the highest order, a penetrating intellect, a retentive memory, stability of judgment, rapidity of decision, immoveable firmness, presence of mind, flexibility of temper, elegance of person and manners, and a profound knowledge of the secret recesses of the human heart." These, gentlemen, are "high claims and terrifying exactions." I will, however,

concede (and I hope you will consider the concession as sufficiently ample) that every person whom I address is possessed of every talent and every attainment contained in the German catalogue, yet if he be deficient in but one particular, which has been unaccountably omitted in the enumeration, I do not hesitate to say, that all his talents and attainments will be unavailing.

This would be a very disheartening statement, if the qualification which I require were one which (like most of the others which I have mentioned) must either be the gift of nature, or the result of an elaborate education; but the truth is, that it is perfectly attainable by every one, however humble his talents, or limited his education, if he be desirous of possessing it, and what is more, if you give me but this, I will take my chance for your possessing all the rest, and will ensure you at least a certain degree of success. Need I say that the faculty, to which I allude, is the humble one of *attention*. "By attention," says Locke, "the ideas which are presented to the mind are taken notice of, and as it were registered in the memory; it is the faculty which disposes a man to observe with the fixed intention of remembering." I apprehend, however, that Mr. Locke gave to the faculty of attention, if not a higher power than it actually possesses, at least a higher power than it usually exercises. In ordinary circumstances, attention is limited to the merely "taking notice of the ideas which are presented to the mind," while the act of "registering them in the memory" is another and a higher intellectual operation, which must in general be performed by an effort of the will. We must all have observed that our recollections are usually strong and durable, precisely in proportion to the interest which they excite in our minds, whether from their novelty, from the notion which we form of their importance, or from accidental association of ideas. Objects which interest us merely by their novelty, and which are not associated with ideas either of utility or pleasure, leave but a transitory impression on the mind—they "come like shadows" and "so depart." But if we are once persuaded, that, on a thorough acquaintance with those objects, depend the prosperity and happiness of our lives, they suddenly assume a very different degree of importance in our eyes, we observe each particular with the closest attention, and register it in our memories; and, by a remarkable law of our nature, this very exercise of attention generates an interest respecting the object, which, by a reflex operation, increases the attention an hundred fold, and renders that, which at first was perhaps but an irksome task, a delightful and all-engrossing pursuit.

This is the key to the explanation of that familiar but (at the first view) unaccountable fact, connected with the pursuits of men in the various departments of literature and of natural knowledge. One man begins the study



of Greek grammar, as a means of becoming acquainted with the language, and through the language with the philosophy and poetry of the early ages of Greece. He finds some difficulties in the Greek particles; he gives his undivided attention to the subject, every moment increases its importance in his eyes; adieu then to philosophy and poetry! he becomes a grammarian and nothing more, for the rest of his life. Another man is smitten with a love for astronomy, he begins by preparing the instruments necessary for its study; he fixes his whole attention on them and becomes enamoured with the occupation; he ends where he began, and is a caster and grinder of speculums as long as he exists. These indeed are extreme cases, they are instances of what may be called a morbid excitement, and a misdirection of the faculty of attention, in consequence of which the end is sacrificed to the means. They are useful, however, as illustrating the intensity of interest with which an object may be invested, without reference to its utility, merely by making it the subject of our undivided attention. If such things be true, and I apprehend they cannot be disputed, you will I think be disposed to admit that in estimating the respective values of the qualifications which are required from the student of medicine I have not overrated the faculty of attention. Of course you are not to consider this as an explanation of the mental phenomena connected with the faculty of attention, but as a mere statement of the facts conveyed in popular language; these are equally true, whether you consider the exercise of the faculty of attention as an individual power, or merely as the increased activity or excitement of each intellectual organ in the exercise of its respective function. The important truth which never can be too strongly impressed on the mind of the student is, that every faculty of the mind can by exercise acquire an increased degree of strength, and (if I may so speak) of dexterity.

Here then is the power. Let us see whether there be not in the very nature of the medical profession something which, perhaps more than in any other, calls on you for the exercise of this faculty. It was said of an eminent solicitor in this city, who cultivated several tastes as well as a taste for his profession, of which (by the way) he was suspected of being a little ashamed, that he was "a man of wit and pleasure on the town, who amused his leisure by being an attorney." Now however well this may succeed in the law, I am quite sure that it will not succeed in surgery, and for very obvious reasons. In the first place the offices of surgery cannot be performed by deputy, nor can the responsibility annexed to them be shared. In the second place they are in general performed in public, before a very critical and severe, but in the long run, a just tribunal. In this respect the case of surgery is different from that of medicine, and hence the different degrees of success which attend quacks or pre-

tenders to superior skill in these different departments of the healing art. It is too notorious to be denied that the highest medical reputations are made, and the highest prizes in medicine are daily carried off by men who not only do not pretend to any knowledge of the science of medicine, or, (to do them justice) of any other science, but who rest their claims to public confidence solely on their success, and to say the truth, when we consider that the very public to which they appeal are themselves the witnesses, and that the appeal is made to personal experience, it appears difficult to raise a doubt as to the soundness and sufficiency of the testimony.

Here then is a dilemma from the horns of which it seems hard to escape. We must admit, either, that in medicine the grossest ignorance can affect as much, if not more, than science and experience combined, or else, that patients are not competent to judge whether their diseases have been aggravated or cured by the treatment to which they have been subjected. Now strange as it may seem, the latter is the exact truth. The difficulty of coming to a right judgment as to the efficacy of any plan of medical treatment turns on this, that in all cases there are a great many influencing causes at work as well as the physician, and unless these causes admitted of being measured, or altogether excluded (which is plainly impossible) no estimate can be formed as to the effect of the mere medical treatment. If after two or three and twenty days of fever, when the patient seems at the last gasp, his eyes dim and blood-shot, his face of a dirty yellow, faintly tinted with pink over the cheek bones, his jaw fallen, his lips, tongue, and teeth, covered with a black crust, his hands waving tremulously over his bed-clothes, from which at intervals he seems desirous to pick off something, his breathing hurried, his pulse fluttering and almost extinct, if during this mortal struggle a warm and general perspiration breaks out, the pulse becomes full and equal, the eyes recover some "speculation," the tongue becomes moist, and every breast is filled with hope and thankfulness, who will venture to decide whether this great change has been wrought by the five grains of saturated ammonia, or the ten grains of musk, or the thirty drops of laudanum contained in the last draught that was swallowed, or by the mere inherent powers of the constitution unaided, or, it may be, obstructed by our interference?

There is an infinite deal of humour, as well as a great deal of truth in an observation of Ben Jonson's on this subject, as recorded by Lord Bacon in his apothegms. Ben Jonson used to say (says Lord Bacon) that in sickness there were three things that were material—the physician, the patient, and the disease. If any two of these joined, then they have the victory, for "ne Hercules quidem contra duos." If the physician and the patient join, then down goes the disease, for the patient recovers. If the physician and the disease

join and pull the same way, then down goes the patient, (you see that rare Ben Jonson had no faith in homœopathie). If the patient and the disease join, then down goes the physician, for the patient dies, and the physician is discredited. Now as these coalitions take place in the very penetralia of the body, and as even the physician himself (and far less the public) can know nothing of them except by their results, it is quite plain that the respective claims of the parties to the merit of the cure, in any given case, can never be satisfactorily adjusted. In this uncertain state of things the public acts with liberality towards the physician. When the result is favourable the cure is ascribed to his remedies, and when unfavourable (unless in very flagrant cases indeed) the death is laid at the door of nature. No one, for example, blames the physician, and still less the empiric, when his patient dies of cholera, or typhus, or dropsy, or consumption; but should any case of the kind recover under his treatment, he is lauded to the skies. There is, no doubt, a great deal of justice, and perhaps of good nature, on the part of the public, in this method of adjusting the respective claims of nature and the physician; but, besides the justice and good nature of the public, there is another principle of the human mind which comes in aid of the physician, and still more of the empiric;—I mean that universal principle—the love of the marvellous. It is a delightful thing to have been the subject of an almost, if not quite, miraculous cure. What a subject for exciting interest and gratifying our self-love! How infinitely is our personal importance increased by having been cured in a moment, by some new and unaccountable process, of a disease that has baffled the whole Faculty for years! A man who has been cured of gout by colchicum, or of *tic douloureux* by carbonate of iron, is not to be mentioned on the same day, much less received into the same circle of society, with a man who has been cured by a magnet that raised three hundred pounds weight of iron! But this is as it should be. Human life would be but a dull drama if it dealt only in realities; and it would fare ill with the sufferer if hope were to close upon him when he had exhausted all the science of the Faculty. Let magnetism, animal and mineral,—let homœopathie and every other *pathic* have its day—and each will have it, whether the profession like it or not, whether they endeavour to extinguish it by their opposition or overlay it by their patronage—nothing in my mind can be less becoming the dignity of the profession than to stoop to either course. Let those whom we cannot help enjoy delusions, which at least are harmless; and if they beguile an hour of pain, or supply one beam of hope, they must, to a certain extent, be useful. Let the physician not incur the reproach which the lunatic of Argos applied to his too officious friends who cured him of a delightful delusion:—

“Pol, me occidistis, amici,  
Non servastis, ait, cui sic extorta voluptas,  
Et demptus per vim mentis gratissimus error.”

In an assembly of educated persons it cannot be necessary to protest against any conclusions being drawn in favour of quackery, because its foundations are proved to be laid deep in the principles of our nature, and because some fortunate empirics have made more money, than the Hunters or Baillies, the Pinels or Andrals. Quackery, in this respect, stands on precisely the same grounds as every other description of swindling; and a scientific physician would have as good a reason for burning his books and turning quack, with a magnet in one hand and a homœopathic pill in the other, as a merchant in good credit for withdrawing his capital from its investments in honourable commerce, and sinking it in a speculation for building a great gambling house. But if, from peculiar and unavoidable circumstances connected with the nature and treatment of internal disease, the physician has sometimes to contend with the empiric, let indolence or dishonesty draw no argument from this, unfavourable to the scientific pursuits of medicine. It is only by science and integrity combined, that the physician can successfully contend against empiricism. Let the weak, the ignorant, the credulous, and the hopeless, flock round the Moloch of quackery, and heap his altars with willing victims; there will still be enough of the learned, the virtuous, and the wise, to worship in the temple of Esculapius. But whatever fears or hopes may be entertained by the physician respecting the success of empiricism, to the surgeon, who must stand or fall on his own merits, the matter is nearly indifferent. All *his* proceedings are public; success cannot be pretended, or failure concealed. We hear every day of consumptions being cured by inhaling oxygen or carbonic acid, by washing the chest with vinegar and water, or with liquid blisters, by breathing the vapours of iodine or of turpentine, by magnetism, or by homœopathie, and we cannot doubt the truth of the statements, since they were made by the very persons who were cured or by their nearest friends. It is true, that they have not long survived their cure, but still their friends have the consolation of knowing that they died cured. Now, without venturing to assign limits to human credulity, I doubt if any one has as yet been convinced that a cataract has been extracted from his eye, or a stone from his bladder, by the application of the most powerful magnet; that a dislocation of the hip has been reduced by the metallic tractors, or a disunited fracture made firm by strychnine. One seldom hears a physician blamed for allowing his patient to die of cholera or typhus fever, yet a surgeon could scarcely bear up against the outcry which would be raised against him, if he permitted a man to bleed to death in his presence from an open artery, or to walk home with a frac-

ture of the neck of the thigh bone. As the surgeon, then, where the case proves successful, has the whole merit of the cure, he must be prepared, where it proves unfortunate, to bear the whole blame of the failure. There is, besides, this peculiar hardship in the situation of a young surgeon, that he is constantly put upon his trial, and brought into competition with men who are generally his superiors in reputation and experience; yet, should he prove to be mistaken in any point of practice, no allowance can be made for him on the score of inexperience, which will not be injurious to his reputation; and should he happen to be right, it is considered but as a matter of course. Now, although, from time immemorial, doctors have had a right "to differ," with this great advantage, that their disputes can never be settled, it is not so with surgeons. Between them it is a fracture or no fracture, aneurism or no aneurism, calculus or no calculus; and here, at least, the issue is of some importance, as it frequently involves nothing less than the life of the patient and the whole reputation of the surgeon.

I fear you will think that I have pressed this subject too hardly, and that I have lost time in labouring to prove a self-evident proposition; for who can suppose that surgery, any more than any other mechanical art, can come by inspiration? Nobody, I admit, can suppose it; and yet I find that too many act as if they supposed such a miracle would be wrought in their favour. Miracles are, however, very rare in these days, and to those who would depend on their luck, I would recommend the perusal of Miss Edgeworth's Tale of "Murad the Unlucky." But even at the hazard of being accounted tedious, I will mention a case to you; you are at liberty to suppose it an imaginary one, and to some of you it may appear improbable; but there are some, I trust, in this room, to whom it may convey information, if not admonition.

A young surgeon, with all those natural advantages of mind and manners which qualify a man to succeed in society, was appointed to a Dispensary which had lately been established in his native county. Surrounded by partial relatives and friends, and possessing qualities which entitled him to their esteem, it is not surprising that he soon acquired a very considerable reputation, and in a very few years became exclusively possessed of the general practice of a rich and populous neighbourhood. And here I may observe, that I can scarcely conceive a situation more enviable than that of a young and successful medical practitioner in the country. He must indeed be deficient in morals, manners, or education, if he is not the most popular man in the neighbourhood. Every moment of his time is either agreeably or usefully employed; respected and beloved by the poor, to whom he never appears but in the character of a benefactor, he passes through the country (whatever be its state of tumult and insubordination) by night or by day like

a being of a superior order; let destruction fall where it may, his property and person at least are held sacred. His occupation gives healthful exercise, not unmix'd with pleasure; and if, in the course of his extensive rides through the country, he should chance to fall in with the hounds, why who is so welcome as the doctor? Health brings with it cheerfulness, and cheerfulness is the parent of kindness. Add to all this independence, with that most delightful of all feelings, which Mr. Edgeworth calls "the sense of success," and I think you have as many of the requisites of happiness as can well fall to the lot of humanity.

Well, our young friend possessed all these advantages, and he had besides the advantage of being received as a friend as well as a physician in the house of the lord of the manor, one of the most amiable and distinguished men in the country. His life passed on in this way for four or five years, every day adding to his reputation and happiness, until one fatal night, when he was called in haste to visit his patron and friend, who was suffering from a retention of urine. Having tried the usual means of relief in vain, he attempted to pass the catheter, but after two hours, spent in painful and ineffectual efforts, he is obliged to call for further assistance. Allow me here to explain the nature of the difficulty which he had to encounter, but was unable to overcome. Retention of urine in old persons is, nine times out of ten, caused by an enlargement of the middle lobe or portion of the prostate gland, which pushes up, in this way, into the cavity of the bladder, and pressing against the internal orifice of the urethra, prevents the escape of the urine. If the catheter be pressed backwards, or even upwards, its point bears against the projecting portion of the gland, and cannot, without perforating it, reach the cavity of the bladder. (Here Mr. C. exhibited a section of the bladder and urethra, with enlargement of the middle lobe of the prostate gland.) The point of the catheter was seen pressing against the projecting lobe, which prevented the instrument from passing into the bladder.

This difficulty gave time for the arrival of a young surgeon, who had been induced, by the extraordinary success of our friend, to establish himself in the same village—for observe, that there is not a village in Ireland, however small or remote, in which you will not find a competitor. "I fear," said the surgeon who had charge of the case, "that this is a serious affair. I apprehend we shall be obliged to puncture the bladder, but try what you can do with the catheter." The young man, having ascertained the real state of the case by examining the prostate through the rectum, drew from his pocket a long and deeply curved catheter of the middle size, and having passed it up to the obstruction, depressed his hand, while at the same time he withdrew about an inch of the stilette, and the instrument instantly slipped over the obstruc-

tion into the bladder. In a few moments the patient was out of pain and out of danger. Need I describe the different feelings with which the two young aspirants for public favour turned towards their respective homes. The one, loaded with the praises and benedictions of a grateful family, springs upon his horse, which scarcely seems to touch the ground until he reached his home, where, in the bosom of his anxious family, he recounts every circumstance of his success, and indulges in bright anticipations of future fame and independence. The other, passing unheeded (it may be for the last time) through the silent hall, which lately rung with his welcome, returns with heavy steps to his cheerless home, ruminating as he goes with bitter but unavailing regret, on opportunities neglected and ruined hopes.

I wish I could say that this is an overcharged picture, and that no such mischance is likely to befall any man of ordinary education; but it is far otherwise. So boundless is the field of surgical practice, so various the complications of injury and of disease, that there is no man, however great may be his talents, or extensive his experience, who will not almost daily meet with cases which are new to him, and in the management of which there may be some nicety of practice which he has yet to learn. Is there a man who hears me, whatever may be his experience, who is not convinced in his inmost soul, that he is exposed to the dangers which I have described, every hour of his life? What, then, but the most inconceivable madness can induce a man to lose one moment of the time, which he can so usefully employ in laying up a store of experience, in folly and inattention? Can you persuade yourselves, that by conversing at the lower end of the ward, while some such trivial operation as the introduction of the catheter is going on at the other end, you are learning your profession? Do you expect to be impregnated with knowledge by the air of an hospital? Have you ever reflected on the consequences which must ensue to others as well as to yourselves, if you only begin to learn your art when you have to practise it as a profession?

It is painful, exceedingly painful to me, my young friends, to address you as I have this day, for the first time, in the language of admonition; but it is better to be admonished by me, than by bitter personal experience. What is it that brings me before you year after year, but the conviction, that the experience of no man can be commensurate with the demands on it. It is because I every day feel more and more the want of experience, that I gladly become your fellow student even, rather than your preceptor, feeling a deep conviction that the light which experience throws on our common path is to the full as useful a guide to me, as it is to you.

CLINICAL LECTURES

DELIVERED BY

G. J. GUTHRIE, ESQ., F.R.S.

PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS, &c. &c.

*At the Westminster Hospital, Nov. 9th, 1833.*

LECTURE VII.

*On a peculiar Injury of the Shoulder-joint.*

GENTLEMEN,—The observations I am going now to address to you I have reserved for some time, with the hope that they might find a place in the first volume of the Transactions of the Royal College of Surgeons of London, when they had been rendered more perfect by the addition of proofs drawn from dissection. For this desideratum I have waited in vain, and as there is now a case in the hospital of the injury I shall attempt to describe, and which affords you an opportunity of estimating the description at its just value, and of judging of the correctness or inaccuracy of my opinions, I shall no longer defer giving them to you and to the public. It is possible that when attention is particularly drawn to the subject, an opportunity may be met with of ascertaining by dissection the exact nature of an accident which has caused me much anxiety at different times, and must, I conceive, have been a source of inconvenience even to others who may have been better qualified to form a judgment of the nature of these accidents than I am. As I wish on this point to be fully understood and fairly represented I will (if it be agreeable to the gentlemen who take notes for the weekly publications, and they think it worth their while) give them an opportunity of copying my own remarks on the subject, in fact, the very paper I now hold in my hand. Mr. Foote will remain here to read it for copying, if required by any one of those to whom I have alluded. I have no interest in any journal, save that which arises from civility, and there is an old saying, that civility begets civility. The first case I shall adduce is that of Louisa Chapman, eleven years of age, who fell on the shoulder on the 8th of October last, and is under the care of Mr. Lynn.

This child's shoulder is, as Mr. White aptly calls it, out of drawing; there is a considerable prominence on the inside of the anterior part, beneath the coracoid and acromion processes and in the situation of the small tuberosity of the humerus. This projection is so manifest as to be seen at a distance, and when examined it might be mistaken for the head of the humerus displaced into this situation, and constituting a partial dislocation if it were not for two circumstances. 1st. That it is not the whole of the head of the humerus which is felt projecting internally, neither is it round, but on the contrary, it is distinctly a rough and irregular protuberance of bone. 2ndly. That the greater part of the

round head of the humerus may be felt in the glenoid cavity.

If the thumb or fore-finger of the left hand be placed on the internal protuberance of bone, whilst the elbow is rotated by the right, the protuberant portion of the humerus is found to obey the motions given to the elbow in the clearest possible manner. If the fore-finger be carried outwards and placed upon that part of the joint in which the external part of the head of the humerus ought to be placed in its normal state, it will be found there, and moving most distinctly under the finger when the elbow is rotated. The arm can be elevated and the hand placed on the top of the head. There is no peculiar or decisive sensation communicated to the fingers when pressed into the axilla, and the elbow can be brought close to the side with ease although it tends a little backwards. If the point at the fore-finger be placed immediately below the middle of the acromion process, it sinks into a hollow between the protuberant point of bone and the articulating part of the humerus which moves in the glenoid cavity; and if the two shoulders are compared, the greater width of the injured one is apparent. What is the injury? Dissection has not yet explained it, but I believe that it is a longitudinal split of the humerus. The accident always happens in consequence of a fall on the point of the shoulder, in which the head of the humerus covered by its investing parts first meets the ground and receives the shock. It occurs, then, from direct violence committed to the part. In some cases there is an indistinct crepitus, and in one case I shall mention the whole head of the bone was dislocated as well as split. I believe that the split separates the small tuberosity with more or less of the head, and extends in the direction of the bicipital groove, and I suspect that the tendon of the pectoralis major in front, and those of the latissimus dorsi and teres major behind, prevent displacement by acting in the manner of a hinge. The crepitus is not always distinct, especially in young persons, on account of the cancellated structure of the bone being soft, and its interstices being filled by medullary matter. The arm is shorter, in this instance, when measured from the acromion to the olecranon, by half an inch.

Mr. Lynn differs in opinion with me as to the nature of the injury, and states that it is an accident he has never seen before during the nearly sixty years he has attended this hospital as student and surgeon. You may judge, therefore, of the importance of surveying it well. No man has a more affectionate regard, nay reverence, for Mr. Lynn than I have, no one more highly appreciates his long and valuable professional services than I do; and, some thirty-one years hence, if I ever live to that time, and to equal his present age, I shall be glad to be as good a surgeon and as good a man. Still we may differ a little now, with advantage to me at all events. There is always

something to be gained by friendly collision with a man of great experience, even if it should be only the lesson that the greatest value of experience and the observations to be drawn from it is obtained, when they are directed to particular objects, and not embracing everything generally. There have been, I believe, two similar cases in this hospital in the course of the last year. One was of a brewer's drayman in Matthew's ward, about forty years of age who fell on his right shoulder, and suffered the injury I have described, but which I did not then so well understand as at present. I requested the opinions of Mr. Lynn, Sir A. Carlisle, and Mr. White on this case. Mr. White then said as now, that it was out of drawing, and Mr. Lynn said the man would get well and have a good useful shoulder, which he had ultimately, although the projection remained. This case Mr. Lynn recollects, but he does not think that it was quite the same as that of this child.

The second case was of a boy who lay in the bed nearest the door of the opposite ward. The late Mr. Alcock, who was in the habit of attending frequently at this hospital, paid particular attention to this hospital, and the history of the case was taken at length, but some gentleman took a fancy to the book and stole it. This boy also had good use of the arm, although the protuberance was still greater than in the brewer's man. The third case I shall adduce was that of Colonel Yorke, now secretary to the Governor of Jamaica, Lord Mulgrave, about thirty-five years of age. He was thrown from his horse two years ago in Hyde-park, and pitched on his left shoulder. I did not see him until two hours after the accident, and the shoulder was a little swelled, but not sufficiently so to prevent an accurate examination. The only symptoms differing from what you may see in this child were a little more protuberance on the inside, and a crepitus on rotating the elbow, which, when present, was sufficiently distinct but was not always observable. I made several examinations before I was quite satisfied of the nature of the injury, and the late M. Delpech of Montpellier having done me the favour to dine with me some few days after it happened, I mentioned it to him, and as he had never seen a case of the kind and wished particularly to verify it, I took him to Colonel Yorke's, and showed it to him. He was not only satisfied but delighted with it, and expressed to Colonel Yorke his fullest acquiescence in the opinion I had given of the nature of the injury. The treatment consisted of a padded back board, and two broad soft padded straps of chamois leather, which went under the arms and fastened to four brass pins in the board behind, there being several holes in the straps to admit of these being drawn as tight as might be required or could be borne. One of these straps pressed upon the prominent piece of bone. The elbow was supported, carried forwards, and fastened close to his side; and, after a time, passive

motion was resorted to, and he recovered the use of his arm and left off his bandages at the end of ten weeks, and suffers now, I believe, no inconvenience from the accident, although there is still a certain degree of prominence remaining. The effect of the treatment was to bring the split portions of bone nearer to each other, as well as to consolidate them. He has promised me his shoulder when he dies, but demurs about dying before me, and I hope this notice of his case may induce some surgeon whenever he does die, to ask permission to examine his shoulder. The report will be interesting even at the distant period to which I hope it may be deferred.

The last case I shall mention came under the observation of several of you, although a private patient, because I brought him into this theatre for the convenience of the pulleys. Mr. Perry, jun. of Perry's Place, Oxford-street, about eighteen years of age, fell on the point of the shoulder, at Amersham, and was supposed, by Mr. Tennant his surgeon, to have dislocated the head of the humerus, which he duly reduced. It did not, however, remain in its situation, and was I believe again replaced. Still there was something wrong about it, and at the end of three weeks his friends brought the young gentleman to me. On examination, I found the elbow was carried very far backwards, and the head of the os humeri proportionably forwards, and apparently dislocated in that position; but the prominent part was not round like the head of the bone, and did not give that sensation to the touch; on the contrary, it felt, to my ideas, as if the head of the bone was split as well as dislocated. I had the pulleys prepared here, and brought him down; the extension was made and kept up for nearly an hour, until, in fact, he could bear it no longer, and all the bandages had slipped. The bone moved considerably from its original situation on the inside of the glenoid cavity under the extension; but it did not long remain in that position when the extending power was removed. Mr. Tennant had done, in fact, as much as I had, and with the same success. As soon as the skin of the arm, which had been ruffled by the bandages, was sound, I once more submitted him to the pulleys, exerting even a greater power upon him whilst in a state of exhaustion from loss of blood and from the effects of tartar emetic. I brought the whole head of the bone below the level of the glenoid cavity, but could not entirely remove the prominence. When taken out of the pulleys, the outer portion of the head of the humerus appeared to be in the glenoid cavity, but the inner and greater part of it was internal to it. The arm assumed, however, more of its natural appearance; the elbow was in its proper direction, and could be readily pressed or struck against the ribs. In order to prevent another escape of the bone, I put on the same back-board as I had used in Colonel Yorke's case, and treated it altogether in a similar way. He recovered

at the end of several weeks, and went into the country with a good and very useful arm, promising that if he should happen to die before me and had time to think of it in his will, he would leave me the examination of his shoulder, or to some one else if I were dead. He departed this life, however, on the 25th of last November, without thinking any more of the matter, and his friends, who promised as well as himself, were too unhappy to recollect such a circumstance. I regret it very much, but was not aware of his death until long after he had been buried.

In this case the capsular ligament of the shoulder joint must have been torn; and I believe the whole of the head of the humerus was dislocated as well as split, which may be a reason why it so readily became displaced, a second and even a third time; for there is no reason to doubt its having been duly reduced by Mr. Tennant, at Amersham, although he could not restore the protuberant part to its place for the reasons I have assigned. The friends of the young gentleman were, and remained, exceedingly dissatisfied with him until they saw the difficulties I had to encounter here, when they began to suspect he did not deserve it; and when I told them there was no record in print describing the nature of the accident, they declared themselves, as I assured them they ought to be, contented.

I have seen a case in which the humerus was broken and the head alone remained in the glenoid cavity, but it did not resemble the cases here described; and I cannot, after much consideration, take any other view of the nature of the injury than that I have given you. Nothing will effectually clear up the difficulty and uncertainty which envelope this subject but a dissection of the parts concerned in it; and I can only hope that the remarks I have made will draw more attention to it, and lead to positive results. I shall consider the surgeon fortunate who can add the desired information to our existing knowledge of the injuries affecting the shoulder-joint; and shall be very much obliged and gratified if he will send me a drawing and an account of the appearances of the parts on dissection.

THE DISCOVERIES OF DR. RICORD OF  
THE HÔPITAL DES VENERIENS OF  
PARIS, RESPECTING THE VENE-  
REAL DISEASE,

*Claimed in a Letter to the Editor.*

BY WILLIAM WALLACE, M.D., EDIN., M.R.S.A.,  
*Surgeon to the Dublin Infirmary for Diseases  
of the Skin, including Venereal Diseases,  
and to the Jervis Street Dispensary; Au-  
thor of a Treatise on the Venereal Disease  
and its Varieties, &c. &c.*

WHEN I consider your character for liberal impartiality, I have little doubt of your as-

sistance on the subject of the following letter. Therefore, although personally a stranger, I do not hesitate to address this communication to you, and to request that you will be pleased to give it a place in the pages of your very valuable Journal.

Having devoted for many years a great deal of attention to the investigation of the venereal disease, I observed, naturally with much interest, the papers in Nos. 90 and 91 of the London Medical and Surgical Journal, which give an account of certain researches lately made on this disease by Dr. Ricord of the Hôpital des Vénériens of Paris. Indeed, as soon as I saw the title of these papers, I entered on their perusal, and I trust I shall be excused for observing in this place, that, when I had read them, I could not avoid immediately exclaiming, here is a confirmation of many of my facts and conclusions, yea, of those which have met the largest share of opposition! here is a proof of the care with which I have considered the subject of the venereal disease; for I do not find a single assertion in these papers which I have not investigated, or scarcely a fact which has not been either published by me, or which may not be directly inferred from those which I have published!

Has Dr. Ricord, said I, been led by my work, or by any knowledge of my views, to make these researches? or have they been instituted by him without any knowledge of my labours? These are questions which, of course, I cannot answer, but you and the profession will judge when you are made acquainted with the coincidence of our facts and opinions, and when you are informed that my views have been promulgated, for many years, in my clinical lectures, that two years have elapsed since my work on the Venereal Disease was put to press, and that it was published many months before Dr. Ricord's papers were read to the Royal Academy of Medicine. Yet, in these papers, no mention whatever is made of my name, although it may be fairly concluded that my work was then known in Paris by the ordinary course of publication. It is a curious circumstance, and of some importance on the present occasion, that during a visit paid by me to London, in the end of the summer 1831, that is a few months before Dr. Ricord (according to his own admission) commenced his experiments, I freely promulgated my opinions and experiments among a great number of practitioners, lecturers, and students, among whom there were several foreigners, and, at the same time, exhibited a vast collection of drawings of the cases of the disease upon which I had founded my opinions.

In short, were I not fearful of making this communication too long, it would be most easy, by extracting parallel passages from Dr. R's papers and my publication, to remove all doubt from the mind of every impartial inquirer, that this gentleman has been long since anticipated by me. I feel, however, that I must be content for the present with classing

under certain heads the more important and striking of Dr. Ricord's facts and views, and with referring to the pages of my work, in which the same have been previously published. Nor do I entertain a doubt, that this will be quite sufficient to induce such of the profession as are interested in the progress of our knowledge respecting this important disease, to refer to the original writings, and make for themselves a comparison between Dr. Ricord's inquiries and mine.

#### *Contagious nature of the Venereal Disease.*

Dr. Ricord maintains, in opposition to many of his countrymen, that the venereal disease is contagious; an opinion which few in these islands will deny, although it is an opinion which has been so opposed by many able men on the continent, that I felt myself called upon to endeavour to set it to rest in the first chapter of my work, in which I inquire, "*Are venereal diseases produced by a specific cause or morbid poison? or do they arise from common causes of irritation?*"

#### *Characteristic form of the Venereal Disease.*

Dr. Ricord maintains from his experiments that a "characteristic pustule," or one which follows a regular and determined course, is produced by the contact of the venereal poison, and can be produced by no other means. The same opinions are advanced and proved at pages 57, 8, 9, and 60, as well as in several other parts of my work. To this pustule and the ulcer in which it terminates, I have given, for the reasons advanced at page 57, the name of "*regular primary syphilis.*"

#### *Description of the characteristic form of the Venereal Disease.*

Dr. Ricord and his translator have occupied a very large portion of their papers in giving a description of the "characteristic pustule," as it occurs on the skin; but its history and that of the *subsequent ulcer* as minutely traced by me, not only as they occur on the skin, but also as they appear on several other parts. See page 65 and following pages of my work.

#### *Inoculation with the Venereal Poison.*

Dr. Ricord maintains, that an individual affected with a lesion of a syphilitic nature is still susceptible of receiving another from inoculation, and that the danger of the disease is not thereby increased. See several parts of my work, as at pages 71, 2, 3. The knowledge of these facts induced Dr. R. to inoculate persons already labouring under the disease, in the hope of adding to our knowledge of its diagnosis, &c. See pages 82, 355, &c. of my work.

#### *The matter of Bubo will produce the characteristic form of the Venereal Disease.*

Dr. Ricord has proved by experiment that the matter of bubo possesses the power of pre-

ducing by inoculation the characteristic pustule. The same truth, which Dr. R. styles "one of the first importance," has been proved by my experiments. See page 355. There exists, however, this difference between us. Dr. R. affirms that he scarcely ever failed to produce the characteristic pustule by inoculation with the matter of bubo, whereas I have found this result to follow comparatively seldom. There are, however, certain circumstances, which may explain these differences, and which any one who reads Dr. R.'s papers and my work cannot fail to observe.

*Characteristic Pustule produced by the matter of Gonorrhœa, &c.*

On three occasions, Dr. R. produced the characteristic pustule by the inoculation of matter of blennorrhagia, or, in my language, of catarrhal or gonorrhœal primary syphilis, taken from the urethra of "males in whom there was not the least external excoriation, nor any visible ulcer of the urethra." It is, however, to be observed that the conclusions which Dr. R. has drawn from these experiments are not the same as those deduced by me. Indeed, his conclusions are not quite clear or decided. It seems, however, from the statement of his translator, that he is of opinion that blennorrhagia will not produce the characteristic pustule, unless the discharge be accompanied by ulceration; and hypothesis on this subject leads him to believe that ulcers existed in the cases above quoted, although he admits that of this there was not a shadow of proof. See pages 56, 231, &c. &c.

*Influence of habit in determining the nature of the disease produced by inoculation from the "Characteristic Pustule."*

Dr. Ricord, if I understand him right, maintains from his experiments, that the matter of the characteristic pustule will produce in certain habits the serpiginous ulcer; a most important fact in relation to the hypothesis of a plurality of venereal poisons, and similar to those proclaimed in my work from page 13 to page 40, and at page 210.

*Secondary effects of Blennorrhagia.*

Dr. Ricord admits, as a consequence of blennorrhagia, alterations of the bony and mucous system, and pustules on the surface of the skin. P. 56, &c.

*Diagnosis of Blennorrhagia and of the "Characteristic Pustule."*

It is the conclusion of Dr. R., that there exist no symptoms by which virulent blennorrhagia can be distinguished from certain non-virulent discharges. See my work, pages 58 and 233 and following. On the other hand, it is maintained, at least by the translator of Dr. R.'s paper, that a diagnosis of the characteristic pustule may be obtained from a consideration of all its phenomena; and that

the characteristic ulcer may occur without being preceded by a pustule, if the virus be applied to a surface which has been deprived of its cuticle. See pages 81, 84, and following of my work.

*Length of time that the contagious quality of the "Characteristic Pustule" continues, &c.*

Dr. Ricord mentions the following opinions, which will be found embodied in the views respecting ulceration, &c., given from page 49 to page 55 of my work, viz., That the contagious quality of the "characteristic pustule" may persist after the process of healing has commenced, and even until the ulcer is perfectly healed; that the formation of bubo requires certain relations between the surface of the "characteristic pustule" and the absorbent orifices; and that no contamination results from the "characteristic pustule" in its primitive state.

*Influence of the Nitrate of Silver in arresting the progress of the "Characteristic Pustule."*

It is communicated that, if the nitrate of silver be properly applied during any of the four first days of the progress of the "characteristic pustule," it will be arrested in its course and healed; a position particularly enforced by me from page 92 to page 99, inclusive.

I fear I must, for the present, end here, lest I should tire you by further particulars. I trust, however, I have said enough to accomplish the object of this communication; that is, as before remarked, to induce such persons as are interested in the history of the venereal disease (and few subjects are of more general interest or importance to medical practitioners), to compare my work with the writings of Dr. Ricord. Nor have I, I repeat, any doubt that whoever shall make this comparison will admit that I have not only anticipated this practitioner, but also that I have published a host of facts relating to the very object of his paper, viz., the diagnosis, the progress, and the propagation of the "characteristic pustule," and of blennorrhagia, which he has entirely overlooked. I am also convinced, that whoever shall make this comparison will no longer view Dr. Ricord's researches in any other light than as confirming my facts and conclusions; and moreover, will admit, that if Dr. Ricord has not been led to his investigations by the perusal of my work, or by the oral communication of my views, his having observed the same facts, and arrived at the same conclusions with me, is a powerful argument in support of both our researches, so far as they agree. But, before concluding, I must observe, that, if I can rely on the testimony of my senses, Dr. R. has fallen into several errors, and particularly in respect to the contagious quality of certain forms of the disease. Upon this subject, however, I cannot at present enter, as well because



I should be thereby deviating from the express object of this letter, as because, if I entered on the refutation of his opinions, I should be compelled, in several points, to anticipate considerations which will have their place in the forthcoming volume of my work.

It may, perhaps, be supposed by some, that originality is not claimed by Dr. Ricord, for he says, "doubtless in this paper *all* will not be new, for I have rather observed the patient—I have rather sought for the results of experiment—than for the opinion of others." But, surely, the whole tenor of Dr. Ricord's remarks implies, notwithstanding the *saving* sentence just quoted, that his facts and conclusions are, if not "*all*," principally new. As a proof of this, let me refer to that part of his paper, in which he lauds *his* discovery of the contagious nature of the matter of bubo; a discovery resulting from experiments made known at page 355 of my work. In fact, any one who reads Dr. R.'s papers, if he has not read my work, must give him the merit of having first ascertained the facts which he puts forward. The importance of deriving our facts from our observation of nature, before we make them the basis of our reasoning, I am not likely to deny. But will this necessity justify an author to bring forwards, as his own, such as have been ascertained by another—although of another country. If this be permitted, there is an end to one of the most powerful motives to investigation. "*Render to Cæsar the things that are Cæsar's*" should be the sacred motto of every author anxious for the advancement of science.

*Great Denmark-street, Rutland-square.  
Nov. 1, 1833.*

#### ANATOMICAL NOTES.

##### DISCOVERY OF THE TRUE DISTRIBUTION OF THE OBTURATOR NERVE.

BY ALEX. THOMSON, M.B., OF ST. JOHN'S CAMB.

(Continued from page 463.)

##### *Obturator Nerve, traced in its whole course.*

14th Subject, a Male.—On emerging from the psoas muscle it passes forwards across and in contact with the ilio-lumbar artery, between it and the fork made by the division of the external and internal iliac arteries, from thence proceeds forwards, descending slightly outwards across the middle of the anterior edge of the base of the sacrum, and from thence in a nearly direct line to the posterior point of the sacral canal, being however slightly convexly bent outwards to correspond to the perpendicular internal surface of the ilium, interiorly of the fascia pelvica, immediately above the normal obturator artery, which is above the corresponding vein in this case. At its origin, or immediately below the point of reception of its third root, and coming apparently from that root, it sends off a delicate filament,

one-third of a line in diameter, which passes obliquely outwards, and downwards into the psoas muscle, and may be traced branching in the same to nearly as far as the femoral arch, and giving numerous twigs to that muscle in its course. Half an inch further down it sends off backwards, downwards, and outwards, another very slender twig, which, after a descending course of three-quarters of an inch, plunges into the anterior part of the upper surface of the ilio-sacral symphysis. These, when opposite to the middle of the ilio-pectineal line it sends off two distinct twigs, one posterior for the internal obturator, another, one line before the last, for the hip-joint. The former is about one-third of a line in diameter, pierces the pelvic fascia, and descends exteriorly to it and to the levator ani, to be lost in the obturator internus. The latter is about one-half a line in diameter, pierces also the pelvic fascia, ascends obliquely upwards and forwards exteriorly to it, and, after a course of about half an inch, again pierces the same fascia to arrive in the iliac fossa, by winding over the linea ilio-pectinea, then turns forwards, and descends in that direction in a groove, formed by the insertion of the psoas parvus tendon to the ilio-pectineal line and ilio-pectineal eminence, remains in this groove running along the ilio-pectineal eminence, until it arrives at its anterior point, then curves downwards, backwards, and slightly outwards, and divides into numerous twigs, that pierce the capsular ligament, to be again subdivided and distributed on the synovial membrane of the hip-joint. At the moment of entering the groove on the iliac fossa, this branch sends off outwards and downwards two very distinct twigs, which diverge but slightly from each other, proceeding towards the notch made by the ilio-pectineal eminence, and the lower anterior spine of the ilium, dividing midway between their origin and the anterior edge of the notch into numerous twigs, of which several pierce into the adjacent parts of the iliac fossa, and the remainder are distributed to the synovial membrane of the bursa lining this notch, and to plunge here again into the outer parts of the anterior surface of the capsule of the hip-joint, to be there again redivided and distributed to its synovial membrane.

Arrived at the obturator canal, the main nerve traverses it above the artery and vein, passes downwards behind the fascia, separating the pectineus from the obturator vessels, and divides into two series opposite to the fascial re-union, separating the adductor brevis and obturator externus. When at the outer orifice of the obturator canal it sends off from the inner edge of its surface a branch of about one-third of a line in a diameter, which curves outwards, and after a descending course backwards of about half an inch, divides into two principal twigs, a superior and inferior; the superior enters at once into the anterior cotyloid notch, behind the cotyloid crucial ligaments, to be distributed to the cotyloid twigs of the obturator artery,

to the fatty red cellular tissue, lining the rough fossa of the cotyloid cavity, to the synovial membrane of that tissue, to the synovial membrane of the round ligament, through which some of its twiglets may be traced passing to the head of the thigh-bone. The inferior twig of the articulari-femoral branch passes backwards and outwards and slightly downwards, behind the head of the femur, and when opposite to the anterior edge of the inferior part of the cotyloid crucial ligaments, divides into numerous twiglets, that pierce the inferior, interior, posterior part of the capsular ligaments, and are then distributed on the femorali-capsular synovial membrane. The femorali-capsular branch also, near its origin from the main nerve, sends a small twig into the outer bony wall of the obturator canal, that is, into the ilium. The main nerve now sends numerous filaments into every one of the branches of the obturator artery and vein, and two muscular branches, one directly after its exit from the obturator canal, that plunges, after passing over the anterior face of the obturator artery and vein, to gain their inner edge, through the obturator aponeurosis, and is lost in the obturator externus muscle. The other is about two-fifths of a line in diameter, comes off from the inner edge of the nerve about half an inch lower down, curves round inwards, downwards, and backwards, above the fascia, separating the adductor brevis and magnus from the obturator externus muscle, and is also, after a course of an inch and a half, divided into numerous twigs, that plunge into the obturator externus muscle.

(To be continued.)

#### NOTE ON THE TREATMENT OF BLUE CHOLERA.

BY ALEX. THOMSON, M.B. OF ST. JOHN'S, CAMB.

I was sent last year into the villages of Noundon l'Abbesse and Festieuse, in the Department of the Aisne, each containing about 850 inhabitants. I had more than seventy cases of blue cholera, of the most severe character, (several patients having died six and eight hours after the attack,) and from three to four hundred cases of cholera, or incipient cholera. I lost less than one-third of those who had true blue cholera, although it was combined with a disease called *gnette Picarde*, in itself excessively fatal, as is attested by certificates given me by the maire and the pre-fets of the department.

My treatment was exceedingly simple:—

1st. Perfect repose, to such an extent that I did not permit the patient to get up, or be moved on any account, not even for the wants of nature.

2nd. The most rigorous abstinence from fluids as well as solids.

3rd. The terrible thirst was quenched by gargling the mouth with the coldest water procurable; and it is worthy of remark, that

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when the water was swallowed accidentally, or from negligence, or from cunning of the patient, the cramps and the vomiting never failed of re-appearing, even after reaction had commenced.

4th. General warmth obtained by hot bricks and blankets.

5th. General urtication of the whole of the trunk and extremities every five minutes until the commencement of re-action. In the absence of nettles (*urtica pilulifera*) frictions at equal intervals, of the same parts, with a liniment, containing one part of liquor ammoniæ and seven parts of sweet oil, were employed with success.

6th. Twenty-five grains of subcarbonate of magnesia, and more rarely an equal dose of bicarbonate of soda, in an ounce of syrup of gum, with a teaspoonful of brandy, repeated a second time after the lapse of half an hour in some rare cases, never failed to stop the vomiting with a magical rapidity.

7th. A clyster, containing an ounce of starch, twenty-five drops of laudanum, and eight ounces of water, rarely failed in arresting the diarrhœa, although, in a few cases, it was necessary to repeat the same two or three times at the distance of half an hour, in order to attain this object.

8th. In extreme cases, when re-action could not be obtained by the preceding means combined, it was necessary to add to the above-mentioned clyster, twenty, thirty, and sometimes even forty drops of spirits of turpentine, and to administer by the mouth six or eight ounces of generous brandy punch.

Those of my patients, who died, sank rather under the negligence, and from the ignorance and fear, of their relatives, than under the effects of the disease. I found it indispensable to have a nurse for each patient, and to visit them myself at least three times in the twenty-four hours.

November 7th, 1833.

#### CONTINUATION OF M. ALIBERT ON THE SKIN.

BY SAMUEL PLUMBE, M.R.C.S.

Late Senior Surgeon to the Royal Metropolitan Infirmary for Children, &c.

#### ARTICLE VI.

*Of the Results furnished by a Chemical Analysis of the Crusty and Furfuraceous Substances which are produced by the different Species of Teigne.*

M. GALLOT has investigated the nature of these productions, assisted by M. Thenard. In these crusts, carefully examined, coagulated albumen

K K

predominated; a sixth only was soluble by water, and gelatine and phosphate of lime were found to be present. It was necessary to extend these investigations, in order to render them of more medicinal importance, consequently after M. Vauquelin had proceeded to comparative inquiries, respecting the crusts and scabs proceeding from three different kinds of scald heads, viz. the favous, granulated, and furfuraceous. This celebrated man has executed this interesting work in union with M. Cabal, one of his most zealous pupils and co-operators. I think it superfluous to detail here their proceedings, in order to arrive at a perfect knowledge of their produce. I shall confine myself with saying, that the favous crusts are more albuminous than gelatinous, that the furfuraceous, on the contrary, are more gelatinous than albuminous, that the granulated are all gelatinous. It is to be regretted that we have not been able to join to this analytical inquiry those which the amianthous and mucous forms must necessarily offer in their turn, but as the matter of the desquamations, furnished by these two, is so difficult to collect, we have been obliged to defer the examination.

#### ARTICLE VII.

##### *Opinions on the Methods employed for the cure of the Teignes.*

WHEN we consult authors we generally perceive them pretending to cure these diseases before they know well what they are, and the vast number of recipes they have succeeded in gathering together surprises us, but this abundance of reputed curatives attests rather our indigence than resources, in short, the more remedies there are tried for any affection, the greater reason we have to think there have been fruitless attempts; it is because certain medicines have not succeeded that numerous inquiries have been made to find others. What has happened relative to the cure? Nothing has been decided on. Empiric for-

mule have been heaped together, and this interesting part of cutaneous pathology has fallen into the hands of quacks. We have already remarked that the different eruptions of the scalp have a manifest tendency to the preservation of different parts of the animal economy. Before, therefore, curative methods are employed, it is necessary to examine whether or not it will be better to cure them, as it cannot be denied that too premature a cure sometime subjects the individuals attacked with it to serious inconvenience. I attended a girl, aged 14, who had intolerable pains in the stomach, accompanied with uterine catarrh, from having been delivered too quickly from this exanthema. A woman was brought to the Hospital St. Louis, whose forehead was covered with favous pimples, and who had lost her sight through violent repulsives being applied on her head. Has it not been observed in some cases, that the virus of the teigne displays itself in the joints, and even brings on the spina ventosa, or scrofulous phthisis? At other times the patient falls into hectic fever, the irritation is transferred to the glands of the mesentery, and a mortal diarrhoea occurs. Still the severe suffering, experienced in many cases, does not allow us to be idle. The state of the glands of the lymphatic system and of the cellular structure, which I have particularly remarked in the favous, does not permit us to leave the cure to nature; and I must say, that though the cure of the eruptions in question is prejudicial to the animal economy, when it is undertaken in a hasty and inconsiderate manner, it is right to attempt it by cautious medicinal treatment. It is time to disengage the treatment of the different scald heads from the nonsense of blind quackery.

#### ARTICLE VIII.

##### *Of the Internal Treatment for the cure of the Teignes.*

THE judicious or successful treatment

can never be purely local; a substitute for the discharge from the scalp must be found and put into use before local sedative applications can be used safely. Our practice in the Hospital St. Louis confirms what we have advanced. It is remarked, as a first principle, that children subject to nasal hæmorrhage or fœtid urine, are less subject to the disease, or at least get rid of it easier, than those in whom no such evacuations take place. Individuals whose cases are severe are hardly ever afflicted with the catarrh of the mucous membrane of the nostrils, or even other affections common to children. The necessity of an internal treatment has been perfectly admitted by Hippocrates and his disciples, though his supposed remedies are inert; yet internal treatment is chiefly relied on. Mild purgatives and a system of diet and regimen constitute, (modified according to circumstances,) the internal treatment. The strength should not be too much exhausted by internal medicines, or the external disease too suddenly checked by the use of sedative applications.

#### ARTICLE IX.

##### *Of the External Treatment employed for the cure of the Teignes.—Local Applications.*

THE prescriptions for these have been multiplied astonishingly. Each author appears to propose a remedy of his own invention. They have all by turns recommended caustic, or sharp and narcotic substances. The celebrated plaister, employed in the time of Ambrose Paré, was composed of hellebore, orpiment, litharge, vitriol, alum, quick lime, ointment of mercury, grease, and the juice of plants; and of later, and up to modern days, has been more or less used in our hospitals. No one is ignorant of this preparation; it consists in spreading on cloth a preparation composed of rye flour, strong vinegar, and pitch, after having softened and caused the crusts to fall off by the aid of poultices, the plaister is put on and left to dry

on the scalp; three days after it is torn off with violence, and the application renewed. This cruel operation is continued for several months, and each dressing pulls away a number of hairs; neither the suffering nor screams of the children, during the tearing off of the plaister, has induced them to discontinue this extraordinary method. The empirics employed for it do not even know what kind of teigne they have to contend with, and have no other guide but a blind road from which they will not depart. More people with scald heads repair to the Hospital St. Louis than any where in Europe, and for a long time this method was used. I detail with impartial exactness the facts I have carefully collected with M. Gallot:—1st. Six months at least were necessary for the cure of children, and few, very few, were cured in that time. 2nd. A tolerably large number we succeeded in curing in from nine to twelve months. 3rd. Several were cured in the course of the second year. 4th. Three years were necessary for those who had this disease very obstinately. 5th. We have seen it continue after this time. 6th. The cure is not always radical, and several who have relapsed have required a new treatment. 7th. Some children have had serious illnesses after the cure of the scald head from the proceeding above named. We have seen three remain languishing and in ill health, after the extirpation of the disease by means of the cap\*.

\* Monsieur A. condemns in terms of strong indignation this most abominable infliction, and shows its inefficacy as well as its mischief. He questions the superiority of extraction of the hair by forceps. He equally condemns canterisation, or the use of blisters, but has seen the use of lime often successful, apparently by destroying the hair and cuticle; hardly, we should imagine, without much pain and suffering on the part of the patient, and destruction of at least the surface of the cutis. He mentions a variety of supposed remedies, well known in this country, such as the ointments of white precipitate of mercury and of oxide of manganese, acetate of copper in solution, poultices of bread, and solution of oxy-muriate of mercury, all productive of great irritation and mischief, and none of a cure

**Rebrietas.***Description of an Apparatus intended to facilitate the treatment of Fractures of the Lower Extremity.* By T. M. GREENHOW, M.R.C.S.

THERE are perhaps few professions in which mechanical skill and contrivance are of more value than our own. To the practical surgeon it is frequently of great use. In the reduction or steadying of a dislocated or fractured limb, and in the simple process of arresting hæmorrhage by the screw of the tourniquet, its resources are equally available. The screw is at once the steadiest and safest contrivance used, and Mr. Greenhow has applied it with great effect in his excellent apparatus.

"The first part of the apparatus to be described is a stand, to be placed upon the bed for the purpose of suspending the leg in an easy sling. This is formed of iron, and is of an oblong figure, with an upright pole at each corner; a moveable framework, consisting also of four upright extremities, connected by a longitudinal beam at bottom, and having slides at each corner, which play upon the four poles of the lower part of the stand; it admits of being raised or depressed as occasion may require, by means of a perpendicular screw placed in the centre of the longitudinal beam. In this way the height may be varied from twelve to eighteen inches. The poles are furnished with hooks at the top, between which is suspended a cross strap at each end of the stand, and on these straps is supported that part of the apparatus on which the fractured extremity is to be placed. This sling, though sufficiently strong, is neat and light in its appearance, and will stand steadily upon the bed, provided the lower end be supported by a string attached to the bed-poles.

"The remainder of the apparatus may be considered as a species of splint. The knee is received into a deep hollow, where the part appropriated to the leg is united to that which is fitted to the thigh at an angle of about 35 degrees. This forms a permanent flexion of the knee-joint, at that angle which I have found

verdigris in the same form, and all and everything of a caustic, destructive, or irritating nature. Cataplasms and fomentations are the only local applications of which, in the course of his experience, he is able to speak favourably and with the least reserve. None of the measures he has witnessed the influence of, appear to have produced a cure in a shorter space of time than many months.—TRANSLATOR.

most comfortable to the patient, which relaxes the largest number of great muscles, and which enables it to be made an undeviating fixed point in performing and maintaining extension either of the leg or thigh. From the upper margins of the hollow for the knee proceed downwards two bars of iron, at a distance of six inches from each other, these are united at the bottom by a cross-bar at a distance of twenty-two inches from the knee. The space between these parallel bars is vacant, except for about three inches below the flexure on which the knee rests. A screw plays through the cross-bar at the bottom, by means of which is moved a foot-piece which slides along the parallel bars with a steady motion. To the foot-piece is affixed, by means of straps, which regulate accurately its height, &c., a shoe made of soft materials, and provided with straps and buckles for fixing it firmly to the ankle and instep.

"It will appear obvious that in fractures of the leg, whether simple or compound, when the knee is made a fixed point, and the foot properly fixed in the shoe, extension to any degree can be made with ease by means of the screw which acts upon the foot-piece. When turned in the proper degree, the screw is prevented from further motion by means of nuts which are brought close to the cross-bar through which it plays,"—pp. 3-6.

Mr. Greenhow narrates a case of compound fracture of the tibia, which was put up in the apparatus, and in which the constitutional disturbance was much less than usually occurs in such cases, and which terminated favourably. In fractures of the femur, more especially near the upper part, the difficulty of maintaining extension and perfect apposition of the fractured ends of the bone by the means in general use are very great; in such cases Mr. Greenhow recommends the instrument to be thus arranged.

"The limb must be placed upon the apparatus, supported upon the sling, the height of which must be regulated according to the length of the femur, by turning the perpendicular screw. The knee must be rendered a fixed point as before, by buckling the straps above and below its flexure. The back portion of the apparatus must be made (by means of the moveable slide) to reach to the tuberosity of the ischium; and the outer portion, which passes on the outside of the thigh, parallel with the bone, and has an iron leaf at the upper end, for the reception of a groin and a pelvis strap, must be extended by the screw to the degree required. Of course, the groin strap must be properly adjusted before the extension is made. The power of this screw will be found very great, but it can be used with so much caution, and so gradually, as to ex

clude all hazard of mischief. When the proper degree of extension has been accomplished, the pelvis strap ought to be applied, by means of which, in fractures of the neck of the femur, or in the neighbourhood of the trochanters, the broken surfaces can be pressed together with any degree of force that may be required. The position of the iron loop, to which the pelvis and groin straps are fixed, standing off as it does from the general course of the outer line of the apparatus, and projecting above the great trochanter, renders it a most advantageous point for effecting both counter-extension and co-aptation by compression. A splint may now be applied to the anterior surface of the thigh, and the whole bound down by the straps which pass through the apertures in the back part of the apparatus."—pp. 10, 11.

We have thus given an outline of Mr. Greenhow's apparatus; time and experience alone can justify its extended application to hospital and private practice. Messrs. Weiss and Son are, we believe, the manufacturers of it.

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ON THE PATHOLOGY OF UTERINE  
DISEASES.  
BY VERAX.

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HAVING read in one of the late Numbers of your valuable Journal some observations on the pathology of uterine diseases, I am induced to offer a few remarks on them, and lay before your correspondent some facts which, in my mind, materially annul the view Philo takes of this class of diseases. The opinions now broached do not appear to be supported by even one link of practical evidence. It is first stated, that, in very many cases, the suppressed catamenia depend on disorders of the uterus and its appendages; now, I must beg to differ widely from your correspondent in this opinion: numerous are the instances where this secretion is stopped, but it is distinctly traced to a sluggish state of the liver, or torpid action of the bowels, the face becoming tinged of a citrine colour, and, lastly, the uterus becomes implicated in the general disturbance of the chylipoietic viscera, as an effect of the former. The organ does not suffer from this derangement until the period arrives

for its peculiar secretion, and then the flow is scanty, pale, and followed by leucorrhœa, which I take to be merely a secretion of the vaginal vessels, induced by the debility of the uterine system.

When your correspondent alludes to the absence of the hysterical symptoms in uterine disease, I am surprised he does not clearly draw that most important diagnostic distinction between functional derangement and organic disease. The former affection is sometimes productive of hysteria, but in disease the vessels are employed in a morbid process, and are depositing, or taking away, some solid matter from the structure of the organ; is it, then, surprising, that the catamenia should not be secreted, and that the hysterical symptoms, referred by Philo to absorption, should be absent? he must be contented with the plain fact, that every morbid process will destroy a healthy one.

The fact of patients labouring under phthisis not being the subjects of hysteria is certainly novel and, I think, unfounded; if Philo will employ a leisure hour in perusing the Aphorisms of Hippocrates he will find that the father of physic noticed the great excitement of the uterine system in this disease, and his relation of the symptoms strongly indicate his knowledge of the disease.

Every practical man must have witnessed the common occurrence of globus hystericus, pain in the left side, headach, and palpitation in consumptive patients, where no catamenia are secreted.

Again; I would ask Philo what class of females can be named, who are so constantly under the influence of hysteria as pregnant women, and those who have passed the climacteric period, and yet here is no secretion. There are several cases on record of imperforated vagina, and one of these I would strongly recommend to the notice of Philo; it is detailed in the 86th Number of the London Medical and Surgical Journal for 1833. The uterus put on all the characters

being six months gravid, when, on examination, it was found that the vagina was quite impervious, and the catamenia absent several months. The stricture was divided, the uterus emptied of its contents, which proved to be a collection of dark grumous blood, the accumulation of several months' secretion; the catamenia were ultimately established. Here was a total absence of hysterical symptoms; but Philo may answer, because the fluid was not absorbed, then if not absorbed, when its presence in the uterus, as an excrementitious secretion, must have been highly dangerous, how much the less ought we to expect that nature would summarily get rid of that fluid by absorption, which should be periodically thrown off to constitute health, and induce thereby a series of distressing maladies.

The fault I believe resides not in absorption, but in a depraved and debilitated system. Take as an example the case of a robust healthy girl from the country, who comes to London. She first becomes affected by the altered state of the atmosphere, from the diminished exercise of the body, and from changes of diet and scene; all these causes primarily act on the system at large, creating languor of the frame, loss of appetite, inability to use active exertion, and then the catamenial period arrives, and then also the effects of these changes of habit, &c., are seen, the flow is scanty, pale, or there may be a total absence of the secretion; then follow the long train of hysterical symptoms, the palpitating heart, chlorotic eye, œdematous legs, languid circulation, and debilitating leucorrhœa, all of which I conceive to be an effect of one great cause, the debility of the system at large; and the successful exhibition of steel and tonics as speedily remove them, as mercury will destroy the sequelæ of the syphilitic virus.

## Reports of Societies.

WESTMINSTER MEDICAL SOCIETY.

Saturday, November 9, 1833.

PROFESSOR BURNETT in the Chair.

*Character of Eruptive Diseases—  
Influence of Climate on Health and  
Disease—On Consumption.*

MR. CHINNOCK, Mr. Leese, Dr. Gregory, and others, remarked that vaccination was considerably modified this year, that moisture appeared to influence it, that it ought not to be communicated in wet weather. It was also remarkable that measles and small-pox had taken on a malignant type this year.

Mr. Preston thought that climate and season had great influence over health and disease. He alluded to the climate of the Azores, in which consumption was exceedingly rare.

Dr. Webster remarked, that he had visited many parts of Europe, and felt convinced that consumption was more prevalent in Italy than in this country. He also observed, that phthisis was much more prevalent among the Irish who attend the dispensary to which he is attached, than among the natives of England or any other country.

Dr. James Johnson corroborated the views of Dr. Webster. The mortality in Italy was 1 in 28, in this country 1 in 56. He had seen seventy-six consumptive patients in one of the Italian hospitals, a number he had never seen in any institution in this country. This climate upon the whole was the most salubrious in the world. It was colder than Ireland, and consumption was more common. The climate of Ireland was more damp and warm; consumption was not a frequent disease there; and the reason it attacked the Irish in London was on account of their poverty, intemperance, excessive labour, as they suffered more privations than the natives of any other country.

Mr. Preston mentioned a case of empyema, which elicited some remarks

from Dr. Johnson, Dr. Addison, and others. Dr. J. advocated the performance of the operation of paracentesis at a late period, Dr. Addison the early one.

MEDICAL SOCIETY OF LONDON.

Monday, November 11, 1833.

WILLIAM KINGDON, Esq., President,  
in the Chair.

DR. UWINS was of opinion that the profession in general was too fond of generalising from a single cause, while difference of constitution or temperament was overlooked. He felt convinced that the habit of body predisposed to, or was susceptible of, various diseases from the same cause. In illustration of this opinion, he would relate two cases that had lately fallen under his observation. One was that of a hotel-keeper, who was bitten in the back of the hand by an individual in a state of inebriety. This wound was followed by inflammation of the absorbents, suppuration in the axillæ, &c., and when this last had disappeared, by erythema of the face and neck. It appeared to him, that the state of excitement in which the person was, who inflicted the wound, was the cause of the symptoms of his patient, and that an individual still more excited would by wounding his opponent have caused worse effects. It was well known that hydrophobia was excited by the bites of animals which were not rabid, and that the disease might occur spontaneously. He went on to offer various illustrations of his opinion, and was disposed to believe that scarlatina, measles, and small-pox, were originally one and the same disease, and that we are in the habit of calling fevers by different names, though produced by the same cause.

Dr. Whiting could not assent to Dr. Uwins's explanation of the symptoms produced by the bite in the arm, as a wound inflicted by a nail or any other instrument would have produced the same results. He agreed with Dr. Uwins in ascribing a vast

deal to the state of the constitution. He was of opinion that all contagious diseases were produced at first by different causes from contagion, and this led him to hear Dr. Tytler's facts about bad rice, which might, according to his views, have caused cholera in the first instance.

Mr. Proctor observed, that simple fevers might be converted into contagious or typhus by bad management, and that it was extremely difficult to decide what fevers were contagious.

Mr. Headland fully agreed with Dr. Uwins, in thinking that the profession generally fell into error in their views of the causes of disease; and that the nomenclature would be greatly improved by the inductive method.

Dr. Uwins remarked, that it was impossible, in the present state of our knowledge, to discover the causes of contagious diseases. All our endiometrical and meteorological experiments had completely failed.

The remainder of the discussion turned on hydrophobia, in which no new fact was stated.

MEDICO-BOTANICAL SOCIETY.

Tuesday, Nov. 12th, 1833.

Dr. CHOWNE in the Chair.

VARIOUS presents from foreign correspondents were acknowledged.

Dr. Sigmond, as secretary to the society, observed that it became his duty, in consequence of the absence of the noble president, Earl Stanhope, to give an account of the progress and prospects of the society, on the commencement of another session. He had also to notice the advances of all scientific investigations connected with the objects of this institution. He had first to inform the society that their medal to M. Rosseau of Paris, for his discovery and employment of ilicine, had led to the best results. The French government ordered their military surgeons to procure it as a cheap substitute for quinine. It w



prepared from the *ilex aquafolium*, or common holly. The next important subject he had to notice, was Dr. Tytler's inquiries on the bad effects of deleterious rice. It appeared to him that that gentleman had fully established the important conclusion, that deteriorated rice and other grain produced very fatal diseases; but as he was present, he would perhaps favour the society with some observations on the subject. Dr. Sigmond then alluded to Mr. Laming's mode of preparing hydrocyanic acid, M. Bonasto's analysis of manna collected from the *Larix Europæa*, M. Dubalon oil of aniseeds, Mr. Walsh on arrow-root, and lastly on a packet presented to the society by M. Pelletier, containing twenty specimens of the alkalis. The learned secretary then read an extract from the American Journal of Science, on the sedative properties of the white-ash on the rattle-snake, which appeared in a late number of this journal. He then passed a high eulogium on the noble President, the Professors, and Fellows of the society, and felt convinced that the present session would be the most interesting since the establishment of the institution. He need scarcely remind the Fellows that the Secretary of State for the colonies, the heads of the army and naval departments, were patrons of the society, and afforded facilities of receiving information from all parts of the globe. Wherever the British flag appeared, there was a man of science to collect information; and as in our present state of knowledge the immense field of medical botany was far from being explored, we have the best opportunities of acquiring knowledge on the noble objects we have in view.

Dr Tytler assured the Society that he had seen a native of India hold a dried plant in his hand, and a scorpion on his arm, and that the animal though irritated would not bite, but turned its sting backwards. He had also seen an Indian present a root to the *Capro da Capello*, and the animal retired immediately. The fact about

the sedative power of the ash was, in his opinion, true, however incredible it might appear to some individuals.

Dr. Ryan wished to inquire whether Dr. Tytler had observed many such experiments as he had mentioned.

Dr. Tytler replied, that he had witnessed several; and that General O'Halloran had written a paper on the subject, addressed to the Medical and Physical Society of Calcutta.

Dr. Tytler then addressed the Society on the rice question. He said he had been thirty-one years engaged in his profession, and that the facts he had collected, though contrary to preconceived opinions, must be sooner or later admitted. They prove, beyond all doubt, that the cholera at Jessore, in 1817, was caused by bad rice. He might quote a host of authorities, sacred and profane, in attestation of the fact, that deterioration of grain preceded various pestilences. He cited many passages from the sacred, classic, and medical writings in support of this opinion, which were extremely apposite. He never argued that rice was the *only* cause of cholera, but might certainly induce the disease. He referred to his own observations at Jessore, which proved the fact beyond all doubt. He would explain, very briefly, to the Society the manner in which bad rice was introduced, and continues to be introduced, into Europe. In 1813 the Free Trade Act was passed, which allowed competition with the East India Company. Before that year the Company was the government of India, and the natives dare not sell bad rice. But minor commercial men were then let into the markets, and as their capitals were small compared to that of the Company, they bought the cheapest and worst article. The natives were under no fear of them, and supplied the refuse of rice, which they dare not offer to the Company. There are two crops of rice, one cut in the wet months, which is bad, the other in the dry season. The former is sold by the natives to the free-traders of

these and other countries, and is introduced into all parts of the world. When ground and mixed with wheaten flour, meal, arrow-root, tapioca, and other farinaceous aliments, it is almost impossible to detect it. In 1825 it destroyed the troops in India. Suppose our fleet was sent up the Baltic, and fed on rice, what would be the consequence? Dysentery or cholera; and when ordered home we should have the authorities declaring these diseases contagious, that quarantine was necessary with all its evils. Now, he would show that the last stage of Indian cholera, plague, and the English sweating sickness were similar in all respects. A Mr. Lane had called on him, and on hearing his views on the bad effects of deteriorated rice, declared that he considered the plague of Egypt produced by bad rice and other grain. If, then, deteriorated grain can cause cholera, dysentery, gangrene, and plague, what need have we to consider contagion the only cause? He felt convinced that this was a fatal error, and one of the most injurious and destructive to humanity.

A vote of thanks was unanimously passed to Dr. Tytler for his laborious inquiries, and for the important information he had communicated to the Society.

The meeting then adjourned to Tuesday the 26th instant, when Professor Burnett will lecture on the fungi.

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THE LATE MEDICAL OFFICERS OF  
THE ALDERSGATE-STREET DISPENSARY.

WE have received the resolutions of the Profession in Birmingham and Liverpool, highly complimentary to the late medical officers of the Aldersgate-street Dispensary. We regret that our space does not enable us to insert these communications.

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THE Superintendence of the Fermoy Dispensary and Fever Hospital is vacant by the death of Dr. M'Namara.

THE  
*London Medical & Surgical Journal*  
Saturday, November 16, 1833.

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THE LATE MEDICAL OFFICERS OF  
THE ALDERSGATE-STREET DISPENSARY AND THEIR SUCCESSORS.  
—MEDICAL ETHICS.

OUR contemporary, the *Lancet*, has, in his last Number, suggested to his readers, that all professional men are bound to refuse to consult with the present Medical Officers of the Aldersgate-street Dispensary; and he compares their conduct with that of Dr. Ramadge, in commending "the rubbing practice of the cruel destroyer of Miss Cashin." The cases are by no means similar. Dr. Ramadge, in open violation of the moral statutes of the Royal College of Physicians, not only lauded a notorious illiterate quack, but maintained that he was as competent to treat disease as all the members of the Colleges of Physicians and Surgeons\*. This was the grossest violation of medical etiquette and ethics ever perpetrated by a FELLOW or Member of either College; and though that body which has the honour of having his name adorning their roll of great men, took no notice of their worthy colleague, the profession looked on the matter in a different manner, and resolved to refuse meeting the advocate of quackery in consultation. But the present Medical Officers of the Aldersgate-street Dispensary have violated no

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\* See Letter in the *Sunday Times*, May 31, 1831, and in Vol. I. of this Journal.

moral statute, no known professional rule, in taking office under the self-interested and money-making Committee, who insulted the medical profession. It is true, they acted in a mean pitiable manner—in such a way as really independent members of the profession would not have acted. But there is no disputing about tastes; and we leave them to their own bitter reflections. They have now to consider that the profession throughout the kingdom has approved the manly conduct of their predecessors, fraught with the most beneficial results. But our contemporary inquires, “are they, then, to be joined in consultation by the respectable members of the profession?” We say most certainly, as they have not acted contrary to a single moral statute of the profession. Neither have the speakers at the late meetings, concerning the ex-medical officers, acted with pusillanimity or disgust, in avoiding personalities, while advocating an excellent principle.

No one can accuse us of apathy or indifference to the respectability and dignity of our profession; we have suffered more in its defence than the majority of our brethren; but justice compels us to state the question fairly. We proposed the strongest resolution against the conduct of the present medical officers, but we see no ground for refusing to meet them in consultation, or for expelling them from any medical society to which they may belong. We agree with the sentiments of all the resolutions adopted

at every meeting of the profession, returning cordial thanks to the late able and independent Medical Officers; and we deeply regret that individuals could be found to accept the offices they vacated in endeavouring to crush the hydra of corruption, which has so long injured the progress and fame of medical science, and the interest of our afflicted fellow creatures. But as the medical officers of nine-tenths of the hospitals, infirmaries, and dispensaries in this section of the empire have accepted offices under this iniquitous system, it would be as just to refuse to meet these in consultation as the officers alluded to by our contemporary. The time, however, is at hand, when the principle defended by Drs. Birkbeck, Clutterbuck, Lamb, and Roberts, and Messrs. Salmon and Coulson, and subsequently by the profession at large, will be enforced by the legislature in protecting the public health.

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DETERIORATED RICE AND GRAIN  
THE CAUSE OF CHOLERA, PLAGUE, &c.

WE direct the attention of our readers to the report of the proceedings of the *Medico-Botanical Society*, which will be found in another page, which satisfactorily prove the bad effects of injured rice on the human constitution. We think the public and the profession greatly indebted to Dr. Tytler, for the very important information he has collected and communicated, which deeply interests all civilised nations\*.

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\* Facts establishing the deleterious properties of Rice, used as an article of food. By Robert Tytler, M.D. *Henshaw and Rush.*

It appears to us, that the statements of this experienced and judicious physician deserve the serious consideration of the government and the public press, not only of this but of all other countries. His facts go far to extinguish the direful doctrines of contagion, which lead to a violation of every duty of humanity.

The proceedings of the *Medical Society of London*, and the *Westminster Medical Society*, which will be found in this number, are also worthy of careful consideration.

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#### OBSERVATIONS ON VACCINATION AND SMALL POX.

BY THOMAS HARRWOOD, ESQ., SURG., DERBY.

MORE than thirty years have now elapsed since the late Dr. Jenner established the practice of vaccination throughout this country, and upwards of five-and-twenty since a diminution in the mortality from small pox began to be felt. Since the latter period, however, a most sensible and striking effect has been produced by the protecting power of this inestimable discovery, in this country, as well as in most of the civilised nations of the earth. But, as several instances of small pox have lately proved fatal in this town and neighbourhood, the attention of the medical public has been called to some investigation of the subject.

In the course of the inquiry touching the repeated appearance of this disease, the principal evidence which presented itself applied to two or three descriptions of persons. Those in whom the disease manifested itself in its most fatal and appalling form consisted of children of the lowest class, who had never been subjected to the power of vaccination. The next description consisted of those who form the most numerous class in all great

communities, such as the better order of mechanics and inferior tradesmen, amongst whom the modified, or what is usually termed the *five days' small pox*, generally prevailed. Under this head may be comprised the greatest number of those who had undergone the test of previous vaccination, and amongst whom no instance of fatality has yet been recorded. The powerful illustration which vaccination here afforded in its own favour was unequivocal even to the most sceptical and indifferent, evidently showing that the mortality in small pox prevailed amongst that portion of the population who neglected to put their children under the more benign influence of cow-pox;—a blessing which it is much regretted the lower orders, as well as the guardians of the poor, do not more deservedly appreciate.

During the prevalence of this disease, a circumstance presented itself in those cases of small-pox subsequent to vaccination, which has hitherto escaped notice. The nearer to mature age, or those who had received vaccination at the most remote period of time, the more aggravated was the disorder, and the more protracted the recovery; while children of more tender age, who had but recently been the subjects of the vaccine disease, passed through the attack with, comparatively, no inconvenience. This leads me to the consideration of the question,—Whether it would not be highly desirable to adopt the practice of re-vaccination after the lapse of a given time—say seven years, or some such period. By this means, a satisfactory test would be afforded as to the extent of the vaccine influence on the constitution, or an opportunity of re-establishing the protecting principle, which the course of time may have obliterated.

Although vaccination does not possess the power totally to exterminate the small-pox, yet it provides an influence adequate to the great end contemplated by its learned discoverer—that of a protection to the constitution against its virulence and fatality.

It is, therefore, a consideration of the deepest importance to society, that the broad distinction that exists between true small-pox and that which follows vaccination should be viewed in its true light, in order as much as possible to remove the unmerited discredit in which vaccination is sometimes held by the prejudiced and the uninformed.

## Hospital Reports.

### ST. BARTHOLOMEW'S HOSPITAL.

#### *Excision of a Tumour from the Thigh —Excision of a portion of the Superior Maxillary Bone—Castration.*

ON Saturday, October 26th, three operations were performed in this hospital by Mr. Earle. The first was the removal of an encysted tumour from the thigh of a young woman. The cyst was very deeply seated, lying immediately over the femoral artery. The next was the amputation of a projecting portion of the superior maxillary bone, in a child three years old, who had also double hare-lip. Mr. Earle postponed the operation for hare-lip until another day. The third operation was the removal of a portion of the testicle, in a young man aged 24. In this case there was a growth of the testicle through the scrotum, which not being of a malignant nature, Mr. Earle determined to remove only a portion of the organ. Having made two semilunar incisions with a small knife, one on each side of the diseased part, Mr. Earle sliced off about one-third of the body of the testicle. The hæmorrhage was trifling. After the operation Mr. Earle made the following remarks.

"Gentlemen,—In this case there was scrofulous growth of the testicle through the scrotum. Now in former times this disease was considered malignant, and castration was always performed in such cases. The disease, however, is not malignant, and accordingly in later times we have had recourse to the comparatively mild operation which you have just seen performed. On a section of the portion which I have removed, you will of course perceive the seminiferous tubes; inflammation takes place around these tubes, and adhesions ensue between the testicle and scrotum. I have seen very many cases in which the removal of part of the testicle was completely successful; the integuments being drawn together, the wound healed by the first intention. This patient wished to have the entire testicle removed, but I am anxious to try the success of this operation. Of course a sufficient quantity of the testicle has been removed to destroy all

sexual purposes. This disease is very likely to be confounded with growth from the tunica albuginea. In these cases, in which the body of the testicle is affected, you will find a flow of semen from the testicle, and if a clean linen cloth be placed around the testicle, it will be moistened with a viscid fluid, evidently semen. By means of this characteristic you can always distinguish disease of the body of the testicle from that of the tunica albuginea."

#### *Fungoid Excrescence of the Tibia.*

In the Journal of the 14th September last we reported a very interesting case of fungoid growth from the tibia, for which the novel operation of scooping out the morbid mass was performed by Mr. Lawrence. We then promised to give the results of the operation in a future number, and since the operation the case has gone on as follows:—

On the evening of the operation the patient appeared to suffer most exquisite agony, and he was ordered to take forty drops of tincture of opium, which succeeded in bringing on a sound and long continued sleep.

Sept. 17. Feels very comfortable this day; the wound presents a very healthy granulating aspect.

*Haustus salin.* ʒ ss. 4tis horis.  
*Olei ricini* ʒ ss. cras mane.

The patient went on remarkably well in every respect until the beginning of October. Bowels regular; slept well.

Oct. 3. A change for the worse took place. He seemed to suffer considerable pain; pulse very frequent; skin hot; bowels irregular; the surface of the wound presenting a very unhealthy appearance,—evidently erysipelatous. Apprehensions were entertained of the return of the original disease, which will probably ensue.

### ST. GEORGE'S HOSPITAL.

#### *Fracture of the Humerus and Radius —Amputation—Death.*

William Gilchrist was admitted some weeks since, under the care of Mr. Keate, with compound fracture of the left humerus, and simple fracture of the right radius. The accident had been occasioned by his falling from a platform laden with stone, at the new buildings attached to King's College. The compound fracture was so severe, that Mr. Keate decided upon amputating the arm above the situation of the fracture, which was done four hours after his admission. The man bore the operation remarkably well, and the stump soon put on a healthy appearance; an abscess formed in the surrounding cellular texture, which was opened, and discharged freely; the man's health did not, however, appear to suffer materially until within thirty-six hours of his

death, when his spirits began to sink, and symptoms of serous effusion upon the brain were manifest, which gradually increased, and he sank.

On a post mortem examination being made, the vessels of the brain were found distended, and the lateral ventricles filled with serum, and a small abscess was discovered connected with the cerebellum, which appearances may be considered as having formed the proximate causes of death.

\*.\* We perceive by a report in the Times newspaper, that an inquest was held upon this man, in the course of which some rather irrelevant remarks were indulged in by a brother of the deceased, tending to throw blame upon those under whose care he was placed whilst in the hospital. We had frequent occasion to see him whilst in the hospital, and have as often heard him express himself grateful to Mr. Keate and Mr. Hicks, (the house-surgeon) for their uniform kindness to him. We are also convinced from our own knowledge, that every attention possible was paid to him. We have not the means of accurately disputing the fact of his not being allowed a night-nurse to attend upon him; but this we can say, that during the whole of our pupilage at St. George's we never heard a more foolish, groundless, or vexatious complaint made, and we therefore believe it to be totally and completely false. On the necessity of a post mortem examination we need not remark; the case demanded it, and Mr. Hicks could not have given his evidence without it. The exclamation of the nurse, respecting headaches, was one of those unfortunate sallies of wit to which Irish maidens are sometimes prone; a word of advice to her on the subject will completely check its future recurrence.

#### Clinical Remarks by Mr. Brodie.— Corns.

Corns are generally compound bodies, composed of a disorganised thickened cuticle above and an inflamed bursa beneath. They are generally caused by pressure, and if you relieve that pressure, you either cure the corn, or at all events remove the exquisite pain in them; for they are very painful, and frequently lame the person who suffers under them when they inflame and suppurate. You will find hard corns on the surface of the phalangeal joints of the toes, and soft corns occur frequently on the fourth and the little toe, which latter is generally caused by the tight shoe pressing the end of the little toe under the other. You will sometimes find a thick fungous cuticle on the inside of the great toe nail; this is caused by the pressure of the next toe on one side, and the nail of the great toe on the other. The necessary treatment to relieve all these, is to take off the pressure causing them. Where there is this thick fungous cuticle which I have

mentioned, you may cut and pare away the nail as long as you like, but you will not relieve it until you have taken off the pressure, (a gentleman present here remarked, that the French surgeons in these cases removed the entire toe-nail). Wherever the corn is situated there you must remove the pressure, and the best way to do this, is to put a piece of thick buff leather around the corn, leaving an aperture in the middle for the corn; this, you will find, will relieve the pressure considerably. For soft corns between the toes the best thing you can do is to place a piece of this same buff leather between the toes, and by keeping them thus apart, you relieve the pressure at the bottom between each. These remarks were made with reference to a man in whom the end of the second toe was pressed downwards, and the second phalangeal joint was raised, with a hard corn on its summit, to relieve which Mr. Brodie strapped it down, even with the other toes, by passing strips of adhesive plaster over the corn and under the adjoining toes. Mr. Brodie remarked, that this plan frequently succeeded, although he feared that this patient was too old for it to prove of material benefit to him.

#### Calculus Vesicæ—Lithotomy—Death.

George Young, a boy of scrofulous appearance, æt. 9, was admitted Oct. 2nd, under the care of Mr. Babington. He stated that he had been afflicted with, and suffered from, symptoms of stone in the bladder, as far back as any period he could recollect, and that some short time since he voided blood with his urine. He complains of no pain when pressure is made upon the region of the abdomen, nor has he any pain in passing his water, or afterwards, which latter symptom he had some time since. Has no tenesmus, and can retain his water perfectly well at night. The calculus can be easily detected by the sound; urine acid. The general state of his health was attended to, and his bowels were kept open, and he had ordinary diet.

16th. *Olei ricini*, ℥ss. *hæc nocte sumend.*

17th. The operation of lithotomy was performed by Mr. Babington. Nothing worthy of remark occurred during the progress of it. Some little difficulty was experienced in extracting the stone, which was of a large size. Fever diet.

*R. Pulv. ipecac. comp.* gr. iij.

*Haust. salina* ℥j. *Misce, fiat haust.*  
*Atis horis sumend.*

Nine p.m. No bleeding has occurred from the wound, and the urine has flowed freely through it. Pulse 120. He appears very feverish and restless. Tongue white and dry.

18th. Continued very restless and uneasy during the whole of last night, and slept only at short interrupted intervals. Tongue brown, dry, and parched; complains of great thirst; pulse 120; abdomen swelled and typhoid.

panitic, and very tender. Complains of pain when pressure is made over the region of the pubis, but not higher up. The urine was tasted but not found acid. Was sick twice during the night after taking his medicine.

*R. Haust. ammoniac citrat. salin. c. ammon. carbon. gr. iij. in excess. 6tis horis sumend.*

*Baln. lepid. vespere.*

*R. Olei ricini ℥ij. statim sumend.*

Six p.m. On visiting him we found his pulse at 140, small and weak. He had been in the bath about twenty minutes, when he complained of great faintness, and was removed to bed and slept very sound for a short time.

Eleven p.m. Worse in many respects; pulse sunken and weak; abdomen tympanitic; pain on pressure has extended higher up towards the umbilicus; the bowels have not been relieved since the operation.

*Repet. haust. salin. in statu efferves. c. sacchar. alb. ℥ss.*

19th. On visiting him this morning we found that he had been very restless and uneasy during the whole night; had slept but little; refused to take his medicine, but took a small quantity of the castor oil, which operated once. The tympanitic swelling of the abdomen has diminished since yesterday; complains of pain on pressure over the whole surface of the abdomen. He vomited twice after his breakfast this morning, and brought up from his stomach some thickened coagulated substance resembling curd, but which the clinical reporter of the case states to have the appearance of cheese soaked in water. He has been in the bath again to-day for about ten minutes, from which he felt much relieved. Pulse 135 and weak; skin hot and dry; tongue dry, brown in the centre and red at the edges.

*R. Vini albi, ℥ij. Soda water.*

10 p. m. He appears better in every respect; skin cooler; pulse less quick, 124, and firm; not near so restless; tongue moist and clean; less tenderness over the abdomen on pressure; has had no evacuation from the bowels since that produced by the castor oil.

20th. Slept very little during last night, and was very restless. Had two evacuations from the bowels during the night and one this morning. Tenderness of the abdomen is quite gone, except just above the region of the pubis, where it still remains; has not had any return of sickness, and could not be prevailed upon to take his medicine. He was in the bath this morning for a short time, which relieved him very much. Pulse 120, small and weak; tongue moist and red, but he does not complain of much thirst; face flushed, but the general surface of the body is cool. He was ordered gin ℥ij, beef-tea Oj.

21st. Much better to-day; less restlessness; complains of pain in the stomach, which, however, is not increased by pressure. The gin and water caused a slight degree of sick-

ness this morning. There has been no evacuation from the bowels since yesterday. He complains of some pain in the wound, which on being examined was found to have a dark unhealthy appearance. Tongue red and dry, without much thirst; pulse 120, weak and full. A linseed-meal cataplasm was ordered to be applied to the wound.

22nd. Very restless during the past night; no appetite; has taken no solid food since the operation; was placed in the bath this morning from which he expressed himself much relieved; has had no evacuation from the bowels since yesterday; tenderness of the abdomen the same as at last report; wound has put on a sloughy appearance; poultice could not be kept in close contact with the wound, which was ordered to be washed instead with the solution of chloride of lime; was sick this morning and brought up some dark-coloured fluid from the stomach; pulse 125, very small and feeble; tongue red and dry in the centre, but not furred.

23rd. Died at half-past 12, p. m.

*Autopsy.*—On laying open the cavity of the abdomen there were found depositions of pus in various parts of it. The urinary bladder was healthy in appearance except at the spot where the incision into it had been made, which was in a sloughy state, as was the cellular membrane immediately surrounding it. The whole exterior surface of the bladder was embedded (if we may so speak) in pus. The kidneys were found diseased; they were larger in size, paler in colour, and softer in texture than natural; the cortical portion of each was apparently contracted, and the infundibula were dilated. There was an effusion of pus and serum between the peritoneum and dorsal muscles, and the cellular membrane was in a sloughy state as high up as the diaphragm. The viscera of the thorax were healthy.

#### WESTMINSTER HOSPITAL.

#### Extraordinary complication of Symptoms—Cholera—Premature Labour—Death.

J. H. a young woman, about nineteen or twenty years of age, was admitted into the hospital about the middle of August last, complaining of very severe pains in the right hip, resulting from a fall which she stated she had received a few days previous. About thirty leeches were applied to her groin, which afforded great relief, as the uneasy sensations in the hip disappeared, but were soon succeeded by various symptoms indicating the presence of cholera. The eyeballs became retracted, and the countenance drawn up; pulse very small; body cold. She was ordered to take effervescent draughts every hour in the day. The symptoms of cholera gradually became less marked, and eventually disappeared. Her countenance put on its natural appearance,

and her stools were more healthy. Pulse about 93, soft; bowels open.

Towards the latter end of the month the patient suddenly became worse, and complained of very violent pains in the hypogastric region and abdomen. A few days after these, bad symptoms had set in, the patient was delivered of a fetus about 12 weeks old. This occurrence took place without the knowledge even of the nurse, and it appeared that she had attempted herself to detach the placenta, but her exertions to accomplish this object were ineffectual. She concealed her delivery from all the attendants until the morning visit of the house surgeon of the hospital, who discovered her situation. Her pulse at this time was exceedingly rapid, and she appeared to labour under great nervous irritability. The house surgeon endeavoured to remove the placenta, but found it attached to the fundus of the uterus. Soon after she complained of the recurrence of violent pains in her hip, and died shortly after.

On a post-mortem examination the general aspect of the abdominal viscera was healthy, and a large portion of pus was found in the peritoneal sac. The uterus was somewhat contracted, and there was ulceration of the cartilage of the cotyloid cavity of the right side.

Mr. White was interrogated by one of the pupils respecting his opinions with regard to cholera. Mr. W. said that he did not agree with Mr. Brodie in his opinion that cholera was always preceded by diarrhoea; his practice did not strengthen the assertion.

On Saturday, Nov. 9th, after his clinical lecture, Mr. Guthrie proceeded to tap a very large hydrocele. Mr. G. at first intended to inject back the fluid which came from the hydrocele, but postponed the injection, remarking, that in cases of such large hydrocele as the one present, it was advisable not to inject immediately, but to allow some days to elapse before the injection of the fluid.

#### *Erysipelas of the Arm—Cure by Incisions.*

Short incisions, about three or four inches in length, were made in the arm. This treatment was originally recommended by Mr. Guthrie, in his work on Gun-shot Wounds. The principle on which incisions are made, is to diminish the tension of the parts, and thus lessen the erysipelatous tendency. In this case, incisions have been crowned with complete success.

#### MEDICAL ASSOCIATION OF THE COUNTY OF LINCOLN.

WE have much pleasure in informing our readers that a Medical Association has been formed in the county of Lincoln, for the purpose "of encouraging fair and liberal conduct among

medical practitioners, promoting their social intercourse, and supporting the rights and privileges of the profession." Every other shire should have its Association. The above Association proposed and carried unanimously a vote of thanks to the late Medical Officers of the Aldersgate-street Dispensary.

#### ROYAL COLLEGE OF SURGEONS.— CERTIFICATES UNDER FALSE PRE- TENCES.

THE following circular has been addressed to all the lecturers in London.

*Royal College of Surgeons in London,  
31st October, 1833.*

SIR,—I am directed by the Court of Examiners to acquaint you that certificates of attendance on lectures have been offered to the Court, in order to entitle the candidates to examination for the diploma of this College, which certificates the Court are fully satisfied were obtained under false pretences.

I am further directed to request you will inform the students composing your class of the extreme dissatisfaction and regret with which the Court have made this discovery, and that you will assure them the Court will in future punish, with the utmost severity the law admits, all persons who may be implicated in a similar offence.

I am, Sir,  
Your most obedient, humble servant,  
E. BELFOUR, *Secretary.*

#### MISCELLANIES.

EDINBURGH TOWN COUNCIL, NOV. 2.—An extraordinary meeting of the Council was held to-day at one o'clock. The Lord Provost said it was his most agreeable duty to lay upon the table an act passed by his Majesty in favour of the Town Council, vesting in that corporation the future appointment of the Professors of Medicine and General Pathology, and Medicine and Surgery, in consequence of the liberal,



impartial, and judicious use they had hitherto made of their academical patronage, and reposing great trust and confidence in their future discretion in this respect. The warrant was then read and received with applause. His Lordship stated that this warrant was executed 15th July, but was refused to be subscribed by his Majesty until he had made the proper inquiries into the conduct of the Council, which he had most graciously done personally, and having met with his high approbation, he had surrendered his patronage in their favour.

**ELECTION OF SURGEON TO THE HUDDERSFIELD AND UPPER AGBRIGG INFIRMARY.**

ON Wednesday, the 30th of October, the election of Surgeon to the above Institution, vacant by the death of Mr. John Atkinson, took place in the Court House at Huddersfield. The candidates for the office were Mr. J. T. Bradshaw, Mr. T. R. Tatham, Mr. James Astin, Mr. T. Wrigley, and Mr. William Greenwood; but the two last mentioned gentlemen withdrew before the election took place. The attendance of subscribers was numerous and respectable, there being before eleven o'clock, the hour appointed for the commencement of business, not fewer than four or five hundred gentlemen present. The poll commenced at twenty minutes past one o'clock, and terminated at a quarter past three, as follows:—

Mr. Bradshaw . . .	291
Mr. Tatham . . .	225
Mr. Astin . . .	64

Majority in favour of Mr. Bradshaw 66.

WE are happy to find that the Brecknock Infirmary is likely to be soon opened. At a meeting of the subscribers, held last week, at which Col. Wood, M.P. for the county, presided, it was resolved that the building should be completed forthwith. Arrangements were at the same time made to open the Infirmary for the reception of patients about the beginning of November.

LIMERICK.—The gentlemen of the Profession in this city purpose, we understand, to establish a medical library in Barrington's Hospital, which will be a valuable acquisition to the Faculty and the public.

**APOTHECARIES' HALL.**

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, November 7th.

Thomas Common . . .	{ Newcastle-upon Tyne.
Joseph Douglas . . .	. London.
Fred. Atcherley Edwards . . .	. Ellesmere, Salop.
George Northon Fosker . . .	. Colchester.
William Greenwood . . .	. Arneside.
John Lumley Sudbury . . .	. Newark, Notts.

**CORRESPONDENTS.**

*A. B.*—The case was grossly mismanaged, and had an inquest been held before a medical coroner, the surgeon would have been committed to the Old Bailey.

*X.*—The proposed plan will lead to imprisonment, if detected by the Company of Apothecaries.

*A duped Apprentice.*—The Hall cannot recognise the indentures of an illegal practitioner.

*The Plumstead Inquest.*—We cannot offer an opinion upon the authority of newspaper reports.

*A Dublin Correspondent.*—We shall be happy to receive communications on the projected reform in the Irish Hall.

*Mr. Palmer.*—We shall feel pleasure in inserting the articles mentioned.

*Mr. Stritch.*—We are much obliged by the communication, and thank our friend for setting his illustrious preceptor right with regard to us. We shall have great pleasure in doing him ample justice when we have an opportunity.

*A Middlesex Correspondent.*—We request our friend will continue his communications. We should be happy to see him.

*A Borough Student.*—It is impossible—no Lecturer could be so vain and foolish "as to advise his class to read no book, but depend upon his own lectures." An American author soberly declared a short time since, that it would be an advantage if all medical works were burned.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

LECTURES  
ON THE  
PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

LECTURE XXIV., DELIVERED MARCH 7, 1833.

GENTLEMEN,—I mentioned yesterday evening, that in rickets, the bones become unnaturally brittle, and in the subject from which this skeleton was taken, the bones of the leg were fractured, from some slight cause or another, in the dissecting room. Now, you will find it generally observed in works on surgery, that rickety bones which happen to break, will not unite again favourably; either that the union is brought about very tediously and slowly, or is not completed at all, while, in some instances, it is only of a fibro-cartilaginous nature. But, as far as my own experience goes, I should say, that bones affected with this disease generally unite much better than might, a priori, be expected. No doubt, when the disease exists in an extreme degree, there may be considerable difficulty in effecting the union of their fractures, and sometimes there may be no disposition to form callus at all. I observed also in the last lecture, that the common period of the commencement of rickets is between the ages of eight months and three years; but you ought to be apprised, that the disease may begin in the fetus before birth, of which fact I now show you an example. Here is the skeleton of a fetus, which exhibits a strongly marked rickety condition of the bones. It was likewise explained to you at our last meeting, that the heads of rickety individuals are generally very large, the bones of the cranium exceedingly thick in some places, and thin in others, and that the bones of the lower half of the skeleton are much less developed than those of the upper half. It is questionable, whether the bones, after the adult age, ever become affected with rickets for the first time. You meet with cases, in

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which the deformity shows itself after puberty, the spine becomes twisted, or the pelvis disfigured; but I believe, in every example of this kind, the vertebræ and bones of the pelvis have never been rightly and fully developed; their formation has always been imperfect.

There is a deformity of the spine arising in young persons who are growing with great rapidity, especially in females, which does not depend on any disorder of the bones analogous to rickets, but on the circumstance of such individuals not exercising their muscles equally, or on their being prevented from taking the free and unconstrained positions and exercises most agreeable to nature. Under such disadvantages, the spine becomes deformed, without any imperfection in the texture or development of the bones, and consequently there is no rickety disease of them. When curvature of the spine, which has arisen from such causes, is not too considerable, and the growth of the individual not yet completed, the deformity may be removed by letting all the muscles of the trunk be daily exercised in a free, regular, and uniform manner, so as not to suffer one set to be put more into action than another. It is on these principles that gymnastic feats and manœuvres become exceeding y useful in the treatment of deformities of the spine, which are so common in girls during their growth. However, if the deformity has been of long standing, it will be impossible to remove it in this or any other way; for the disease then approaches in its nature to that kind of deformity of the skeleton, which results from old age. Here, gentlemen, you see a specimen of a curvature of the spine, brought on altogether by the effect of old age; of course, the deformity, arising from the cause now specified, is completely irremediable. When the curvature is of the dorsal vertebræ, the upper part of the spine is usually inclined to the right side, as you see in the skeleton which I now show you, and the consequence of this is, that there is such an alteration in the position of the ribs, that there is a great convexity of them in the right side, and a flattening of them on the left; in this example, you see that the ribs are thrown in the direction I have described. Then the scapula is made

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to project backwards, and the right shoulder is thrown forward. In consequence of the flattening of the left side of the thorax, there is hardly room enough in it for the proper action of the heart and the due expansion of the lungs. In many instances the spinal column is not merely curved, but twisted in a spiral manner, and perhaps this illustration of the fact, now adverted to, is one of the best preparations of the kind in London; you may notice, that there is not only a curvature of the spine, but a complete twist of it, insomuch, that in one part the spinous processes of the vertebrae are brought nearly round to where their bodies ought to be situated.

In some of these cases, the clavicle may be displaced, in consequence of the alteration in the position of the shoulder, that is, the sternal end of that bone may be thrown inwards so as to press upon the œsophagus. An instance of such displacement of the sternal end of the clavicle is mentioned in Sir Astley Cooper's work on Dislocations, and the pressure on the œsophagus was such, that the surgeon, under whose care the patient was placed, was obliged to remove a portion of the clavicle in order to prevent the fatal consequences which would have arisen from the impediment to deglutition. Gentlemen, the next preparations show you the alterations in the form of the female pelvis occasioned by rickets. Here, the pelvis has assumed a triangular shape,—the sacrum is displaced, and the ossa innominata are thrown inwards so as to give the pelvis a triangular shape. In rickety females, the bones of the pelvis, you know, are smaller than natural,—not properly developed, and, you see, that the pelvis, which we are now examining, is surprisingly small. In the museum, you may see the pelvis of an elderly female, the bones of which are very incompletely developed.

When there is a bend of the spine in one direction, there will frequently be another in exactly the opposite direction to counterbalance it, and sometimes there will be even a third curvature, so that the spine will represent an italic *S*, as illustrated in the excellent specimen, which I now place before you for examination. In rickets, the bones of the limbs may be bent laterally, and the convexity of the curve may be on the external side of the limb; here is a specimen, in which the bones of the leg are thus deformed. I have recommended the conservator to make a perpendicular section of this tibia with a fine saw, as I think it would show in an admirable manner the great thickness of the lesser curvature, compared to that of the greater; it is also a capital example of the flattened shape often communicated by rickets to a long bone, which ought rightly to be more or less cylindrical. These changes, as I have explained to you, seemed designed to confer strength in the particular part of the bone in which it is wanted.

With respect to the *treatment* of rickets, I may observe, gentlemen, that as the disease

consists in a congenital defect in the organisation of the bones, its removal, perhaps, scarcely admits of being effected but by nature herself. We know of nothing that has the power of so altering the texture of the osseous system, as to communicate to it a due consistence, to rectify the derangement of its nutrition, and promote its full development. While the bones are under the influence of these imperfections in their texture and nutrition, they gradually yield under the pressure of the parts above them, and to the action of the muscles connected with them; and hence they bend, and deformity ensues. Now, the question is, how can we counteract these two causes of deformity? One would say, of course, by keeping the muscles from acting, and taking off the weight of the parts most liable to affect the bones by their pressure on them. But, gentlemen, considerable difficulty is experienced in putting these principles into execution; for, if the individual be confined long in the recumbent position without being allowed to use his muscles, his constitution soon begins to suffer—he loses his strength—and his health gets into a state, in which no improvement in the texture and development of the bones can take place. Again, if you attempt to take off the weight of particular parts by mechanical means, by the use of machinery, the pressure will only be transferred to other parts; thus, in the application of machinery to take off the weight of the head, chest, and upper limbs, from the spine, you would be obliged to use the pelvis as a fulcrum, and thus deformity of the bones of the pelvis might be produced. You have seen the skeleton, which we possess, in which the humeri have been vastly deformed by the pressure of the crutches on which the individual supported himself. However, it is not my wish to declare, that the use of machinery in rickets should be entirely relinquished; perhaps, in some respects it is preferable to a rigorous observance of the recumbent position, in which the patient always loses his health. Experience teaches us, that whatever tends to strengthen the constitution has a decided tendency to promote the removal of the rickety disorganisation of bones; and as the individual grows and acquires strength, those parts of the osseous system, which the disease has deformed, will assume greater strength, and a better shape. In the treatment of rickets, therefore, it is always an important object to rectify any manifest disorder in the health, and in particular to keep up the child's strength. You will find many rickety patients more or less debilitated, emaciated, or big-bellied, and some of them plainly scrofulous. To these sea-bathing will prove eminently serviceable, care being taken to promote the cutaneous circulation by the use of the flesh brush, or friction with napkins. Tonics, and particularly steel medicines, will also be beneficial. When the curvature of the lower extremity is considerable, machinery may be applied, and when the deformity is conjoined with an inversion of the

set, a great deal may be accomplished by means of mechanical contrivances sold in the shops. But I think that, where machinery is employed, the patient should be allowed to exercise his muscles for a certain period of the day. I have already told you, that many deformities arising from rickets may be cured entirely on gymnastic principles, that is, the patient is obliged to follow up a certain train of exercises, which put all his muscles into regular and equal action; and one principle is to put into action the antagonists of those muscles, whose preponderating activity and strength have led to the deformity, as well as those muscles themselves. Thus, when the spine is drawn to one side, by the right arm and shoulder being used more than the left, the object is to put the muscles of the left side into regular exercise, in order to counteract the effect of the muscles of the opposite side. Mr. Til-leard Ward's great success in the treatment of deformities depends, I believe, upon the skill with which he puts these principles into practice.

Gentlemen, I have next to speak of *exostosis*. The term signifies a tumour of a bony nature growing upon and arising from a bone. Some confusion has been occasioned by the term having been applied by some authors to osseous swellings of various kinds—some of which receive this name merely because they are connected with bones. Thus, whether the enlargement be *spina ventosa*, that is, an expansion of the walls of a bone by suppuration within it, or whether it be a deposition of osseous matter between the periosteum and the surface of a bone, the effect of venereal inflammation; whether it be a fibrous or medullary tumour growing in the cancellous structure, and producing swelling of a bone, or whether it be really a bony tumour growing out of and arising from the walls of a bone; the term *exostosis* has been sometimes employed to denote each of these different kinds of disease. I need hardly say, that this has led to great confusion, and is a bad arrangement; nor has this confusion been at all diminished by the division of exostoses into *true* and *false*, the latter denoting *spina ventosa* and certain fungous and medullary tumours beginning in the interior of bones, and then making their way outwards. Sir Astley Cooper describes *exostosis* as having two seats; by *periosteal exostosis*, he means that form of the disease, in which bony matter is deposited between the periosteum and the surface of the bone; but, by *medullary exostosis*, he implies a growth from the medullary texture by which the bone is expanded and ultimately absorbed and destroyed, so that the tumour protrudes externally. Now, this latter kind of tumour does not consist entirely of bone, and some forms of it are believed by many pathologists to be of a malignant character, partaking of the nature of fungus hæmatodes, or medullary sarcoma. Sir Astley Cooper has also divided exostoses into *cartilaginous* and *fungous*, the former being preceded by a cartilaginous deposit, into

which osseous matter is afterwards secreted; while the latter is undoubtedly nothing more or less than fungus hæmatodes of the bones.

The largest *true exostoses* are chiefly met with on the long bones, and if you sometimes meet with considerable ones on other bones, they are generally not of the true kind: thus, in the *cartilaginous exostosis of the medullary membrane*, described by Sir Astley Cooper, the shell of the bone is extremely thin, and, within it, there is an elastic, firm, and fibrous substance. In other instances, you will notice a medullary substance, which medullary substance is known to have the same character as that of fungus hæmatodes; whereas, the fibrous growth is not of a malignant nature. It is universally admitted, that the blending of so many different diseases together under the name of *exostosis* creates vast impediment to a clear view of the subject; and, as far as I can judge, it would be much better if the term *exostosis* were limited to a bony tumour, growing out of a bone and forming a projection on its surface, and not consisting of the growth of a soft substance originating in the interior of the bone, leading to an expansion of its walls, and afterwards to a protrusion of the fungous, fibrous, or cartilaginous mass itself.

Various terms are applied to true exostoses, according to the textures which they exhibit; some are *lamellated*, there being distinct layers observable in their texture; others are *cellular*, and not solid; while others are so solid and hard, that they resemble ivory, and hence have been called *ivory exostoses*. Some are so irregular and angular, that they have received the name of *stalactitic* or *spinous exostoses*. Unfortunately, there are only two or three specimens of exostoses in this museum, and these have not been put on the table this evening. One of them, though small, is very complete: you shall see it, if possible, to-morrow evening.

Confining my remarks exclusively to *true exostosis*, I may observe, that such a swelling is always completely fixed and immovable, and, at first, is unattended with any pain or inconvenience; it generally comes on in a very slow and indolent manner, and sometimes it remains, for several years, nearly in a stationary condition. Indeed, it is generally some years before it produces much inconvenience, and then it may cause severe agony, and occasion considerable mischief by its pressure on particular parts. An exostosis of magnitude, situated behind the knee-joint, has been known to interfere with the action of the flexor muscles. The growth of an exostosis from the os pubis has by its pressure rendered the urethra impervious. An exostosis of the thigh-bone, though of small size, has been known, on account of its projecting angular shape, to obliterate the femoral artery; an instance of which occurred in the practice of Baron Dupuytren. An exostosis of the orbit has frequently produced a displacement of the eye. An exostosis of one of the lower cervical

vertebræ has been known to press upon and obliterate the subclavian artery. An exostosis, extending backwards from the lower jaw, has produced a fatal impediment to respiration, by its pressure on the larynx. We have, then, numerous examples of the dangerous consequences of exostoses in particular situations; indeed, the prognosis in this disease materially depends on the situation of the tumour, and the possibility of removing it, with due regard to the parts amongst which it is placed. I am here speaking of true exostoses; because others, of a medullary character, are entirely different diseases, the cure of which involves the question, how far it is possible to cure, or effectually remove, fungus hæmatodes by operation.

Unquestionably, gentlemen, the bones most liable to exostosis are, first, the femur; secondly, the humeri; and thirdly, the lower jaw. But exostoses are met with on the sternum clavicle, and the bones of the head; in short, I may state, that there are no bones on which exostoses may not be produced. All the bones are liable to the disease, though some more so than others.

The causes of the origin of exostoses are involved in considerable obscurity. It would appear as if there existed in some individuals a predisposition to the disease, exostosis forming, in such persons, from very slight and trivial exciting causes. A little while before I began my professional studies at St. Bartholomew's Hospital, there was a youth there who was sent out of Cornwall, and the particulars of whose case were always mentioned in Mr. Abernethy's lectures. In this individual, a trifling blow on any part of his body would invariably lead to the production of exostosis; and this disposition to form bony tumours was not confined entirely to the skeleton, for, after a blow on the muscles a sort of osseous deposition would take place in them; in fact, the margins of the axillæ had become ossified in this lad: the great pectoral muscle and the latissimus dorsi were both turned into bone at their edges, so that the patient was completely pinioned. I forget, at the present time, how many exostoses could be counted in the patient, but they were numerous:—the case was very extraordinary.

With respect to scrofula being concerned in the production of exostosis, I think it very doubtful, though it has been asserted by authors of reputation. I know of no good foundation for the doctrine;—exostosis and scrofula are sometimes co-existent, but this is probably an accidental coincidence.

As for the treatment of exostosis, I may at once tell you, gentlemen, that we possess no means of checking the growth, or preventing the increase, of a true exostosis. I have been sometimes consulted by patients for exostoses, and have tried, as a matter of form, blistering, mercury, and iodine preparations, but I never saw a case that was materially benefited by them. I was lately consulted by a lady, under

the care of Mr. Huntley of Staines: she has an enormous exostosis of the lower portion of the femur, and in that case blisters and iodine embrocations were tried, but without the slightest effect on the progress of the disease. The case which I am speaking of had been seen by Mr. Lawrence and other surgeons, but no treatment, that had been suggested, had proved serviceable. But you should remember, that sometimes exostosis leads to inflammation of the soft parts, and then you would of course employ common antiphlogistic plans, viz, local bleeding, cold evaporating lotions, aperient medicines, and perhaps the blue pill, or calomel with opium. You may relieve the inflammation in this manner, but, as for dispersing the tumour by the use of medicines, there is not the slightest chance of success. However, in many instances, surgery may yet be of essential service; for, though you cannot disperse the exostosis by external or internal medicines, you may, when it is producing dangerous effects by its pressure on neighbouring organs, saw it, or cut it away with one or other of the instruments, which I showed you in the last lecture:—the saws invented by the late Mr. Hey, trephines, and saws capable of working by machinery in deep confined spaces. Of course I mean that an operation is to be performed only when it can be done without danger to the neighbouring organs. In the operation, the first object is to make such a division of the soft parts as will enable you to get at the base of the tumour without difficulty. Of course there will be much difference in the facility of removing the tumour: its shape is one circumstance that will have influence: when its base is broad the operation will generally be difficult; but sometimes the base of an exostosis is narrower than its body, and then its removal may be easy. Even when you are not able to remove the whole of a true exostosis, you may sometimes do essential good by taking away a part of it; for this kind of bony tumour is not attended with any malignity, and meddling with it will not turn it into any dangerous variety of disease. In some instances, when it is not practicable to saw away the tumour, attempts have been made to get rid of it by purposely exciting a necrosis of it, by removing the periosteum from its surface. Three or four years ago, I was consulted by a woman who had an immense bony swelling on the face. As several medical practitioners suspected that it arose from a fungus in the antrum, a point on which I had doubts, I sent her to Mr. Lawrence for his opinion, who coincided with me, that it was an exostosis of the upper jaw-bone. Now, in this example, after vast suffering, and repeated inflammation, and abscesses of the soft parts, the bony tumour came away spontaneously: it was attacked with necrosis, and exfoliated. The tumour, which was very large, came away by considerable pieces at a time, and the woman is cured, I believe, with the exception of a good deal of

disfigurement of the face. This case should teach you not to be too hasty in resorting to operations for supposed fungous diseases of the antrum.

Recollect the possibility of an exostosis being got rid of by an accidental occurrence of necrosis, or by this being purposely induced by surgical means. An exostosis may be so situated that you cannot prudently attempt any operation upon it; for instance, it may be so near a large joint, that any attempt to remove it by a surgical operation, would lead to such an inflammation of the joint, as would not only endanger the limb but the patient's life.

In relation to exostosis, I might here mention a case, that is sometimes met with, where a considerable swelling of a bone arises from the formation of hydatids in the cancellous texture. In the *Medico-Chirurgical Transactions* of London, you may read the particulars of an interesting example of this disease. The tumour, which was in St. George's Hospital, under Mr. Keate, was situated on the cranium, and occupied the greater part, if I remember rightly, of the os frontis. It was not known at the time of attempting its removal, what was the exact nature of the swelling; but, on performing it, a collection of hydatids was discovered between the tables of the skull, and before they were completely extirpated, and the patient could be cured, repeated operations, and the application of the strongest caustics were necessary. The case, in my opinion, reflects great credit on Mr. Keate, by whose judgment and decision, a disease, so formidable, on account of its situation, was effectually removed.

*Osteo-sarcoma* is a term frequently employed, though rather vaguely; it is found to be a convenient name, because it suits any tumour, which consists partly of bone, and partly of a soft or fleshy substance: thus, the medullary tumour of bones, when surrounded by more or less osseous matter, has been sometimes described under the appellation of *osteo-sarcoma*. Other tumours, situated between the periosteum and the surface of the bone, also, sometimes, receive the same name. But, more commonly, the term is applied to a tumour that begins in the medullary texture, and assumes a fibrous or medullary character, and is afterwards blended with osseous matter, or the remains of the original shell of the diseased bone. When fibrous, it is not malignant; but, if you observe that it is of a soft pulpy nature, you may suspect it to be of the same character as medullary sarcoma. Of late, *osteo-sarcoma* is a word used so much at random, that it should either be discarded, or confined to a definite form of disease. The lower jaw is sometimes the seat of medullary tumours, which frequently begin in the canalis mentalis, and after distending the bone, in an immense degree, they may dangerously obstruct deglutition and respiration. In some instances it is necessary to remove nearly the whole of the lower jaw, in order to free the patient from this malignant

form of disease. Tumours of a similar character sometimes grow from the antrum.

Gentlemen, I believe that I have now brought under your consideration all the principal diseases of bones, except scrofulous caries of the spine, scrofulous disease of the heads of bones, and some other cases, which do not come within this division of the lectures. *Spina bifida* also remains to be described, but as it is a disease that affects only one part, and not several, it will claim attention in a future lecture. To-morrow I will commence with the diseases of joints.

## CLINICAL LECTURES

DELIVERED BY

G. J. GUTHRIE, ESQ., F.R.S.

PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS, &c. &c.

At the Westminster Hospital, Oct. 22, 1833.

LECTURE VIII.

### On Erysipelas Phlegmonodes.

GENTLEMEN,—I place on the table the histories of two cases of this disease, which have been taken by Mr. Foote with great care; you can read them at your leisure. The men you must know; I have thought it right to see them every day during the last week, and I hope you have done the same.

#### Deep-seated Abscess in the Thigh.—Suppuration of Erysipelas.

Samuel Sharpe, setat 41, a lighterman, admitted October the 4th, 1833, under Mr. Guthrie. Says he is not accustomed to drink, but takes his two or three pints of porter in a day. About a week ago he discovered some inflammation and vesication on the great toe of the right foot, of which he does not know the cause. About the same time, he was attacked with a severe rigor, which lasted three quarters of an hour, and was followed by a second an hour and a half afterwards; has not since experienced any. Two days afterwards he discovered a redness, extending up the inside of the leg and thigh nearly to the groin, attended with fever, heat of skin, and great thirst; he consulted Mr. Ord, who directed him to apply a lotion of gin and water, and gave him some aperient medicine. The inflammation continued to increase, and four days after the commencement of the attack he could not leave his bed; the redness then disappeared from the leg, and appeared to be wholly concentrated on the inside of the thigh, about the middle third and did not spread higher than the groin. When he was admitted, there was not much febrile excitement; his appetite was good, slept pretty well, and the bowels were well open; there was an evident tumefaction of the thigh at the inflamed part; the integuments presented a rose-red hue; he complained of a feeling of weight in the limb, and

pain (deep seated) on pressure, which gave a doughy oedematous feel; sensation of deep-seated fluctuation; no inflammation of the leg and groin; is not in pain, except in the thigh; pulse full, strong, and frequent, 100; skin warm, and bedewed with perspiration.

5th. Mr. Guthrie saw him to-day, and made an incision with a scalpel, which he afterwards enlarged with the assistance of the director; about an ounce and a half of pus was evacuated; linseed meal poultice.

R. Magn. sulph. ℥j,  
Liq. ammon. acet. ℥ij,  
Vin. ant. tart. ℥ss.  
Mist. camph. ℥ij.

M. Fiat mist. enjus capiat cyathum vinosum bis in die.

6th. Had a bad night, but he says he is now much better, and nearly free from pain; there is considerable discharge; the incision relieved him very much. Continue.

8th. Discharge considerable; no pain or inflammation, except about the wound.

10th. Continues to improve.

15th. The lips of the incision are brought nearer in apposition by strips of adhesive plaster.

17th. Healing, wound contracting.

19th. A patient, with erysipelas phlegmonodes of the left arm, was placed in a bed immediately next to his on the 16th. He (Sharpe) has now an attack of erysipelas, chiefly affecting the neighbourhood of the wound; the margin of the tumefaction is well defined, as is also the termination of the inflammation; there is some fever present; is in great pain; hot skin; tongue covered with a dirty brown fur; pulse quickened and frequent, rather hard, 100; bowels open by medicine; ordered a poultice over the parts inflamed; omit the plaster; purge and starve. Mr. Guthrie saw him afterwards, and directed that if it continued to spread, the argent. nitrat. should be applied to arrest it.

R. Pulv. jalapæ gr. x,  
Hyd. submur. gr. iij,  
M. fiat pulv. statim sumend. repetend  
in 6tis horis si opus sit.

20th. Had a good night; had both the powders, and the bowels open in consequence; the erysipelas is spreading inferiorly; pulse quick, of moderate strength, 86; tongue covered with a white fur, and moist; skin moist; thirst diminished; not much pain; the argent. nitrat. was not applied. Mr. Guthrie made an incision about two inches long in the lower part of the inflammation, and allowed it to bleed, by which about an ounce and a half of blood was drawn; ordered to continue the poultice, and have a dose of his mixture.

21st. Was not able to sleep much during the night, but was not prevented by pain; the erysipelas is extending upwards; bowels open freely; tongue covered with a white fur and moist; pulse throbbing and rather strong.

22d. The argent. nitrat. was rubbed in a circle

over the upper parts of the thigh. Pil. cathart. ij.

22nd. Passed a good night; bowels open by medicine; tongue furred; feels easier; the part where the caustic was applied has not a black, but rather a brown, colour; so vesications on it; the erysipelas is not extending; discharge from the first incision continues.

#### Erysipelas Phlegmonodes.

James Coneybear, ætat. 31, was admitted Oct. 16, 1833, into John's Ward, and placed in a bed adjoining that of the preceding patient; is a stone mason by trade. About ten days ago he wounded the integuments covering the metacarpal joint of the middle finger of the left hand; the same evening, the hand began to swell, and became hot and painful, and very red; the wrist became stiff, so that he could not use it. The next day the inflammation spread up the fore-arm, and he sought surgical advice. He had cathartic medicines, and was ordered to foment the limb frequently; he was then the subject of considerable fever, and could not sleep; he considers that he was relieved by the measures adopted, but the arm still continued to get worse, in regard to the tumefaction, until he applied on the 16th; the pain had been less for the two days immediately preceding; the fomentations latterly were changed for linseed meal poultice, and he has had two applications of leeches, twelve each time. When he was brought into the surgery, the fore-arm and arm appeared to be swelled to three or four times beyond the natural size; the whole of the limb is covered with a dark erysipelatous inflammation, extending up rather beyond the middle of the arm, where it ends abruptly, and the fore-arm covered with vesications of a considerable size; there is considerable tension, and the swelling pits on pressure; the pain is not very great at present; skin hot; tongue covered with a brown fur, and dry; pulse full and rapid; bowels open; no headach; thirst; has not experienced any rigors. A sensation of deep-seated fluctuation was considered to be present, and consequently an incision, about two inches long, was made on the inside of the fore-arm, through the fascia, but there was not any pus; the cellular tissue was much thickened, and appeared to be dead; two small arteries were divided, and bled freely; one required a ligature; from these about six ounces of blood were lost; several other incisions were made through the integuments of the fore-arm, but none deeper, one on the posterior surface of the limb was of considerable extent; he was then sent to bed, put on low diet, and ordered to have the whole limb enveloped in a poultice.

R. Conf. arom. ℥ij,  
Ammon. subcarb. ℥j,  
Mist. camph. ℥viiij.  
Fiat mist. capiat coch. ampl. ij, tertis horis.

17th. Passed a good night; febrile symp-

tons continue; heat of skin, especially of the inflamed arm; tongue not cleaner, and still continues dry; pulse full, but not so rapid, 96; urine scanty and high coloured; no headache; bowels not open; not much pain; no discharge; cellular tissue sloughing. Another incision was made on the inside of the forearm, and one on the arm, to relieve the tension, which still existed; nothing else, it was remarked, would prove of service in such a case; ordered pil. cathart. ij, statim et haust. cathart. postea, omite mist.; beef tea, double strength.

18th. The incisions were practised yesterday evening, each of them three inches long; the cellular tissue beneath is evidently sloughing; the arm looks less tumefied, and is paler; the brown fur on the tongue is now in the centre only; continues dry; bowels moderately open; and he says the stools are not offensive; pulse regular and of moderate power.

19th. Arm much swollen; pulse improving and quieter; bowels open; there is a small opening, where the original cut was on the back of the hand, from which pus can be pressed out; a director was passed in towards the wrist, and the integuments divided; the incision on the fore-arm, which was mentioned as of considerable extent, but not passing through the cellular tissue, was freshened and made deeper, some pus was thus evacuated; skin moist, and is altogether improved.

20th. Passed a night tolerably free from pain, sleeping occasionally, but not uninterruptedly; says he has not pain, but rather an aching sensation in the arm; tongue continues furred, but is rather moister; urine still scanty and high coloured; skin moist; pulse regular, but not full, quieter, 84; bowels not been open to-day; thirst lessened; appetite improving; less tumefaction of the arm, but the fore-arm and hand are much the same; discharge trifling, of a thin yellow appearance. Continue.

21st. Passed a bad night, but not from pain; suppuration greater from incisions; suffers from burning pain in the limb; has not had any rigors. Mr. White saw him this morning, and objected to the linsed poultice, the whole advantages of which he thought would be obtained by simple dressings on the incisions, and fomentations over the whole limb, without its weight; matter was found to have formed in the space between the metacarpal bones of the thumb and fore-finger, both on the back of the hand and in the palm, the two communicating; an incision was made on the posterior surface, and about an ounce and a half of pus evacuated; bowels freely open; tongue covered with a yellow coat, but not so dry; pulse regular and moderately full; the thirst lessened, and appetite improving.

22nd. Passed a better night, and had four hours' uninterrupted sleep; feels easy and continues to improve; pulse good; bowels open; had two opening pills last night; tongue as at last report; says the fomentations are more agreeable than, and not so heavy as, the poultice; arm protected by a fracture cradle.

Having thus shown you the advantages of a particular mode of practice, let me refer you for a concise history of the progress of this disease to my work on Gun-shot Wounds; you will there find the practice, first recommended by Mr. Hutchinson, of making short incisions, and my deviation from it in favour of longer ones. Be pleased to read from page 99 to 111, but particularly from 106 to 111, as follow:—

“In many cases the inflammation and subsequent suppuration are in no degree circumscribed, the cellular membrane sloughs in the whole circumference of the limb, the skin being undermined loses its vitality, and the consequences are often very distressing, and not unfrequently fatal when the treatment is undecided.

“Mr. C. Hutchinson, in his Practical Observations on Surgery, has the merit of recommending a new mode of practice, by incision into the inflamed part at an early period, which, in most instances, arrests the progress of the disease. His observations were not, however, at first received with that attention they deserved, more perhaps from the term *erysipelas phlegmonodes*, which he retained as the name of the disease, than from any other cause. Since that period this complaint has been more generally called *diffused cellular inflammation*, or *erysipelatous inflammation of the subcutaneous cellular membrane*, which is sufficiently characteristic of the seat and of the nature of the disease. If the simple term *erysipelas* be confined to an affection of the skin, no difficulty can occur in distinguishing these complaints, and error will be avoided in regard to the practice which is essentially necessary to be pursued.

“This species of inflammation is usually the consequence of injuries; the skin assumes the erysipelatous tint, although it is in general something more of a brighter colour. The part swells more rapidly, does not admit of the impression of the finger being made with the same facility as in either common erysipelas or in the cedematous inflammation, and does not retain the mark in the same manner. There is clearly a thickening of the parts beneath the skin, which is also evidently on the stretch, is very tense, and therefore glistening. The pain is considerable. It is not, however, either or the whole of these symptoms which attract particular attention; it is the rapid depression and derangement of the nervous system. The altered and subdued appearance of the patient from the previous day, his hurried manner, the quickness and irritable state of the pulse, the foulness of the tongue, heat of skin, and towards night a state of wandering or delirium, indicating the extent of irritation. If relief be not obtained, the swelling extends

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*Note by the Reporter*—Nov. 18. Sharpe has been discharged cured, and Coneybear is nearly well.



along the whole limb, the skin becomes of a darker colour, the erysipelas affecting it passes beyond, and is the precursor of the inflammation of the subcutaneous tissue; the distinction between them is well marked and cannot be mistaken. The firmness of the part first affected has by this time yielded in some degree; its resistance, or elastic feel, is less evident; and it has obtained a springy, fluctuating feel to the touch, which is peculiar, and which it has acquired before any matter has formed. On making an incision into the part at this period, the cellular tissue will be found to have changed its characteristic for a gelatinous appearance of a light leaden colour, which it obtains from the deposition of fluid into its cells, nearly in the act of being converted into pus. The septa composing the cells have not, at this period, lost their life, and the fluid does not at first exude, as it will be found to do a few hours later, when the matter deposited has become purulent. When this change has taken place, the patient is obviously in the greatest danger; and if the cause of irritation be not removed or alleviated, he will, in many instances, die under the most marked symptoms of irritative fever of a typhoid type.

"When the powers of the constitution are equal to sustain and resist this state of disease, relief is obtained by the sloughing of the skin and the discharge of the matter beneath. The skin is, however, exceedingly tough, and before it yields and dies, the fascia beneath the cellular membrane is often destroyed, and the muscles are implicated and exposed. Mr. C. Hutchinson thinks 'pus is seldom formed in the substance of the adipose part of the tela cellulosa exterior to the aponeurotic expansion, that is, between the membrane and the skin; its most common position is beneath these parts, and in immediate contact with the muscles.' This opinion does not accord with my observations; the sloughing of the fascia and the formation of matter beneath being most frequently caused by the continuance of the disease, and rarely occurring when the proper method of treatment has been adopted.

"Mr. Hutchinson recommends several small incisions to be made, about an inch and a half in length, and from two to four inches apart, varied in number from four to eighteen, according to the extent of surface the disease is found to occupy. I have found one or more longer incisions answer equally well, and they appear, in many instances, to be preferable, giving more decided relief, as one incision can sometimes be made so as to be very little remarkable, whilst several smaller ones occasion more deformity. On making an incision at an early period, the leaden coloured and slightly gelatinous appearance of the cellular membrane will be readily perceived, and the state of the tension of the skin will be estimated by the retraction of the edges of the wound, one of four inches in length, separating two in width. Sometimes a con-

siderable quantity of blood will flow from the divided surface, but this will in general be greater if the incision be carried through the fascia, which is seldom necessary at an early period of the disease. If the operation has been delayed until the springy fluctuating feel, communicated by this gelatinous state of the cellular membrane, be changed into the more marked feeling which is communicated to the foot when stepping on a bog or quagmire, the cellular membrane will have been destroyed, the skin will have been undermined, a part of it must be lost in spite of the operation, which will only be in time to allay the constitutional symptoms, and thereby perhaps save the patient. I attribute these violent constitutional symptoms, not to the formation of matter, or the sloughing of the cellular membrane, but to the stretching and over-excitement of the skin when in a state of inflammation, caused by the swelling of the parts beneath; whence the relief obtained from the incisions.

"This opinion seems to be confirmed by the fact, that the constitutional symptoms subside, and the patient is placed in safety, although the incisions should not have been made until after the whole of the cellular membrane had passed into a sloughing state, and which process must be afterwards completed, and the parts separated before the cure can be accomplished. The following case is so striking an instance of the efficacy of long incisions, and of their capability to remove the greatest constitutional irritation, that I do not consider it to be necessary to adduce more. Thomas Key, aged 40, a hard drinker, admitted into the Westminster Hospital, as an accident, on October 21, 1823, at night, and under my care in consequence of falling and striking his left arm against a stool four days previously, which had given rise to erysipelatous inflammation. He was smartly purged with calomel and jalap, on his admission, which was followed up the next day by small doses of the antimonium tartarizatum, and sulphates of magnesia, so as to cause both vomiting and purging.

"In the evening he lost  $\text{℥xxv}$ . of blood from the temporal artery. The arm was very much swelled, the skin of erysipelatous redness, very tense, elastic, springy, and yielding a sensation of fluctuation, the inflammation being evidently deep-seated; pulse, 120, strong; tongue dry and furred; great thirst; skin hot; is very restless, unruly, and wandering. After the bleeding he became quiet, a profuse perspiration broke out over the whole body; he appeared relieved and comparatively tranquil. Fomentation and poultices were applied every three hours to the arm. On the 30th his state not being improved, a consultation was held to determine on the propriety of making incisions into the inflamed part; but this was considered improper by the parties consulted, and saline medicines with small doses of tinct. opii were substituted.

Oct. 31. Pulse 130; he is weaker, and more

invariable; was delirious all night; countenance sunk; skin hot and dry; tongue furred; was altogether in a state of extreme danger. The arm greatly swelled, of a darker colour, and giving to the touch a strong fluctuating boggy feel. I made two incisions forthwith into the fore-arm; one on the back part eight inches in length, the other five inches long on the under edge in the line of the ulna down to the fascia, which was in part divided, and one vessel bled freely. There was not any matter beneath it, but a considerable quantity of serum and matter of a gelatinous appearance was discharged, mixed with venous blood, but no pus. The incisions did not give much pain.

"Nov. 1st. Pulse 90, and steady; tongue furred, but rather moist; heat of skin moderate; slept occasionally during the night, and was much quieter; says himself he had a good night. The arm is less swelled; the cellular membrane is evidently sloughing, and this state extends beyond the extremities of the incisions on the back of the arm, which was therefore augmented to the extent of eleven inches. Ordered to continue the saline mixture, four grains of calomel and four of extract of colocynth, and the infusion of senna and salts to be given afterwards, and repeated until a due effect is produced.

"From this time he gradually recovered, the incisions were made, however, too late to prevent the loss of a considerable quantity of cellular membrane and skin. When a deep-seated erysipelatous inflammation takes place below the fascia of a limb, the whole extremity swells, it becomes firm, heavy, of a dull whitish colour, and is scarcely affected by the erysipelatous blush; is painful, and rapidly destroys the powers of life; the patient sinks unconscious of his danger, when he fancies himself relieved. The appearance of the part on dissection very much resembles that noticed page 97. It is a fatal termination by no means uncommon in persons of a bad habit afflicted with erysipelatous and gangrenous inflammation, or sloughing abscess in the neighbourhood of the rectum."

I am not aware, gentlemen, that after the lapse of ten years—and it is exactly ten years since the man was admitted into this hospital, whose case is the first on record of long incisions being made for the cure of erysipelas phlegmonodes—that I can give you a better, or a more compendious history of the disease, and of its treatment, than I have just read.

It is I think impossible for any one to read it and not give me the credit, if there be any attaching to it, of having introduced this practice. Mr. Lawrence, in his paper on Erysipelas, published in the 14th volume of the *Medico-Chirurgical Transactions*, says, "Mr. Guthrie has found that one or two long incisions accomplished every useful purpose, and has therefore adopted that plan." He should have said, and "therefore introduced this practice, which I have since adopted," or words

to that effect. I have no doubt of his taking the first favourable opportunity of doing this, for as my case of Thomas Key occurred in October, 1823, and is to this moment the most decisive case on record, whilst Mr. Lawrence's first case occurred in the summer of 1825, and his paper was only read to the Society on the 9th of October, 1827, whilst my book was published the 18th of June, 1827, the priority is as clear as it appears to me it is indisputable. The first and indeed all the credit is due to Mr. Copland Hutchinson, the second degree of it, if there be any, and a mere improvement, is due to me. They are both useful, and perhaps only both really applicable to particular stages of the complaint.

I am aware that the practice of incisions is, with some surgeons, still a questionable matter; it appears to me to be as easily reconciled and regulated as any other in surgery. I shall endeavour to draw some conclusions for your guidance.

1st. Ascertain that you have the proper kind of erysipelas before you. If you are not certain of that, read four pages, 106 to 111 of my book on Gun-Shot Wounds, or any better one you may have at hand, and you will not make a mistake.

2nd. Consider well the stage of your disease. In the early stage a small incision, of one inch or one and a half, will suffice, and at this period a gelatinous appearance of the cellular membrane, of a light leaden coloured hue, will be alone observable, but if the cellular membrane be yellower, or full of pus, sloughy, longer incisions will be indispensable, in order to allow the skin, thus divided, to retract and to take off the tension, the irritation of which is the cause of the deadly sympathetic fever, and also to give free vent to the discharge.

3rd. The length of the incision must depend then on the state of the part. I have heard of incisions being made twenty-three inches in length, but I have never made one longer than eight, and that in the case of Thomas Key. I think that in general, from three to four or even eight inches will be sufficient, and they may be repeated, if necessary, in different places.

The practice thus recommended to you has been, I believe, exemplified in the two cases you have seen treated. In one a short incision, from one inch and a half to two inches, sufficed to arrest the disease. In the other seven incisions, of from three to four inches in length, were absolutely required in different places, from the back of the hand to the middle of the upper arm. This man tells you he feels he must have died if it had not been for the relief he obtained from the incisions. I know that he would, from having seen many, very many, do it.

It is the more gratifying to me, gentlemen, to bring this case before you, because it has been treated by your house surgeon, Mr. Finch. The patient applied on Wednesday afternoon, and Mr. Finch, by his immediate incisions, saved his life. I encouraged him to-

proceed, but I have only, like you, been a spectator;—he was not under my care;—I hope you, gentlemen, have been as attentive a looker on as I have been.

LECTURES  
ON THE  
PHYSICAL EDUCATION AND DISEASES  
OF INFANTS AND CHILDREN,  
BY DR. RYAN,  
*At the Westminster Dispensary, 1833.*  
LECTURE X.

*Bad Effects of Cold on Infants.—Necessity of Warm Clothing.—Natural Alimentation.—Maternal Lactation, or Suckling.*

GENTLEMEN,—At our last meeting I described the first clothing proper for new born infants, as the influence of the atmosphere on their skin is capable of producing a great number of diseases. The skin has infinitely more sensibility than that of the adult, it approaches more nearly to that of mucous membrane. Its sympathetic relations with the brain, as well as with the whole mucous membrane, are the most intimate; and therefore it is imperiously necessary to protect it from the disagreeable and irritating effects of the air, or cold. The infant has left a high temperature, and care must be taken to preserve a proper degree of warmth in the apartment in which it is to be washed, dressed, and nursed. The bad effects of cold on the human body have been long known to physicians as the exciting causes of a host of the most fatal inflammations and fevers. "Half of mankind," says Ritter, "perish before the close of the third year; and there is no disease, not even of the nails, hair, or bones, that it may not occasion." There is no doubt that a much greater proportion of the children of the poor than of the rich, perish before the fifth year; and this mortality is principally caused by exposure to cold, and also by the administration of improper aliment.

Cold acts most powerfully upon the skin and mucous membranes, and the best preventive to its influence is warm clothing. This is well known to medical practitioners, and is singularly attested by Captain Parry, who states that at a temperature, 30° below zero, on Fahrenheit's thermometer, the mucous membrane of the respiratory apparatus escaped injury, when the body was kept properly clothed.

The air causes a disagreeable impression upon the very sensitive skin of a new born infant, because it is of a much lower temperature than that in which the infant lived before birth. It is therefore necessary to recollect this during the first days of life, and place the infant in bed with the mother, especially in cold weather, as she will protect it from cold by a kind of incubation, and preserve it in a degree of heat nearly equal to that which it has lately enjoyed. It should be gradually

habituated to the action of the air, at first warm, and after a few days, cold, but it is highly imprudent to expose it suddenly to atmospheric vicissitudes, because we should accustom it by degrees to support the alternations of heat and cold, of dryness and humidity, to which it will finally be exposed. In cold weather the infant should not be removed from the lying-in-chamber before the expiration of the first month of its age.

The productive faculty of caloric is at its minimum in the first ages of life, and is too feeble for the animal temperature when exposed to intense cold. MM. Milne Edwards, and Villermé have proved that the mortality of new born infants is much greater in the colder provinces of France, and that the greatest number of deaths in the whole country take place in the coldest months. They think that this conclusion deserves the attention of legislators and ministers of religion, and they prove, by numerical results, how extremely dangerous it is to expose new born infants to the action of cold in conveying them for baptism, and they inquire would it not be better in winter to avoid cold affusion. They also object to transporting infants on the third day after birth for inscription at the public registers.—Acad. des Sciences, Feb. 1829. Dr. Trevisan has instituted similar researches in Italy, and arrives at the same conclusions:—1. In Italy, he states, that of 100 infants, born in the months of December, January, and February, 66 died in the first month, 15 in the course of the year, and 19 survived. 2. Of 100, born in spring, 48 lived longer than the first year. 3. Of 100, born in summer, 89 survived beyond the first year. 4. Of 100, born in autumn, 58 survived the first twelve months. He ascribes the mortality to the practice of conveying the infants, a few days after birth, to the church for baptism; and he agrees with MM. Edwards and Villermé in requiring from the ecclesiastic authorities proper measures for the prevention of such disasters, without in any way opposing the precepts or practice of religion.—*Annali Universali di Medicina*, tom. xxxv.

The affusion of cold water on the head of a new born infant causes pain and irritation, as is proved by its screaming during baptism. The mortality produced by both these causes, which was aggravated by the previous exposure to cold, was so forcibly demonstrated by Arriani, Mauriceau, Brouzet, and others, as to induce the Prince Bishop of Wurzburg, in 1790, to command his clergy to baptize at the houses of their parishioners during the months of December, January, and February, and when the weather was cold to employ tepid water.

The directions of M. Rattier are so excellent upon this part of the physical management of infants that I must copy them: "every day, after the infant is washed, it should be left naked for a few minutes, so that it may stretch and move its feeble limbs, either under the rays of the sun or before a clear fire; the

mother at the same time making slight frictions all over the surface of the body, which will greatly excite the skin and favour insensible perspiration. It is proper to keep the cot or cradle removed from currents of air, but should its coverlet be too thick or too close it has a double inconvenience of impeding the renovation of the air, of concentrating heat too much, which, mixing with animal exhalations, becomes the source of many diseases. When the infant can walk, it will be more necessary to expose it to a free air, because henceforth it will be less under the surveillance of the mother, and has more need to be hardened against atmospheric vicissitudes, to which it will be imprudently exposed." This exposure is necessary as age advances, because man is not destined to be imprisoned in confined and unwholesome air. An elevated situation is preferable for infants, because the air is dry and frequently changed; and hence low damp situations are objectionable, more especially when the air is impregnated with emanations of animal and vegetable substances in a state of decomposition, or putrefaction. The best situation is that in which the air is frequently renewed, ventilated, and warmed by the rays of the sun. Therefore the country air is preferred. It is advisable to have nurseries elevated, with their cross-barr'd windows to the south or east. These should be opened in the morning and closed only at night, except in cold and humid weather. In winter it will be necessary to preserve a warm temperature, but we must not recommend too much heat, which would render the infant liable to cold and especially to inflammation of the chest; while the contrast will be too great between the interior and the exterior temperatures. It must be evident to every rational individual, that exposure to sudden transitions of temperature in summer or winter is highly dangerous to adults, and much more so to infants and children, and therefore we should caution mothers and nurses against the practice of exposing tender and delicate children to the open air in cold or inclement weather, without very warm clothing. A child in a nurse's arms makes very little exertion, does not increase the circulation of the blood by motion or exercise, and will be much more affected by cold than a grown person. Thousands of children are annually destroyed by the practice of exposing them to cold in damp weather. It is, however, better for the health of an infant to be exposed to a slight degree of cold than to too much heat, more especially when it begins to walk, and is properly clothed.

Practitioners justly inveigh against too much warmth, which would irritate the skin, predispose to cutaneous diseases, affections of the bronchial and intestinal mucous membranes, and eruptions on the head. In Poland the head is kept very warm, and hence the origin of the disease denominated *Plica Polonica*, which is unknown in Italy and all countries where the head is uncovered. It is also inju-

rious to tie strings under the chin too tightly, as this practice impedes deglutition and respiration. The head should not be kept too warm; and when the hair is sufficiently grown no other covering is necessary. It is improper to expose the head to the rays of the sun when ardent. It is right to mention here, that the hair should be washed and combed twice a-week, to prevent irritation, water in the head, and various eruptions. I have already stated that the dress should be loose, so as to admit of the free motions of the superior and inferior extremities, as well as of the chest and abdominal parietes, and should be secured by tapes instead of pins. Dr. Underwood relates a case of a child who died of convulsions. The medical attendant was unable to account for the cause of the disease; but the body being stripped, a pin was found forced through the anterior opening of the head into the brain. The sensibility of the infant's skin is excessive; and hence we often see cases, in which an infant is screaming or convulsed from the prick of a pin, or the bite of an insect.

About the third month, it is usual in this country to put on short clothing. As soon as short clothing or habiting is adopted, the head should be kept cool, the body and limbs as warm as possible, especially in cold weather. When short clothing is put on, the hands and feet ought to be covered with woollen socks and gloves, and the neck surrounded with a boa, or "muffer" of swan's down, particularly when the infant is exposed to the open air. These precautions will prevent enlargement of the glands of the neck, chilblains of the hands and feet, and tedious abscesses, which, when opened, do not heal for a long time, but leave cicatrices or unseemly scars; disease of the joints, enlargement of the head and abdomen, rickets, and deformity of the spine and extremities. These diseases are extremely common among the children of the poor. In a variable climate like this, the dress of infants should always be suited to the weather, varied so as to produce warmth, and sufficient to obviate the bad effects of cold. It is often necessary to put on winter clothing in spring and the end of autumn, when the weather is inclement; and there is no greater error in the management of children, than in exposing them to cold for the purpose of "hardening them," as it is termed. They are sent out in all kinds of weather, and exposed for hours to extreme cold by nursery maids, who stand or sit gossiping, until the unfortunate little objects committed to their care are so chilled, that the inflammations already alluded to are frequently induced. To obviate this great evil, the nurse or child's maid should continue to walk and keep the infant in motion or exercise as much as possible, by changing it from one arm to another or dandling it occasionally. When she feels fatigued she should rest herself in some house, and not sit down on hall-door steps, or on the

grass, which is the usual custom. She should remember, that even a full grown person cannot well bear intense cold, while it would chill a tender infant almost to death. The great mistake made by those who have the management of children is, that they do not duly appreciate the delicacy and weakness of the infantile constitution, which they treat as they do their own. The physician always bears the difference of constitution in mind, and lays down particular precepts for the hygiene of different ages. The slightest reflection will convince every rational individual of the validity of our conclusion. The peculiarities alluded to have not escaped the ancient poets:—

“Ætatis cujusve notandi sunt tibi mores,  
Mobilibusque decor naturis dandus et annis.”

Cold is a prolific cause of diseases; every part of the body may be inflamed by it, and most persons ascribe their complaints to it. Daily observation proves the truth of this position. We find ophthalmia, catarrh, tooth-ach, face-ach, sore throat with or without cough, swelling of the glands of the neck, cough, inflammation of the lungs, bowels, liver, abdominal viscera, joints, arms, trunk, and lower extremities, caused by it. If cold can produce so much mischief in the strong constitution of the adult, how much more dangerous must it be to that of the delicate infant, whose powers and constitution are so much more feeble. It is very surprising how few parents there are, who properly estimate the truth of this opinion. Few, indeed, have correct views on the helplessness of infants. Medical practitioners only entertain rational sentiments on the subject; they bear in mind the extreme delicacy of the infantile constitution so beautifully described in past ages:—

“Editus in lucem jacuit sine viribus infans.”  
“Tum porro puer (ut sævis projectus ab undis  
Navita), nudus humi jacet infans indigus  
omni,  
Vitali auxilio quum primum in luminis oras  
Nixibus ex alvo matris natura profundit,  
Vagitum locum lugubri complet ut equum  
est,  
Cui tantum in vita restet transire malorum.”

I should not quote from the classic writers so frequently, were it not essential to you to be well acquainted with the learned languages, in which most of you will be examined hereafter.

The choice of air is a matter of great importance in the rearing of children. It is unnecessary to dilate upon the salubrity of the air of the country, or on its superiority to that of crowded cities. In all cases in which circumstances permit, it would be better to bring up children in the country than in cities. But, in all circumstances, the most dangerous forms of cold are to be avoided, and these are, damp, foggy, and frosty weather, damp cloth-

ing and apartments, and currents of air. The bad effects of these are prevented by warm clothing, exercise, and a moderate use of wine, or ardent liquors in cases of adults. No matter what may be the season, our dress should be sufficient to protect the body from the injurious effects of the weather. If this precept be attended to, it would be proper to expose infants about noon to the open air, provided those who have the care of them keep walking and changing the position of their little charge. As a general rule, it is improper to expose young infants to the open air, early in the morning or late in the evening.

It is very dangerous to place young infants in currents of air or draughts, as they become affected with catarrh, or inflammation of the lungs, or in popular language, they take cold; their nostrils become stopped, they cannot suck, their sleep will be disturbed, and deprived of proper aliment and repose, they emaciate rapidly. When the head is “stopped,” there will be catarrh or “snuffles;” and these may be in some measure obviated by keeping the infant in a warm temperature for some days, and avoiding to expose it to the open air. When it cannot breathe through the nostrils, it cannot suck; and this inability may be removed by dropping almond oil into the nostrils.

I cannot too forcibly observe, that the incautious exposure of young and tender infants during the first three months of their existence to cold, or rather cold air, may be rapidly followed by inflammation in any organ or part of the body. The commonest observer is aware, that all young animals are injured by cold, and so is the human offspring.

The next organ to the skin in activity, is the stomach, and its action on the aliment or food converts it into nutriment for the development of the whole body. The infant is voracious, because nature has to expedite its growth to manhood or womanhood. It requires a frequent supply of aliment, and when satiated, it falls into a tranquil sleep, because its wants are supplied and it is unable to take interest in surrounding and less important objects. In the first days of its life, it does nothing but eat and sleep; and this leads me to notice the source of its nourishment.

*Maternal Lactation.—Suckling.—Nursing.*

—The completion of delivery does not terminate the physical affinity, or natural connexion, between a mother and her infant. In a short time after this event, the blood that supplied the enlarged womb while it nourished the fœtus, now flows to the breasts, distends them, and forms the secretion of milk. This is as essential to the woman as to her infant; because it prevents those child-bed fevers and inflammations which often destroy life. It is destined by the Divine Author of nature for the nourishment of the offspring, as the mother is the only source capable of furnishing the infant with the first milk, which is incontestably the best food fitted to the organs of

the new being, because it is the product of that body, of which the infant, a few moments before, formed a portion. The secretion of milk diminishes the susceptibility now existing to many child-bed diseases, and nothing is so proper for the preservation of the fulness, firmness, and beauty of the breasts, though the contrary is generally imagined.

The first milk, called *colostrum*, possesses sperient properties, and purges the infant of the dark contents of its bowels, denominated *meconium*. It is also a fact, that there exists between the growth or nutrition of the infant, and the increasing quantity of the milk, an exactitude of progression, seldom observed in other instances; in truth, there exists between the constitution of the infant and the mother, an intimate relation, so that the wants of the one are supplied by the other. Hence theologians, philosophers, and physicians, have universally agreed, that maternal lactation, or suckling, is an obligation on all healthful women, which cannot be dispensed with. Analogy confirms the truth and validity of this conclusion, because all mammiferous animals, that is, all which give milk, suckle their young, and none others. "Never," says M. Virey, "have the lionesses or panthers refused their udders to their young: it is the reverse with woman,—not the poor woman, who is excusable on account of her misery, who acts so unnaturally, but the rich one, who is surrounded by all the advantages and blessings of life. What does it matter, that her son should perish, provided that she may enjoy her pleasures? It is to the peasants that the vulgar cares of maternity appertain; the lady of fashion has other occupations."

Yes, the affectionate peasant mother takes nature for her guide. She sees every genus of the winged tribe bewail its lost young, how the parent heifer, when her calf has been taken away, wanders in every direction, fills the air with her lowings, and returning to her shed at sunset, still mindful of her offspring, she weeps (*grandibus ora riget lachrymis*), nor does she care for the limpid stream or rich pasture. She hears with how much bleating the pensive sheep seeks for its absent lamb, and beholds it, having in the evening a distended udder, delighting in its offspring; she wonders how, amidst a thousand lambs, similar in colour and voice, the mother knows its tender progeny, and how it knows its parent. The humble cottager, seeing all these examples everywhere around her, considers it unlawful for woman to yield in love to the lower animals. These will not suffer even the young of their own species to approach them; while women of the higher class society, violate the institutions of nature. It is in the humble cottage that the rustic infant is nursed with the happiest effects. The mother will not permit a strange bosom to nourish her issue; she rejoices to convey her health and her pure morals with her milk to her offspring, which receives the sweets of home, and wishes

to return to its affectionate mother its *naïve*, incipient embraces, and to know, by the applauding smile, its father returning in the evening, whose wearied limbs it fondly embraces. But the child, born under a gilded roof, is forced to change its household gods and go into sad exile; its unnatural parent throws off the mother at its birth, she transfers it to another, and she allows a dog to suck the breasts she denied to her child. After some years, she receives it, deformed and distorted, and it knows her not. On the other hand, the pious villager fondly cherishes her infant, and she is surrounded on all sides by her tender little ones, whom nature had abundantly nourished with milk. Felicitously has a great poet observed,—

"O fortunatos nimium sua si bona norint  
Agricolæ . . . . ."

Women in the higher ranks intrust the nurture of their offspring to heartless strangers, who can never supply the sustenance or the maternal care of a parent, who may communicate various diseases, or induce many by their neglect or ignorance, such as scrofula, rickets, deformities of the spine and limbs, syphilis, &c. &c.

The new born infant, as already noticed, requires a thousand cares, sympathies, solitudes, which can only be exerted by the mother's love and affection. No woman, worthy of the sacred name of mother, can refuse that feeble helpless being, to which she has given existence, that care and nutriment which reason, instinct, and nature, dictate for its welfare. It is perfectly impossible to procure as proper and wholesome aliment for an infant, as the mother's milk; for that of every other woman is at best, but a bad substitute. This must be obvious, when it is recollected, that no two constitutions are alike. Maternal lactation is ordained by nature, it is a part of generation, it prevents diseases, and is a bar to pregnancy, for it would be injurious to the woman as well as to the development of the infant, that conception should recur before the latter was capable of enjoying an independent existence, while frequent pregnancies would enfeeble the mother.

Lactation or suckling is a duty imposed on the human female by nature, for the preservation of the infant. In general the breasts enlarge in the last month of pregnancy, often secrete milk even before delivery, and in a majority of instances in a day or two afterwards. The augmentation of the precious fluid in two or three days after delivery, evidently proves that it is destined by the Author of nature for the nourishment and conservation of the new-born infant. It is the most appropriate aliment for the infant, as it is supplied from that body, of which the new-born being was so lately a part. It is superfluous to show the superiority of maternal lactation to every other means of nourishing infants. All women in the prime of life, and in good health, should

suckle their infants, and those in bad health should avoid this duty. There are two important precepts to be followed with regard to lactation; the first is, not to suckle the infant too often; and the second, not to suckle too seldom. In the first case, the infant will have habitual indigestion, hiccup, flatulence, griping, vomiting and diarrhoea; and in the second, it will become debilitated, while the stomach, being irritated by hunger, may become inflamed. It is difficult to lay down a rule as to the application of the infant to the breast. Desessartz thinks the following signs indicative of the hunger of the infant. "When the infant is hungry, it fixes its eyes on the nurse, they follow her every where, and it appears chagrined when she is at any distance; it puts its fingers into its mouth, sucks them or its tongue; the saliva is secreted in abundance, 'or it drivels.' On putting a finger in the mouth it presses it with avidity; if the breast is shown to it, it expresses joy, it seizes the nipple, and presses it with its hands. When on the contrary, it is not hungry, it takes the nipple with indifference, and quits it without regret, after having taken too little milk to appease hunger, if this had been the cause of its cries."—*Traité de l'Education corporelle des Enfants en bas age.*

This is an excellent description, but it is well known that an infant often cries from many causes besides hunger; and it would be absurd to apply it to the breast whenever it cries, though women generally do so to tranquillise it. Some writers are of opinion that the infant ought to be applied to both breasts every two hours, night and day, which is about the period it generally awakes from sleep; and others recommend the application every four or five hours. According to my own observation, I think the infant should be suckled every two hours for the first month or two, during the day and night, provided it receives no other food, and that the health and strength of the mother remain unimpaired. It matters little how often the infant takes the breast—and its want of it will depend upon the strength of its constitution, the abundance and quality of the milk, and its habits—provided it thrives and is free from indigestion, and that the health of the parent does not suffer. This is the only rational and scientific precept for our guidance. When the infant is fed with other food, it will not require the breast every two hours, but all aliment except breast milk is unfit for it during the first three months of its existence. It is impossible to determine how often an infant should be applied to the breast, but after the first few weeks the longer the interval between each suckling, the better the milk, the more repose and strength for the mother. It is an error to give but one breast at each repast, the infant should be successively applied to both.

The obstetrician is usually asked two questions before his departure from the lying-in chamber; is it necessary to give the infant any

thing before the infant is put to the breast, and what interval ought to be left between its birth and its application to the breast or the first time? When the parent or the nurse forgets to ask these questions, it is the duty of the medical practitioner to inform them. It is necessary to give the infant some sugar and water, for the purpose of removing the mucosity that lines its fauces or throat. Nurses usually exhibit butter and sugar, treacle, or groed as soon as the infant is dressed.

The breast ought to be presented to the infant when the mother has recovered from the fatigues of delivery, and the period will be longer or shorter according as the labour was quick or tedious; it is said about two hours after birth; but even sooner, when the milk is formed, the parent strong, and the signs of hunger, already described, very apparent. I cannot agree with those authors, who think that the infant should not be suckled for twelve or twenty-four hours after birth. Food of some kind should be frequently exhibited to it during either period; and the mother would be exposed to milk fever, and painful tension of the breasts. The milk of the mother, or of a woman of her own age who is delivered at the same time, is alone fit for the infant. Some authors believe that there exists between the milk of every mother and her infant an analogy which establishes a preference in favour of the maternal fluid to that of a woman delivered at the same period. The infant inherits the constitution of its mother; and she supplies the best and most natural nourishment for its preservation. Brouzet and Gardien deny that this analogy is proved; and maintain that another woman may afford as good milk as the parent. I cannot assent to this doctrine, because it is contrary to the dictates of nature, and to the analogy afforded by the various tribes of mammiferous animals.

The infant acquires its alimentation by suction of the milk secreted in the breasts of its mother or nurse, and this action is denominated suckling, and *teter* by the French. It is important to a medical practitioner to know exactly the mechanism of this action. Suction is accomplished in the following manner. The infant advances its tongue on the inferior gum, depresses it in the centre, and embraces the inferior part of the nipple. The titillation that the tongue exerts on this part, and the heat of the mouth, excites in it a kind of erection, which straightens the lactiferous tubes, while the suction causes a flow of milk. This last is effected by the infant applying its lips to the base of the nipple, then making the alternate movements of aspiration, during which the cheeks become hollow by sinking between the jaws, and a remarkable vacuity is formed in the interior of the mouth, and the movements of deglutition, during which the cheeks are prominent. The lower jaw approaches the upper, the larynx ascends and reascends, and favours the passage of the milk from the mouth into the oesophagus. Others hold that

the cheeks and lips form a pump of which the tongue is the piston, and that as the milk flows after the infant quits the nipple, respiration affords no aid to the process of suction. When this fluid is abundant it flows on the lips, and sometimes prevents the infant from swallowing it sufficiently quick, partially escapes into the larynx or "goes with the breath," excites coughing, threatens suffocation, and obliges the infant to quit the nipple. This also occurs when the infant is hungry, and sucks with too much avidity. The infant at first does not suck continually, it often ceases, and reposes, but when it acquires more vigour it is less interrupted. It must continue for some time before it extracts a tablespoonful of milk, and some suppose that it seldom takes more than three times that quantity at a single repast.

Breast milk differs in quality and quantity according to the age, health, and aliment of the individual who supplies it. We even find it different in the same woman. It may be better in one breast than in the other. Good breast milk is sweet, inodorous, of an opaline or bluish tint, and remains in drops on a polished surface. Its abundance is not always in proportion to the size of the breast, especially in full, lusty women. The best proof of its goodness and salubrity is the appearance of the infant which is reared on it; but it does not always follow, that it will agree equally well with another infant. When it is thin, watery, or deteriorated, it disagrees with the infant, causes indigestion, griping, emaciation, and vitiated alvine evacuations, of a black, brown, green colour, or almost every colour except the light yellow, which is the natural one, and an excess of urine.

On chemical analysis, the human milk contains, independently of cheese, butter, and sugar, a proportion of phosphate of lime, prepared by nature for the ossification of the newborn infant. When this is deficient, the bones remain imperfectly ossified, the teeth appear slowly and at a late period, the head and abdomen enlarge, the spine and limbs become deformed, or, to use a popular phrase, "grow out," and the infant is affected with rickets. The same defects are induced when infants are dry-nursed, or imperfectly nursed by the lower classes, of which we have numerous examples presented to our notice every day. The lower classes are compelled to commit their infants to the care of older children, or girls, who are unable to exercise them properly or keep them clean or comfortable. If we add to this, that breast milk is withheld, except in the morning and evening, and improper food substituted for it, we can readily perceive the exciting cause of rickets and deformities among children of the labouring poor. Some women secrete milk, which is too rich, and which causes indigestion, griping, green dejections or motions, and cutaneous eruptions; others, a fluid which is serous, watery, or acid, and acts as a diuretic. Different kinds of milk are observed among animals. That of one

cow forms more butter, that of another more cheese, and that of a third an acid fluid, which will not supply either substance. This difference explains the fact, that some healthful women, who have an abundance of milk, are compelled to procure wet-nurses, as their infants emaciate, and will die if suckled with the maternal fluid.

There is a principle in milk besides the preceding qualities, a vital principle, a certain degree of vitality, which evaporates on the fluid being exposed to the air, or on being boiled. In proof of this, I may mention, that if breast milk be collected in a bottle and given to an infant, a sufficient aliment is not afforded; and that women, when excited by passion, who have suckled their infants, have often caused them to be suddenly attacked with convulsions. The milk in the breast only contains the vivifying principle. A remarkable illustration of this doctrine is given by M. Leroy. He states, that the administrators of the hospital at Aix in Provence consulted the Faculty of Medicine of Paris, in 1775, to inform them of the means of preserving foundling infants, as those under their care perished about the fourth month and a half. They desired to know the cause of this disaster, and the means of remedying it. The Faculty appointed M. Leroy, as their commissioner, to give an answer. He replied that the mortality was caused by feeding the infants from a boat or cup, and that they did not receive a principle sufficiently vivifying for their conservation; that, at the age mentioned, nature commenced her efforts for development, and that the infant could not support this critical period, unless it had taken a sufficiently vivifying principle with its aliment. He advised the infants to be nourished by she-goats. These animals were driven into the wards in which the children were ranged, each went in search of the child committed to its nourishment, raised the bed covering with its horns, and placed its udder near the mouth of its charge; and in a short time children were reared in the hospital in great numbers. But the infants to whom watered cow's milk was given almost always died; this milk had lost, by exposure to air, its vital principle, and the mortality was always great when children were nurtured with this aliment. They were affected with marasmus, worms, scrofula, &c.—*Médecine Maternelle, par M. Leroy.*

Caprine lactation has been sometimes employed in mountainous districts in these countries; and we are accustomed to recommend cows' or asses' milk, warm from the animals, for the aliment of delicate children. An immense number of infants are nourished in this way; though M. Leroy states that, in Paris, he has never seen infants reared with cows' milk alone. He accounts for this statement by observing, that these animals feed upon grass and deteriorated vegetable matters, and that they give bad milk, which is incapable of strengthening the organism of the infant. Every one knows



that, in all cities, cows' milk is far inferior to that of the country, and is rendered unfit for the food of infants by the adulterations it undergoes. This last is a great evil, and one that well deserves severe punishment, as it leads to the enfeeblement of infants and children. Neither milk nor any description of food is so fit for the human offspring, as that prepared by nature. Hence the axiom, that every woman, who enjoys good health, takes wholesome food, and lives regularly, should suckle her infant. It acquires incalculable advantages when it is nursed by a healthful, intelligent, and educated mother, who watches its sensations and wants, and by her tender caresses renders it more sensitive, affectionate, vivacious, and vigorous. In fact, there are innumerable delightful feelings, which no one but a mother can experience. The infant, brought up by its mother, is accustomed to her affection and tenderness. It is not without reason, that cheerful, handsome, young nurses are preferred; as the infant is an imitator by instinct and habit, it forms the traits of its character by those of its nurse; and therefore ugly disagreeable persons are not selected. The infant nourished by its mother acquires the moral and physical resemblance of its family, so that when it is brought up, it is induced to love and preserve the social order. The bad effects of mercenary and artificial lactation will be considered hereafter.

The milk of animals contains the odour and other qualities of the aliments, on which they are fed. This holds good as regards the human subject. The air and its electrical conditions, aliments, temperament, state of health, passions, menstruation, pregnancy, delivery, and climate, modify the milk. In southern countries, the milk is less abundant and less prolonged than in the northern nations. The milk of delicate women is less nourishing than when the muscular system is well developed, without fulness of habit or a plethoric tendency.

The diet and medicine taken by a nurse will affect the breast milk, and through it the infant. The nurse should therefore be cautious in the selection of the quantity and quality of her aliments. She should take food to satiety, but not to excess. She may take whatever she relishes, as in general it will agree with her, provided her digestion is good. I have described the proper food for nurses in a former lecture, and shall only observe on this occasion, that high-seasoned, spiced, salted, smoked, oleaginous aliments, and crude vegetables are improper. Wine and spirituous liquors are injurious; fermented liquors, such as porter, &c.; coffee, chocolate, or tea should be used in moderation. The children of those who indulge in spirituous liquors are very often destroyed by convulsions. The nurse ought not to be restless, inactive, or too sedentary; she can take moderate exercise in her house, and generally in the open air, which will promote health and a salutiferous milk. As to

sleep or repose, it should not be too long or too short: from seven to eight hours' sleep will be sufficient, and longer than this, in the majority of instances, is unnecessary and injurious. The bed should not be too hard or too soft, as either is prejudicial to health.

The milk will differ in its qualities according to its age: it is too thin when old, too thick at first, becoming bluish about the sixth week, and white and saccharine from the fifth to the sixth month.

The recurrence of menstruation is prejudicial to the milk; and other food should be given during the continuance of this function. Nuptial intercourse should be moderate during lactation and pregnancy, especially when the nurse is delicate. Many women and animals, however, give milk to the moment of delivery. Lactation ought to be suspended during acute diseases, as fevers or inflammation of any part of the body, and artificial aliment substituted such as formerly described. There is no doubt but the milk is injured by the recurrence of the menstrual secretion, uterine irritation, pregnancy, and tedious labours. Children often die when suckled too long, or when the milk is too old.

When nurses have suffered hunger or much fatigue, their milk will be deteriorated, and it will become more or less indigestible when retained too long. Confinement of the bowels, like all other diseases of the nurse, will injure the infant, while the diseases of the latter will affect the former, such as aphthæ (thrush), syphilis, eruptions about the mouth. Even medicines used by friction on the skin of the mother will affect the infant. MM. Piel and Alibert made frictions with a purgative medicine on the skin of a nurse, and though her bowels were not affected, the infant was so severely purged, that it nearly died. I cannot agree with those who are of opinion that the mother, affected with catarrh or cold, will communicate the disease to her infant (Leroy); neither can I give my assent to the conclusion, that milk will be decomposed in the breasts, when too long retained. The milk when retained will certainly differ, when first drawn, from that which will be secreted by the excitement of suction; but decomposition cannot perhaps occur when the infant is suckled regularly. As yet we have no instrument to determine the good qualities of any kind of milk, and the ablest chemists have failed to elucidate this subject.

Many women deprive themselves of the power of nursing their infants, by the unnatural custom of tight lacing, which compresses the breasts, prevents their enlargement during pregnancy, and flattens the nipple. This practice should be avoided. When the nipple is flattened or small during the last six weeks of pregnancy, it would be desirable to apply almond oil at night and a breast bottle in the morning, until it becomes sufficiently prominent. If this plan be neglected, a strong child should be applied after delivery, or a

breast bottle of some kind, or a new tobacco pipe, and when all these fail suction must be made by a grown person. The application of a young dog is seldom made in this country at present. The breast and nipple should be smeared with almond or olive oil three times daily, and this washed off with mild soap and water. Suction causes a determination of blood to the bosom, and speedily increases the flow of milk. When the breast becomes distended, the infant cannot suck, and in such cases some of the above substitutes must be tried. If these prove painful, warm fomentations of poppy heads with chamomile, and the application of almond oil, will be necessary. In some cases the nipple cracks or is excoriated, and then spermaceti ointment, with a prepared teat or artificial nipple, should be employed. The infant ought not to be applied to the other breast for a day or two, and the sore one drawn with gentleness by some of the means already described. The milk it contains is injurious to the infant, and disease in one breast will often disorder the other.

Young mothers are often awkward in applying the infant. As a general rule they should sit up, have their shoulders covered with a shawl, and support the infant on either arm; should it suck in the horizontal or lying posture so much the better. The mother must be careful of cold when she is obliged to sit up.

When an infant vomits after sucking, or taking other food, it has taken too much, or it is ill. It is highly improper to re-feed it, though this is a general rule with nurses. Let us suppose a full grown and strong man has repeated vomiting, we surely would not offer him food immediately after each fit. An infant is a man in miniature, and requires to be treated in the same manner. He is subject to the same sensibilities and derangements, though in a minor degree, and these require the same treatment. At our next meeting I shall describe the diseases which disqualify a nurse, and consider mercenary and artificial lactation.

#### ANATOMICAL NOTES.

##### DISCOVERY OF THE TRUE DISTRIBUTION OF THE OBTURATOR NERVE.

BY ALEX. THOMSON, M.B., OF ST. JOHN'S CAMB.

(Concluded from page 496.)

##### *The Anterior Series of Branches.*

They leave the common nerve at the upper margin of the adductor brevis, at an inch and a half below the spine of the pubis, immediately below the anastomoses of the deep external pudic with the obturator artery, and there divide into five fasciculi, separating from each other at very acute angles, of which the *first*, or the *anterior*, is about two-thirds of a line in diameter, and plunges through the brevi-

adductoral-pectineal fascia, directly forwards into the posterior surface of the pectineus; the *second*, the largest of the other four, having one line in diameter, plunges behind the interior fascia of the adductor brevis, runs under that fascia for an inch, and then plunges into that muscle, to be lost by ramifying in it; having, however, at three-fourths of an inch below the inner edge of the pectineus muscle, sent through the anterior aponeurosis of the adductor brevis, two delicate filaments, not larger than bristles, to pass, after a descending course of half an inch, into the posterior face of the adductor longus muscle, these being the only twigs it sends through the aponeurosis; the remaining three pass along the anterior face of the anterior fascia of the adductor brevis. The inner of these three descends obliquely inwards, in immediate contact with the posterior face of the adductor longus, until each line as it arrives at the middle of the inner edge of the adductor brevis, where it comes in contact with an arterial branch, running inwards from the profundati, the gracilis, adductor, magnus and longus, and skin of the inner part of the thigh, and divides there into numerous twigs, which accompany every one of the branches of this artery from the point of contact both inwards and outwards, and capable of being traced, distributing twiglets to both the arteries and veins, in the sheaths of those vessels as far as the vessels themselves can be traced. Previously, however, to coming in contact with this artery, it gives off from its inner edge, nearly at right angles, two bristle-like twigs, half an inch from one another, and the lowest half an inch above the point of contact with the artery, to pass directly inwards into the gracilis muscle without being accompanied by vessels. The *third* branch, or the second from within outwards of those on the same plane, is not larger than a bristle, and descends downwards and inwards as far as the middle of the inner posterior edge of the adductor magnus, winds round the inner edge of that muscle, having perforated the fascia, separating that muscle from the gracilis, arrives upon the anterior face of the muscle, anteriorly to its anterior fascia and descending there, obliquely outwards and downwards, becomes united by anastomoses at about an inch from the anterior inner edge of that muscle, and an inch and a half below the point of the curve forwards, with the upper of the two twigs of that branch of the anterior crural nerve that traverses the anterior face of the femoral artery from without inwards. This branch, at about the middle of its course upon the posterior face of the adductor magnus, gives off interiorly a long slender hair-like twig, traceable for three or four inches upon and ramifying into the muscle. The *fourth* branch, or the third on the same plane, from within outwards has half a line in diameter, runs vertically downwards, increasing slightly in diameter, as far as to that point of the inner edge of the adductor longus, where the middle meets the inferior

third, lying anterior to the anterior fascia of the anterior adductori-breval fascia, there comes in contact, without anastomosing, with the inferior branch of that part of the anterior crural, crossing the anterior face of the femoral artery to go to the skin of the inner side of the knee, descends thence along the inner edge of the adductor longus, interiorly of the fascia separating its inner edge from the adductor magnus, until such time as it arrives at the lower extremity of that muscle, then plunges into the adductori-vastal sheath, (which in this case extends more than half way up the thigh, being formed in part by the connexion of the adductor longus tend to that of the vastus intermus, as well as of the tendon of the adductor magnus to the same), gives, at this point, a small twig to the femoral artery and vein, runs down in the sheath, internally of the internal saphenic branch of the anterior crural nerve, until it is about to quit the adductori-vastal sheath, where it becomes confounded with that nerve by interlacement of its fibres, leaving the sheath with it; having, however, previously to its anastomosis, given another filament to a branch from the femoral artery, accompanying, at this point of its course inwards, the internal saphenic nerve, not having given off any twigs in the whole of its course to the adductor magnus muscle.

The *fifth branch*, or the outermost of the branches on the same plane, that is, the outermost of the five of the anterior series, having about a line in diameter, after a course of half an inch behind the pectorali-brevi-adductorialis fascia, pierces it; and, after a descending course of an inch and a half, plunges into the posterior face of the adductor longus, and is lost in that muscle, descending into it, and ramifying nearly to its extremity. Before piercing the fascia, at the moment of crossing the inner edge of the pectineus muscle, it sends through the proper aponeurosis, from its outer edge, a twig one-third of a line in diameter, which, after a descending course of an inch, is likewise lost in the upper part of the posterior face of the adductor longus.

The facts connected with the anterior series of branches were seen and verified by M. Manec and his brother, Mr. Christopher Carter, and M. Daniel Roy, surgeons, the last of whom assisted me, with great patience, in the dissection, and by Mr. Embleton. July 22, 1833.

#### *Posterior Series of Branches.*

These, arriving at the inner edge of the adductor brevis, leave the common bundle, and plunge behind the proper fascia of the adductor magnus, directing themselves inwards and downwards, give no branches to the adductor brevis or longus, and divide into two bands, after a descending course of an inch. The *inner* descends obliquely inwards, sends twigs to all the arteries it comes in contact with, expands, divides, and after a course of about three inches arrives at the lower point of the upper fourth of the inner edge of the adductor

magnus, where it plunges into that muscle after having been much divided, the longest twig, however, being distributed to the adductor-magnal twig of that branch of the profunda artery that passes inwards to be distributed to the adductor magnus, brevis, and longus, and the gracilis muscles. The *outer* branch is about two-thirds of a line in diameter, passes downwards, outwards, and slightly backwards, behind the fascia proper of the adductor magnus and brevis, continually approaching the bone until it reaches the lower point of the inner margin of the adductor brevis, then enters into a triangular space lying between the bone and the divaricated bony extremities of the tendons of the adductor magnus and longus, running down within about a quarter of an inch of the linea aspera of the femur, until it arrives at the inferior point of the inner edge of the adductor longus muscle, when it plunges into the adductori-vastal sheath of the femoral vessels. Up to this point it gives off two twigs only, the one from about three inches below Poupart's ligament, passing inwards and downwards, and after a descending course of three-fourths of an inch, dividing into two twiglets, the one ascending to be lost in the adductor magnus muscle, the other accompanying and distributed to an arterial branch, running inwards, from the profunda, between the adductor longus and magnus, and to its accompanying veins. The second twig comes off from the outer branch, about an inch and a half lower down, running outwards and downwards, to be lost after a descending course of an inch in the anterior face of the adductor magnus. From this downwards to the adductori-vastal sheath no twigs whatever were traced, (perhaps from this being the first time of its being traced, and from the difficulty of separating the combined tendons of the adductor longus and magnus, in order to arrive at it, a difficulty which appears also to be the cause of its not having hitherto been followed in these parts).

Upon entering the adductori-vastal sheath it plunges into the proper sheath of the femoral vessels, running along the inner side of and in contact with the femoral artery, giving numerous twigs both to its coats and to those of the vein, until such time as that artery leaves the tendinous sheath and arrives in the ham; there it winds round the artery, crossing obliquely its posterior surface, and arrives, after a descending course of an inch and a half, on the outer side of the artery; thence descends between the popliteal artery and vein, still within their proper sheath, and remains there within half an inch of the upper edge of the inner condyle, where it divides into two equal branches, an *outer*, which appears to be the true continuation of the nerve, and continues to descend within the vascular sheath; and an *inner*, which twists from without inwards, abruptly, over the posterior surface of the artery to gain its inner side; thence pierces the proper sheath of the vessels,

directs itself downwards, inwards, and forwards, until it arrives at the lower and outer edge of the origin of the internal head of the gastrocnemius, then plunges between the excurved tendon of the semi-membranosus and the posterior ligament of the knee-joint, glides for the distance of half an inch between the two, splitting in this space into numerous filaments, that terminate by penetrating in various directions forwards between the fibres of the posterior ligament, and then ramifying upon the synovial membrane. This branch when opposite to the upper point of the origin of the internal head of the gastrocnemius sends off backwards, inwards, and downwards, a tolerably large twig, which, after a descending course of about an inch, passes into and is lost in the outer edge of the interior face of the internal head of the gastrocnemius. First of all, this popliteal branch, after quitting the adductorali-vastal sheath, gives off innumerable filaments to the coats of the popliteal artery and vein, and a distinct branch to every one of the branches of the popliteal artery and their accompanying veins, passing within the common sheath of these vessels, as far down as the middle horizontal line of the posterior part of the knee-joint, where the popliteal part of the nerve divides into two branches, at the point where the descending branch arrives at the inner edge of the popliteal artery, where, indeed, the inner branch abruptly turns over the popliteal artery; the descending branch—the apparent continuation of the trunk—turns back over the posterior face of the artery at right angles, passing between it and the vein, and, when between them, divides into three branches nearly of equal magnitude—an upper, middle, and descending,—the last appearing to be the true continuation of the trunk. The upper ascends between the popliteal artery and vein for about three-fourths of an inch, until it reaches the coming off (high in this case) of the superior of the two external articular arteries, and then curves outwards before the femoral vein, to accompany and distributed to the coats of this articular artery and of its accompanying veins. The middle or largest of the branches passes from the point of division horizontally backwards and outwards, remaining in contact with the posterior face of the femoral vein, as far as its outer edge here leaving it and piercing the sheath of the vessels, curves so as to form an arch with its convexity downwards and then being directed obliquely outwards and backwards, meets and anastomoses with the upper twig of that branch of the internal popliteal nerve called the articular, at about three lines from the origin of that twig, becomes involved with it in a common sheath, passes with it to its origin, taking a tortuous course, and capable of being traced beyond that point of origin from its greater whiteness, for two inches up the anterior face of the internal popliteal nerve, when it is lost in the substance of the same nerve. The lowest of the three branches, or

the apparent continuation of the trunk descends between the popliteal artery and vein as far as to the division of the former giving numerous twigs to the coats of both, and a distinct twig to every one of the branches of the popliteal artery below the posterior horizontal median line of the knee-joint; at a level with the lower exterior superior articular artery sends a twig outwards and backwards, which forms a second arch, convex downwards with the second branch of the internal popliteal articular nerves, the arch giving off from its convex and posterior surfaces numerous twiglets, which penetrate between the fibres of the eversed tendon of the semi-membranosus, running for some distance between it and the posterior ligaments of the knee-joint, and splitting into numerous filaments, traversing the latter ligament, and ramifying in the articular fat and synovial membrane. The descending branch has also a connexion with the third branch of the articular branch of the internal popliteal nerve, and which is formed as follows:—

The third branch of the articular nerves, so called, of the internal popliteal, when, in its descending course outwards and forwards, it arrives opposite to the middle of the posterior face of the external condyle of the femur, divides into two twigs, an anastomosing and a continuing twig, the anastomotic twig larger than the other, forming, as it enters into the true sheath of the popliteal artery and vein, a third arch, convex downwards, with a twig equal nearly in magnitude to itself, curving outwards, and piercing the sheath of the vessels from the great internal branch of the popliteal part of the obturator nerve, as it is about to enter behind the recurved tendon of the semi-membranosus muscle. The arch, thus formed within the sheath of and between the popliteal artery and vein, anastomoses in this very spot by numerous twigs with the descending or continuing branch of the popliteal obturator nerve, and sends off numerous twiglets to the coats of the popliteal artery and vein, and to plunge into the spaces between the fibres of the recurved tendon of the semi-membranosus, divide there, and then slip through the holes in the posterior ligament of the knee-joint, to be distributed upon the synovial membrane. *The continuing branch* of this popliteal articular branch of the internal popliteal passes on obliquely forwards, downwards, and inwards, to accompany the internal inferior articular artery in its course, and be distributed to its coats and those of its veins.

The whole of these facts connected with the posterior series were seen and admitted by the two Manecs, M. Daniel Roy, surgeon, who aided me in the dissection, Mr. Christopher Carter, surgeon, and Messrs. Embleton and Harris.

This series of nerves was again traced out for me on the fifteenth subject with great care, by Mr. Embleton, when not only were the

same twigs and branches found, but it was also remarked, that it sent outwards twigs to plunge into the sheath of the perforating arteries as it passed them, to the profunda artery, to its perforating extremity, and to be distributed upon the coats of these and of the veins. It also sends a very large twig, that is as large as a good sized bristle, to accompany the nutrient artery of the femur, as it comes off from the profunda. This second dissection was again seen and examined by the two Messrs. Manec, M. Daniel Roy, surgeon, and Mr. Christopher Carter, surgeon. July 24th, 1833.

*Obturator Nerve, traced to its cutaneous connexions with the internal saphenic nerve.*

*Anterior series. 15th Subject. Male, left side.*—Dissected for me by Mr. Embleton. At the moment of arriving opposite to the line of junction of the pectineus and adductor brevis, a branch, about three-fourths of a line in diameter, comes off from their outer edge, perforates the brevi-longal adductor aponeurosis, runs directly downwards, between this aponeurosis and the long adductor muscle, to the upper point of the lower half of the inner edge of the latter, there comes in contact with the aponeurosis separating the adductor longus from the gracilis, runs downwards, forwards, and slightly inwards, along the inner edge of the adductor longus and interior of the aponeurosis, when, after a descending course of three inches, it arrives at the anterior edge of the gracilis, passes between this and the upper edge of the sartorius, pierces the fascia between the gracilis and sartorius, and runs again vertically downwards behind the gracilis portion of the fascia lata, as far as to level with the upper edge of the patella, there pierces the aponeurosis separating the gracilis and sartorius, and runs down in contact with the posterior edge of the sartorius behind the fascia of the leg, to terminate by anastomosing with a very large branch of the internal saphenic nerve on a level with the upper edge of the triangular patellari-ligamental tubercle of the tibia.

Its internal edge gives off, close to its origin, a slender twig not larger than a very small bristle, which, after a descending course inwards of about an inch, plunges into the sheath of a branch of the internal circumflex artery, passing horizontally inwards, between the adductor longus and brevis; from this down to its point of contact with the Sartorius, gave off numerous small twigs varying from the size of a human hair to that of an ordinary pig's bristle, to pass downwards, and slightly inwards and forwards between the gracilis and adductor longus, to perforate the fascia lata and be lost upon the femoral portion of the internal saphenous vein and its branches, one or two of the superior of these twigs stopping short in their course to plunge into the substance of the gracilis; from thence to its ter-

mination giving off numerous slender twigs to perforate the fascia lata, and accompany in some instances the cutaneous arteries, and terminate by sub-division in the skin of the lower half of the inner face of the thigh, and the inner face of the knee. It gives off from its outer edge at the point where it crosses the lower edge of the adductor brevis, a branch equal to half its own magnitude, which accompanies an artery from the branch of the inner circumflex artery already mentioned, passes inwards, forwards, and downwards, in contact with the posterior face of the adductor longus, arrives at its inner edge at the upper point of the lower quarter of that edge, winds round it to come on to the anterior face of the muscle, then after a descending course outwards of about three-quarters of an inch, pierces the sheath of the femoral vessels, divides into two twigs, of which the upper passes directly on to the coats of the femoral artery, and the other descends for half an inch on these coats to anastomose with the twigs of the anterior crural nerve distributed to that artery. In that part of its course on the anterior face of the long adductor muscle, it sends off three or four fine twigs to plunge into the muscle, and four and five stronger than these perforating the fascia lata to anastomose with that part of the anterior crural crossing the anterior face of the femoral artery, to go to the skin of the inner part of the knee-joint.

These facts were examined and verified by M. Manec and M. Daniel Roy, surgeon. July 29, 1833.

In a subject lately dissected with M. Linton, surgeon, in which all the arteries of the legs were ossified, we traced the popliteal branch downwards, dividing with that artery, and sending a long twig to each of its branches, the posterior tibial and the fibular artery, accompanying them downwards, and sending twigs to be distributed to all their branches, and within the sheaths of the same as far downwards as to where the middle meets the inferior third of the leg.

To conclude—it results from these observations, which have been several times repeated since the writing of the above notes, that the obturator nerve is a muscular, arterial, cutaneous, and articular nerve. That it gives branches to the

1st. Adductor brevis, adductor magnus, adductor longus, pectineus, and gracilis muscles.

2nd. To the synovial membranes of the hip and knee-joint.

3rd. To the bursa mucosa of the iliacus internus, and psoas magnus, on the ilio-pectineal eminence.

4th. To anastomose with that branch of the anterior crural nerve, that crosses the face of the femoral artery near the inguinal region, to become a cutaneous nerve of the thigh.

5th. To anastomose with the internal saphenic nerve near the inner part of the knee-joint.

6th. To all the branches of the profunda, of the popliteal, posterior tibial, and fibular arteries and veins.

Thus this nerve is a compound nerve, and not simply a nerve of motion. It would appear to perform to the vessels the function of the sympathetic nerve, and perhaps may do the same to the skin. But still more probably it is in part a nerve of sensation, and furnishes the well known sympathies between the knee and hip-joint, and between these joints and the skin.

I have only to add that the branch descending into the popliteal space has this very day, Oct. 25th, 1833, been traced by Mr. Foot, and seen by Mr. Rosh, by Dr. Rogers, by Mr. Charles Linton, surgeon, by Dr. Armstrong, and by Dr. Caillard, lecturer on surgery at La Pitie.

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CASES OF DROPSY SUCCESSFULLY  
TREATED BY THE HYDRIODATE OF  
POTASS AFTER THE USUAL REME-  
DIES HAD FAILED, AND AFTER  
TAPPING WAS PERFORMED.

BY WILLIAM HUGHES, ESQ., M.R.C.S.

It is the duty of every medical man who may have been successful in the treatment of any difficult or dangerous cases, to communicate to the profession, for the benefit of society, the remedies he has employed, especially should they differ from the means usually resorted to in similar cases. I have always considered the publication of cases, if reported, as they ought to be, with the strictest fidelity, the most valuable portion of medical periodicals; with these feelings, I send for insertion in the London Medical and Surgical Journal, the following case of ascites, successfully treated with the hydriodate of potass. By desire of my patient, I give his name and residence, Mr. T. Shipley, 3, Newman's Row, Lincoln's Inn Fields, *ætat.* 36, rather stout, and of bilious temperament, never had any serious illness; had consulted me occasionally for bilious attacks, the consequence of living too freely, but which were generally removed in a day or two. In the beginning of June last, he consulted me for what he called a "fulness of the stomach," which he believed to be flatulence; upon examining the abdomen I was

convinced of the presence of fluid, and told him that it was a decided case of dropsy, and that he must have been gradually increasing in size for some time; that he must make up his mind to change his mode of living, and undergo a course of medicine. He had been accustomed to take spirits, and although, perhaps, not drinking sufficient at one time to intoxicates, taking it so frequently as to be almost constantly under its influence; at this time his general health was not materially disturbed, the alvine dejections were unhealthy and offensive; he passed but a small quantity of high coloured urine, which deposited a red sediment, but was not coagulable by heat. I prescribed four grains of blue pill every night, and diuretic medicine during the day, with an occasional purgative, composed of the compound jalap powder and the sixth of a grain of elaterium, which always operated powerfully. On the 19th I met Dr. Addison in consultation, and he, believing with me that the ascites depended on a diseased state of the liver, ordered the mercurial to be continued in small doses three times a day, in conjunction with diuretics. Without occupying your pages with a minute detail of the different medicines prescribed, and their daily effects it may suffice to state, that the remedies, usually known to be beneficial in such cases, were tried and persevered in without advantage to our patient. By the end of July the abdomen was so much distended, accompanied with some œdema of the legs and thighs, that it was thought advisable to remove the fluid, and with the advice of Dr. Addison, on the 31st of July, I performed the operation and took away fourteen quarts of transparent serum, the colour of healthy urine. I kept him in bed a week, at which time he felt himself well enough to go out, and went for change of air to Greenwich, and as his general health improved, the water again accumulated, and in six weeks the abdomen was nearly as large as before. About this time he accident-

ally met with a Mr. Cook who stated to him that he had been similiarly afflicted, and that he had been under the care of Dr. Blake of Nottingham, and was cured by the hydriodate of potass. At the request of my patient Mr. Cook called on me, and gave me such a sensible and clear statement of the facts of his own case, that I was induced to write to Dr. Blake, stating my patient's case, and requesting to know how far Cook's corresponded with it, and whether he attributed the cure to the hydriodate of potass. Dr. Blake wrote me by return of post a very handsome satisfactory letter in reply. As the facts of the case are highly interesting, I shall transcribe them from the Doctor's letter. "Mr. Cook's complaint was general dropsy, arising, in my opinion, from a chronic affection of the liver, contracted during his residence in the East Indies. I first saw him on January last, a day or two after his arrival from London, from whence he was sent by his medical advisers, as being, as he, Mr. Cook, stated to me, in a decline, having then much cough and muco-purulent expectoration, with œdema of the legs, and almost total absence of bile in the evacuations, and making a very small quantity of high coloured urine, while the conjunctiva and surface of the body were slightly tinged yellow. Under these circumstances, mercury, diuretics, hydrocyanic acid, blisters, &c. were tried, but without affording relief up to the 2nd of February; at that period the cough had diminished, but the general dropsical symptoms had increased to such a degree as to prevent him leaving his bed; the abdomen was exceedingly large, the scrotum, legs, thighs, and arms, and integuments of the chest and back were likewise very much swollen, so much so as to preclude the possibility of his bending the elbow to put his hand to his head. He then commenced taking the hydriodate of potass, in ten grain doses, three times a day in a glass of water, gradually increasing the quantity to fifteen grains, which he continued to the

10th of March, with very marked benefit. The appetite and strength increased, and he was soon able to leave his bed and walk down stairs, owing to the decrease of the general swelling, which was accompanied by a proportionate increase in the quantity of urine. He omitted the hydriodate from the 10th to the 18th of March, in consequence of the intensely bitter taste he experienced, but the moment he did so the strength and appetite decreased, while the other symptoms became worse. He then recommenced the medicine with equal good effects, and continued it up to the 30th of April, when he again omitted it, thinking himself so nearly well, and on account of the disagreeable taste it left in the mouth. He however again found it necessary to resume its use on the 18th of May, and continued it to the 1st of June, with progressive improvement in every respect. During this treatment I certainly joined the administration of other diuretics and purgative medicines, but previous to the exhibition of the hydriodate, the symptoms increased rapidly, although all other medicines were most liberally given, and whenever it was omitted the disease again gained ground, so that I cannot help attributing the improvement to its tonic and diuretic effects." Dr. Blake also mentioned a case of ovarian dropsy cured by the same medicine, and also the case of a military officer, who was reduced to a skeleton from hepatic disease; the liver being so large as to be easily felt through the waistcoat, with a strong tendency to dropsy. This gentleman has continued the medicine for twelve months, and is now in good health. Upon the receipt of this letter I determined to try the hydriodate of potass uncombined in Mr. Shiply's case, giving only an occasional purgative when the symptoms demanded; the abdomen was now larger, by measurement, than when he was tapped, consequently must have contained more than fourteen quarts of fluid. He commenced on the 17th of September, with eight

grains of the hydriodate of potass, three times a day, gradually increasing it to fifteen grains. After a few doses its effects were manifested by an increase in the secretion of urine, voiding, on an average, from five to six pints in the twenty-four hours, from the 18th of September to the 24th of October. This increase in the quantity of urine was accompanied with a corresponding decrease in the size of the abdomen, and the œdema of the legs and thighs, which was considerable when he commenced the medicine, entirely disappeared. From the 20th of October, he took it only twice a day, and the 27th discontinued it; the abdomen being reduced to its natural size, and no dropsical symptoms remaining. He now complained only of weakness and profuse perspirations, for which I ordered the sulphate of quinine and sulphuric acid. His appetite is good, and he feels himself gaining strength. That the hydriodate has had a specific effect on the liver in this case, as well as the two cases mentioned by Dr. Blake, cannot, I think be denied, and I hope soon to hear of many similar cases being cured by the same medicine.

90, High Holborn.  
Nov. 19, 1833.

NOTE ON THE PATHOLOGY AND  
TREATMENT OF CHOLERA.

(From a Correspondent.)

THE pathological condition of the system, believed to exist in the collapse of cholera, is too well known to require detail; let us therefore inquire, what effect ought to be expected to follow a succession of powerful, rapid, and full inspirations, acting spasmodically, followed by equally powerful, rapid, and full expirations. We will imagine the immediate effects to be almost mechanical, hoping little from the operation of the vital principle.

In the first instance:—full expansion

of the cavity of the thorax; filling of the pulmonary artery; evacuation of the right side of the heart and vena cava. In the second instance:—forcible collapse of the lungs; evacuation of the pulmonary veins; compression of the abdominal veins, and accelerated movement of their blood; compression and evacuation of the biliary ducts and gall-bladder. The several results of the whole, it is presumed, may be—free aëration of the blood; stimulation of the left side of the heart; removal of the circulation; restoration of the secretions; and evolution of animal heat.

The question then is, what will produce this forcible pumping of the vessels,—this urging on of the circulation,—this violent transference of the stagnant venous blood of the right heart through the vitalising channels of the lungs, to recal the torpid arterial system to action? To which it is replied, that, provided the Schneiderian membrane be not insensible to the stimulus of powerful errhines, sternutation may originate the chain of actions traced out above; and if the sequences are correctly anticipated, the results are not inconsistent with sound physiology.

All that is hoped for, let it be understood, from the action of errhines, is the partial recovery of the patient from that appalling condition of the system, in which nature makes “an awful pause, prophetic of her end,” and by restoring the functions, to regain our influence over them.

It is scarcely necessary to mention that hellebore, powdered gamboge, turpeth mineral, common snuff, or any other sternutatory (that *would* act, will serve the end in view.

The subject of the present hint did not occur to the writer until he ceased to have the opportunity of submitting it to experiment. He now earnestly requests those who have it in their power that they will do so, and report the result. Its use is free from objections that but too justly apply to many of the remedies that have been administered in cholera; and the fact



may obtain for it a fair proof of its effects, that if it fail to realise the good expected from it, no harm can possibly attend the experiment.

### Reports of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, November 18, 1833.

WILLIAM KINGDON, Esq., President,  
in the Chair.

#### *Medical Reform—Bad effects of excessive Venesection in Apoplexy.*

THE question of the present state of the medical profession, and of the propriety of petitioning Parliament on the subject, was referred to the Council of the Society.

Dr. Uwins observed, that, in his opinion, bleeding was very often carried too far in apoplexy, especially when occurring in a gouty habit, and accompanied by paralysis. He considered it of great importance to distinguish accurately the pathology of apoplexy, as there were some forms of the disease in which blood-letting was not only improper but highly dangerous. He referred to the disease in old persons, in whom the signs of plethora were absent. He detailed an interesting case in illustration of this opinion, and made many valuable remarks on the distinctions of M. Serres, Dr. Heberden, and others.

Mr. Dendy felt much obliged to Dr. Uwins for introducing this important subject, and was glad that a physician of such great experience had brought it before the Society. He wished Dr. Uwins to favour the meeting with the signs of sanguineous and serous apoplexy. Mr. Dendy then gave his own views on the disease, which were graphically correct.

Dr. Whiting related two cases in which blood-letting had produced syncope and coma,—in fact, apoplexy itself. He said, that the diagnosis between the forms of the disease already mentioned was formed with great difficulty.

Mr. Headland supported the pathology given by Dr. Uwins, and thought that venesection was the sheet-anchor in some cases, but unjustifiable in others.

Dr. Williams related some cases in which free depletion was the salvation of the patients. He wished young practitioners to understand, that though bleeding might be carried to excess and used injuriously, nevertheless it was the only remedy in some cases.

The President observed, that the subject of blood-letting in apoplexy and other diseases was one of the greatest importance, and he hoped it would occupy the Society at their next meeting.

Adjourned.

THE

London Medical & Surgical Journal

Saturday, November 23, 1833.

THE DEVIL UPON TWO STICKS REVIVED—MEDICAL REFORM—PARLIAMENTARY INQUIRY—PROPOSED ACTS, PERMANENT OR TEMPORARY—THE MASK OFF.

“THE COLLEGE.

“DEVIL (as HELLEBORE, the President), CAMPHIRE, CALOMEL, Secretary, and Pupils discovered.

SEC. “The Licentiates, Sir, will soon be at hand.”

*The Devil upon Two Sticks—Act III.*

In the year 1768, the genius of Foote immortalised the squabbles of the medical practitioners of that day in the celebrated comedy from which we have taken our motto. At that date the public were more disposed to laugh at the humbug of the College with its “contemptible combination of dunces, nurses, and apothecaries,” and the impudence of the Johnny Macphersons,—to treat, in fact, the whole contention as a dispute for prescriptive honours,—than to look upon the question

at issue, as, in truth, involving the integrity and qualifications of that body, to whose care the public health is intrusted. If, according to the maxim, *ridiculum acri, genuinae satire* could of itself work the reform of profitable abuses, we should not, in the year 1833, be witnessing a dull version of *Dr. Lush's* admission at Pall-Mall, or be bored with Presidents' lectures not very far removed from the accomplished Hellebore's dissertation upon piscatory entitles. We know not whether the meetings of the College in the seventeenth century were honoured with the presence of dukes or bishops; but of this we are certain, that not even the Duke of Wellington, the Bishop of London, and the Lord Chancellor (we mean the official character, not the man), can in this age shed a lustre upon the meetings of a body, which has long ceased to be vitalised by the spirit of the medical profession.

Nor is it to this body alone that we must confine our strictures. From mere traders, a scion of "The Worshipful Company of Grocers," appropriating to itself a title which originally meant nothing more than "shopkeepers,"—the Apothecaries have gradually risen to a state of influence and power under the sanction of Parliament, which has, in fact, neutralised all the good that was contained in the charter of the College of Physicians, or might have been, under better management, elicited from it; but has not, in the slightest degree, operated to protect the public effectually against the monstrous iniquities of quacks. Things are in that state, that, if we may be allowed to suppose a continuance of the system, a physician will soon be a curiosity, a licentiate will discard the title, and this nether world will be divided between quacks, chemists, and apothecaries. But these things cannot be. The time is ripe

for medical reform. The word has escaped our lips,

"*Fugit irrevocabile verbum.*"

It is now the bounden duty of all honest men to put their heads together, and to devise means—for the promotion of medical knowledge—for the downfall of imposture—for the knitting together *all* ranks of the profession into one organised body. Here is a question whose importance to the general welfare cannot be too often impressed upon the public. Every father of a family is interested in it. The state of such a large profession, in this vast kingdom, deeply affects every young man, who has to choose his way of life. To the statesman it assumes a still grander aspect, as he extends his view to the whole topic of medical police—a topic which has yet to find its legislator among us. Whosoever shall frame

"A hoop of gold, to bind our brethren in,"

*Shaks. Henry IV.*

will have done his country a service, whose blessings will "spread undivided, operate unspent,"—a sufficient reward to a great mind.

Even fools are intermeddling. With the impotence of a death-bed repentance, without a hope of life to warm their idle promise of amendment, the College of Physicians, it seems, "has appointed a committee to revise the by-laws, especially those which relate to admission into the fellowship!" We cannot pledge ourselves for the truth of this extravagant statement. The words will be found in last week's number of the *Chlorosis*. That publication is known to be the organ of the College. Perhaps, therefore, there is some foundation in fact for this new vagary. But, be the statement true or be it false, a matter of perfect indifference to the profession, it is very pleasant to observe the harmless writhings of our

cotemporary, in the same number, upon the subject of medical reform. It affirms, that the Associated Licentiate, in their late visit to Lord Melbourne, "*could not extort any indication from the noble secretary,*" (we copy the italics!) that the investigation *in petto* should be carried on by a parliamentary committee." By this slender hold, the drowning corporation, catching at a straw, hopes to stem the current. Our readers are already aware of the intentions of government, as far as it was prudent to disclose them, from the plain and straightforward dealing of Mr. Secretary Littleton with a deputation of the Irish apothecaries, reported in this journal a fortnight ago:—And we now repeat, with confidence, that nothing short of a parliamentary inquiry will satisfy the cravings of the public and the profession—that nothing short of the authority of parliament can grapple with the difficulties of the case—and that the government neither desires, nor will attempt to substitute a royal commission, independent of parliament, for a parliamentary committee.

Whether the government will itself undertake the burden of proposing the necessary bills, (charters are out of the question,) or whether it will leave the subject open for Mr. Warburton, or some other Hon. Member, may be doubtful. The latter course is more consonant with the practice of government in this country, and appears to us the more probable alternative. Could we doubt, for a moment, which of the two modes of inquiry was the more searching, the very abhorrence of the College at the thought of the House of Commons would determine our choice. Why this extreme anxiety? Does it desire the secrecy of the confessional in its dying moments, or does it grasp at some advantage in its future state, from the lenity of its self-chosen judges,

which may, in the long run, revive its darling monopoly? The profession has an interest in an open investigation of the vices of the *system* (we war not with men); and the College may depend upon it, no effort shall be spared to prevent any reserve of privilege, which can hereafter sow discord in the profession.

There is so much difficulty in foreseeing all the consequences of any arrangement which must depend, a good deal, upon the good faith of those who are to carry it into effect; there is so much difficulty in determining *a priori* the tendency of consequences actually foreseen, that it deserves serious consideration whether it would not be prudent, in respect of our own shortsightedness, to give a temporary character to the acts which may be passed for the regulation of the profession. This is the policy on which those great national interests, the Bank and East India company, are conducted. If temporary bills, subject to revision in twenty or thirty years, were passed, there would be ample time, during that period, for experimenting upon the new system. Its operation would be seen, any unhealthy effervescence might be checked, and the *caput mortuum* removed. On the contrary, in a permanent system, it is only when the evil has grown intolerable, that there is a possibility of correcting it; such a tendency has every abuse to create a body interested in its support. This topic will, no doubt, be discussed at the approaching meeting of the Westminster Medical Society.

Our cotemporary, already noticed, after a deal of coquetting, with the virtue of a prude who has rejected overtures to her chastity, has infinitely amused us with the *pro's* and the *con's*, whether she should submit to be called "anti-radical" or "conservative." To the first title it appears, (for the mask is at last thrown

off,) she has no objection, and the public is quite right in having "more than suspected her of party feeling." The truth is too artless, too simple, for her un-governed affections—she "occasionally strains an argument to its fullest bearing." Of this latter symptom of her love, as well as of its waywardness, she has indeed afforded many specimens. But so engrossing is her affection, that every man who is not of her clique of lovers "is broken in character and bankrupt of fortune." She demurs to "conservative," and is as delicate as Lord Byron's "*entremetteuse*.\*" But after some pretty parley about abuses and all that, a compromise is struck, and with genuine unconstrained passion, she devotes herself to the interests of her lords and masters for the rest of the article.

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LONDON HOSPITAL — VACANCY IN THE OFFICE OF ASSISTANT-SURGEON.

NOTHING but the last necessity shall ever induce us to bring the names of individuals in an obnoxious view before the public, where it is possible to work a public good by the assertion of a general principle. We shall leave the parties, when we can, *à locus penitentiae*. It is not a slight thing which will induce us to blast the reputation of any man, especially a young man, by a premature disclosure, whilst the guilt lies merely in intention. Those who are acquainted with the private politics of the London Hospital will fully understand the drift of these remarks, and the persons in our eye have but themselves to blame, if they force us to a duty in the last resort, from which we shall not shrink. We have had, on late occasions, to allude with severity to the too prevailing practice of nepotism in our public institutions.

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\* "Remember, Milor, that *delicaci ensure overi succès*."—*Life of Byron*, vol. vi. p. 525:

It is not easy to curb this vice,—but we have hopes the late proceedings at the London Tavern, touching this hospital, will frighten the delinquents into their propriety.

A meeting of gentlemen has been held at the London Tavern, at which Mr. Tooke, M. P., presided; where it was resolved, that the ties of consanguinity ought not to prevail in the election of medical officers to public charities, and that such influence was now being exerted for the return of a young gentleman aged twenty-three years, who received his diploma from the College of Surgeons in December last;—that merit only should have a preference;—and that Mr. Coulson, on account of his high talents and experience, was eminently qualified to fill the vacant office at the London Hospital. We sincerely trust that the above sentiments will be generally adopted by the public. \*

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APOTHECARIES' HALL—BOTANICAL PRIZES.

THE gold medal annually given by the Society of Apothecaries has been this year awarded to Mr. Edward Selleck Hare, student at the London University, and the silver medal to Mr. Golding Bird, student at Guy's Hospital.

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Review.

*Inquiry concerning the Intellectual Powers.* By DR. ABERCROMBIE of Edinburgh.

ALL is not gold that glitters. Nor does this hold in trifling matters only, but in science, in literature, in every thing, in short, that should be respected. Many who enjoyed the favour of fortune, have thereby got silly

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\* Since this article went to type, Sir A. Carlisle has addressed the public in defence of Mr. Cusling, the gentlemen alluded to

productions puffed up. This may do for a while, but the ass's ears will at last appear.

In a letter signed Scotus, published in No. 76 of your excellent Journal, it is contended that Dr. Abercrombie's Essay on Apoplexy, though hitherto much praised, is altogether founded on a misconception of the anatomy of the encephalon. We have lately seen another work by the doctor, entitled "Inquiries concerning the Intellectual Powers," which being equal in merit, is no less eulogised. Who wrote the reviews we know not, but we have read of "a lady at court, who, having allowed an author to dedicate his works to her, resolved to see the dedication before it was printed; and not thinking it came up to her perfections, took the pains to write one of her own, and sent it to the author to place it before his works." Laudatory reviews are of little weight, when the misconceptions of the original are very glaring, and the thoughts absurd or unintelligible. That they are so in the work under consideration we do not say: let facts speak for themselves. "Intellectual science" says our author, p. 14, "investigates the laws and relations of the processes of simple intellect, as perception, memory, imagination, and judgment; and the proper cultivation and regulation of these is the object of the practical art of intellectual education."

Some men write and others read the most extravagant nonsense, and really believe they have communicated or received instruction. *Perception* is a law or a relation, and a law or a relation of a process too, and that a process of simple intellect. We never heard of compound intellect, and we have here evinced a simplicity of intellect we never even imagined.

Again, "Our first knowledge," contends the king's physician, p. 43, "is evidently of a complex nature. It seems to arise from the combined action of several senses, conveying to us the general notion of certain es-

sences which are solid and extended, or possessed of those properties which characterise material things."

Solidity of an essence!!!

The absurdity contained in works on mind is not new. A celebrated French writer had some doubts on a metaphysical point, and he says, "A book was brought to me, called, 'The Medicine of the Mind,' by Dr. Camus, professor of medicine in the University of Paris. I was in hopes of finding in this book a solution of all my difficulties. But what was it that I found, in fact? Just nothing at all. Ah! master Camus, you have not displayed much mind in preparing your medicine of the mind. This person strongly recommends the blood of an ass, drawn from behind the ear, as a specific against madness. 'The virtue of the blood of an ass' he says, 're-establishes the soul in its functions.' He maintains also, that madmen are cured by giving them the itch. He asserts likewise, that in order to gain or strengthen a memory, the meat of capons, leverets, and larks, is of eminent service, and that onions and butter ought to be avoided above all things. This was printed in 1769, with the king's approbation and privilege; and there really were people who consigned their health to the keeping of master Camus, professor of medicine! Why was he not made first physician to the king?'"

The previous specimens given of Dr. Abercrombie's intellectual powers remind me of what Baron de Valcé, in the play, says of a traveller: "His genius rises so far above mine, that I comprehend his long harangues no more than if they were spoken in Hebrew. His language abounds with a number of words, to me absolutely unknown: while he places those I do understand in such a way, that I am quite at a loss to find out their meaning." Now it is evident that we must use our words correctly, if we wish to be understood; and our author has some vague idea of this, for he says, p. 346, "Much of the fallacy and ambiguity of processes of

reasoning, depends entirely, as formerly stated, on *the use of terms*." Here is meant *abuse of words*, and therefore it will be readily granted, that this style of writing should be called the economical: for by it an author happily manages to commit the very error he is condemning.

The doctor, for the avoding of such faults, recommends the defining of our words. He himself follows this rule, and his success therein may be estimated by the following specimens. "THE IMPRESSIONS" says he, p. 40, *derived from external things* are to be considered as the occasions on which the various powers of the mind are brought into action." And at p. 97, "By memory we retain the impression of facts or events, and by recollection we recall them into the mind by a voluntary effort." So an impression is an occasion on which powers act! and it is the retaining of this occasion of a fact that constitutes memory! Could the learned doctor himself point out any meaning in the above jumble of words? Nor is this all. Even supposing the definition of *impression* to be correct, that of memory and of recollection is absurd. The whole presents a most extraordinary abuse of language. When we come in contact with a body, there is an impression; but can we retain this impression? And if we could, would its retention be memory? We may recall the idea of an event, but to recall the event itself into the mind is something original. It would indeed be highly interesting to see the mind of a member of a Board of Health, with all the peculiar facts and events in it. If this is the basis, what must the superstructure be.

Again; "Conception," we learn at pages 97 and 125, "is the recalling of a perception," and though the recalling of a perception, yet (p. 126) "it does not appear to be necessarily connected with the impression of past time." Wonderful! To recall a thing not past! Probably this was intended for something very fine—something figurative—a new kind of antithesis,

for instance. Be this as it may, though we may recal an idea, to recal a perception is impossible. If, however, to please the Doctor we could contend with impossibilities, aye, and overcome them, we would be no less puzzled. For when we say of a poet, his conceptions are fine, we refer not to ideas recalled, but to the result of his creative fancy. We could furnish many more equally instructive definitions, but our space prevents us, and, in truth, it would be unnecessary, as it would be almost impossible to give more striking examples of the purely unintelligible.

Since many can draw conclusions correctly who never studied logic, so the King's physician may be profound and just in his reasonings, even though he knows nothing of reason (viz. his definition of it, p. 170). And to facilitate the decision of this question, we shall present our author's ideas on "First Truths," or "Fundamental Principles." These we are told are INTUITIVE, (pages 69, 187, 208, 215, 222); and, introducing a manifest contradiction, that they are INSTINCTIVE (pages 69, 213). We learn; also, that they neither result from, (p. 187) nor admit of, proof by processes of reasoning (pages 71, 209, 244), while they are known by intuitive reasoning (p. 224), or by a certain exercise of the understanding (p. 69), or are themselves a spontaneous and instinctive exercise of reason (p. 41); and, though they neither require nor admit of proof (pp. 187, 208), yet they are proved by an appeal to every man's absolute conviction (pp. 189, 209, 224).

As the reader may be desirous to know what is meant by principles which are intuitive, instinctive, not known by reason, known by reason, not capable of proof, and proved; and as the desire is very commendable, we shall furnish an example or two.

Causation is a fundamental principle, *intuitive* (p. 190), *instinctive* (p. 9), and *logically adduced from certain data* (pp. 6, 217.)

Our confidence in the uniform

of nature, also a First Truth (p. 190), is an *instinctive conviction* (p. 191), and this conviction is an instinctive principle (p. 192), and though an *instinctive, a fairly drawn conclusion from well-ascertained facts* (p. 193). Our author adds (p. 192), "Such is our confidence in the undeviating uniformity of nature, that, whatever number of these qualities we have ascertained to belong to a substance, we expect to find in every specimen of it in all time coming." And one of the examples brought in illustration, is the "uniformity of the botanical characters of plants" (p. 191), which shows, that a good metaphysician as the Doctor, no doubt, supposes himself to be, may be a bad botanist. Has he never observed any variety even in the number of the stamina? Probably not, for he tells us (p. 192), "I never calculate upon the possibility of being deceived in any of these particulars."

These mirabilia will call the public attention; and those gentlemen who so seriously recommend the work, will, no doubt, furnish a satisfactory explanation of them, greatly to the benefit of science.

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#### CONSPIRACY AGAINST A PHYSICIAN.

WE insert the following documents, as the individual (who is unknown to us) to whom they refer, has lately been charged with criminal conversation with a patient, but the Grand Jury at Dublin ignored the bill of indictment. We feel proud to state, that the immense body of our profession has, with only three exceptions, during the last century, acted on those high moral and christian maxims, which have ever guided the honourable and useful faculty to which we have the honour to belong. They have, as their Academic oath requires, practised *cautè, castè, probèque*; and will, as Englishmen, ever continue to do so.

At a General Council, held at Apothecaries' Hall, on Wednesday, 30th

October, 1833, the following Address was unanimously voted to Charles Johnson, Esq., M.D. :—

We, the Governor and Council of the Apothecaries' Hall of Ireland, feel it our duty, as a public professional body, to offer you our congratulations on your escape from the toils of the infamous conspiracy formed against your character, and in your person, against the honour of the use and dignified profession of which we all pride ourselves on being members.

Were such an attempt to escape that condign punishment, which most effectually results from an open expression of public indignation, there would be no safety in society for the Medical Practitioner.

But favoured with a system of legislation, which searches with the all-seeing eye of Justice into the inmost recesses of the guilty breast, the dark shadow of false accusation rests but for a moment on the innocent, only that the bright light of truth may fall, with unclouded brilliancy, upon his forehead, whose heart is devoted to honour and the best interests of science and humanity.

We offer you, Sir, our heartfelt congratulations at the success with which you have repelled those base accusations, and hope that your professional career shall continue to be as honourable and successful as it always has been.

Signed by order of the General Council, Apothecaries' Hall of Ireland,  
WILLIAM MADDEN, Secretary.

To the Governor and Council of Apothecaries' Hall of Ireland.

Gentlemen,—I cannot but feel gratified to find the Members of the different Departments of the Medical Profession coming forward to address me on the present occasion.

A base attempt has been made to injure my reputation; that attempt has totally failed, and it is most satisfactory to me to receive on this occasion public expression of confidence

and approbation, from those whose good opinion I most value.

The expression of such sentiments, coming from so respectable a public body as the Governors and Council of the Apothecaries' Hall, is particularly gratifying to me, and I beg, Gentlemen, that you will convey to them my best thanks for the Address with which they have honoured me.

I have the honour to be, Gentlemen,

Your obedient humble servant,  
CHARLES JOHNSON.

### Hospital Reports.

#### ST. BARTHOLOMEW'S HOSPITAL.

##### Division of the Ulnar Artery—Ligature.

A SICKLY looking man, about forty years of age, was admitted into the hospital some weeks ago, from the following accident. He had been endeavouring to raise a window, when suddenly losing his hold his hand passed with violence through the pane of glass, by which the ulnar artery was completely divided close to the wrist.

The hæmorrhage was very profuse, and he was conveyed immediately to the hospital. On examination it appeared that the ulnar artery had been divided, and a ligature was immediately passed round the artery, within a short distance of the carpus. The patient has gone on remarkably well since the operation, and is now almost recovered.

##### Fracture of the Patella.

A strong robust man, ætat. 35, was admitted with transverse fracture of the patella. On examination there was found to be a considerable space between the two parts of the bone, which on pressure with the hand was very perceptible. This was caused by the extensor muscles of the leg acting to draw up the superior portion of the patella. There was considerable œdema of the knee, and the patient was entirely unable to stand, on account of the extensor muscles failing to move the leg.

The treatment of this case was as follows. The thigh was bent back on the pelvis, in order that the power of the muscles might be diminished in consequence of the relaxation of their fibres. The leg was then extended in a horizontal position, gradually ascending from the tuberosity of the ischium to the foot. The leg was securely bandaged and the patient kept completely at rest.

The patella, when broken, always reunites by ligamentous and not by bony union.

#### MIDDLESEX HOSPITAL.

##### Cases of Hemiplegia.

I forward you three cases of hemiplegia, all depending upon and distinctly referred to a fit of apoplexy; in my next communication I shall send you three other cases of hemiplegia, but dependant upon other causes, and referred to no distinct apoplectic attack. When hemiplegia comes on after an apoplectic seizure it is quite uncertain what will be the result of the case. Of course we form our prognosis after maturely and carefully considering every symptom and feature. We must ascertain the nature of the fit, whether it be short or prolonged, whether severe or otherwise. The age of our patient, his habits, his appearance, and his occupation must all be taken into consideration. We must inquire into the state of his health previous to the attack, and above all things ascertain if there is disease of the heart.

In those cases of recovery from apoplexy where subsequent hemiplegia remains, this latter affection I have observed to be more under the control of remedies than where there are no symptoms of effusion.

The following cases, as embracing several pathological facts, will I am sure be interesting to your readers.

Samuel Bedsted, ætat. 50, a waterman, stout and plethoric was brought to the Middlesex Hospital and placed under the care of Dr. Watson, Dec. 5th, having just recovered from a fit which he was suddenly seized with a quarter of an hour before admission. His face is flushed, the right angle of the mouth is drawn towards the same ear, and there is hemiplegia of the left half of the body. He complains of pain over the right half of the forehead and head. Pulse 90, full and hard. The only account which could be obtained was, that he had a severe fit of coughing upon getting up in the morning, and that he had not felt quite well since, although he was able to go about as usual.

VS. Ad. ʒxxxvj. Abradat. cap. et lotie frigida applicanda.

Calomel, grs. iij. stat. et rep. 3tis.

Enema terebinthinæ.

6th. Considerable improvement; he is quite collected, and says he has no pain; bowels freely open; pulse 100, much diminished in power; a slight mercurial fetor; sensation a little diminished, but motion quite gone in the left side.

Habeat. Hydrarg. c. Creta gr. v. 4tis.

13th. Is able to move the leg, not so the arm; passes his urine involuntary; excoriation of the sacrum.

21st. Has suffered from a slight relapse; pain in the head, which is referred to a particular spot.

Hirudines iv. part. dolent. Mag. Sulph.

ʒj. ex. Infus. Ros. ter die.

25th. Relief from the leeches; can



the leg tolerably well; no improvement in the arm; face still turned to the right side. From this time he gradually improved.

Feb. 1st. He was made an out patient, and returned to visit his physician from time to time, and the report, April 1st., is, that he has nearly entirely regained the use of his limbs, and has no complaint, except that the features are a little distorted.

In September he returned with some threatenings of a fit, but this was relieved by the usual means.

Elizabeth Carter, ætat. 56; married, no children; admitted under Dr. Watson, March 12th; states that she was attacked three days ago with pain in the back extending up the spine; upon attempting to stand, she fell down in a fit, and was quite insensible; when she recovered she found that she had entirely lost the use of the left side of the body. There is now perfect hemiplegia of that side, with paralysis of the parts supplied by the left portio dura; sensation is slightly diminished.

Hydr. c. Creta, gr. v. ter.

14th. Wanders occasionally; says that she is better.

22. During the last week she has been getting worse; there is more insensibility and increased delirium; paralysis on the increase; pupils act only with a strong light; pulse hardish; picking of the bed-clothes and subsultus; was bled three days ago with relief. The temporal artery was now opened, but no benefit resulted from the abstraction of blood; coma came on, and she gradually sank, and died on the 24th.

#### Pathological Appearances.

*Chest.*—Lungs healthy; heart, flabby, large, and surrounded by fat.

There were found numerous cheesy deposits in the aorta, so thick that the yellow matter might in some places be squeezed out.

*Head.*—The ventricles contained a small quantity of serum. Just upon the outside of the right corpus striatum, and between it and the medullary matter, a coagulum was observed, about the size of a large walnut. Around the coagulum the cerebral substance was softened, and of a brownish-red colour.

#### WESTMINSTER HOSPITAL.

#### Removal of a fungous mass growing from the Tunica Albuginea of the Testicle.

MAUNDY, a strong athletic man, about thirty years of age, was admitted into the hospital some time since, with a fungous growth from the tunica albuginea of the testicle; he stated, that about three years he received a very violent blow on the testicle; this was soon succeeded by a very painful tumefaction of the gland, which became exceedingly hard. After the lapse of some time, the scrotum began to ulcerate, and an opening formed

through which issued a thick firm fungus. The surrounding parts became indurated, and the disease became very extensive. For some time it remained indolent, but the pain being excessive, he at length came to the hospital.

The fungus in this case was found to be completely divested of all malignancy, and Mr. White (under whose care the patient was admitted), seemed to think that the testicle itself was quite free from disease, the fungus having its origin in the tunica albuginea.

Several applications, and among others iodine, were used without effect. An operation was then proposed, to which the patient reluctantly consented.

On Saturday last the patient was brought into the operating theatre, extremely apprehensive that Mr. White intended removing the testicle itself.

Mr. W., having made two elliptical incisions, one on each side of the fungous mass, completely detached the diseased growth from the surface of the tunica albuginea. He then pared off all the remaining portions of disease from the coats and the spermatic chord. The hæmorrhage was not very great. The patient appeared to suffer intense agony during the operation. One or two small arteries were tied, and the edges of the wound approximated by sutures and adhesive plaster.

18th. Patient going on well since the operation; complains of pain in the testicle; slept well last night.

℞. Pil. cathart. stat. anl. mag. ℥j,  
Liq. amm. acet. ℥ij,  
Vin. antim. ℥ss,  
Mist. camp. ℥v,  
Capiat cochlearia duo 3tis horis.

The following application was used locally.

Spir. vin. rect. ℥j.  
Liq. amm. acet. ℥ij,  
Aq. ʒx.  
Loto ad partem applicator.

#### APOTHECARIES' HALL.

#### NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, November 14th.

Thomas Curle Blick . . .	Newport Pagnell
Samuel Gaskell . . .	Manchester.
Robert James Graham . . .	Ipwich.
James Hodgson . . .	Rawcliffe.
James Kelly . . .	Lincoln.
Emilius Scipio Mayor . . .	Bristol.
Daniel Noble . . .	Preston.
Protheroe Smith . . .	London.
William Tabor . . .	Bocking.
John Robert Walton . . .	Stockton.
Timothy Lorking Walford . . .	Colchester.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

LECTURES  
ON THE  
*PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,*  
BY PROFESSOR SAMUEL COOPER.  
*Delivered at the University of London,*  
*Session 1832—1833.*

LECTURE L.XV., DELIVERED MARCH 8, 1833.

GENTLEMEN,—I mentioned to you that our museum is poor in specimens of exostosis: there are not more than two or three in the whole of the collection. One of them was shown to you a few evenings ago, when we were considering the effects of inflammation of the osseous texture. But the preparation which I now show you is perhaps the best we have: it is a small narrow-necked exostosis, growing from the upper part of the tibia.

Annexed to Sir Astley Cooper's valuable Essay on this subject, you will find several plates illustrative of the varieties of exostosis. The plate, which I am now examining, being on a small scale shall be passed round for your inspection; it exhibits the most frequent situation of an exostosis when the tumour occurs on the thigh-bone, namely, just below the attachment of the tendon of the long head of the triceps. In this plate, annexed to Sir Astley Cooper's Essay, you see the representation of an ingenious kind of saw, invented for the removal of exostoses which are so deeply situated that they cannot be divided with any common description of saw, on account of the injury that would be inflicted on the soft parts. The instrument, you will observe, is worked by machinery. The other figure represents a fungous exostosis, growing from the forehead; an attempt was made to remove it, but the operation was unsuccessful, and the patient died. This represents another kind of exostosis, sometimes called *cellular*, for it is of a cancellous structure, which is continuous with the medullary texture of the bone. The next shows the size of an exostosis, compared with that of the limb, in a woman who was under the care of Sir Astley Cooper.

VOL. IV.

Another figure represents the *periosteal exostosis*; while the last exhibits a *fungous exostosis from the medullary membrane*, as described by the same experienced and very practical surgeon.

Gentlemen, the next subject, to which I request your attention, comprises the *diseases of the joints*, a class of cases not only of common occurrence, but often difficult of cure, and sometimes terminating in permanent lameness, or even the death of the patient.

With regard to *inflammation of joints*, I need not detain you long upon it, because it has been already noticed, when we were considering the effects of gun-shot wounds and compound dislocations. It is chiefly in relation to inflammation of joints, produced either by external violence, or by the influence of extraneous substances within the synovial membrane, or by the action of a few other causes, that the surgical lecturer has to consider the affection. Rheumatic and gouty inflammations of the joints of course, will, be fully explained to you by the Professor of Medicine.

Amongst the exciting causes of inflammation of joints, are *wounds of those parts*, which injuries are more or less dangerous according to circumstances. One thing that makes considerable difference in this respect is the size of the joint. When this is large, like the knee, a wound in it, especially a wound that is not a clean incised one,—that has been produced with great violence and roughness—will be of a very serious nature; for gentlemen, when a wound gives rise to active inflammation of the synovial membrane of a joint of considerable size, the symptoms may be so severe as to endanger the patient's life. A wound of the knee-joint, also, though it may be a clean incised one, or a puncture made in the gentlest way, if proper care be not taken of the case, will frequently be followed by severe inflammation of the synovial membrane, and consequences involving the loss of the patient's limb, or even life. The danger of a wound, then, which penetrates the synovial membrane, depends, first, on the size of the joint; secondly, on whether or not there is much contusion or laceration!

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addition to the mere division of the synovial membrane; and thirdly, on the extent of the laceration or opening in the latter texture. Wounds of the knee-joint from gun-shot are sure to be followed by so dangerous a degree of inflammation of the synovial membrane and all the surrounding parts, that amputation is generally regarded, by the most experienced surgeons, as the proper measure, which should always be resorted to before the perilous circumstances to which I have alluded have had time to come on. However, I am now speaking of gun-shot injuries,—very different cases from a wound of the knee-joint inflicted with a sharp instrument, and unaccompanied by laceration or contusion. The latter case may bring on no severe inflammation of the synovial membrane; and the knowledge of this fact has encouraged many surgeons to open the knee-joint purposely, either for the discharge of fluids, or for the extraction of loose cartilaginous formations from the articulation, which, acting like extraneous bodies, occasionally give rise to a good deal of pain, lameness, and inconvenience.

The principal indication in the treatment of wounds of the joints (supposing you are not called upon to amputate by any of the circumstances I have mentioned) is to prevent inflammation from invading the synovial membrane; and one of the most important means of accomplishing this desirable object is to endeavour to bring about an union of the external wound as quickly as possible. Then, with the view of promoting the indication I am speaking of, you must keep the joint quiet and motionless. Even wounds of the simplest description, if the joint be moved, will excite severe inflammation of the synovial membrane, and all its usual effects on the system at large. If the wound and joint inflame you should have recourse to the strictest antiphlogistic treatment; it will be necessary to bleed the patient freely and repeatedly, and also to apply leeches or cupping glasses to the integuments of the part. Poultices, fomentations, and other applications, usually employed for the relief of inflammation, will be necessary. In some instances, cold applications will be more agreeable to the patient's feelings than warm ones, especially in the early stages of the inflammation, and then I think they ought always to be preferred by the surgeon. Bleeding, aperient medicines, calomel, and quietude, are among the most important measures for keeping off and lowering inflammation of the synovial membrane. The calomel is to be joined with small doses of opium, and repeated in doses of two grains every four or six hours, if the knee-joint be attacked, and the symptoms urgent. Instead of amputating in cases where the elbow-joint is severely wounded, some surgeons prefer excising the articular portions of the bones, a practice that has an advocate in Mr. Syme of Edinburgh. If this plan be followed, it must be done without delay, that is to say, when you see at the first

inspection of the accident, that there is no chance of curing the injury and preserving the joint, you should not wait for inflammation to come on, but perform the excision of the injured joint without delay. The patient will then have ten times more chance of recovery, than if you were to put off the operation. As for injuries of the shoulder-joint, accompanied by splintering of the bones, it is well known to all experienced military surgeons, that the upper extremity may frequently be saved, under these circumstances, by making an incision through the deltoid muscle, and extracting the splintered portions of the head of the humerus, and even those of the scapula, if a part of the latter bone should be implicated.

Wounds of joints are generally indicated by a discharge of the synovial fluid, which is a yellowish glairy oleaginous liquor, having very much the appearance of the white of an egg. You may also suspect what has happened by considering the direction of the wound and the weapon, and force that has been applied; for the escape of a fluid, possessing the characters of synovia, is not to be entirely depended upon; for sometimes the wound may penetrate the fibrous sheath of a tendon, and then it may be followed by the discharge of a glairy oily fluid, though the capsule of the joint itself may not have been pierced at all. The symptoms of acute inflammation of the synovial membrane of the knee, occasioned by a wound, are generally very severe; the patient has a small accelerated pulse, and there is great tendency to disturbance of the stomach, spasmodic twitches, and even delirium. I have seen wounds of the knee-joint in mechanics, produced by the instruments with which they were working, followed by incessant nausea and sickness for several hours after the occurrence of such accidents. In these cases, unless the most efficient treatment be pursued, delirium will sometimes come on with great rapidity, and then the patient will generally be lost.

When the synovial membrane is inflamed, it may become the seat of a serous effusion, or of a purulent secretion. Sometimes coagulable lymph will be thrown out on the surface, as illustrated in some of the preparations which I showed you when we were considering the subject of inflammation; and if the inflammation go on, the synovial membrane may ulcerate, and the cartilages become absorbed. Here is a specimen, in which the synovial membrane of the knee has been inflamed, in consequence of a fracture of the patella, and you will observe, that coagulable lymph is effused, and in some places the cartilages absorbed, and the synovial membrane ulcerated. Most of the other preparations on the table illustrate the same things; this is one in which lymph has been effused in consequence of inflammation of the synovial membrane, and in which ulceration of the cartilages is commencing; you see how much the synovial membrane is thickened in some

places, and the other parts ulcerated; the cartilages are likewise beginning to be absorbed, and the surface of the bone to be uncovered. But, gentlemen, I need not be more prolix on these matters, as I called your attention to them, when noticing inflammation in general, and of its effects on the different textures of the body.

As soon as the inflammation of a joint puts on a chronic form, the treatment must be changed; you must not bleed from the arm, as in the acute form of the disorder, though leeches and cupping may yet be beneficial. Now also counter-irritants may be brought up to the patient's assistance with great advantage, as the antimonial ointment, blisters, or, in a still later and more chronic stage, hydriodate of potass blended with common ointment, or with mercurial ointment, may be rubbed on the part, or camphorated liniment with iodine. The pressure of a bandage or laced knee-cap will also be useful in diminishing the thickening, which remains after the subsidence of inflammation.

*Hydrops articuli* is another affection of the joints, requiring your notice; it may arise in consequence of various circumstances. In this disease the synovial membrane, which is usually that of the knee, is filled with a fluid, less glairy and much thinner than the natural synovia, so that when the joint is moved, the cartilages will sometimes make a grating noise. This is owing to the altered quality of the fluid secreted into the cavity of the articulation. The effusion distends the synovial membrane much in the same manner as the fluid in hydrocele distends the tunica vaginalis. Various circumstances may bring on the disease: it occurs most frequently in rheumatic subjects, or those who are predisposed to inflammation of the synovial membrane from rheumatism. But in certain constitutions, any slight sprain, or contusion of a joint, will bring on *hydrops articuli*; and in them any exposure to damp or cold will produce the same effect. The disease may also occur after a fracture near the joint, as of the condyles of the femur, or of the patella, when these accidents are followed by inflammation of the synovial membrane. In the knee, this disorder is attended by a soft swelling accompanied by fluctuation; the knee-pain is considerably raised; it projects forwards, and can be pushed back into contact with the femur, but on removing the pressure, its displacement immediately returns.

The treatment of this disease varies according to its particular cause, the degree of inflammation attending it, the stage which it is in, and other circumstances. In the beginning, when inflammation is still present, the treatment should be antiphlogistic; you should employ general and local bleeding, and calomel in repeated doses, saline aperients, poultices and fomentations. After the inflammation has subsided, you may begin with discutient lotions, or those containing the muriate of ammonia, vinegar, and camphorated

spirit of wine in proper proportions, taking care, however, not to let them be too stimulating at first. In beginning the use of a lotion, it is frequently prudent, to apply merely an astringent one for two or three days, such as liquor plumbi acetatis dilutus, and then to commence with others of a more active kind. From these you may proceed to blisters, which will have the greatest effect in promoting the absorption of the redundant fluid. But, besides blisters, we have other powerful means of relief, as friction with iodine liniments and ointments, the antimonial ointment, and the pressure of a bandage or laced knee-cap. The occurrence of *hydrops articuli* in any other joint than the knee is rare.

*Loose cartilages* sometimes form in the joints, but more frequently in the knee than any other joint. They are, however, now and then met with in the articulations of the lower jaw, elbow, and ankle. But it is principally when they are situated in the knee, that they become the subjects of surgical attention. Sometimes they are quite loose; in other instances they are connected by a kind of pellicle to the capsule; sometimes there is only a single one in the joint; on other occasions, their number may amount to twenty or thirty. Frequently their central part is of an osseous consistence. Generally one side of them is convex, and the other concave; they are of an oblong figure, and occasionally not larger than a pea, but sometimes nearly equal to the patella in size. As long as they retain their attachments to the capsule of the joint, they do not usually cause much inconvenience; at all events, they cannot then occasion any irritation, or any interruption of the movements of the joint by slipping between the condyles of the femur and the tibia; but when they are loose and slip about, they are liable to become pinched between those condyles and the head of the tibia, and then the patient is suddenly seized with violent pain in the joint, and loses for a short time the use of the limb. These attacks are frequently followed by more or less inflammation of the synovial membrane, so that the patient is obliged to confine himself to his room for a few days. At length these attacks of pain and inflammation in the joint become seriously annoying, and then the patient generally consults a surgeon. With regard to the manner, in which these substances are produced, the doctrine sometimes entertained in this country is, that they arise from inflammation of the synovial membrane which pours out coagulable lymph, and which, becoming organised, is transformed into these cartilaginous substances. At first, therefore, they are supposed to be attached to the synovial membrane, and are capable of growing; but, that in time they become loosened, and then undergo no further increase of their size. As long as they are attached, they have a vascular connection to the synovial membrane, and are capable of growing; but, when they

broken off, they do not increase. In this loose and moveable state, however, they may be exceedingly troublesome, as I have already explained. I ought to mention, that the above explanation of their origin is not adopted by all pathologists; for it will not account for the situation in which some of them are found. Cruveilhier has met with them so situated as to be covered by the synovial membrane, that is to say, the synovial membrane intervened between them and the cavity of the joint; they were in fact in the cellular membrane on the outside the capsule of the joint; and you will find in his engravings a representation of one of them on the head of the tibia, external to the capsule and, as it were, under it. Mr. Brodie in his work on the diseases of joints, also refers to a case, which fell under his notice, and could not be accounted for on the principle of the organisation of coagulable lymph effused upon the inner surface of the synovial membrane. We know likewise, that portions of the natural cartilage of the joint sometimes break off, and then loose cartilaginous substances within the capsule are produced in quite a different manner from what has been suggested.

*Treatment.* — Whether these substances should be taken out, or not, depends on two circumstances; first, on the degree of annoyance suffered by the patient, and secondly on his willingness to encounter an operation, when the risk of it has been fairly and correctly explained to him; for, it must not be dissembled, that some individuals who have submitted to the operation, have had severe inflammation of the joint brought on by it, and have lost their lives. They therefore sacrificed themselves to an experiment, made in the hope of freeing them from what is commonly a very endurable complaint. But, gentlemen, supposing a person were to be prevented from getting his bread by this disease, and were not only willing, but desirous to submit to the operation, after its danger had been rightly explained to him, and other measures had failed to give him relief, then, I should say, that the operation ought to be performed. I attended a gentleman about two years ago, who had a large cartilaginous substance loose in the cavity of the knee joint, which prevented him from following his affairs; he used to be attacked with inflammation of the synovial membrane every two or three weeks. I explained to him the risk attending the operation, but he chose to encounter it, and fortunately he got well without a single bad symptom coming on. The cartilaginous formation was of about half the size of the patella, with one side convex, the other concave. Last year I showed it to the class; but I believe it is now lost. It is right that the patient should always be apprized of the risk of the operation, for generally very considerable relief may be derived from the pressure of a bandage, or from wearing what is called a *laced knee-cap*. If you operate, it is a good plan not to make

the incisions through the skin and the synovial membrane exactly opposite each other. I advise you to draw the integuments to one side, and then cut through them and the capsule, and thus, when the integuments resume their natural place, the aperture in the capsule will be closed. The situation, often considered most convenient for the operation, is over the internal condyle; you may try to fix the foreign body in that place, and after you have exposed it, you are to take hold of it directly with a tenaculum, or it may slip away into another part of the cavity of the joint, whence you may not be able to remove it so as to bring it out of the wound you have made. As there is a risk of the supervention of inflammation after this operation, it is always prudent, for two or three days before you undertake it, to keep the patient in bed, or perfectly quiet in his room, to restrict him to a low diet, and to give him an aperient mixture. Above all things, be sure to make him keep the joint perfectly quiet, and covered with cold lotions; and never operate while the joint is at all hot, painful, or disposed to inflammation. If inflammation come on after the operation, trust to copious and repeated bleeding, leeches, mercury, purgatives, and cold applications. Supposing the cartilaginous substance were rather large you would not attempt to force it through an insufficient opening in the synovial membrane, for this plan would be more likely to bring on inflammation, than if you were to enlarge the wound to the desirable extent. Be sure, however, to make it no larger than actually necessary, as the danger of wounds of the knee is in a great measure proportioned to their size.

Another disease of the synovial membrane, called the *pulpy thickening of it*, is a disease generally reputed to be of a scrofulous nature. Not many years ago, many very different complaints were all confounded together under the name of *white swelling*; thus, a disease beginning with ulceration of the cartilages; a scrofulous disease, commencing in the heads of the bones; and this pulpy disease of the synovial membrane; were all jumbled together under the head of white swelling. The disease which I wish to describe occurs chiefly in young persons, in those who are under the age of twenty-one, or not much above that age; in individuals between the ages of sixteen and twenty-two or twenty-five; and is mostly met with only in the knee. At first, the pain is inconsiderable, merely amounting to a stiffness, accompanied by a slight swelling and rigidity. The disease, therefore, may be said to come on slowly and insidiously. By degrees the swelling increases, and, on touching it with your finger, you will find that it communicates a sensation as if it contained a fluid, there being considerable softness and elasticity about it. In time the joint is nearly destroyed. Yet the pain is not very severe; indeed you do not find it occasion any suffering till abscesses form in the synovial membrane, or on the outside of it. The disease will sometimes go on for several

years without rendering amputation necessary; it is one of those tedious diseases, in which the patient lingers a long time without getting well, and yet without being reduced to such a state as absolutely to be obliged to submit to amputation. At last, however, the hectic symptoms become aggravated, and amputation is unavoidable. According to Mr. Brodie, who first discriminated this case from other forms of disease classed as white swellings, it is incurable, inasmuch as it consists in a total disorganisation of the synovial membrane, which is converted into a brownish or lightish brown pulpy substance, varying from a quarter to half an inch or more in thickness. It is then an organic disease, and white lines may be seen crossing the pulpy substance in various directions. In the advanced stages of the disease, the cartilages, ligaments, and bones of the joint become diseased, or destroyed. There are, however, some surgeons, who do not coincide with Mr. Brodie, as to the total incurability of this affection, among whom I observe is Mr. Syme of Edinburgh, who contends that it is frequently cured. On the contrary, Mr. Brodie has found, that it is not only incurable, but that it admits of no kind of amendment. Generally, the whole synovial membrane is changed in the manner described; but in a few instances only a portion of it is attacked. In the majority of cases, gentlemen, you may recognise the case by the very gradual progress of the enlargement of the joint, the stiffness without pain, and the soft elastic feel of the tumour:—such are the characteristic marks of the pulpy thickening of the synovial membrane. The sensation much resembles that of fluctuation from the presence of fluid; it may be distinguished by an experienced practitioner, but a careless one might be deceived.

*Treatment.*—Mr. Syme, who considers the disease not totally incurable, recommends quietude of the joint, which is to be maintained by the assistance of pasteboard or other splints. This principle applies to all chronic diseases of the joints. He also puts the patient on a regimen calculated to improve his general health. If there be inflammation in the part, he attacks it by means of leeches, cupping, &c., and with a view to promote the absorption of the pulpy substance, into which the synovial membrane is converted, he recommends blistering the part, and the application of iodine preparations, or iodine with mercury, and the hydriodate of potass ointment.

Mr. Scott, of London, has a particular mode of dressing diseased joints. He surrounds the joint first with soap plaster, blended with mercurial ointment; over this he applies straps of *emplastrum plumbi*, and then common soap plaster, spread on thick leather. Now it is manifest to me, that whatever efficacy this method may possess, it is not to be ascribed to the mercury, or to the particularity with which the dressings are put on, but to their effect in keeping the joint motionless. I should say, then, that if a more simple and less trouble-

some way of keeping the joint motionless were adopted, it would be more correspondent to the plain ways of good modern surgery, than all this farrago of plasters and dressings. No doubt, the keeping of the joint motionless is one of the most important means in the treatment of the disease, and whether you adopt Mr. Scott's method, or use common splints, either plan will answer the same purpose. I believe, salivation has sometimes been brought on by the mercury, in the composition of the plaster, which is certainly an objection to it. Mr. Scott's apparatus is generally allowed to continue unchanged for a fortnight, unless much suppuration comes on, and then it is taken off and renewed about once a-week. If inflammation occur, however, it is to be removed, in order to admit of leeches being applied. But when matter forms, I conceive, it would be more cleanly to make use of common splints. I should think, that when there are abscesses, pasteboard, or splints, would be, on every account, preferable to a mass of materials, which are to be removed only once a-week, and under which a great deal of filthy discharge must collect.

Gentlemen, the next subject will be *ulceration of cartilages*.

## CLINICAL LECTURES

DELIVERED

*At the Meath Hospital, or County of Dublin Infirmary, Session 1833-34.*

BY PHILIP CRAMPTON, M.D., F.R.S.,  
*Senior Surgeon to the Meath Hospital, Surgeon-General to the Forces in Ireland, &c.*

LECTURE II.

*Fractures—Physiology and Pathology of Bone—Treatment of Fractures.*

GENTLEMEN,—The management of fractures of the extremities is among the most ordinary duties which the surgeon has to discharge, and as there are at this moment in the hospital what may be called a very good assortment of injuries of this description, I think I cannot commence our course of clinical instruction in a better manner, than by directing your attention to the cases which illustrate this important department of surgical practice. There is in No. 1, a case of simple fracture of the tibia; in the Female Accident Ward a case of simple fracture of the fibula, two inches above its lower extremity; in the Male Ward, No. 2, a compound fracture of the olecranon; in the Female Ward, No. 2, a compound fracture of the tibia, which for some days threatened to terminate in gangrene. These cases (forming an ascending series in point of importance) are particularly deserving of your attention; and I shall treat of them in the order in which I have placed them.

Before I proceed, however, to treat of it

cases in detail, I shall give an outline (a clinical lecture will not admit of more) of the principles on which the treatment should be conducted, and I shall afterwards illustrate these principles by reference to each individual case respectively. But before I enter upon the subject of the *treatment* of fractures, it will be necessary (in order to make the matter intelligible to the younger part of the class) to say a few words respecting the nature of bone, and the mode in which injuries affecting that part of the animal structure are repaired.

Bones differ in no respect from the soft parts which they support, except in their containing a considerable quantity of an earthy salt (the phosphate of lime), to which they are indebted for their solidity. This substance, secreted from the blood, is lodged in a matrix of organised cellular structure, the basis of which is animal jelly. The whole of the phosphate of lime may be separated by macerating the bone in muriatic acid, and yet the shape of the bone will remain unaltered, or the animal matter may be separated from the earthy part (by fire) with the same result. The vital actions of bone in health and in disease are modified by an admixture of an unorganised substance; all their actions are slow, their growth is slow, and so are their powers of reparation.

The external surfaces of bones are covered with periosteum, a dense, white, fibrous membrane, pierced at different parts of its surface by the blood-vessels, nerves, and absorbents with which the bones are supplied. The periosteum closely embraces the bone, and sends from its internal surface processes which enter the pores, which you observe on the surface of dry bones; through these pores the blood-vessels pass, which contribute to the nourishment and reparation of bone. It is a mistake to suppose that the periosteum is the sole organ employed in the secretion of bone. In the case of Hagan, (compound fracture of the tibia), at present in the hospital, you will see the surface of the bone completely denuded, smooth and white as ivory, on a portion of which, however, you may observe granulations beginning to shoot out. This is conclusive evidence, that bone is not indebted solely to the periosteum for its growth or reparation, and that its own vessels bear an active part in the process. These granulations will gradually secrete bony matter, and thus contribute to the formation of the callus, by which the fractured portions are consolidated. You will see many beautiful examples of this kind in cases of extensive wounds and lacerations of the scalp, where the surface of the cranium is entirely denuded of periosteum, and during the process of recovery the bone will be found studded all over with granulations, the product of its own vessels.

Bones when fractured, without exposure of their surfaces to the air, generally unite by first intention, like the soft parts; but the process of reparation, however, for the reasons

already mentioned, requires a longer time for its completion than solutions of continuity in the fleshy parts of the body. The secretion of the earthy matter is slow, and, before a perfect union can be established, the requisite quantity of phosphate of lime must be deposited by the secreting arteries. The first thing, which takes place after the occurrence of a fracture, is an effusion of blood from the torn vessels; this forms a matrix, into which blood-vessels, from the surrounding parts, begin to shoot. By these vessels a quantity of coagulated lymph, or gelatinous matter, is secreted, and the arteries, which enter this substance, taking on the action of the part from which they are derived, begin to deposit ossific particles. The vessels of the bone and periosteum, whose office is to bring about the necessary reparation, and those in their immediate vicinity (which take on the same action) continue to perform their operations under the influence of an increased, or, as John Hunter used to term it, an ossific irritation of the part, until the bone, for a considerable extent above and below the fracture, is covered with an osseous case; this is the "*provisional callus*" of Baron Dupuytren, to whom we are indebted for the first distinct account of the process which nature employs in the reparation of fractures of the long bones. As soon as union has been effected by means of this newly formed substance, and the fractured extremities have been firmly consolidated, by a process to be afterwards described, all this mass, involving periosteum, cellular substance, and muscles, is gradually absorbed, and a firm bony production, termed callus, cements the fractured surfaces, leaving the continuity of the medullary canal complete, and also leaving the fractured bone without any of that bulbous appearance, which it presented for the first few weeks, but which is always removed when the union is perfectly accomplished. In compound fractures, where the surface of the bone is exposed, the mode of union is different, being effected by a granulation, and if the injury be such as to destroy a portion of the bone, exfoliation takes place, a process which is analogous to the sloughing of the soft parts, but is much more tedious in its operation.

Having thus, gentlemen, given you a general notion of the mode in which nature repairs the injuries of bone, I can with advantage enter a little more into detail. I will not trespass upon your time by stating and discussing the various theories of the union of bone; it will be sufficient to say, that until the time of Du Hamel bones were supposed to be united by what was termed an osseous juice, a kind of liquid, supposed to be contained in the substance of the bone, this fluid becoming effused by the fracture, was supposed to become hard by degrees like plaster of Paris, thus consolidating the fracture, as it were, by a kind of solder.

I believe we are indebted to Baron Dupuytren for the first correct notions on the mode

In which the injuries of bone are repaired. The unequalled opportunities which the Hôtel Dieu affords of prosecuting pathological inquiries, have not been lost on the French pathologists; and it is due to them to acknowledge frankly the deep debt of gratitude which we owe them for the most valuable contributions which have of late years been made to surgical pathology. The result of the Baron's inquiries have since been confirmed and extended by the experiments of Breschet and Villermé. According to these pathologists, the process of reparation in cases of fractured bones, may be divided into five periods. During the first of these, which extends to the eighth or tenth day, blood is found to be effused from the vessels of the bone, periosteum, and parts in their immediate vicinity. That portion of the periosteum which lies in the effused blood, becomes thickened and so altered in structure, that its texture can no longer be accurately traced through the effusion. The red particles of the blood now begin to be absorbed, and from about the eighth to the twelfth day a gelatinous mass is discovered without any red particles, plentifully supplied with vessels, while at the same time the structure of the surrounding parts is altered, and the muscles, membranous expansions, and cellular tissue, become converted into a greyish homogeneous substance, similar to that which embraces the fracture. This is succeeded by the second period, which extends from the tenth or twelfth to the twenty-fifth day. The general swelling of the limb subsides during this period, and we now can distinguish the tumour formed by the callus, which had hitherto been more or less indistinct. You will now find, that in the situation of the fracture the periosteum becomes thickened, and that exactly over its seat the swelling is greatest. About the twentieth day, if a fracture be examined, a considerable quantity of bone will be observed on the inner surface of the periosteum, but none on its outer surface. I had a series of preparations which beautifully illustrated this point. I regret I cannot at present show them to you, but I can briefly state the particulars which they illustrated.

I purchased a horse, which had suffered a fracture of the humerus, and kept him in a stable for forty days without any treatment, at the expiration of which he was killed, and the arteries of the shoulder injected. In the horse the process of reparation is slower than in the human subject, but it is the same, and the preparation fully illustrated what I have mentioned. The periosteum was thickened to the extent of half an inch, on its internal surface it presented laminae of new bone, which lay over and bound together several great fissures in the humerus, and with a knife you could strip off the periosteum, carrying with it these flat scales of bone. At one part of the humerus there was a complete case formed by the periosteum, keeping the parts in apposition and forming a kind of cylin-

drical splint. There was also another curious circumstance connected with this case; the gelatinous matter exhibited a high degree of vascularity, and was made quite red by the injection, and in the centre of this, several fragments of bone were lodged, which had preserved their vitality, by means of the medium in which they were placed, for they were injected through the vessels of the part, and appeared to serve as so many centres of ossification. The substance of the humerus itself had also become so intimately connected with this new bony stratum, and the latter formed so firm a mass, that it was hard to say where the surface of the old bone ended and that of the new began. The case, therefore, presented this singular phenomenon, detached bony fragments, still retaining their vitality, and united to the original bone through the medium of a semi-cartilaginous substance.

The third period in the reparation of fractures extends from the twenty-fifth to the fortieth day, when the bony tumour or callus becomes completely ossified both on the outside and inside: it is still, however, lumpy, and forms a separate tumour. But here is a particular point, which was first described by Baron Dupuytren:—if as late as the fortieth day the callus be opened by making a section through the new stratum, we shall find that the fractured surfaces or extremities of the bone itself do not hold the slightest connexion with the callus. The extremities of the bone are only covered with a white flocculent matter, the production of its own vessels; and if you divide the callus you will find that this flocculent substance readily yields, and produces little or no adhesion between the detached parts. In the fourth period, which commences about the fortieth day, the callus becomes more compact, and the intermediate flocculent substance has acquired a greater degree of firmness, still, however, being capable of permitting motion between the fragments, if the support afforded by the callus be removed. In the last period, which extends from the fifth to the eighth or tenth month, the absorbing process is progressive; and, about this time, the tumour formed by the callus is no longer traceable, and the osseous union is perfectly accomplished.

I am describing now, gentlemen, the process of nature in repairing the injuries of bones where the fracture is transverse, the displacement has been remedied, and a proper position maintained during the cure. A different process takes place in cases where the fracture is oblique, and splinters the bone in this direction, and where the splintered ends ride over each other. In such a case, nature is, as it were, balked in her effort. If left to herself, the first thing which she does is to remove by absorption, or round off the sharp projecting extremities of the bone; a quantity of *provisional callus*, which has been already secreted, then unites, and solders the bones together, and remains permanent.



From these facts we may draw some very important inferences. The first is, that it is of the highest importance to effect the coaptation of the fractured bone as soon and as perfectly as possible, in order that a perfect consolidation may ensue. The other inference is, that up to the end of the third or fourth month the provisional callus is the chief support of the fracture, and that, consequently, persons who have just recovered from fractures should be careful in undertaking any kind of exercise or exposing themselves to sudden shocks or falls, which will be likely to produce a fresh separation of the fracture, as the bond of union is at this period by no means perfect. This was the case with Mr. Clarendon, master of the riding school in Brunswick-street. He got a fall from his horse and fractured his thigh-bone, for which he was attended by the late Mr. Gregory and myself, and the fracture went on very well. About the end of the third month, thinking he was quite recovered, he got upon horseback again. The horse which he rode being a spirited animal got frightened at something and made a sudden plunge; Mr. Clarendon clapped his knees firmly against the saddle to retain his seat, and snap went the fracture. He was again confined to bed, and the fracture united firmly, but, owing to some circumstance or other, the union was not so regular as before. There is a third inference which we can derive from this, namely, that where a fracture has been improperly set we may, up to the third month after its occurrence, break and reset it with the most perfect safety, as there is, as yet, no direct union between the bones themselves, they being kept together solely by means of callus. I did this in the case of a child some time since, even at a later period than the third month, with decided success. The child was brought to me at the end of four months with its thigh-bone bent anteriorly (nearly at a right angle); I laid it on a table, and pressing on the thigh with the whole weight of my body, the bone gave way and became straight; in this position I secured it by splints and repeated extension. The child is now four years old and has not the slightest deformity. You see, therefore, the close connexion which exists between sound pathology and successful treatment.

Fractures have been divided into *simple*, *compound*, *comminuted*, *transverse*, *oblique*, and another which I think may be termed *mixed*, in which the fracture is partly transverse and partly oblique, just as when you break a piece of wood, you find that in the outer and superficial portion the solution of continuity is oblique, but as the fracture goes deeper it becomes transverse. The only use of such distinctions is, you will remember, that if the fracture be transverse the fractured portions are easily brought together, and retained in their proper position; but this is not the case if the fracture be oblique. Thus, in an oblique fracture of the tibia there will be a

shortening of the limb and a difficulty of coaptation, from the fragments riding over each other, circumstances which we do not meet with in cases of transverse fracture. Taking the subject in this point of view also suggests some differences in the mode of treatment. If you have an oblique fracture of the tibia, and, in selecting a position, you lay the limb on the side, and find that it rests easy and in a proper manner, without any projection of bone, you may leave it so; but if, after placing it in this position, it bends outwards, and the projecting spiculæ show a tendency to come through the skin, you may conclude that the position is wrong; turn your patient on his back, let the leg rest on the heel, and you will find that the extended posture, aided by the pressure of the heel, will redress the deformity.

Fractures are simple when the bone is broken without being accompanied by such wound or injury of the soft parts as will expose its surface. They are termed compound when a wound extends through the soft parts to the seat of the fracture.

The predisposing causes of fractures are various. Among these old age is one of the most common; the bones of old persons become brittle from the prevalence of the earthy basis over the animal matter. They are also reduced in size by the process of absorption, and hence the marks which exist on their surfaces are more distinct, so that if you take up a dried bone you can make a very tolerable guess at the age of the person to whom it belonged. Extreme atrophy, as in persons who have long laboured under chronic disease, is another circumstance which predisposes to fractures. I knew a gentleman who had a general paralysis for twenty-five years, and gradually lost the use of all his limbs, so as to be perfectly helpless. His sister, one day, while turning him on a sofa with all proper care and gentleness, heard something crack, and on examination the humerus was found to be broken. It was curious, however, that this fracture afterwards united, and continued to do so for the space of ten years up to the period of his death. Rickets is another predisposing cause of fracture, but not at the commencement. But it is at first, (in consequence of its softening and rendering flexible the tissue of the bone,) rather disposed to prevent fracture, but afterwards the bones become brittle, and fractures are of common occurrence. I know a family in which all the children have rickets, one of these, about two years old had his thigh fractured in the act of taking him out of bed. Another of them broke his leg by jumping from a chair. But of all the predisposing causes of fracture, I believe cancer is the strongest. Persons in cancer suffer an extraordinary change in the constitution of their bones; absorption takes within them, their walls become weakened and the medullary canal enlarged, they are capable of being pulverised easily from the slight cohesion of the

particles, and consequently give way on the slightest force being applied.

I shall now, previously to entering on the consideration of the cases at present in the hospital, make a few remarks on the general treatment of fractures. In the treatment of fractures, you must be aware, that there is a perfect analogy between the soft and hard parts. The first principle on the treatment of injuries of the soft parts is to effect a perfect apposition of the separated surfaces, which in most instances can be much more easily effected by relaxing the muscles than by dragging the parts forcibly together by means of sutures and bandages. In the same way fractures are not to be reduced by violence, but by the aid of a proper position. The next indication in the treatment of fractures is to allay irritation and inflammation. John Hunter speaks of adhesive inflammation as the means by which injuries of various parts of the body are frequently repaired without the occurrence of a purulent discharge, but if this process were merely inflammation, it would retard rather than promote the reparation; we should rather look upon it as a natural process accompanied, no doubt, by heat, increased vascularity, and consequent redness, but if inflammation, properly so called, actually takes place, it proves rather an obstacle to the cure, for if inflammation attacks the surfaces of a wound, all the sticking plaster you can apply to bring about adhesion will effect nothing. But to return to the subject of adhesion. The merit of the relaxed posture in the treatment of fractures has been attributed to Mr. Pott, but not with justice, as it is strongly insisted on by Fabricius and Hildanus. The rule, however, is liable to many exceptions, to some of which I have already adverted, and others I shall notice as we proceed to the treatment of fractures in detail.

You will find many rules laid down in books for the purpose of enabling you to ascertain the existence of fractures, and it is said that you can know them in various ways, by the eye, the ear, and the touch. Of these the eye and the touch are the senses most relied upon; you will also on some occasions use the ear in ascertaining the existence of crepitus. But there are many cases where it is perhaps worse than useless to look for crepitus, for instance it is of very little consequence to know whether it exists or not in case of fracture of the neck of the thigh bone and by endeavouring to ascertain its existence, you will incur the risk of derangement. There is frequently but very little derangement in such a case, the strong fibrous membrane which invests the neck of the bone sometimes keeps the parts in apposition. If, in case of this fracture from an anxiety to show whether fracture exists or not, you rotate the limb roughly, you may separate the parts still farther, tear away what remains of the fibrous membrane, so that the limb becomes retracted, and the patient is thrown into violent torture. There are many instances

of fracture in which a single glance will afford you sufficient information; in nine cases out of ten you will know the existence of fracture of the leg from its appearance, and the same thing holds good in the case of the fore-arm and arm. Add to this the distortion of the limb, and impossibility of using it, of performing certain motions, and you will have sufficient evidence of the existence of fracture, without inflicting on your patient additional but useless pain.

I will resume this subject at our next meeting, but before I conclude, I would direct your attention to the case of a woman in the small ward with fracture of the fibula, and I wish you would continue to observe it for the next two or three days, as I shall allude to it more particularly on Friday.

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ON THE EFFICACY OF THE SECALE  
CORNUTUM IN HÆMORRHAGE AND  
LEUCORRHEA, AND ON ITS EF-  
FECTS IN GONORRHEA.

BY G. NEGRI, M.D.,

*Read before the Medical Society of London  
Monday, November 25, 1833.*

GENTLEMEN,—Since the action of *secale cornutum* on the uterine system attracted the particular attention of obstetric practitioners, and has been successfully employed in cases of long protracted labours, Dr. Atlee, of Philadelphia, Professor Bigieschi, and Dr. Ballardini in Italy, as well as Dr. Guillemont in France, have recommended it as the most efficient remedy to arrest menorrhagia, when occasioned by want of uterine contraction after labour. Dr. Shallcross recommended it also in those uterine hæmorrhages, which originate from a partial detachment of the placenta; whilst Professor Dewees expressed his belief, that it might be efficacious in hæmorrhages in general. In the *London Medical and Physical Journal* for May, 1829, a case of menorrhagia, cured by that remedy, after three months' trial, was related by Dr. Marshall Hall, who found it also beneficial in leucorrhœa.

From all these facts Dr. Spajrani, who had already successfully employed the ergot of rye in several instances of leucorrhœa, was induced to try its efficacy in other uterine hæmorrhages, not immediately connected with parturition. After the favourable result of his first experiments, he extended the use of the ergot of rye to any other hæmorrhages proceeding from different mucous textures, both in male and female.

The result of Dr. Spajrani's observations on this subject was published in the fasciculus for March, 1830, of *Omodei's Annali Universali di Medicina e Chirurgia*. In that interesting publication are related eight cases of menorrhagia; four cases of what he calls uterine

congestion; two of epistaxis; five of hæmoptysis; and two of hæmaturia. (A correct account of this essay was published in *The Lancet* for February, 1831).

Another publication, on the same subject, appeared in the following number for May and June, 1830, by Dr. Pignacca. It contains two cases of menorrhagia and two of hæmoptysis, successfully treated with the *secale cornutum*; and in the fasciculus for February and March, 1831, of the same Italian periodical, two other papers were published, one by Dr. Gabini and the other by Dr. Bazzoni. The first contains three cases of menorrhagia; one of hæmatemesis; one of pneumorrhagia; and two of epistaxis, one of which occurred in a woman affected with acute scurvy, and accompanied with all the other symptoms of what has been called purpura hæmorrhagica. Dr. Bazzoni's publication contains an account of eight cases of leucorrhœa, treated with the ergot of rye, in which it afforded great benefit in arresting the white discharge, even in instances considered of an incurable nature from organic malignant disease of the womb.

We have read since, in *The Lancet* for March 10, 1833, an account of an "admirable essay" on the use of ergot of rye in menorrhagia, published in the *Bulletin Général de Thérapeutique*, by MM. Trouseaux et Maisonneuve.

A case of hæmoptoe in a man, cured by the same medicine by Dr. Lanyon, was published in *The Lancet*, April 13, 1833; and another of menorrhagia in a woman, aged 60, by Dr. Bright, was lately published in *The Lancet* for June 15th, together with an article by Mr. H. A. O'Slea, "on the anti-hæmorrhagic effects of the ergot of rye on the male," in which he states, "that, in corroboration of what was published by Dr. Lanyon, he (Mr. O'Slea) employed that medicine with the same view for the last two years, with *invariable success*," and concludes, that "the adoption of this practice arose from reading an article on the same subject, published in a number of *The Lancet*, some time in the year 1831."

In all this time we had ourselves a favourable opportunity of trying the efficacy of the *secale cornutum* in different instances of menorrhagia and leucorrhœa; and with the view of ascertaining its *modus operandi*; we tried it also, we think for the first time, in gonorrhœa, both in female and male. In bringing before this Society the result of our experience on this subject, it is not to believe we intend to proclaim the *secale cornutum* as an *infallible* remedy, or as a *certain* specific against those diseases, and that nothing else may be required but to exhibit *indiscriminately* large and frequently repeated doses of it to obtain a speedy cure. It would then happen of the ergot of rye, given for those complaints, what did happen before of it, when administered in cases of protracted labour; in the hands of some practitioners it will succeed, while in the hands of others it will fail, or be even injurious.

About the method of administering the *secale cornutum*, Dr. Spajrani laid down the following remarks:—"To obtain a speedy and favourable effect from this remedy it must be of the best quality, otherwise it will fail. (This fact was evidently proved in one of the cases related in his paper.) The dose of the remedy must be generous, often, and regularly repeated. If the hæmorrhage be very violent it must be given from vi. to x. grains, even every ten minutes, till the hæmorrhage ceases; if not so violent, every two hours, or at longer intervals." He ordered it generally in powder, but he used it also in pills and in decoction.

When we began to employ the ergot of rye, having no personal experience of its therapeutic properties, we used it in smaller doses than those recommended by Dr. Spajrani, and we are perfectly convinced, that in some instances it failed, or its efficacy was retarded for this very reason.

The effects on the general system, which followed the exhibition of the *secale cornutum*, have not been constant, or the same in the different individuals who took it, but *never of an alarming character*. The greater number of patients were complaining of giddiness and headach, which followed in general only the first doses of the remedy, and did not last long. Few were complaining of sickness, and others of a general sense of prostration, *all over from the head to the top of the fingers and toes*. Some women, who had both menorrhagia and leucorrhœa, complained of pains round the hypogastric region and liver, and some even expressed it "as a sense of bearing down of the womb." A woman, who had a chronic ulcer on her right foot, complained of excessive pain in it since she began to take the *secale*, and others complained of pains along the thighs and legs. But others, on the contrary, felt no inconvenience at all from larger and long-continued doses of the remedy, although the drug was the same, and manifested its beneficial efficacy on the disease for which it was used. In two or three cases of menorrhagia only, the loss of blood, and the pains round the hypogastric region and loins, were remarkably increased by the action of the remedy on the uterine system. Therefore, in instances of this kind, we bled our patients first, and then gave the *secale* with the best success. On this point of practice we followed the suggestion of Dr. Bazzoni, who stated in his paper, that "in hæmorrhages the *secale cornutum* may be useful, whether they are active, or passive, primary or secondary, but its *proper indication is in their passive state*; although, says he, it may be of some service in the opposite state, *still it will be more prudent to have it preceded by blood-letting*." For the same reason, if the strength of the patient would not allow any further loss of blood, we employed moderate doses of tart. ant. when it was necessary to allay the over-excited action of the heart, or arterial system, or we used mild opening medicines where an habitual state of costiveness might

have been considered as the principal cause of irritation, and local congestion of the uterine system; these simple means succeeded sometimes in arresting the hæmorrhage without any want of other therapeutical agents.

Of its peculiar *modus operandi* we shall speak after having exposed the facts which enabled us to draw some conclusions, as far as it is possible on that subject. We shall now proceed to relate the most important cases of hæmorrhage which were treated with the *secale cornutum*.

**CASE I.—Menorrhagia.**—Ann Beteux, age 35, married, was admitted to St. John's Dispensary, 19th of January, 1832. She had been ill for a long time with menorrhagia, and had been under different treatment till the 9th of April, but without any permanent relief.

On the 16th of April the hæmorrhage having appeared again, we thought proper to try, for the first time, the effect of the *secale cornutum* in this case, and five grains of the powder were ordered to be taken three times a day. The hæmorrhage from this time gradually diminished, till the 10th of the following May, when it entirely ceased.

May 14th. She feels a great deal better, and has no more pain in the loins and groins. The powders were continued twice a day till the 24th of May, and she was afterwards discharged cured.

**CASE II.—Menorrhagia.**—Ann Marshall, age 30, married; was admitted on the 14th of May, 1833, labouring under a very profuse menorrhagia. Her pulse was quick and sharp; had great pains round the loins and hypogastric region, which was very tender. She was ordered to be bled to *xiv. oz.*, and saline aperient powders were prescribed.

17th. The pains round the loins and groins are better; her pulse is softer, but the hæmorrhage is still going on with great violence. Five grains of the *secale* to be taken three times a day.

21st. She feels a great deal better; had no hæmorrhage since the 19th, viz. two days after she began to take the *secale*. The same powder was repeated, to be taken twice a day, and was discharged the following day of attendance.

**CASE III.—Hæmorrhage from the rectum following suppression of the catamenia.**—Hannah Paton, age 21, single, was admitted on the 12th of July, 1832. Eight months ago felt quite well. Has not been regular the preceding month, but had some pain in the groins and loins, with great general debility. These symptoms were followed by hæmorrhage from the rectum, which continued at intervals up to this day. Had previously taken some opening medicine without any relief. Five grains of the *secale* to be taken every four hours.

16th. Since she has began to take the powders, finds the hæmorrhage much abated. Pergat.

23rd. Has had no hæmorrhage since the 20th. The menses returned on the 21st, and she feels now quite comfortable. The powders were repeated, to be taken occasionally, and she was afterwards discharged.

**CASE IV.—Excessive Menstruation.**—Mary Forest, age 40, married, was admitted on the 19th of July, 1832.

She has had for the last eighteen months a very profuse bloody discharge at the menstrual periods, which never, till lately, continued longer than five days. She was regular about three weeks ago, when the hæmorrhage reappeared with great violence, and continued unabated for the last seventeen days. Has pain in her back and groins, and complains of general debility. Her pulse was very quick and empty. Five grains of the *secale* to be taken every three or four hours.

23rd. She feels much better. After taking three powders she had violent headach and giddiness, which kept on increasing as she took them, and felt a kind of contraction, or, as she expressed it, "a sense of bearing down of the womb." She continued the powders up to the night of the 20th. The hæmorrhage entirely ceased on the morning of the same day. After omitting the powders her head got better. The *secale* was ordered in pills, and in smaller doses, only to be taken twice a day. As she was complaining of great general debility, a little camphor mixture, with small dose of the sulphate of quinine, was ordered to be taken occasionally in the course of the day.

30th. She is going on better; had no more hæmorrhage. Her bowels being costive, opening pills were ordered, and wished to have a blister behind her neck to relieve her head. She was discharged the following day of attendance.

**CASE V.—Menorrhagia following Leucorrhœa.**—Sarah Scanterbury, age 47, married, was admitted on the 26th of July, 1832. Has had leucorrhœa as long as she can recollect; has miscarried nine times; her last pregnancy was about three years ago; a month since was unwell, and the menstrual discharge was unusually profuse; it returned again in a fortnight, and it has reappeared this morning, July 26th, this being the third time within five weeks. She feels weak, and has pains in her groins and back; no medicine has been previously taken. Five grains of the *secale* to be taken every four hours.

30th. The bloody discharge continued from Thursday, the 26th, till Saturday, the 28th, when it entirely ceased. It has not returned, and she feels now much better. The *secale* was suspended, and only some cremor tartar. ordered to be taken as an imperial drink.

2nd. She is going on very well. The same saline aperient was ordered to be taken

taken occasionally, and was discharged the following day of attendance.

**CASE VI.—*Hæmatemesis.***—Elizabeth Pilcher, aged 10, in June, 1832, was in good health. Her illness was caused through having been violently pressed round the waist by a man, who frightened her very much. This produced pain in the right hypochondrium, extending towards the epigastric region, and was followed by a sense of sickness at first, then vomiting of the contents of the stomach, and afterwards of pure blood. She had continued in that state up to the day of her admission, the 30th of July, 1832. If pressure is made over the right hypochondrium, which has been very tender since the commencement of her illness, the hæmorrhage ensues immediately. She was not under our care till the 10th of the following month of September, but had not found any relief from the usual means which were employed from the time of her admission. I thought this a good case to try the effect of the secale; therefore, after having used some mild opening medicine, on the 13th of September, three grains of the secale were ordered to be taken three times a-day.

This remedy was repeated the 17th and 20th of the same month, but without producing any effect in arresting the hæmorrhage. It was then discontinued, and other means were adopted. The greatest benefit was obtained by the sulphate of iron mixed with kino. On the 28th of February, 1833, she was discharged, having been more than a month quite free from any hæmorrhage.

She remained well for about ten days, when having accidentally struck with violence her right side against a chair, the pain in the right hypochondrium and vomiting of blood returned. She came back in consequence to St. John's Dispensary on the 7th of March, 1833, and was admitted under our care. Different remedies were employed, which were found beneficial on the former occasion, but without obtaining any good effect on the disease. We then thought proper to have recourse again to the secale cornutum, but administered in larger and more frequent doses. Therefore on the 28th of March we ordered six grains of the secale to be given every third or second hour. After having taken six powders, the sickness, the vomiting of blood, and the pain in the right hypochondrium left her. She continued taking them at longer intervals for several days, without giddiness or any other unpleasant symptoms arising from the medicine. Her pulse appeared stronger, and her countenance more animated and florid than before. She omitted once taking her powders for a short time, and the sensation of sickness and the pain in her side returned, but was very soon relieved by having recourse to the same remedy. The powders were continued, but only night and morning, from the 1st to the 14th of April. On the 15th they were entirely omitted, as our patient felt herself

quite well. April 29th she was discharged cured, and has not yet returned.

**CASE VII.**—As another instance of hæmatemesis, we shall relate, with Dr. Macmichael's permission, one which occurred in the Middlesex hospital.

Lucy Haselton, ætat. 21, single, was admitted into the Middlesex Hospital on the 21st of September, 1830, under Dr. Macmichael's care, King's Ward.

She was complaining principally of great tenderness over the right hypochondrium, extending towards the epigastrium; she had sickness, with vomiting of a dark fluid mixed with blood, greatly coagulated. Local bleeding, and different astringent remedies were employed without success. On the 27th of November, Dr. Macmichael was kind enough to prescribe for her, at our suggestion, the following powder.

*R.* Pulv. secalis cornuti gr. vi. ter die sumend.

29th. The patient was better, and the same remedy was continued.

30th. The hæmorrhage having ceased, and the pain over her right side greatly diminished, she was discharged, and only kept as an out-patient. The powder was ordered to be taken only twice a day.

December 2nd. She stated she had not seen any more blood, and was going on well.

**CASE VIII.—*Hæmatemesis with enlarged spleen.***—Eliza McCulloch, ætat. 10, admitted on the 3rd of October, 1833. About four years ago she had hæmorrhage, which was considered to come from the lungs, and has continued at intervals ever since. The blood is generally of a red colour, and is never mixed with food. The hæmorrhage is usually preceded by pain and uneasiness at the scrobiculus cordis, and nausea; the blood comes up in a way different from expectation, by an effort similar to vomiting; she has afterwards a very unpleasant taste in her mouth. The fluid brought up in this way has been repeatedly brought to us. Being collected in a glass vessel, had more the appearance of a bloody lymph than of pure blood. It remained quite fluid, and had a peculiar disagreeable odour. The quantity emitted at each time has never been very considerable. She has pain on pressure being made at the scrobiculus cordis, and if on the right extremity of the stomach, the pain runs across to the left. At the left hypochondriac region there is great prominence, and she complains of frequent pain there. She has often rigors at night, and afterwards perspires very much. She never had a cough or expectoration for any length of time; she is subject to violent fits of passion. Her illness has not weakened her much; her appetite is good, and she sleeps well; her complexion is flushed.

Although she had been admitted on the 3rd

of October, it was only on the 17th we ordered about three grains of the *secale cornutum* to be taken every second hour.

21st. The vomiting of blood is diminished, and did not suffer any inconvenience from the regular use of her medicine.—Pergat.

24th. The vomiting of blood still continues as much as before.

R. Pulv. *secalis cornuti* gr. vi., *tertia* quaque hora sumend.

November 4th. She has not brought up any blood for the last three days. The powders were then repeated, to be taken only night and morning.

November 11th. She has had no more hæmorrhage, although she has not taken any more of the powders for the last few days. She feels quite well; and having carefully examined the left hypochondrium, under her dress, no more prominence could be felt or seen on that side. She was then discharged cured.

CASE IX.—*Hæmorrhage from the rectum*.—Mary Smith, æt. 30, was admitted on the 29th of April, 1833. Had then a chronic diarrhœa, and afterwards hæmorrhage from the rectum took place after each motion; this has continued for a fortnight, and she thinks she has passed more than a tablespoonful of clear blood after each stool. The diarrhœa was very much reduced, principally under the use of small doses of *hydrargyrum cum creta* and pulv. *jpecacuanhæ*.

On the 17th of June, having for the first time complained of this hæmorrhage, and being on this day more copious than usually, we thought proper to try in this case the effect of the ergot of rye. Six grains of the powder were ordered to be taken every three hours.

June 18th. The patient was a great deal better. She told us that from the time she began to take the medicine, she had no more hæmorrhage, although she had two motions this morning. The medicine was continued, but at longer intervals. On the 27th of June she was discharged cured.

CASE X.—*Epistaxis*.—Sarah Hodges, æt. 62, of a leuco-phlegmatic habit, was admitted on the 19th of August, 1833. She was seized with epistaxis on Thursday evening, three days previous to her admission. On the following evening (Friday), at about eight o'clock A. M., the hæmorrhage returned, and continued for half an hour, when she applied to a surgeon, who put plugs into the anterior nares, but the bleeding continued through the posterior the whole of the night, more or less. On the following morning (Saturday) she was bled from the arm to about a pint, and took some opening medicine. The hæmorrhage, however, continued at intervals all that day and throughout the night, but not so violently as before.

On Sunday morning the hæmorrhage, after having ceased for a little while, returned about the same hour as on the preceding day, and continued more or less all the day, and in the evening it was very much increased, and went on bleeding at intervals almost all the night.

On Monday morning (August 19th), about noon, the bleeding came on very freely; she thinks she lost about half a pint of blood in a quarter of an hour.

When we saw her it was about one o'clock P. M., at which time the hæmorrhage was very active. She was very pale and weak, her pulse quick and small. Six grains of the *secale cornutum* were ordered to be given immediately (one o'clock P. M.), and to be repeated every quarter of an hour. She was directed to sit down in the apothecary's room, with the view of ascertaining the result.

At a quarter past one the hæmorrhage was very much abated; she was then complaining of being very faint; a second dose was given, and five minutes after, namely, twenty minutes from the first exhibition of the remedy, the hæmorrhage had entirely ceased. Another powder was given at half-past one, and a fourth at two o'clock. She was then sent home, and directed to take one powder only every hour till six o'clock in the evening, and if no hæmorrhage re-appeared to take one of them every three hours.

August 20th. We visited the patient at her own house, and found her lying down comfortably. She stated that she had been free from hæmorrhage since she took the second dose at the Dispensary, and now feels only very weak. The powders were continued at longer intervals.

22nd. She was well, and had seen only a few drops of blood the same day I visited her, after having pinched her nose, but ceased directly after taking one of the powders. No remedy was ordered. She returned on the 19th of September, when, being quite well, was discharged cured.

This case was witnessed by our colleagues, Dr. Ryan, Mr. Jenkins, and Mr. Nettleford, the surgeon-apothecary of our Institution, who gave the medicine himself to the patient, and watched over the case.

CASE XI.—*Hæmoptoe*.—Jeremiah Sams, æt. 20, a cabinet-maker. Four months previously he had a cough, with a slight expectoration in the morning, which was generally of a greenish colour. Six weeks ago he observed the expectoration to be tinged with blood; this continued for a week; then he began to bring up about a teaspoonful of blood every morning, and continued so for the last two weeks. The hæmorrhage was neither preceded nor attended by any considerable aggravation of his cough, and only occurred in the morning. He had also some difficulty of breathing when making some exertion. His complexion is very pale. He was admitted on the 3rd of October last, and as there was

not present any symptoms indicating the existence of an inflammatory action, requiring more active means, six grains of the *secale cornutum* were prescribed, to be taken three times a-day,

Oct. 7th. After having taken his powders for two days the hæmorrhage diminished, as well as the cough. Has had no giddiness or any other extraordinary symptom from taking his powders. The remedy was repeated, and shortly afterwards the hæmorrhage ceased.

17th. Had a slight return of the hæmorrhage for two or three days, but only once in the morning.—Pergat.

24th. The hæmorrhage ceased entirely from the 21st. The cough and the difficulty of breathing is a great deal less.—Pergat.

28th. On the 26th he saw again a very little tinge of blood in his spittle. Cough a great deal better.—Pergat.

Nov. 1st. Has had no more hæmorrhage; his cough is now very slight. No remedy.

For the two following cases we are particularly indebted to our friend, Mr. E. Nettleford, the surgeon apothecary of our Dispensary, who had also the kindness to write down the history of almost all the former cases.

CASE XII.—*Hæmoptysis*.—“Mrs. Clarkson, æt. 33, married, a private patient. Had not been in good health for the last five years, in consequence of rupturing a vessel in her chest. Since this accident she had a cough, which, together with the hæmorrhage from the chest, and sometimes from the nose, has continued up to the present time (April 4th, 1833,) with but slight intermission; indeed, for the last fortnight she has had hæmorrhage from the chest every day. Thinks she might have lost this morning about half a teacupful of blood. Her cough is very troublesome; has great palpitation of the heart, and giddiness.

“April 4th. Six grains of the ergot of rye were ordered to be taken every second hour.

“5th. Rested well last night. This morning her pulse is quick, but soft; the cough less, and she expectorates freely. Has had no hæmorrhage since taking the above powders, of which she has taken sixteen. The giddiness is less, and she feels much relieved.

“6th. No hæmorrhage has occurred; her cough is better; pulse full, quick, and rather sharp; tongue white. She is feverish, with pain in her side, and this is usually followed by the bleeding, which she thinks will soon come on.—Continue the powders every hour.

“7th. The pain in the side left her in the night, after which she slept well. Has had no hæmorrhage; feels very weak; pulse soft, and moderately quick; is not giddy. The hæmorrhage has never left her so long before for a considerable time. Her cough, she thinks, is certainly better, and has experienced much relief from the medicine.—Continue the powders every second hour.

“11th. The hæmorrhage has not returned; her pulse is soft, and much less frequent than

before she took the *secale*; the palpitation of the heart was also less troublesome, and her cough is much easier now than before.—Twelve grains of the *secale cornutum* to be taken every second hour.

“22nd. Has had no hæmorrhage since taking the *secale*, and its increased dose has produced no unpleasant symptoms. She finds it relieves her cough considerably; but, as it is accompanied with hectic fever, there appears to be but little hope of her being cured of it. The *secale* has certainly abated the hæmorrhage, which is all that, in such a case as this, could be expected, and at the patient's desire it is continued.

“No return of the hæmorrhage up to the present day (April 29th). She died some time afterwards from consumption, but had never any return of the hæmorrhage.”

CASE XIII.—*Hæmoptysis with Leucorrhœa*.—“Mary Smith, æt. 39, widow; has not been in good health for the last three or four years. The catamenia have not appeared for the last ten months, and has had leucorrhœa ever since, with pains in the loins and over the abdomen, and frequently the globus hystericus. She had a cough last winter, which soon left her, and does not remember having had any before.

“From this time has been free from any complaint in her chest till the last five weeks, when she has had a cough ever since, which at times distressed her very much. Three weeks ago, after coughing violently, she spit blood, and continued to do so for two days. When the hæmorrhage ceased she had pain and giddiness in her head. A week afterwards the spitting of blood returned, and went on for two days. She thinks she lost altogether a good sized teacupful. Did not spit blood again till last Friday, April 26th, namely, at the end of another week, and continued spitting for the whole of that day. Her cough was very violent, her chest painful, her breathing quick and difficult; was very thirsty; she felt hot and feverish; and the leucorrhœa was in the mean time very profuse.

“On the following morning, after having taken some castor oil, six grains of the *secale cornutum* were ordered to be taken every hour. Two days afterwards she was admitted to St. John's Dispensary.

“29th. After taking six powders her chest became easier, her cough was much relieved, and the spitting of blood ceased, as well as the leucorrhœa. She has now taken sixteen of the powders, and has had neither hæmorrhage or leucorrhœa since eleven o'clock P.M. of last Saturday (the 27th), after having taken six doses of the *secale*. Her cough is now very slight; pulse 77, easily compressible; bowels open. Since taking this medicine she has had less giddiness, but feels very weak and faint.—Continue the powders.

“May 2nd. Has had neither spitting of blood nor leucorrhœa. Her chest feels easy, and she

coughs but little; pulse 70, soft; tongue clean and moist; bowels open; is not thirsty; skin cool and soft. Has had a little pain in the back and loins, but very slight compared to what she had before. She finds herself much stronger. Her foot is less painful. (She has had an ulcer on the right foot for more than a year, which circumstance she did not mention at first, which has pained her excessively since she began to take the *secale*.)

"5th. No hæmoptysis or leucorrhœa since April 27th. Her cough is troublesome sometimes, but it is much better than it was; pulse 68, soft and small. She has now taken fifty-four six-grain doses of the *secale*. Since she has found herself so much better she has taken it only three times a-day. The giddiness has quite left her, and she is now free from pain.—Purgat.

"9th. As she feels so much better, and has been now a considerable time without either hæmorrhage or leucorrhœa, the *secale* is discontinued, and she was afterwards discharged cured.

*Note.*—"I have been attending this patient at her own house for a bad leg, and she has had no return of the hæmorrhage.—Nov. 1st. 1833."

For the two following cases I am indebted to my colleague, Dr. Ryan.

*CASE XIV.—Hæmorrhage from the gum, in consequence of the extraction of a tooth.*—

"A delicate looking man, aged 32, a carpenter, had the left canine tooth of the upper jaw extracted, and the operation was followed by profuse hæmorrhage. He applied at one of the large hospitals for relief, and was desired to press a piece of sponge into the socket of the tooth. He did so without any benefit. He then applied to Mr. Packer, surgeon, at Hoxton, who recommended him to me. On examination I found a coagulum, about the size of a large walnut, over the alveolar process, but there was still some oozing of blood.

"I ordered him the *secale cornutum*, in the manner prescribed at St. John's Dispensary, desired him not to remove the coagulum, and wrote to his surgeon, that in the event of further hæmorrhage, to plug the alveolar process with a piece of cork, but should this fail, to apply Rospini's styptic, or the actual cautery, and, finally, that the carotid ought to be tied sooner than allow the man to die.

"Mr. Packer called on me next day, to express his astonishment at the success of the *secale*, as it had completely arrested the flow of blood; and he since informed me, that no return took place. I was aware that Dr. Spajrani had removed the coagulum in a case of epistaxis, and encouraged hæmorrhage, and stopped bleeding with the *secale cornutum*; but I did not consider myself justified in adopting his practice, as the man had lost a great deal of blood, and was very much debilitated."

*CASE XV.—Menorrhagia followed by metritis.*—"Mrs. Davis, æt. 23, of middle stature, married for two years, has had no family, and was admitted a patient at St. John's Dispensary, Sept. 18, 1833, under the care of Dr. Ryan. She suffered from dysmenorrhœa before her marriage, which was very much aggravated subsequent to her change of life. At present she suffers from menorrhagia, accompanied by excessive pain and a discharge of coagula. She was ordered ℥j. of *secale cornutum*, divided into ten powders, one to be taken three times a-day. In three days the uterine discharge ceased, but well-marked *metritis* supervened, and was removed by the ordinary treatment, venesection, leeching, purgation, &c. Mr. Nettelford saw this case also, and attended the patient at her own residence."

These are the most remarkable instances of hæmorrhage successfully arrested by the use of the *secale cornutum*, which we thought proper to communicate to the Society. We had, indeed, several other cases of menorrhagia, but we considered them less interesting than those of hæmorrhage from other mucous textures, entirely unconnected with the uterine system. The above facts appeared to us of such a practical importance to deserve the particular attention of the medical profession. Perhaps they might be found not so numerous as to justify any general deduction from them, but if the facts, published by other practitioners, and in other countries, should be taken into consideration, it will be found that the anti-hæmorrhagic property of the ergot of rye has been sufficiently established, to induce others to repeat the same experiments; and, if judiciously employed, we dare to say, with a similar result.—See report of the Medical Society.

#### LIFE AND ORGANISATION.

BY J. B. SLADE, A.B., M.D., &c., TEIGNMOUTH.  
*Late of the Sussex and Brighton Infirmary.*

To preserve the composition of the animal body, it is only necessary that creatures should provide those articles of nourishment which Providence so bountifully supplies; but when we consider the complexity and wonderful mechanism of the body, the continuance of function for years together, without occasioning fatigue either to that or to the mind, we cannot but feel great interest in discovering the real interposing and essential cause, the being or principle which produces that function, and which gives animation, uniformity of structure and vigour to the animal kingdom.

Man alone has the power of observing all these several phenomena, and by his natural enterprise and curiosity to trace some con-



nexion between them and their cause. Now it is upon the cause which men differ; the effects are objects of their senses, the existence of which none but an idealist would pretend to doubt; but some persons being unwilling to acknowledge that spirit exists in the body, naturally believe that animation and function result from the ingredients or organs of the body, but what the fabricators of this theory, or rather hypothesis, consider life to man, or whether they consider it to consist of motion, as the result of organisation, I am unable to say; at all events the premises are absurd, and the inferences deduced from them must be of necessity the same. However the object of the following pages is to show that the cause of animation and animal function is spiritual, and that it is not the nature of matter, however refined, to produce the several actions and events which take place in the animal system, that no being can create itself, or be deprived of any essential property, or assume a character different from that in which it was created, or act in opposition to itself, and yet remain in existence. These are facts that admit of no dispute, and the principal truths upon which the immaterialist would ground his arguments are, that an effect, whatever it may be, cannot result from that which has no power to operate; that a cause must be an operative being; that an operation must precede that which is produced; and that while a being, whether of matter or of spirit, is independent of its operation, an operation, whatever it may be, and whatever it produces, must be independent of that supposed to be produced. The philosopher is best able to understand what causes are, and to show the extent of their powers, and how they operate, but none appear much less abstruse than those which animate and organise matter, and render it mechanical. But admitting our ignorance of the cause of function and animation, we know by facts that a cause exists. It is impossible to perceive effects without believing in the existence of a being capable of producing, and to suppose an effect existed independently of a cause, is to suppose it to be the cause or creator of itself. Besides, every action, whether it take place in the body or not, *must* result from some active being. The whole universe, every operation, substance, principle, power, and indeed every thing that can properly be considered as finite and natural, are effects. Nature in her stu-

pendous whole is an effect, and therefore is but a name for an effect. This, however, does not exclude the fact that life is the cause of function, or that an operating and attracting property in bodies is the cause of motion, or that chemical affinity is the cause of changes in the qualities of matter. *All* is an effect of one great cause, the Creator; and it is by effects, whether immediately from the first source, or from intermediate sources, that we obtain the greatest part, if not the whole, of our knowledge; but when trusting to conjecture, which we do in attempting to explain immaterial existence and the connexion between it and organisation, we may still doubt the correctness of our judgment on such points; and although unable to comprehend the imperishable arcana of Nature, we must not reject inquiry altogether, for what have not the philosopher, the naturalist, and the physiologist accomplished by their unceasing perseverance. Yet how much soever we may presume on our attainments, it is certain that nothing short of infinite wisdom can unravel every mystery, or understand the constitution of every attribute in creation, and the more deeply we carry our researches, the more we become convinced that the objects of our attention are evident proofs that an essential Deity is the sole existing cause of their creation, preservation, beauty, harmony, and every other conceivable quality belonging to them.

By anatomy we discover how the organs in which the functions are carried on, are situated, and by physiology and chemistry we comprehend their uses and the character of the elementary qualities and particles which constitute them; yet to say that the organs, or their situations, uses, or composition can be the cause of function; implies that such organs, their situation, uses, and composition are not produced by function, nor by life, but by some inherent powers which they possessed previously to there being any occasion for function or for life; but the natural state of matter being rest, and the nature of all matter being the same whether in the form of organisation or of clay, how can function (from which such mysterious developments accrue, and in which is concentrated some of the greatest and most delicate phenomena) result from organisation. Matter, in the time of a functional performance, is certainly in motion, but it is erroneous to conclude that because an organ moves, it is

*naturally* or *virtually* possessed of means capable of producing either the principle or the act of life, and whatever is not natural to matter at one time, and in one part, must be so at all times and in every part. Hence to suppose that life, or even function, results from organisation, when that organisation is not capable of producing, is contradictory. It is certain that matter can move by means of attraction, chemical affinity, repulsion, gravitation, electricity, and many other peculiar combinations, but such motions are not effected by any essential attributes in the parts moved; besides, the natural immoveability and incapacity of the organs are fully illustrated in the instance of death; but if, for argument sake, we suppose function to be the consequence of electricity, or of any attracting or repelling means, or if these means, or either one of them, constitutes function, what, we may ask, animates those particles which are instrumental in causing function? It is from the great power and mobility of electric fluids, that life has been considered of the same nature, but admitting that either of these means may constitute function, it cannot certainly give animation, which is something more than the result of mechanical motion, and if there be a principle of animation which does not emanate from the body, we may believe that principle to be capable of acting and of producing function at the same time, and when function can be proved to consist of, or result from, one repelling particle repelling another, one attracting particle attracting another, from the laws of gravitation, or from chemical means, it will be proved that the elements and all nature possess life, and that the chief or sole causes of motion in the animal frame are repulsion, chemical actions, attraction, and gravitation.

We find that organs are modelled and arranged differently, and that the same qualities do not enter their composition, but how can these wonderful events be produced by any of the above means, or to what else can they be attributed, but to a super-added principle, distinct from organisation? or what is capable of arranging, preparing, assimilating, and subtilising matter, and giving it an organic place in existence, but vital spirit? and admitting the cause to be spirit or life (for I understand the epithet in no other sense than as spiritual), we may ask how such a principle is enabled to fulfil such important

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ends. We find, moreover, a succession of events and changes kept up, and innumerable parts and fluids preserved in motion, but we cannot find, either from reason or analogy, that such phenomena can be carried on by any inherent capacities of any part of material nature. That organisation, or the peculiar and varied states of the organs, the chemical and mechanical actions and changes, may assist life in determining the result, is highly probable, but that it should, independently of a superadded principle, be the primary and efficient cause, is not probable; besides, it would be ridiculous to suppose that a secreted fluid, or any other animal matter, results from the organs, when they cannot result but where life is. True, we know but little of the laws which regulate the organic economy, and we should know still less if a principle distinct from organisation were not considered the principal cause; and to think that the cause of animal processes rests with the conformation of the organs, or results from the *mere* refinement, delicacy, or any other state of organisation; or to suppose that any textures, say those of the eye, as being some of the most delicate, could organise and animate themselves, is not materialising this principle; but absolutely denying at least the use, if not the existence of such a principle. The cause is life, which does not result from the parts; and to have a proper notion of this cause is to have a proper notion of immateriality.

Further, all organs are formed from a fluid, and every such fluid is a selected portion of aliment; and if their peculiar characters were the production of any part of their nature, of what use would be life, which is the only principle capable of organising the fluids? and although nutritive particles or aliment help to preserve life, they are incapable of accomplishing such an end until some wonderful change has been wrought upon them by life. Besides, the very idea of anything arranging itself, of producing a state in itself which it never before represented, and which, in fact, is unnatural to it, is truly absurd. Added to this, every organ appears to be regulated by different laws, and there are no two organs which differ in composition that are instrumental in effecting the same end, and whatever laws are absolutely exercised over matter, I consider to be independent of that matter. As the fluids which are destined for fabrication

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circulate, a peculiar influence is no doubt transmitted to them by life, the organs or vessels being required at the same time to assist in their preparation and deposition. The matter which is received into the stomach for digestion is assimilated and prepared by life, but many fluids are poured into this organ for the purpose of assisting the process and adding extra qualities to the digesting mass; yet the peculiar influence belonging to their several fluids is not occasioned by any muscular action of the stomach, or any combination of fluids or mode of circulation; and if blood be a fluid retaining life, it may be said, that the whole influence exercised in converting it into fabric is not *entirely* owing to those vital powers which belong particularly to the organs from whence the new fabrication, or supply, or organisation arises, but also to that vital influence which had been imparted to the blood previously. It is generally believed that this fluid possesses life, but whether every fluid is possessed of it, is a question not easily solved.

It now appears that animal function, as it is termed, is an act of life; and as the functions are very numerous, and every action must arise from power or a producing capacity, and every power must inherently exist with some principle or substance, and as different effects cannot result from the same action, and one power is incapable of producing several actions, it would appear that as there are innumerable different functions carried on in the system, that different powers are concerned in performing different functions and producing different conformations, which implies, that while life is organising and animating the body, it possesses as many powers as there are functions to be performed and ends to be accomplished; still, while life is capacitated for being in constant motion, it does not consist of motion, as some believe, but all functions which are effects and the results of a principle which of necessity is independent of them, may still be causes; and if they should cease to exist, the cause is not to be found in them but in that of which they are supposed to be effects; yet this conclusion no way militates against its independence of function, and although the organs are different in shape and composition, it does not follow that the properties of life are different in different organs, nor can we suppose the difference in organs is owing either to a diminished or increased state or degree of life,

nor to a different principle or kind of life; if life admit of modification, it must consist of parts, and then be material; and if there be a different principle or kind of life in each organ, there must be as many different lives in the body as there are organs. Life, as being immaterial, is a simple, un compounded, and indivisible essence, and therefore it must be the same in every atom of the body. Vital powers are to life what bulk, figure, extension, and solidity are to matter; and as it is not the province of any essential properties to act (at least according to the views of our limited understanding), I conceive that whatever there is in spirit capable of acting, may be considered as active capacities or powers; and I do not believe it is at all difficult to conceive, that the difference in organisation and the different functions, proceed from a variety of these powers. It is not possible, from the nature of life, that one organ should possess powers which another does not, because it is certain that life, or all its properties, power, and every conceivable thing belonging to it, must pervade every part alike; yet it does not follow that the same powers are to act in every part, or that some are not destined to act in one part and some in another, without having such powers as may be inactive positively abstracted. Of course this is nothing more than conjecture; but without knowing the nature of spirit, and the laws of connexion between life and body, it is not an easy matter to render the subject more intelligible; we will conclude, at all events, that the same power does not fabricate every organ and perform every function; that if the results are different, if digestion, fabrication, and secretion are different processes, that the cause of each must be different. We can ascertain the distinction between the several vessels of the body, and be confident that, through their instrumentality vital actions are exercised and different effects wrought; and although the mere form and composition of the organs are not the cause, still each distinct process requires a peculiar conformation, even independently of any vital power.

We need not inquire whether the vital influence imparted to any solid or fluid be active or passive; but it is evident, that although we see an organ acting, we know no more how this influence is communicated, or how life applies itself to structure in order to produce

action, than the most unconscious being; and as all spiritual essences are beyond the comprehension of man, we cannot possibly tell what they are, and what they are not, capable of; it cannot, therefore, be absolutely disproved, that life acts in numberless ways, and possesses many capacities. By admitting that different capacities exist, and that each instrument possesses an individual economy, we are enabled to discover many new and interesting particulars.

For the action of one organ the assistance of a great many others is required; that is, since we cannot understand that a function ever existed without an association of organs, we must of necessity suppose such an association to be necessary for every function; but the great question, and one that has never yet been comprehended, is,—What is the state of life when an organ is operating, and a peculiar combination produced? We believe that it possesses powers, properties, and laws, and this information we gain from our conceiving it impossible for any thing to exist without such qualities. There is not an action nor an event which transpires in the human frame, but is capable of bearing evidence to the existence of a cause which has no relation in point of real being, and is not subservient to, nor produced by, the organ—the medium of action—the instrument through which the events are made known to us. However, we must admit the laws of connexion, or that incomprehensible something in spirit, which, although infinitely opposed in nature to the body, allows itself to exist with the gross particles of matter, act with them, and change them, to be that which every philosopher would most willingly understand: and no doubt we are made acquainted with many facts concerning it, by attentively observing certain visible signs—the great uniformity of structure—the delicacy and unalterable shape and composition of every organ—and the connexion subsisting between the several operations.

No one vital power could operate without the interference of the other powers, at least, a concurrence of the powers is necessary to the existence of the changes which take place; so, without circulation there would be no exhalation, nor any other vital process; and without secretion, the process of digestion would cease. The motion of the heart is necessary

to the functions carried on in the most extreme parts; and the series of actions, while mutually influenced by one another, are the results of indirect as well as direct causes; and such is the nature of life—of each power—of each cause, that it is destined to furnish some fixed result, and to make that result co-operate with other causes and their results; and as the ends to be accomplished are very numerous, there must accordingly be equally numerous causes, each of which, while producing some certain effect, and assisting in the production of other effects derived from different causes, must either be immaterial, or the result of immaterial influence.

We may conclude by saying, that the epithet *life* is used to denote the cause of that uniform assemblage of organs and functions which is found in the human economy,—to denote that which distinguishes what is inert and inanimate from what is not;—that which develops the body in forms too apt, too complex and refined to resemble any thing where it does not exist; and when we reflect on the apparently unlimited powers and nature of life, and turn our thoughts to the Being who instituted the laws of nature, and endowed life with such powers, we must acknowledge the wisdom of that Being, and be conscious that our souls are more aspiring than gifted with the fruits of real knowledge. How a principle which has no parts should operate, or how a cause which is invisible and without parts should make its effects visible, is a mystery which every inquiring mind would solve, if possible, and which we can reconcile only by supposing, that in such a case nature and Divine Wisdom go hand in hand. Unlike the objects of sense, which experience neither pleasure nor pain, which are not vital spirits nor intellectual beings, but belong to the external universe, and constitute what we call visible or material nature, it is not only immaterial, but distinct from both mind and soul, which, like every thing spiritual, may leave the world without taking any part with them. Life, while remaining in union with the body, is most active and efficient; it adheres to certain laws, adapts itself to various circumstances, applies powers suited to all forms of structure; its province is great, and its capacities no less numerous than powerful. Observe its effects; the construction of a mountain is acknowledged to be wonderful, but

what is it compared to the fabric—the construction of the animal body, which this principle has formed, to the surprise and delight of mankind. Think of the minuteness, perfection, and aptness of every organ,—of the uniformity of the whole body, and of all the organs, some of which are almost imperceptible, and all undergoing perpetual changes! and at that instant will our thoughts be directed to a cause far above the qualities of gross matter. We cannot philosophise upon life without noticing the result of function, or the progress through the many stages organic matter passes in its development, and the influence exerted over it by the powers of life; and so infatuating is the subject, that we sometimes desire to comprehend not only vital nature, but the infinite attributes of the Deity. It is impossible that any unprejudiced mind can reflect upon and acknowledge the diversities displayed by life, which must have a cause, without reflecting on and acknowledging the exceeding wisdom and power of that cause—the Being who “broods over the face of the deep, and breathes into man the breath of life.” While endeavouring to learn by what means the workmanship of the body is effected, and feeling our inability to comprehend it, can we disown, as the atheist does, the existence of a Being more primary, more efficient, and more infinite than life? Can life, on which human ingenuity cannot work, and which the soul cannot comprehend, be supposed to have such an existence, and be possessed of such powers independently of a creator, a Being more capable than itself? Certainly not. The world in its stupendous whole, and every thing except one, must be an effect, and that which is not an effect can be no other than He, whom the Christian worships and adores as the God of Nature, the only Being omnipotent.

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#### CASES OF CÆSAREAN OPERATION.

BY JAMES BARLOW, SURGEON, BLACKBURN.

It is to be regretted, that although the records of surgery furnish a greater number of successful cases than those of a less fortunate nature; still it not unfrequently happens, that adventitious circumstances occur in surgical operations, which, when con-

cealed from public notice, become of no avail to science, but if allowed publicity, might prove eminently beneficial to the advancement of our art, and ultimately tend to the alleviation of human misery.

Governed by these considerations, that a faithful though unfortunate narrative would frequently prove most instructive to the practical surgeon, I have been induced to present the following case of *Cæsarean operation* for insertion in the *London Medical and Surgical Journal*.

Mary, the wife of Edmund Forrest, resided about three miles from Blackburn, was a poor decrepit woman in the thirty-fifth year of her age, who had suffered greatly from an accession of rheumatic pains of the loins for a series of years, which eventually produced a state of malacosteon and deformity, which rendered her unable to walk without support for the last three years of her existence. She also laboured under anasarca, with an ulceration of the lower extremities, troublesome cough, and difficulty of breathing.

Unfortunately in this situation she became pregnant of her fifth child, and when at the expiration of the period of utero-gestation, she was seized with labour pains, and Mr. Cocker, pupil to Mr. Pickop, surgeon of this town, was called to attend her on Monday, the 21st of August, 1826. Mr. Cocker stayed with her all night, and occasionally made the necessary examinations to ascertain the progress of labour and position of the fœtus, but found to his surprise the apertures of the pelvis so unusually distorted, that he concluded she could not be delivered in the ordinary way, though the pains were rather strong and frequent.

The following morning (Tuesday), Mr. Pickop visited her; at this period labour had made little progress, the liquor amnii had not escaped, though the pains were more powerful than before, and the woman's sufferings greatly aggravated by a distressed breathing, a quick and irregular pulse,

scarcely numerable, together with obvious constitutional debility.

On a strict examination per vaginam, the distortion of the apertures of the pelvis appeared to Mr. Pickop so contracted, that he was unable to attain a knowledge either of the state of the os uteri or presenting part of the foetus. An aperient clyster was administered, and Mr. Pickop left her, with strict injunctions to be sent for on the advance of labour; in the course of a few hours he was recalled, and on his way solicited my assistance on the case; we set out together, and arrived at the patient's dwelling about nine o'clock the same evening, and found her laid on a bed, with her head and shoulders supported by her husband, gasping for breath, and apparently in a dying state. On seeing me she earnestly begged that I would release her from her misery, as she could not live long in her present state.

Without delay I made the necessary examination, and soon discovered the deformity of the pelvis and impediments to delivery in the natural way to be as had been stated to me previously by Mr. Pickop; and though I took much pains to ascertain the situation and state of the os uteri, as well as position of the foetus, by making pressure on the abdominal region with one hand, while the index finger of the other was employed in the vagina, yet I could not, even by this manœuvre, attain my object, owing to the evident distortion of the pelvic apertures and pendulous state of the abdomen, yet during this research I was enabled to predict the living state of the foetus by the motion conveyed to the hand through the medium of the uterine and abdominal parietes. The woman's pulse was irregular, and too quick to be enumerated; her breathing oppressed and interrupted, attended with rattling of the throat; and countenance exhibiting a ghastly appearance, all of which symptoms indicated approaching dissolution, and from Mr. Pickop's account were greatly aggravated since he left her in the morning.

In this perilous state a question arose, whether to have immediate recourse to the Casarean section, or abandon any further interference in the case. But, on being urged to the operation by the supplications of the woman and her attendants, and knowing the foetus to be alive, I more readily yielded to their entreaties, believing it to be a professional duty rather than sacrifice the child by unnecessary delay and timidity.

The management of the case having been resigned to me, I had the woman removed from the bed and laid on her back upon a table, with her head and shoulders slightly raised with pillows, to assist her breathing, and while the requisite dressings, &c., were preparing, Mr. Pickop introduced the catheter into the bladder and evacuated its contents.

I commenced the operation about two inches above and a little to the left of the umbilicus, by making an incision in a longitudinal direction to the extent of six and a half inches, and parallel with the fibres of the linea alba, through the distended parietes of the abdomen, which were very thin. The peritoneum being laid bare, a small opening was next made therein, which admitted the point of the finger, and served as a director to the probe-pointed bistoury, by which this membrane was divided upwards and downwards, to the full extent of that of the integuments. The uterus next arrested my attention, and was divided in the same way and to the corresponding extent with the other tunics, and its parietes were observed not to exceed in thickness the edge of a half-crown in any part of the incision.

A portion of the placenta was found adhering to this part of the organ, and its membranes being ruptured with the fingers, the liquor amni was allowed to escape by the abdominal wound rather than become diffused among the intestines. An incision was then made through the vascular substance of the placenta, which exposed the left shoulder of a female

infant to view, with its head situated at the fundus uteri; the child was extracted alive, and on the funis umbilicus being tied and divided, it was resigned to the care of a female attendant.

The placenta and membranes were then detached from their connexions and extracted without difficulty, and the uterus contracted as speedily as is usual in ordinary deliveries, and the incision became nearly closed; consequently there was very little blood lost during the operation, except what escaped from the divided edges of the placenta whilst attached to the surface of the uterus.

This part of the operation occupied only a few minutes; but the joy produced on the occasion excited great agitation of the system, with laborious breathing, and a considerable portion of the bowels became forced through the abdominal wound, though every effort was exerted to retain them in their place.

During this interval the poor woman seemed almost exhausted, but having a little wine allowed her, the breathing and throbbing of the chest became more tranquil, which greatly aided our efforts in replacing the intestines *in situ*, on which she gratefully expressed her thanks at the event of the operation.

Mr. Pickop now supported the sides of the abdomen with the palms of his hands, and pressed the incised edges of the integument in contact, whilst I secured them by means of several sutures placed about an inch apart, over which were applied pledgets of dry lint and strips of adhesive plaster, and the whole surface was finally protected by a broad bandage passed a few times round the body so as to keep the abdomen and its contents steady, and the interrupted sutures from being too much extended.

Her pulse, which before the operation could not be distinctly counted, had now subsided to 108, with the breathing less laborious and mind more tranquil. Twenty-five drops of tinct. opii were given in a little wine,

after which we left her about eleven o'clock to the care of her sister, with strict injunctions to be kept quiet, and such regimen allowed as her condition required.

The following morning (Wednesday) Mr. Pickop visited her, and was informed she had passed an easy night, and slept at intervals. The bowels being constipated an aperient enema was administered, but without much effect. She had passed urine freely.

Mr. Cocker saw her in the evening; pulse regular, and about 110, and she was free from pain or fever. On Thursday morning I called upon her, and she said she had got some refreshing sleep during the night, and appeared cheerful and communicative.

The temperature of the skin was not increased, and there was a slight moisture; pulse 110, firm and regular; tongue moist and perfectly free from fur, she nevertheless complained of thirst and sickness, with occasional vomiting. The bowels not having acted since the operation, the clyster was repeated, but without effect. I prescribed a saline mixture, a dose of which to be taken at short intervals in the act of effervescence, and eight grains of calomel made into pills with two drops of croton oil, which soon produced several copious evacuations. I now removed the superficial dressings from the wound, together with each other strip of adhesive plaster so as to inspect the healing process, and was pleased to find, that the incision of the integuments was completely united, and the dressings dry and scarcely stained with discharge from the part.

The abdomen felt on pressure rather tense, but did not excite pain; the lochial discharge was uninterrupted, and appeared in every respect as is usual after natural parturition.

On Friday morning she was visited by Mr. Cocker, who was informed that she had passed a quiet night, her pulse 115 in the minute; tongue moist and clean; breathing more laborious than before; urine evacuated naturally, and in sufficient quantity.

In the evening Mr. Pickop saw her, when she was evidently much changed, with pulse 160 in the minute; great tremor and distressed breathing; thus she passed a restless night, and died about eight o'clock the following morning (Saturday), being rather more than three whole days subsequent to the operation. It is now nearly seven years since the operation was performed, and the child is at present enjoying a good state of health.

It is necessary to remark that this case of Cæsarean section excited among the surgeons of our dispensary a groundless suspicion of its having been unnecessarily performed, in consequence of which the body was clandestinely disinterred, and the following is a correct copy of the report taken down in writing, by a medical pupil during the dissection, and the dimensions of the pelvis (which is now in my possession) will convince any one who reflects on the space allowed for the passage of the fœtus, that the operation was in this instance imperatively called for. The deformity of the pelvis in the instance previously related, it may be necessary to state, was produced by malacosteon.

*Post-mortem examination of the body five days after death.*—The abdomen was not unusually distended, and the muscles had apparently regained their natural form. From the violence used in removing the body from the grave to the place of dissection, the wound in the integuments of the abdomen was slightly separated, and there was every appearance of its edges having been recently lacerated.

On removing the sutures and extending the incision, the intestines and uterus were exposed, upon neither of which was there the slightest mark of inflammation.

The peritoneum was not at all inflamed, but on the contrary was very pale, as were also the intestines.

The uterus was remarkably small and contracted; the incision in this organ was scarcely two inches in extent, its edges three quarters of an

inch in thickness, were in perfect apposition, and had so firmly united that it required considerable force to tear them asunder. There was, perhaps, an ounce of coagulated blood effused upon that part of the peritoneum which was in contact with the wound in the uterus, it was evidently undergoing the process of absorption.

The liver was very small, and the gall bladder was greatly distended with about thirty stones of various sizes.

It is worthy of remark, from the appearances of the uterus, as stated on dissection, that in all probability this woman would have recovered from the operation had she been afflicted with no other disease than malacosteon.

*Diameters of the superior apertures of the pelvis.*—The transverse diameter measures  $4\frac{1}{2}$  inches, taken from one sacro-iliac symphysis to the other.

The distance from the right acetabulum to the projecting lumbar vertebra, is only half an inch.

The distance on the opposite side, one inch and a quarter.

The largest circle that can be formed in any part of the superior aperture does not exceed one inch and a half.

The antero-posterior, or sacro-pubic diameter of the brim is two inches.

The coccy-pubic, or long diameter of the outlet is two inches and a half.

The bis-ischiatric, or short diameter from one tuberosity of the ischium to the other, is two inches.

[Mr. Barlow when in town during the autumn did us the favour of showing us the pelvis referred to in the preceding remarks; and the admeasurements are exactly as he has stated. The case reflects great credit upon him as a judicious operator, and as an obstetrician of great experience and judgment. Few surgeons would venture to operate under such untoward circumstances, but Mr. Barlow has the great gratification of frequently seeing the child whose life he so courageously preserved. In conversing with him on his successful and celebrated case of the Cæsarean section



he mentioned some particulars respecting it, which he did not publish, and as we consider these of the greatest importance to abdominal surgery, we shall republish the original case, and include the new matter in brackets.—Eds.]

“Jane Foster, of the village of Blackrod, was in the 40th year of her age, of a robust constitution, and mother of several living children.

“She had the misfortune, on returning from Wigan market, to fall from a loaded cart, the wheel of which passed over her pelvis as she lay on her back. The injury she sustained from this accident made confinement to her bed necessary, for about six weeks. She was attended on this occasion by the late Mr. White, of Manchester, Mr. Hawarden, of Wigan, and some others.

“From enquiry of Mr. Hawarden, I learned that one of the ossa ili was fractured, and much injury done to the whole pelvis, particularly to the ossa pubis. This information was confirmed to me afterwards by Mr. White, in a conversation I had with him on the subject. The woman being then in great misery from the accident, was very adverse to an accurate examination, yet the above statement seems highly probable, both from an irregularity at the part, and from the elevation of the head of the thigh-bone, on the left side. This produced a shortening of the limb, and of course a limping.

“Soon after her recovery from this injury she became pregnant, and on Friday, Nov. 22nd, 1793, she was seized with labour pains, being then at the full period of utero-gestation.

“The midwife, who attended her in her former labours, was sent for on this occasion, but having waited with her several days, without the least prospect of delivery, she thought it advisable to have more assistance, especially as the waters were discharged on the second day of the labour, and no part of the child could be ascertained to present within reach. On Tuesday the 26th, I was desired to meet Mr. Hawarden, of Wigan, upon a consultation on this case, but, arriving a little before him, I examined the parts per vaginam, and was extremely surprised to find that I could barely pass my finger between the ossa pubis and the last lumbar vertebra, so great was the nar-

rowness at the brim. Besides this, the oslet was so much contracted, that it was with some difficulty I could introduce three fingers at that part. [The nurse denied that the patient had received any injury; she assured Mr. Barlow that the woman had children before without any operation, and some were in the apartment. He was greatly surprised at this statement, and, on retiring to an adjoining apartment, he overheard the nurse observe, that he ought to be told the truth, or he would leave as the two practitioners, who had preceded him, had done.]

“After asking some questions, I was informed of the accident. This information induced me to repeat my examination with more exactness, in order the better to ascertain the precise dimensions. Having introduced my finger again, I perceived a very evident depression of the ossa pubis, with a protuberance in a direction somewhat more towards the hollow of the sacrum, than in an exact line with the last lumbar vertebra. From this I was led to suspect, that there had been besides the fracture, a separation at the symphysis pubis, and that the protuberance just mentioned was the consequence of a deposit of bony matter at the separated part: and some idea may be formed of its quantity, from knowing that it projected to within half an inch of the os sacrum. With some difficulty I carried up my finger sufficiently high to judge concerning the degree of dilatation of the os uteri, which appeared to be considerable, as far as I could judge from feeling its anterior edge, which was thin and flabby; but no part of the child was within reach.

“Her pains had left her the night before; her anxiety was very great, her pulse full, and respiration difficult. This last symptom was moderated by the loss of ten ounces of blood from the arm.

“On conversing with Mr. Hawarden, he concurred with me concerning the nature of the case, and the impossibility of bringing the child away by the natural passage. Some little conversation passed on the propriety of a division at the symphysis pubis, but it appeared to us both, that the narrowness at the brim was too considerable to allow much advantage from such an operation, therefore that project was soon abandoned. The only alternative was the Cæsarean Operation; but the well known danger of this induced Mr.

Hawarden to decline taking any part in it, and he immediately returned home.

"Convinced, therefore, of the impossibility of effecting delivery by any other means, it was proposed to her attendants, but was not then assented to. Indeed the idea seemed so dreadful that I did not urge it much, especially when I recollected, that of the nine or ten instances then on record, in which that operation had been performed in this country, not one had furnished a voucher for its success. In this forlorn and dangerous situation she was left to the care of the midwife, and desired to make up her mind as soon as possible concerning the operation.

"On the morning following (Wednesday 27th), [5th day of labour] I was again sent for, and found her lingering in the same situation.

*Note.*—[30th. Sitting up eating cockles with her children, contrary to Mr. B's. directions.]

"She consented to the operation without the least hesitation. I immediately called in an assistant in the operation, Mr. Hawarden, a practitioner in the village (Blackrod), and brother of Mr. Hawarden, of Wigan, before mentioned.

"The patient being taken out of bed, and placed upon a table, lying on her back, with her head raised by pillows, I began by making a longitudinal incision, five inches and a half in length, as high as the navel, parallel to the linea alba, and about two inches to the left of that line. [Transverse incisions are better, as healing sooner.]

"The integuments and the left rectus muscle being cut through, a small opening was made through the peritoneum at the upper part; and by means of a probe-pointed bistoury, this membrane was dilated to the same extent as the external parts\*. The uterus was now exposed to view, and an incision of the same length was continued through it. The child presented with its breech, and was

\* It may be requisite to state, that at the commencement of the operation Mr. Hawarden was suddenly seized with a violent fit of syncope, which wholly incapacitated him from attending to the steps of the operation, and having no other professional person present, I was obliged to be assisted by a female attendant.

extracted through the artificial opening, but unfortunately was dead, yet did not show any material signs of putrefaction. The placenta and membranes were then extracted with the greatest ease through the wound. The uterus was very thin, scarcely exceeding that of the peritoneum, and equally so through the whole extent of the incision. No attempt was made to examine the pelvis from the abdominal wound. The hands of a female assistant were applied on each side of the abdomen, to prevent the admission of external air, and to press out any blood that might be diffused among the intestines, after which the sides of the wound were brought together and secured by seven sutures, over which slips of adhesive plaster were applied, and the dressing completed by a few turns of a flannel bandage round the body.

"The peritoneum was not included in the sutures, and no part of the viscera protruded during the operation, neither were there any blood-vessels divided, which required to be secured by ligature. It was a fortunate circumstance that no hæmorrhage followed the extraction of the placenta, as was to be apprehended from an atonic condition of the uterus, the effect of long distension. The womb contracted properly, the lochia were about the usual quantity, and continued as in other cases. The poor woman scarcely complained during the operation, so great was her fortitude. Soon after she was put into bed, she slept without taking any medicine for that purpose, and passed a good night. On the 29th she complained of a fulness about the region of the stomach, with an inclination to vomit, and on laying my hand on the abdomen, a degree of tension was distinguishable. Her tongue had a whitish appearance, and her pulse was about 120. A laxative clyster was administered with the desired effect, and the painful tension of the abdomen yielded to the stimulating effects of a blistering plaster. In short, all the symptoms which had before indicated irritation, now suffered a very obvious remission. Four days having elapsed since the operation, it was thought eligible to remove every other suture; on the sixth the remaining ones were taken away, and the wound appeared perfectly healed [by the first intention].

"Though she had been a nurse to her other children, she experienced no uneasiness in her breasts on the present occasion. Her health continued in an improving condition until

ember 4th, when it received some interruption for a few days from a diarrhoea, but which was checked by an astringent mixture. On the 10th she ventured out of bed, on the 17th she began to attend to her domestic employment, [and at the end of a fortnight she went to her church], from which time to the present, 1822, (an interval of 28 years) she has had a good state of health, menstruated with regularity to the usual period of life, but never has been pregnant. [This woman died about the year 1826.]

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THE

London Medical & Surgical Journal

Saturday, November 30, 1833.

MEDICAL REFORM.—WESTMINSTER  
MEDICAL SOCIETY.

“Viresque acquirit eundo.”

In the stage at which Medical Reform has at length arrived, it may be allowed us to pause for a moment, and indulge with honest satisfaction in a passing retrospect of the principles, which we have uniformly advocated touching this important measure. We can trace our labours in the cause to a time, when nothing but disunion and apathy pervaded the profession. The demon of corruption was then too firmly seated on his throne to render it prudent or safe for any private subject, except such hardy rebels as ourselves, to renounce his allegiance and unfurl the banner of reform. At last, however, amidst the general revolutions which characterise the age, our *treason* is on the point of becoming *successful*. Our partisans have increased to an alarming extent. The discontent is no longer confined to secret whisperings. Public manifestoes are issued against the usurped authorities; and what is worst, the boldest language of the original malcontents is repeated, and their principles asserted.

We must confess we have felt the greatest satisfaction in finding the senti-

ments expressed at the last meeting of the Westminster Medical Society, so perfectly in unison with all we have advanced at other times, and under other circumstances, in our character as journalists. Such public approbation of our principles is the *honorarium quiddam*, to which we look forward as the reward of our exertions in the public cause. We are not levellers, on the one hand, who think every distinction in society an infringement on the rights of man, and every ancient institution a mark for their mischievous sport; nor are we, on the other hand, blindly attached to every thing prescriptive, without regard to its adaptation to the altered state of society.

In our projects for reform, we have endeavoured to square our conduct by that rule which Bacon pronounces good. “It is good,” says he, “not to try experiments, except the necessity be urgent or the utility evident; and well to beware that it be the reformation that draweth on the change and not the desire of change that pretendeth the reformation.”

The object of the last meeting of the Westminster Medical Society attracted, as might be expected, a very full attendance of the medical profession. Dr. Somerville’s speech in opening the discussion, will be read with great interest. It contains a succinct and lucid statement of the grosser abuses of the system, and, what seemed very superfluous, a kind of defence or apology, for the conduct of the independent members of the profession, in meeting in the Society to canvass their grievances. The persons, whose wrath he was deprecating, will never forget his unpardonable offence against their supremacy. They have sinned too deeply to forgive. With respect to the physicians, their narrow exclusive test of fitness for admission to their fellowship,—its total irrelevance to professional talent,—its

monstrous hardships upon the great body of medical practitioners,—its gross absurdity, when it turns out to be based, after all, upon religious professions—and these notoriously insincere,—were very ably illustrated.

The College of Surgeons has rendered itself obnoxious to the liberal members of the profession, by the selfish policy of its governors. They are self-elected, self-perpetuated, and, in consequence, irresponsible. And, above all, they have merited the severest censure of the public, in their neglect of midwifery as a branch of education.

We can never sufficiently admire the happy issue of the Apothecaries' application to the Chancellor of the Exchequer, for a reduction of the duty on glass. Out of this simple trading transaction with His Majesty's revenue, of great importance no doubt to patients, arose that piece of legislation—the Act of 1815, which has bestowed upon a trading Company the sole regulation of medical education, and has operated to level the qualifications of medical practitioners to the *minimum* requisite to pass the Hall. A still greater evil is felt in the uncontrolled powers the Act gives, or is supposed to give, to chemists and druggists, to practise without education, the very art for which Apothecaries were originally incorporated.

After a summary of these abuses, and the further abuse of apprenticeships, Dr. S. briefly pointed out the remedy he proposed, in the institution of one Faculty of Medicine or College of Physicians and Surgeons, to preside over and regulate the medical profession in the United Kingdom; and concluded with a resolution, that the Society concurred in the general desire for a parliamentary inquiry. Mr. Costello, in seconding the motion, observed, he was convinced the

continental system would not be received in this country. We have, in a former number, given an abstract of the French law for the regulation of the medical profession; we have since received full accounts of the reforms meditated in that system, under the authority of M. Guizot. The subject is full of interest, and it is our intention to return to it in a short time, when we shall have an opportunity of examining its details at length, with reference to the reforms necessary in our own medical institutions. In the meantime, as the discussion of the resolutions which embody the proposed alterations is adjourned to the next meeting, we must reserve any remarks upon the plan for another occasion. The opinions expressed by Dr. Copland, who moved the second resolution, were the echo of certain observations contained in former number of this journal, which, at the time, gave great offence to certain practitioners, for no other cause, can we imagine, but that they were too well founded; need we say we allude to the indecent traffic in fire-boxes, matches, quack medicines, and such stuff, which is openly carried on by some, who presume to call themselves medical practitioners. It is with pleasure we had the concurrence of such an old reformer as Dr. C., whose labours in the cause we have the honour of continuing in our condemnation of such gross abuses. Nor can there be a more interesting subject to the respectability of the profession, than the practicability of checking the mean violations of medical ethics to which the worthy doctor alluded. After an able exposé by Dr. Jewel, of the conduct of both Colleges, in neglecting to provide the public with competent practitioners in midwifery, and some observations by Drs. Webster and Ryan, I moved and seconded the resolution as

the College of Physicians, the debate was adjourned to the next meeting of the Society.

We need scarcely add, that the discussion of the abuses of the medical corporations, and their unfitness for the present state of society, was conducted without a dissentient voice; all were unanimous in voting them nuisances. The more difficult task of reconstructing the ruined edifice remains still to be accomplished. Whatever be the general opinion of the Society on Dr. Somerville's plan, the proposal to petition parliament for a parliamentary committee, will, at all events, meet with general concurrence.

### Reports of Societies.

WESTMINSTER MEDICAL SOCIETY.

*Saturday, November 23, 1833.*

J. T. PETTIGREW, Esq., F.R.S. in the Chair.

#### *Medical Reform.*

DR. SOMERVILLE rose, pursuant to notice, to introduce the important subject of medical reform before the Society, and he felt satisfied that it would be coolly and impartially discussed. The profession was nearly unanimous in opinion, that the present condition of the faculty was debased and degraded. All admitted, except those implicated in existing abuses, that the medical corporations of the United Kingdom were totally unsuited to the present period. He was not one of those destructives, who would propose to pull down colleges; but he was a strong advocate for adapting them to the spirit of the times. It has been said, that this Society was not the place to discuss medical reform, and to this he was prepared to answer, that physicians, surgeons, or apothecaries were not allowed to state their grievances in the institutions to which they belonged, for, in fact, they had no connexion with them. He would prove the truth of this opinion, by a brief exposition of the abuses of each of the corporations in London. The College of Physicians had divided its members into fellows and licen-

tiates, and established unjust distinctions, contrary to the original charter. The college by-laws excluded the ablest physicians from the fellowship, unless they were educated at Oxford or Cambridge, where there were bad medical schools. The Professor of Practice of Medicine in one of these Universities, resided at Worcester. In the course of time it has happened, that medical schools in both Universities have become very inferior to those in other parts of the United Kingdom, and in different parts of Europe. Is it not then unjust and preposterous, that no one can be elected a fellow, unless educated at either University, or at Trinity College, Dublin, while graduates of all other national and foreign Universities are ineligible, though having had superior advantages. This college would not admit Dr. William Hunter, or a host of the most scientific physicians, while empirics are allowed to slay his Majesty's lieges with impunity.

The College of Surgeons are not representatives of the surgeons of England; the Court of Examiners and Council are self-elected individuals, and the members at large are excluded from all place and interest in the management of the institution. The late justly celebrated Mr. Brookes was never elected to any office, and another anatomist was persecuted, until the profession advocated his cause, though he soon became a professor in the London University. With respect to the Society of Apothecaries, he had to observe, that in 1814, when a few of them waited on the Chancellor of the Exchequer, to request him to reduce the duty on glass, they had little idea of acquiring the sole regulation of medical education. The College of Physicians and Surgeons neglected the interests of the profession, in allowing the Society of Apothecaries to obtain more power than the legislature ever intended. He admitted that the Society had done much good, but had prosecuted general practitioners, and ruined them, while chemists and druggists are unnoticed. The system of apprenticeship is condemned on all sides; and no one dissents from the opinion, that chemists and druggists, who do not receive a medical education, should be restrained from compounding drugs, or practising medicine. If we look at the state of the profession in any part of Europe, we find the laws relating to it much better

for the protection of public health, than in our own country. There is one faculty of medicine for the management of all matters relating to the faculty. He saw no objection to the appointment of a Medical Council or Faculty, composed of all scientific physicians and surgeons. A rumour is afloat that a royal commission will be appointed, but who ever heard of the labours of the commission appointed for Scotland in 1826. A parliamentary committee would be preferable, as it would be impartial and independent of all corporations; and he felt satisfied, that the Society would unanimously resolve to petition both houses of parliament, for a redress of grievances. Dr. Somerville then proposed the first resolution, which will be found appended to this report.

Mr. Costello seconded the resolution, and said, that after an explanation given to him by Dr. Somerville, he was convinced that the continental system would not be received in this country.

Mr. Dermott was of opinion, that the *con-cours* was the only system for the correction of abuses.

Dr. Epps observed, that a royal commission would do little good; and had medical men done their duty, we should be long since independent, but they had not responded to the general feeling. The spirit of reform was now abroad, and could not be controlled by royal commissions. The country was overrun by quacks, regular as well as professional, and the College of Physicians neglected to correct this and all abuses. He did not belong to that body, because religious tests were required of those who were admitted as fellows; they should swear to the thirty-nine Articles a hundred times over, at Oxford, Cambridge, and Trinity College, Dublin, though, perhaps, some of them never read them, and few believed in them. Such tests were contrary to the spirit of the times, and must be abolished. The resolution was then put and carried unanimously.

Dr. Copland rose to propose the second resolution. He believed he was the oldest medical reformer at the meeting; he had commenced more than ten years ago, when he was Editor of the *Medical Repository* (the former series of this Journal), but few joined him, and all fell off in a short time. We are governed by laws, in this country, which are not to be

found in any other part of the world, and which degrade us in the eyes of the public. Quacks are patronised by government—they are never punished; but if a medical practitioner commit an accidental error, vengeance awaits him. If the profession were regulated in a proper manner, none of its members dare disgrace himself by selling quack medicines; medical ethics would be enforced; and no physician dare attempt to oust the practitioner who called him into consultation.

Dr. Jewel seconded the resolution, and observed, that, according to the by-laws, no Fellow of the College of Physicians was allowed to enter a lying-in chamber. Dr. Hunter was ineligible, as well as all who practised midwifery. A president of the College of Surgeons published letters in the newspapers against those who practised midwifery, and was suspected to be the author of an abominable pamphlet, which was a disgrace to any member of the profession. In this country any one might practise midwifery; and those engaged in that branch saw daily examples of mischief inflicted by ignorant persons. In all parts of Europe, those who practised this branch, whether male or female, were obliged to receive a proper education; but the medical corporations of England grossly neglected their duty to the public and to the profession, by allowing ignorant persons to undertake this responsible and difficult branch of practice.

Dr. Webster rose to propose the third resolution. He was not one of those who would pull down existing institutions, but he would have them thoroughly reformed for the benefit of the profession and public. He condemned the religious test of the College of Physicians, as physicians of the highest talents were to be found among catholics, quakers, and other persuasions. The distinctions between Fellows and Licentiates was degrading and unjust, and could not be continued.

Dr. Ryan seconded the resolution, and said that as his opinions on medical reform were so well known to the medical world, he should not obtrude them on the meeting. He was a radical, but not an ultra radical reformer. He was not a leveller; but would contend that the present state of the profession was so degrading, that it must be thoroughly reformed. The conduct of t'

College of Physicians was most degrading and insulting to its members or licentiates. These, in collegiate phraseology, were designated *alieni homines, minus docti*, though they were the main, the chief supporters of the medical literature of the country. Nevertheless, they dare not enter their own college, inspect the library or museum, without a special leave of the President and Fellows. There were Licentiates now present who had done more for the fame of British medical literature, than all the Fellows together. The name of Mason Good was not on the roll of Fellows, neither were those of Jenner, Hunter, &c. The College Examiners were often junior to the candidate, and their supercilious behaviour was the most uncourteous imaginable. Some of these Examiners were not known five yards from the College, and they, forsooth, were to ascertain the knowledge and experience of their seniors by many years, who could actually teach them the practice of medicine. He did not allude to the present Examiners, he really took so little interest in the College affairs, that he did not know who they were. Had the College admitted those who had done most for science, the museum and library would be augmented, jealousies would cease, and physicians would be infinitely more respected than they are at present.

Dr. Johnson then moved an adjournment, and Dr. Somerville was requested to read the remainder of the resolutions, which are as follows.

Moved by Dr. Somerville, seconded by Mr. Costello, and unanimously carried.

I. That this Society participate in the feelings which so generally pervade the members of the Medical Profession, as to the necessity of a Parliamentary inquiry into the state of the Medical Profession in these kingdoms, with the view to its being placed on a footing more suited to the advanced state of medical science, as well as more consonant to the liberal spirit of the present age.

Moved by Dr. Copland, seconded by Dr. Epps.

II. That the grievances at present so generally complained of by the members of the Medical Profession, appear to the Society in a great measure to arise from

the existing constitution, whether by charters, statutes, or by-laws, of some of the Medical Incorporations, to which the duty of regulating the Profession in this country has been intrusted.

Moved by Dr. Webster, seconded by Dr. Ryan.

III. That the charter of the Royal College of Physicians of London, having been granted prior to the union with Scotland and Ireland, and at a period when the practice of medicine was in many of its essential features different from that of the present day, and its jurisdiction being virtually limited to physicians practising within seven miles of London, is inadequate to the important objects for which the charter was framed, and the by-law of the College establishing an arbitrary distinction of practising physicians into two classes or grades, has proved, and, if permitted to exist, will continue to be, a source of jealousy, when the interests of the public require the utmost cordiality and harmony.

The following resolutions were read, and are to be discussed at the next meeting of the Society.

IV. That the privileges conferred by the charter of the Royal College of Surgeons, limiting the number of members of the council to twenty-one, and giving to these individuals the power of appointing others, of their own number, whose appointments are to continue for life, and to whom is intrusted the examination of candidates for the diploma of the College, and by whom the regulations relative to their education are framed, is highly objectionable, and subjects the character of the council to the charges of exclusion, self-election, self-perpetuation, and irresponsibility.

V. That the act of the legislature by which the exclusive privilege of licensing the General Medical Practitioners of England and Wales, under the designation of Apothecaries, is committed to a trading company, is derogatory to the character of the Profession, and injurious to the interests of the public.

VI. That the exemption of Chemists and Druggists from all control, as permitted by the act of 1815, is prejudicial to the

community. That it is highly expedient that all Chemists and Druggists should undergo a proper course of education and examination and be duly licensed for the dispensing of medicines.

VII. That any person assuming the title or designation of a medical practitioner, or acting as such without being duly licensed, should be subject to penalties, on information before the ordinary law tribunals.

VIII. That in the opinion of this Society, the evils now complained of will be remedied most effectually by the constitution of one faculty, or academy of medicine, which, under the direction of the legislature, shall preside over and regulate the education and practice of the medical profession throughout the United Kingdom.

IX. That the Committee of the Society be instructed to prepare petitions to the legislature, embodying the principles of the preceding resolutions, and that the prayer of the petition shall express the wish of the Society that a Committee of the House of Commons may be appointed, to inquire into the present state of the education and practice of the medical profession throughout the empire.

MEDICAL SOCIETY OF LONDON.

Monday, November 26, 1833.

WILLIAM KINGDON, Esq., the President, being absent, Mr. LEESE, V.P. took the Chair.

THE Secretary having read the minutes of the Society for the previous meeting, and these having produced no observations, it was proposed that a paper, written by Dr. Negri, *On the Efficacy of the Secale Cornutum in Hemorrhages, and Leucorrhœa, and its Effects in Gonorrhœa*, which will be found in another page, should be read to the Society, and submitted to their discussion. The paper having been read;

Dr. Shearman begged to be informed by Dr. Negri, in how many unsuccessful cases the remedy had been employed, as the doctor had only related the successful ones, and he (Dr. Shearman) thought that the substance in question could not be received as a remedy in such diseases, without being able to judge

in what cases it was of service, and in what it was improper.

Dr. Negri in reply, said, that he had tried it in three cases only, in which it did not prove successful; these were cases of Hæmtemesis, which were relieved by other means.

Dr. Williams observed, that there was one case mentioned in the paper, in which there was disease of the spleen, and it was stated, that this disease disappeared with the one for which the remedy had been administered; he wished to ask Dr. Negri if he considered that the ergot of rye had any influence over that organ.

Dr. Negri could not say whether the remedy in question exerted any influence over the spleen; but, certainly, the protuberance observed on the left side disappeared with the original disease.

Mr. Proctor observed, that this was a most valuable paper, if the results mentioned in it could be relied on, as we were entirely at a loss in such cases, after having employed the customary remedies, what to do. He related a case of hæmtemesis, in which the patient was very weak from the loss of blood, and in which he had used turpentine with the greatest success, at the same time supporting the strength of the patient. He thought that the ergot of rye could not be used with safety where the disease depended on active hæmorrhage, especially of the lungs. He should feel obliged to Dr. Negri if he would inform the Society in what manner the *secale cornutum* acted, whether it acted as a stimulant, as this was a point of importance.

Dr. Negri thought he should be enabled to answer this question satisfactorily to the Society, when he read the second part of his paper, in which he should relate many cases of gonorrhœa treated successfully by the *secale cornutum*.

The President wished to be informed if Dr. Negri had found the use of the *secale cornutum* successful in the first stage of gonorrhœa.

Dr. N. replied that he had found it fail in several cases in the first stage of that disease, but it generally succeeded in arresting the discharge after the first stage.

Mr. Blenkairne thought it empirical practice to employ any remedy in the indiscriminate manner in which Dr. Negri appeared to have employed this. He thought that Dr. N. ought to have stated more fully in his paper,



in what cases the secale was of service, and in what cases it would prove prejudicial.

Dr. Whiting considered that, in the paper, which had been read to the Society, too great a stress had been laid on the effects of the secale cornutum, in the cases related by the writer, since other remedies had been employed before the use of that substance, and he thought that the success attributed to the ergot of rye, was only the good effects of the other remedies beginning to operate, when the secale cornutum was employed. He also agreed with Mr. Blenkairne, that a sufficient distinction had not been drawn between the cases in which this remedy would be of service, and those in which it failed.

Dr. Negri acknowledged that in all cases of hæmorrhage it did not succeed, as he had related in the introductory part of his paper. With respect to the remedy being employed together with other remedies, he certainly bled the patients where inflammation was present. If Dr. W. had paid attention to the first part of the paper, he would have seen that he (Dr. Negri) had neglected to use any other remedy whilst using the secale.

Dr. Whiting, in reply, stated, that, as other remedies had been employed, he still thought that to them might be attributed the good results related in these cases.

Mr. Proctor thought that Dr. Whiting attributed to the other remedies employed by Dr. Negri, an effect which did not belong to them, as they were only employed as preparatory to the use of the secale cornutum. In employing the acetate of lead, we always use some other remedies before this substance; but, the astringent effects of the acetate are never attributed to the remedies before employed.

A gentleman thought that this remedy ought only to be employed in passive hæmorrhages. He wished to know the *modus operandi* of the medicine. He himself had had occasion to administer it in a case where there was sickness, and, certainly, the sickness was arrested, which was attributed, by the patient, to this remedy. He thought, with several gentlemen who had spoken before, that it would have been better if it had been clearly stated in what cases this remedy acted with good effect, and in what it had a deleterious one. He should likewise wish to know the best form of administering it, and the proper dose in which it should be administered; as in some of the cases related in the paper, it was stated, that in some instances five grains were given, and in others twelve; he should therefore wish to know the precise dose.

Dr. Negri replied that he, in his own practice, never gave more than five or six grains at a time, but repeated the dose according to the urgency of the case. In some cases, he had given it every half hour, in others, every hour, and in others only three times a day.

As to the case in which twelve grains had been administered at a dose, he was indebted for that to another gentleman, and, consequently, could not answer for the manner of administration. He had employed the powder, as the mode of administering it, employed by Dr. S., who first made use of it in these cases.

The Society then adjourned.

#### MEDICO-BOTANICAL SOCIETY OF LONDON.

Tuesday, November 26th, 1833.

DR. RYAN in the Chair.

Dr. SIMOND read a paper on the *Maticana Camomilla*, by Batha of Prague, and upon the real *Aconitum Napellus* of Stoerck, gathered in the Styrian mountains, which appears to be very different from the *Aconitum Napellus* of Willdenow.

A paper by Dr. Hancock on the superiority of honey produced according to Mr. Nutt's plan in the medicinal preparation of this substance was then read.

Dr. Tytler presented some specimens of the cotton-tree, and of plants which paralyse the scorpion, and prevent it from biting.

Professor Burnett delivered a most interesting and ingenious lecture on the different fungi. The thanks of the Society were returned to the learned Professor for his very valuable lecture; and it was announced that Dr. Ryan, Professor of *Materia Medica* to this society, would deliver a lecture on that subject on the ensuing meeting of the society, which takes place on Tuesday, December 10th.

#### APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, November 21st.

Thomas John Baker	. . .	Camden Town.
John Davies	. . .	Wington.
Samuel Hadwen	. . .	Lutterworth.
William Edmund Mallet	. . .	Jersey.
Roger Sturley Nunn	. . .	Colchester.
William Henry Taylor	. . .	{ Runhall, Norfolk.
John Thompson	. . .	{ Witherley, Leicestershire

*Errata.*—In Dr. Thomson's Paper, page 463, line 19, for "adductorali-vastal" read "adductorali-vastal." Line 40, for "serous membranous" read "semi-membranous." Line 51, for "iliac fossal-cursa mucosa" read "iliaco-fossal bursa mucosa."

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

# London Medical and Surgical Journal.

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SATURDAY, DECEMBER 7, 1833.

Vol. IV.

## LECTURES

ON THE

## PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,  
Session 1832—1833.*

LECTURE LXVI., DELIVERED MARCH 11, 1833.

GENTLEMEN,—Some diseases of the joints appear to begin in the synovial membrane, some in the cartilages, and others in the heads of the bones. In the last lecture, I was describing the affections of the synovial membrane, and especially that disease in which it is converted into a brown or light reddish-brown substance, marked by a number of whitish lines; a case frequently considered to be connected with scrofula, and regarded by Mr. Brodie as incurable, and nothing less than a total disorganisation of the texture affected. The disease, as I observed, is characterised by its slow indolent progress; there is, indeed, a great deal of swelling and stiffness of the joint; but the part is not painful, and has a soft elastic feel, which should not be mistaken for a fluctuation.

*Ulceration of the cartilages*, which I now proceed to describe, is more commonly noticed in the adult than the pulpy thickening of the synovial membrane, which has just been engaging your attention. It is not very easy to discriminate the incipient stage of ulceration of the cartilages from chronic thickening of the synovial membrane. In the early stage, there is generally no enlargement of the joint, but, after the disease has made some progress, the synovial membrane begins to be inflamed, and the case is then accompanied by swelling. Generally, however, for the first few weeks, there is little or no swelling; nor is any serious degree of pain experienced in the beginning of the complaint, unless the joint be exercised. Certain other forms of disease in joints are seen, in which there is constant pain, whether the limb be moved or not. At night, however, some pain usually accompanies the

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present affection; and, after a time, as I have said, the synovial membrane becomes affected, and then, in addition to the ulceration of the cartilages, there is an effusion of fluid in the joint, which adds considerably to the swelling, and occasions a fluctuation. The latter circumstance may therefore be considered as sometimes constituting one of the symptoms of the disease. I should mention, that almost all the surgical diseases of the joints have a tendency to terminate in suppuration, and abscesses both within and without the synovial membrane, followed by fistulæ and sinuses, as well as caries of the bones; so that, unless you examine the disease in an early stage, you may not always be able to pronounce exactly in which texture it commenced. When abscesses form in the disease now under our consideration, the matter collects in the synovial membrane, and also ultimately in the cellular membrane on the outside of the joint, frequently spreading to a great extent under the thickened integuments, and at length making its way out by one or several fistulous ulcerations.

Here, gentlemen, is a specimen of disease of the knee-joint, attended with ulceration of the cartilages. You observe, that the synovial membrane is thickened and inflamed, and that coagulable lymph is effused; there seems also to be a kind of exfoliation of the cartilages,—an appearance as if some pieces of it were detached. It is rather difficult to say positively whether, in this case, the disease commenced in the cartilages or not. In this other specimen, extensive sinuses and fistulæ were formed, but they cannot be seen because the integuments have been taken away.

We must, I think, agree with Mr. Key, that inflammation of the synovial membrane is the most frequent cause of ulceration of the cartilages. Some of the cases, to which he refers, prove the existence of a long-continued synovial affection, before any ulceration of the cartilaginous surface could have taken place; for, in them, the cartilage was quite sound, with the exception of a slight loss of substance at the edge of the bone, where the synovial membrane was reflected from it, though the symptoms of diseased joint had existed for

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many months, with pain over a large part of the synovial surface, and general swelling of the joint. According to Mr. Key's investigations, the inner part of the knee joint usually exhibits the most extensive ulceration, on account of the oblique bearing of the femur, and its unequal pressure on the inner part of the head of the tibia. Hence the inner semilunar cartilage is oftener destroyed than the outer one, and there is a corresponding destruction of the cartilage covering the inner condyle of the femur and inner part of the head of the tibia. The patella and extremity of the femur are stated by Mr. Key to be the parts, on which the ulcerative process can be best traced, on account of the disease being less advanced in them. In the former bone, the part which first commonly ulcerates, is the margin of the cartilage, where the synovial membrane is reflected from it. At this point, Mr. Key describes grooves of different depths as being formed, which cannot be always distinguished, until the thickened edge of the synovial membrane is raised. The ulcerated surface sometimes exhibits parallel vascular lines, verging towards the centre, and having their origin from the synovial membrane, which, if the vessels are well filled with fine injection, appears highly vascular and fringed, or villous, like a mucous membrane. This highly vascular fringe of membrane is a newly organised, and, as Mr. Key conceives, sometimes a superadded structure for the purpose of producing ulceration of the contiguous cartilage. When recently formed, some parts of it may be raised from the synovial membrane, but it adheres very slightly to that part of the cartilage where ulceration is going on: indeed, according to Mr. Key, this adhesion will not be perceived, unless the joint be opened with care. It seems, therefore, from these interesting researches, that the process, by which the ulceration of cartilage is here effected, is analogous to that by which the sequestrum of the cylindrical bones in necrosis takes place. The cartilage, indisposed to ulceration from the low degree of its organisation, is acted upon by the newly organised synovial surface, which is rendered highly vascular, and forms a groove in the edge of the cartilage, by means of its villous processes. We also learn from Mr. Key's investigations, that the granulations, which sometimes arise from the surface of the exposed bone, assist the membrane in the work of absorption. The formation of the vascular membrane frequently takes place without suppuration, as may be seen in strumous joints that have been the subject of chronic inflammation for years, without abscess having formed; and the inflammation is sometimes confined to one side of the joint.

The second mode, adverted to by Mr. Key, in which nature effects the ulceration of cartilage, without the agency of its own vessels, is exemplified, where suppuration follows acute inflammation, from a wound of the synovial membrane, which then undergoes a change,

enabling it to perform its new function. Its surface becomes highly vascular, and, in most parts, covered with a new deposit of adhesive matter, which is in many parts villous, or furnished with vascular fringed projections. In a joint, thus far advanced in disease, Mr. Key considers that the only mode of arresting the disorder, or of repairing the mischief, occasioned by inflammation, consists in the production of ankylosis. To this end, the removal of the cartilage is an essential step; and it would appear, that the office of removing it devolves on the inflamed synovial membrane. The absence of all action in the cartilage, and a total want of vascularity in those parts, where ulceration appears to be most active, were the circumstances which first led Mr. Key to look for some agent in the work of ulceration. The ulceration, as he explains, evidently begins on the surface of the cartilage, and not on that side next to the bone. It presents merely an eroded surface; there is no disorganisation of its texture in the parts where absorption is about to take place. The grooves are formed only in those parts of the cartilage, which happen to be opposed to the fringed and vascular synovial membrane. The removal of the cartilage, which is an impediment to ankylosis in many diseased conditions of joints, is what nature commonly aims at. In the most chronic form of strumous ulceration, the removal of the cartilage is accomplished, according to Mr. Key's researches, by the gradual development and organisation of the synovial membrane, where it is reflected from the edge of the cartilage. Where the process is required to be more rapid, a false membrane is effused from the edge of the synovial membrane, that gradually diffuses itself over the whole surface of the cartilage, and, by means of its increased vascularity, ulcerates the cartilage even to the bone, anastomosing often with the granulations of the exposed cancellous structure.

Another case, is where ulceration begins on the surface of cartilage attached to the bone. In examples of chronic disease in the cancellated structure, Mr. Key finds, that, when the cartilage begins to give way, vessels can be seen shooting towards it, and accumulating in sufficient number to form a vascular tissue, covering the attached surface of the cartilage. Afterwards, when the ulceration has proceeded through the cartilage, or nearly so, into the joint, the synovial membrane inflames, and the ulceration is then forwarded by a similar process, commencing at the edge of the cartilage, by means of the synovial membrane, and a newly developed vascular structure. In acute inflammation, attacking the spongy extremities of bones, the osseous substance is said by Mr. Key not to be softened, but to retain its firmness of texture, and exhibits no marks of disease, except at one part of the cancelli. Here a cavity is found, containing one or more portions of detached bone, surrounded with pus. This cavity communicates with the joint

by a fistulous opening of small size. The process of ulceration evidently begins on the outside of the joint, for the cartilage seems undermined, and its articular surface perfectly sound, while the synovial membrane itself is acutely inflamed, and its cavity has communications with one or more extensive collections of pus above and below the joint. These pathological researches, undertaken by Mr. Key, I have looked over with pleasure and instruction, and they seem to me to be well deserving of attention, as calculated to throw light on the difficult and obscure subject of the theory of ulceration in general. In Mr. Brodie's work, you will see that he was aware, many years ago, of some facts relative to this doctrine, which, however, he did not adopt.

The cartilage covering the articular surface of a bone being once destroyed, is reproduced with great difficulty; indeed, when cartilages are destroyed, and caries has attacked the subjacent bone, the disease must either terminate in ankylosis, which is, under such circumstances, the most favourable termination that can take place, or in a porcelainous or ivory-like deposit on the surface of the part from which the cartilage has been removed. I showed you a specimen of the formation of this curious deposit a few evenings ago. It principally occurs in the joints of old persons after mechanical injuries. The reproduction of cartilage is probably a very difficult operation, and generally, I may state, when the cartilages of a joint have been destroyed, there is hardly ever a cure except by ankylosis. In many instances, when the disease is in the knee, ankle, or elbow, hectic symptoms may begin even before suppuration commences, and especially when the disease is in the knee, though it rarely happens, that amputation is rendered necessary by the constitutional disturbance under such circumstances.

In the treatment of this form of disease of the joints, one obviously essential plan is, to keep them as quiet as possible; for every movement of the joint occasions a disturbance of the textures affected; and when the cartilages are ulcerated, friction of them, thus produced, must be particularly injurious. The treatment, then, consists in keeping the joint quiet, not only by making the patient observe the recumbent position, but also by the use of splints, or pasteboard, or by the method of strapping recommended by Mr. Scott, the principle of which is not altogether new; for I remember, that when I was a student at St. Bartholomew's Hospital, it was a common practice there to surround diseased joints with broad straps of adhesive plaster, which operated beneficially, no doubt, very much by maintaining the part strictly motionless. Another indication is, to endeavour to stop the morbid process, which, through the agency of the synovial membrane, and the new vascular substance developed from it, is occasioning the ulceration of the cartilage. For this purpose, experience has not furnished us with

any means more effectual than counter-irritation,—counter-irritation by means of blisters, issues, moxa, or antimonial ointment. However, this observation is to be received with some degree of limitation; for you will find in this, as well as in other diseases of the joints, that when you are first called in, there is often acute inflammation present, the part being painful and hotter than usual, from not having been kept quiet. Under these circumstances, it will be proper to employ common antiphlogistic means, before you have recourse to counter-irritation. On the Continent, and also in the surgical schools at Edinburgh, the cautery is sometimes recommended as a means of producing counter-irritation in the treatment of diseased joints; but in England surgeons rarely or never resort to it. Here we dislike heated irons as implements of surgery, which may be looked upon, perhaps, as mere prejudice, because no doubt is entertained of their frequent efficacy. That the cautery is a powerful means of relieving various diseases of the joints, I believe, is generally well known and acknowledged. It is what the French term an *Aerotic* remedy. After the morbid action has been in some degree stopped, you may then try other plans, such as pumping cold or warm water on the part from a height, as practised at some of the watering places. If the disease be arrested in time, the cure may take place without any material loss of cartilage, or consequent ankylosis, and after you have put a period to the disease, if there should still remain some uneasiness and weakness in the joint, you may try pumping water on the part from a height, *douches*, as they are called, or shampooing, or mere friction with the hand or with hair-powder. Ankylosis, however, is the common termination of this disease, and with this view it is that nature takes away the cartilage. Here is a specimen, in which ankylosis has taken place; and here is another very good example of the same occurrence, though I do not know that the ankylosis was really produced in these instances by a disease which commenced in the cartilages, or rather, as Mr. Key would say, in the synovial membrane. The application of steam to the part is a beneficial plan, where ankylosis can be avoided, for it promotes the restoration of the functions of the joint, and tends to obviate the stiffness, which is apt to continue a long while after the disease has stopped.

Another form of disease of the joints, is that in which the affection begins in the cancellous texture of the heads of the bones, often set down as *scrofulous*. All the joints are more or less liable to it; but the ankle, knee, and elbow, are those in which it occurs with particular frequency. When the knee is the part affected, there is considerable pain about the head of the tibia, or in the centre of the joint, followed by a general enlargement of it. In consequence of the swelling of the part and a degree of emaciation, which takes place

in the limb above and below the joint, it seems as if the head of the bones were enlarged; but experience has proved that such is not really the case, and that the appearance depends on the emaciation of the leg and thigh, and the thickening of the synovial membrane and parts external to it. The scrofulous disease of joints is remarkable for the great length of time, during which the skin retains its natural colour; hence, indeed, the term *white swelling*. Ultimately, however, the skin becomes tense and shining, and streaked with dilated tortuous veins. In this stage the joint will also generally be noticed to be above its natural temperature. Frequently before the disease has advanced to suppuration, the joint cannot be bent and extended, but becomes permanently fixed in one position. Thus, when the knee is affected, it becomes generally more or less bent, and cannot be straightened; most frequently it is quite bent, and the patient has no power to change its position. In time, matter forms in the cavity of the joint, which makes its way by ulceration through the synovial membrane, or abscesses sometimes form on the outside of the joint. Then the cartilages are destroyed, and several fistulous apertures take place about the knee, through which the matter is discharged. Sometimes sinuses form, and run to a considerable distance from the joint under the fascia or between it and the skin. When you examine a joint in this state after amputation, besides ulceration of the cartilages, and inflammation and thickening of the synovial membrane and of the cellular membrane external to it, you will find the heads of the bones softened and weakened in their texture, in which is deposited a soft substance, of a caseous yellow appearance, seemingly deposited in the very tissue of the bone, the phosphate of lime being partly absorbed, and this new softer substance secreted in lieu of it. Here is a specimen, in which the ends of the tibia and fibula are in a scrofulous state; a section of the bones would have shown the nature of the disease still better. You will also find in many scrofulous bones, a considerable deposition of bony matter on their outside, in very irregular forms, and sometimes in the shape of spiculæ or icicles. Whenever you amputate scrofulous joints, you will mostly see these irregular bony deposits. They are, as I have said, sometimes very much like icicles, or stalactical processes, and very sharp. These appearances on the heads of scrofulous bones are so common, that I am surprised our museum should be without many specimens of them. In this preparation, you see the nature of the deposits to which I am alluding.

The scrofulous affection of the heads of the bones is, perhaps, more difficult to cure than the generality of diseases of the joints, excepting the organic change, or pulpy thickening of the synovial membrane. The disorder, indeed, is connected with a scrofulous constitution, the rectifying of which is no easy task.

However, this must be attempted, and means to be adopted for the purpose I will describe when I come to the subject of scrofula.

In the treatment of scrofulous disease of a joint, commencing in the heads of the bones you are called upon to keep the part perfectly motionless; this principle applies, as I have before observed, to all diseases of joints. The object is effected either by means of long straps of plaster, or by means of splints. When there is a tendency in the limb to assume a posture, which would let it be of little use to the patient in case of ankylosis, you should endeavour to counteract such tendency with the aid of splints. In addition to these means, blisters, should be applied to the joint, and kept open with savine ointment. Or you may employ the antimonial ointment, issues, moxa, and other counter-irritants, which form the common mode of practice. But whenever you find the joint affected with a degree of acute inflammation, you should defer or discontinue the counter-irritants, and trust chiefly to quietude and antiphlogistic measures till the inflammation has subsided. When the diseased process has been arrested by the above methods judiciously put in practice, shampooing may be had recourse to, or water allowed to fall upon the part in a column from a considerable height, which plan is to be persevered in for a certain time every day. It is always a rule in the treatment of this disease to open abscesses early, and when you find ankylosis is likely to take place, be sure to place the joint in the posture most likely to let the limb be of the greatest service to the patient.

*Coxalgia*, or, the scrofulous disease of the hip joint, is generally supposed to commence in the cartilages; but this is, perhaps, rendered doubtful by the tenor of that information, which is derived from Mr. Key's investigations, whence it would seem that cartilage is not susceptible of any primary morbid change itself. I have occasionally been induced to suspect, that the disease begins in the bones, and this is the opinion entertained by Mr. Syme. Mr. Brodie's observations tend to show, that the cartilages are the texture affected, at all events, in a very early stage of the complaint. Mr. Key's dissections lead him to believe, however, that the ulceration of the cartilage is preceded by inflammation of the ligamentum teres. In one case the ligamentum teres was found much thicker and more pulpy than usual, from interstitial effusion; and the vessels upon its investing synovial membrane were distinct and large. At the root of the ligament, where it is attached to the head of the femur, a spot of ulceration of the cartilage was seen, commencing, as it does in other joints, by an extension of the vessels in the form of a membrane from the root of the vascular ligament. The same process was also taking place on the acetabulum, where the ligamentum teres is attached. It is chiefly seen in children between the ages of

seven and fourteen; though occasionally it occurs at an earlier, and also at a much later period of life. One of the first symptoms is pain about the knee-joint, and sometimes there is more uneasiness felt there than in the hip-joint itself. The pain also generally shoots downwards along the inside of the leg, as far as the instep. The pain is so much complained of in the knee, that nurses and careless practitioners will often apply poultices to that joint, without even suspecting that the hip is the true seat of disease. The next thing usually noticed is, that the child begins to limp, and the limb begins to shrink and dwindle away. One remarkable symptom is, that the glutæus maximus muscle on the diseased side is always much flattened, and its lower margin less prominent than that of the corresponding muscle of the opposite side. Hence, when there is any doubt about the nature of the case, never omit to examine the posterior appearance of the pelvis and muscles attached to it; and then, if the disease be coxalgia, you will observe that difference between the glutæi muscles which I have described, viz., the diseased side will be flattened, and its lower margin, instead of being prominent and conspicuous, will be almost effaced. In the early stage, the patient inclines his thigh forwards, as is well represented in this engraving; and, when in the same stage of the disorder, you examine the patient as he lies on his back, it appears as if the limb on the diseased side were longer than the other. Many speculations were once entertained in explanation of this apparent elongation of the limb; but every view then suggested was erroneous. At the present day surgeons ascribe the lengthened appearance of the limb to the position of the pelvis being altered; for, in order to save the limb as much as possible, the patient keeps it suspended, and the weight of it has the effect of drawing that side of the pelvis lower down than the opposite side. Therefore, when you examine the two limbs, in the recumbent position of the patient, the diseased limb appears the longest, because the acetabulum is lower than natural, and the posture of the pelvis oblique. This alteration in the position of the pelvis even affects the spinal column more or less; and, you will find, that it is also more or less distorted by the efforts made to counterbalance the weight of the suspended limb. As the disease advances, pain begins to be felt about the trochanter major, and also in the groin, and the suffering is greatly increased by eversion or abduction of the limb, a fact which Mr. Key dwells upon as corroborating his belief, that the disease begins with inflammation of the ligamentum teres; for those movements cannot be endured in the early stage, though flexion and slight inversion cause no complaint. Mr. Key also deems the pain felt on pressing the head of the femur against the acetabulum another proof of the disease beginning with inflammation of the ligamentum teres. In

some cases the disease does not advance to suppuration; the morbid changes cease, and a cure takes place, without the formation of any abscesses. Sometimes the disease terminates in ankylosis, also without suppuration. Here is a specimen of ankylosis of the hip-joint, but the particulars of the history of the case are not known. In other instances abscesses form, and then the matter generally passes down behind and below the trochanter major, and often spreads to a great extent down the limb. Sometimes the abscess spreads upwards above the great trochanter, and around the pelvis. Such abscesses commonly burst in various places, as represented in this plate; you see several ulcerated openings, leading by fistulæ down to the diseased hip. Sometimes the matter escapes by fistulous openings on the nates, or thigh; but, now and then, the acetabulum, becoming carious, an opening takes place through it, the matter thus finds its way into the pelvis, and, descending by the side of the rectum, bursts near the anus. One memorable case is recorded by Sir Charles Bell, in which not only were the acetabulum and the head of the femur injured by the effects of caries, as usually happens, but, after the disease had advanced to a certain extent, the remains of the head and neck of the thigh-bone passed through the carious acetabulum into the pelvis. This occurrence is represented in the plate, to which I now beg your attention; and in this specimen, the history of which, as I have stated, is not known, a portion of the head of the femur is seen projecting into the pelvis, in consequence of the injured state of the acetabulum. In the second stage of this disease, the bone becomes dislocated; the acetabulum being more or less destroyed, and the ligamentum teres and the synovial membrane nearly annihilated. In almost all cases of hip disease in the advanced stage, the ligamentum teres suffers. Then dislocation takes place, and this generally happens very suddenly, the limb becoming all at once several inches shorter than natural, with the toes turned inwards. The examples in which the contrary position of the toes is seen, are probably those in which the head of the femur is totally destroyed, or separated from the rest of the bone, and the shaft drawn upwards; but, when the head remains, and is not totally destroyed or separated, the toes are turned inwards. If the head of the femur is destroyed before the shortening, then there may be eversion of the limb. These circumstances are worth remembering. Mr. Wickham, in a treatise recently published on this subject, gives an instance, in which both hip-joints had been diseased, and in which the toes of each limb were turned out. This position he also regards as the invariable one; when a dislocation really happens; for in those cases, where the limb is inverted, he conceives that it is merely drawn across the other. You will find in the advanced stage,

tended with dislocation, that the limb is not only sometimes shortened and turned inwards, but also that the thigh is considerably bent upon the pelvis. During these changes, the constitution suffers severely from hectic fever, and not unfrequently a fatal termination is the result. Carious disease of the hip-joint, attended with suppuration in the adult, is seldom cured. In a grown up person, the prognosis is almost always unfavourable if abscesses take place; but children sometimes get through the disease, though suppuration be present. The degree of danger in these cases depends on several circumstances, first, on the extent of the disease in the bone; in some instances, which I have dissected, a considerable portion of the ossa innominata (and not merely the acetabulum and head of the thigh-bone) was diseased and carious. I have seen the os ilium extensively diseased, so that a great deal must depend on the question, how far the disease of the bones has reached. Secondly much will depend on the size of the abscesses; when there is no suppuration, the danger is less considerable, and then even an adult may recover. Thirdly, the degree of hectic disturbance influences the prognosis; and so does the age of the patient; because, if he be an adult, and abscesses take place, he will have but little chance of recovery. You will find, that many children who die of this disease, have at the same time pulmonary tubercles; I attended a young lady a short time ago, who died with disease of the hip, and, on opening her chest, numerous tubercles were found in the lungs.

Gentlemen, the most essential part of the treatment consists in keeping the joint perfectly quiet; this principle is insisted on by all good practical surgeons. If the joint be moved, there will certainly be abscesses, and the disease will take an unfavourable course. In the early stage, you may have recourse to cupping, leeches, and fomentations. These means should enter into the first part of the treatment; you will generally find, when you first see the patient, that there is more or less inflammation about it, from its not having been kept quiet, though the pain is generally referred by the patient himself to the knee; but if you examine the hip, you find a degree of heat about it, and, therefore, antiphlogistic measures will be proper. Such measures appear to be called for by Mr. Key's view of the probable commencement of the disease with inflammation of the ligamentum teres. Afterwards when the inflammatory symptoms have been subdued, nothing is more beneficial than counter-irritation in arresting the morbid process. Frequently, in the course of the case, considerable portions of dead bone will come away; they exfoliate; but sometimes you must wait a considerable time before they are detached. Sometimes portions of the bone crumble away, and you will find small fragments of the osseous texture in the discharge. The best situation for issues is just behind and

below the trochanter major; here they are less inconvenient to the patient than elsewhere, the peas can be kept in very well, and the discharge and counter-irritation in this place will have the best effect. The place immediately in front of the joint, has sometimes been selected for the situation of issues, or setons; but the other is preferred by the generality of practitioners. With regard to the hectic fever, I need not dwell on that subject at present, as I have already given a particular account in a former lecture of its nature and treatment; here the indications are exactly the same as those, to which I formerly solicited your attention.

The last affection of the joints, which I shall describe to you on the present occasion, is *anchylitis*. Anchylitis is of two kinds, *complete* and *incomplete*, or, *true* and *false*. In the *complete* or *true anchylitis*, the articular cartilages are destroyed, and the heads of bones connected together by osseous matter, and consolidated together. The *incomplete* or *false anchylitis* is where the affection falls short of ossification; the stiffness and immobility of the joint depending, not on osseous union of the articular surfaces, but either upon adhesions of the synovial membrane, or upon a thickening of the parts about the joint. Frequently when the cartilages of a joint are destroyed by ulceration, and the surfaces of bone exposed, anchylitis becomes the most favourable termination that can take place. In this point of view, then, anchylitis is sometimes a desirable and salutary event, and the only mode by which a dangerous disease of a joint can be brought to a conclusion. When, however, it follows a fracture that has occurred near a joint, it is to be considered as an event which it would have been desirable to prevent; but, under certain conditions of diseased joints, anchylitis is one of the best things which can happen. Thus in scrofulous caries of the spine, anchylitis is the most favourable result, which we can possibly hope for, because, as soon as it has taken place, we know, that the morbid process has ended, and, indeed, it is the completion of the cure. In coxalgia, white swelling, and scrofulous disease of the spine, it is often to be regarded then as a favourable event. In fractures near the joints, anchylitis should always be prevented if possible, and, for this purpose, you will remember what I told you when I was on the subject of fractures, namely, that passive motion of the joint ought to be had recourse to before it is too late. I may observe, however, that the first thing for preventing anchylitis after fractures near a joint, is to keep down inflammation of the part by antiphlogistic treatment, bleeding, purging, leeches, and cold applications; and afterwards, when all inflammation is over, and the cure of the fracture advanced to a certain stage, you should begin cautiously with passive motion of the joint. The patient must allow the surgeon or an attendant to move the joint gently a certain time every day; but he must not put

his own muscles into action for the purpose, or make any effort himself. Frequently, at the end of three weeks, when a fracture is situated in a joint, passive motion must be thought of.

Some cases are recorded, in which the whole skeleton was affected with ankylosis. You will find in the *Histoire de l'Académie des Sciences*, the case of a child afflicted with universal ankylosis. Though ankylosis of the lower jaw is of rare occurrence, instances of it have been met with; one is mentioned by Eustachius, and another lately came under the notice of Cruveilhier. Here you see an engraving of the skull; the ankylosis was in the right articulation of the lower jaw. The subject of it, an old woman, was not more than eight or nine years of age, when the ankylosis formed, which happened from a blow on the side of the face. You see by the section of the joint, which is exhibited, that there was not merely a deposition of bony matter external to the joint, but that the condyle of the jaw and glenoid cavity of the temporal bone, were actually consolidated into one solid mass. Notwithstanding the ankylosis, the patient contrived to masticate with tolerable facility, by pressing the food against the alveolar processes with her tongue. As for her speech, it was very perfect, so that she managed to live to a good old age with a great deal of comfort.

#### MR. SALMON'S REPLY TO DR. O'BEIRNE.

##### PATHOLOGY AND DISEASES OF THE RECTUM.

To the Editors of the *London Medical and Surgical Journal*.

GENTLEMEN,—I feel that my apologies are due for not replying earlier to Dr. O'Beirne's letter; the truth is, I have not had the documents necessary to complete the answer until very lately, added to which, my leisure has been completely occupied by the affairs relative to my resignation at the General Dispensary, which circumstances will, I trust, be received as my excuse. Requesting your insertion of the accompanying communication at your earliest convenience,

I remain, gentlemen,

Your obedient servant,

FREDERICK SALMON.

12, Old Broad-street,  
Nov. 30th, 1833.

Prior to the perusal of this letter allow me to suggest to your readers to refer to the numbers of your journal published on March 23rd and 30th, April the 20th, and August 24th, of the present year; in the two first of these they will find your review of "Dr. O'Beirne on Defecation;" in the third, some observations of mine upon that review, and in the last, a letter from Dr. O'Beirne, addressed to me.

Desirous of avoiding useless controversy, I shall, in my reply to that letter, confine myself to such points only as I feel it necessary to substantiate, first, for the purpose of science, and, secondly, with the view of maintaining that respect, which every man of character ought to feel he owes to himself. And though I should wish to have entered primarily upon the most essential of these two points, I do not think I ought to do so, without first disowning, in an unreserved manner, the applicability of the preliminary observations in Dr. O'Beirne's communication; observations neither called for by "the general nature and tone of my remarks," nor substantiated by the confident and erroneous assertion, that I sat down to display the fallacy of his "Doctrines," "without having first read his work." And, indeed, had I acted in so injudicious a manner, he has no cause for complaint, neither have I anything to retract; since I addressed you, not upon the general contents of his volume, but upon what he with truth has denominated, "a highly favourable review of it," and in which review, the substance of his opinions, so far as the matters in dispute between us are concerned, is accurately set forth.

He commences by accusing me of "two important mis-statements." First he says, "I do not deny that the rectum is intended to contain fecal matter, because every one knows that the feces must pass through it." Now, without being disposed to cavil about the construction of words, a reference to Walker will show, that to contain, means to hold, and I presume Dr. O'Beirne will not deny that the bowel may, with perfect correctness, be said to hold "the little fecal matter," which he states "may be found in its pouch, but in no other part;" an admission rather irreconcilable with the following observations extracted from his book. "I have been led to examine the rectum of healthy persons, at different times of the day," and in every instance when the tube presented the least appearance of feces, this was confined to that portion of its upper extremity which had entered the sigmoid flexure." In another place, he says, "surgeons find it necessary to pass a finger into the rectum for surgical processes, &c. &c., yet it is a fact that it has extremely rarely happened that the finger has encountered feces." Again, "it is also a fact, familiar to apothecaries and nurses, that the pipe of an injection machine, however long it may be, is rarely, if ever, soiled with fecal matter." And when alluding to examining the bowel, he remarks, "the tube could be moved about freely in a space which, on introducing the finger, was ascertained to be what anatomists call the pouch of the rectum in a perfectly open and empty state\*." Doctor O'Beirne

\* Though we have given a most favourable opinion of Dr. O'Beirne's views on defecation, and still maintain that most of t



goes on to say, "so far from denying that the rectum acts as an antagonist of the sphincter," the view he takes of it in his reply, "*actually makes it the only antagonist of the sphincter muscles.*" And how does he prove this? not by considering the bowel in the light it has hitherto been estimated, a receptacle for the fæces, in common with the rest of the alimentary canal, expelling them by contractility, and thus overcoming the power of the external sphincter; but by showing, "that while the intestine is contracted and empty, its upper annulus or extremity is engaged, and not, as has been supposed, the sphincter ani muscle, in opposing the action of the diaphragm," &c. &c. Now it is evident, that so far from the rectum, when empty, acting as an antagonist to the sphincter, inasmuch as it is in its natural state of passive contraction, it can only be considered to act in unison with that muscle. So much for my two important mis-statements.

Dr. O'Beirne appears to estimate very lightly my observations on the process of defecation, which he says, "contain little of novelty." I am inclined to go a great deal farther, and say they contain nothing of novelty; this, however, is of no moment, the question is, do they satisfactorily account for that process? and if so, do they not expose the erroneousness of his theory. Here I rest content with the decision of all professional men of candour and judgment.

He proceeds,—"*Assuredly I could not possibly have read his work,*" when "I put the four questions respecting the rectum;" for, "if I had, I should have found, that he discussed the three first points at great length, and explained them on the only principles upon which it is possible to explain them correctly." Of the peculiar force of the bowel (the first of these four questions) Dr. O'Beirne says nothing; as to its extreme muscular power (the second question) he writes in his book, and the words are printed in italics.—"*It is therefore both an anatomical and a physiological fact, that this intestine exceeds every other part of the intestinal canal, in the number and strength of its muscular coats, and consequently in muscular power.*" Now if any of your readers will take the trouble to refer to the chapter in my work on Stricture of the Rectum, which treats of the anatomy and physiology of the bowel, they will perceive that the remarks of Dr. O'Beirne, which may be considered as illustrative of this fact,

will lead to the happiest results in the practice of medicine, yet we cannot agree with him on all points. We cannot assent to his doctrine, that the rectum is not a receptacle for the fæces, because we, and every one who has experience in the practice of obstetrics, have, during parturition, repeatedly detected feculent matter in the rectum, nay, the bowel is often impacted with it.—Eds.

contain nothing new. Neither can I find that he assigns any reason *why* the rectum should be larger at its anal extremity, which was the third question. The greater abundance near to this part of the absorbents, he "formally denies," and accounts for the prevalence of the mucous glands (which two points embrace my fourth question) by stating, that, "common sense points out that an extra sprinkling of the mucous glands would be particularly required at a point where a considerable mass of dry and solid excrement was about to pass through so small an outlet as the anus." With regard to the absorbents, I believe them, from what I have seen, to be more abundant at the inferior part of the rectum, and I hope ere long to demonstrate that this is the case; if, however, the bowel does not retain the fæces, but only contains them, for the very limited time they are passing through its channel, I confess I do not see how the mass, while so evacuated, is to become "dry;" or, the necessity for that increase of the mucous glands near the orifice, which Dr. O'Beirne admits to exist. I think it would have been more rational to have placed the superabundance at the commencement of the gut, or where he considers the fæcal matter accumulates.

Dr. O'Beirne next enters upon the question of whether or not, the rectum is a depot for the gradual accumulation of fæces, and states, that I sustain the former opinion, first, "by giving as his an entire passage which is not to be found in his book;" a grave charge, and one which, if true, would justly entitle me to unlimited censure. But what is the fact! That when replying to your remarks, I quoted some of those verbatim, which, as it should be presumed, he has unknowingly and consequently unintentionally charged me with giving, "as his," a mistake nevertheless somewhat remarkable, considering that its author had taken above three months to frame the letter he addressed to me. Of the opinion conveyed in the following passage in my first letter,— "hence" (alluding to collections in the bowel) the symptom, "*irritable bladder which invariably accompanies stricture in either of the two upper curves of the rectum,*" he summarily says,—"*I deny this to be the fact.*" And why?—Because he "has frequently examined the rectum of persons labouring under irritable bladder, and has never found it to contain fæces;" and, because "it is well known that such an affection of the urinary bladder exists without constipation;" and, it does not appear that the comparatively rare cases in which constipation is caused by indurated fæces accumulated in the rectum, have been attended with irritability of the bladder." This is, indeed, sound reasoning, and a satisfactory refutation of my position!

Notwithstanding the "thirty years' experience" which your correspondent states he has passed "in the study and practice of his profession," I must again say, that "I think it *questionable*" if the sphincter is ever de-

stroyed by *syphilis*. Whether such an effect took place in former times, when the treatment of the disease was ill understood, is a proposition I am not able to discuss. I am, however, able from experience to assert, that so far from a person affected with *carcinoma recti*, "rarely if ever" passing "his stools involuntarily," he will be necessitated to void them every ten or twenty minutes; in fact, in the later stages of that appalling malady, he loses the power of retaining them altogether. I have an example of this at present under my care, in which the afflicted patient, in answer to my inquiry of—Do you think your bowels less irritable? replied,—“Perhaps they are so; I only had forty-one evacuations between eight o'clock last evening and eleven this morning.”

“Why,” asks Dr. O'Beirne, “have you not adverted to the proofs I have adduced in *Prolapsus Ani*,” and, “the operation for fistula,” &c. &c.? Simply, I answer as before, because I was not analysing his book, but remarking upon your review of it. Yet in reference to the first of those two points I may observe that there is no such disease as *Prolapsus Ani*; the *Anus*, as I state in my practical observations on prolapsus of the rectum, is but the aperture through the sphincter which cannot be prolapsed; and as to the division of the sphincter in the cure of fistula, reflection shows that the muscle being circular, its division at any particular part does not destroy, though it weakens, its retentive power.

In reference to the observations Dr. O'Beirne makes on the following passage in my first letter, “neither in my limited judgment is his examination of the rectum at all conclusive of the correctness of his opinion, considering it as I do, to be anything but a scientific exploration of the part,” I cannot do better than request your readers to refer to my former remarks, which I should suppose, must to any person conversant with the form, natural calibre, and relative position of the bowel, be conclusive; to argue further upon this point would be a useless waste of time. Respecting the causes of contraction of the sigmoid flexure, I repeat that I have long since stated they are similar to those Dr. O'Beirne is reported in your review to consider them; to wit, “morbid irritation,” “constipation,” “frequent accumulations,” “drastic medicines,” “peculiar form,” and lastly, “a narrowness of the sigmoid flexure,” which I believe to be “sometimes congenital.” He, however, writes, “that not having seen any report of your lectures, I can only reply to this point by turning to the second edition of your work, in which I cannot find that you have qualified your opinion by the word *sometimes*, from which circumstance it would really appear that the interpolation is of very recent date, and that you are likely to come round to my views of the matter.” Upon the two first points Dr. O'Beirne may be instructed by a reference to the pages of the number of that most useful periodical the *Lancet*, as published on the 26th

of May, 1832; and upon the last point I would suggest, that it is not usual to quote the *second* edition of a book of which a *fourth* has been published since the month of April last; furthermore the sense of the paragraph which Dr. O'Beirne says I have interpolated, is as clear, even in the *first* edition, as the sun at noon-day; when in allusion to appearance of stricture even in children, I write, “so early have I witnessed this, that I should think the disease congenital.” If Dr. O'Beirne will peruse the fourth edition of my book, I feel satisfied he will perceive the inapplicability, not to say the offensiveness, of the remarks contained in this part of his letter.

I now come to the point which is of more consequence than all the others put together; to wit, whether or not stricture of the rectum exists within reach of the finger. There Dr. O'Beirne has gone much further even than was necessary, and replies with equal candour and incaution, that if “either of these gentlemen (whom he names) informs me that you possess preparations showing distinct thickened and shelf-like projections, from any part of the interior of the rectum, lower down than its upper extremity, I hereby bind myself to at once publicly recant my error. But if, on the contrary, either of these gentlemen should inform me that your preparations exhibit nothing more than a greater or less degree of uniform thickening of the parietes of the intestine, and extending to a greater or less degree downwards, without any distinct, thickened, and shelf-like projections, internally, I shall expect you to adopt the same course.” Now your readers will at once perceive that the challenge conveyed in the first division of this paragraph, absolutely goes to the extent of denying that stricture of the rectum exists below its union with the colon; a latitude of opinion which even I had not given Dr. O'Beirne credit for, since I merely contended for the existence of permanent stricture in the lower part of the rectum. It likewise appears from the meaning conveyed by the second sentence of the paragraph, and which alludes to the morbid anatomy and situation of stricture, that Dr. O'Beirne is but ill acquainted with those matters, else he would know that it is exceedingly unusual to find any other result in the two upper thirds of the rectum, how much soever it may be contracted, than an uniform thickening of its parietes, from depositions in the cellular tissue between the mucous and muscular coats, by reason of the longitudinal fibres preponderating at those points; while circular fibres lie most commonly within reach of the finger.

Immediately after reading Dr. O'Beirne's letter, I wrote to Mr. Bransby Cooper, one of the friends he named (although I should have considered that if Dr. O'Beirne, or any respectable professional man, declared publicly that he had certain morbid parts in his possession, it would have been conclusive), and requested him to inspect, in conjunction with

Dr. James Blundell, several preparations illustrative of stricture of the rectum; subjoined is their testimony. Finding they differed so materially, I obtained Mr. Stanley's opinions, which also is annexed. All of these documents I shall feel obliged by your giving publicity to at the foot of this letter.

I before stated, that "when the rectum is empty, its muscular coat is naturally in a state of *passive* contraction, which obviously retards rather than facilitates the passage of the stools," and "that any one who is not practically accustomed to examine the rectum may mistake the natural contraction of the gut for stricture, and for this reason; the mucous tunic is not indued with any material contractility, and is therefore, during the period of the passive contraction of the muscular coat, thrown into numerous folds, which vary in number and size; *sometimes* these are of a circular shape, at others they form prominent and irregular ridges in the bowel;" I add in postscript, "Morgagni has denominated these the columns of the rectum." It is apparent, upon the face of these remarks, that I never meant that distinguished anatomist applied the term columns to the circular folds, *because* they were of such force, but that he gave that appellation to the mucous folds generally, the circularly contracted state of which I instanced as an exception to their usual condition. Dr. O'Beirne, however, would fain make your readers believe I was ignorant of the usual forms of the folds of the rectum, which he says, "cannot, it is obvious, oppose any resistance to the passage either of the finger or the tube." I confess myself of a different opinion, believing as I do that an introduction of an instrument, much less in calibre than the size of the channel through the bowel when extended, is likely, particularly in the hands of an inexperienced operator to be hitched in the sacs, formed by the corrugations of those folds, especially, if to use Dr. O'Beirne's words, "the natural state of the rectum be one of *forcible* contraction," which I contend it is not, but that, when empty, it is in a state of passive contraction; a fact he complains "I avail myself of as if it were well and generally known," which it surely is, or if not, certainly ought to be.

Dr. O'Beirne admits a "bougie of the largest size will often pass up and dilate the healthy rectum, without difficulty or pain;" yet he considers the bowel, when empty, to be in a state of *forcible* contraction, which to my mind is not very intelligible; for, if the rectum be thus closed, considerable force must be used to open its channel, more particularly if the dilating instrument be of a small size, by reason of which, it offers less opposition to the bowel stimulated from its introduction to eject its contents, but this my former letter fully illustrates.

I must decline commenting upon the remaining passages in Dr. O'Beirne's letter, they are perused by me more in sorrow than in anger; or

accepting his challenge of entering into a controversy respecting his opinions, which would, in all probability, lead to a much greater sacrifice of time than I am able conveniently to command; but, I beg to assure him, I am actuated by no desire of upholding "my own views," or "of assailing the doctrines of others," neither is it "my wish to prejudice the minds of many against views which are perhaps eventually found to be much sounder or more useful" than my own; but that, as far as I am concerned, your readers will consider this is "a hypothetical case." My object has been, as I trust it ever will continue, to further the interests of science, and by such means alleviate the sufferings of mankind. If by exposing the errors into which your respectable correspondents has fallen, or my own ignorance of a class of diseases which is well known, I have extensively, and I trust I may without presumption add, serviceably studied, I have contributed to such desirable ends, it is enough: the judgment upon these points rests, as it is right it should, with the unprejudiced, the competent members of our profession.

I am, Gentlemen, respectfully,  
Your obedient servant,  
FREDERICK SALMON.

12, Old Broad-street,  
Nov. 29th, 1833.

## CORRESPONDENCE.

### No I.

#### Dr. Blundell's Opinion.

"Having, at the request of Mr. Salmon, examined certain preparations in his collection marked A, B, and C, respectively, and intended to demonstrate the existence of Stricture of the Rectum, I beg to make the following statement of the appearances which I now observe in the preparations as they stand before me.

### A

"Exhibits a great part of the rectum with portions of contiguous organs; the internal orifice of the urethra, in situ; the lower and middle part of the vagina; a large portion of the peritoneum, covering, as usual, the upper and middle part of the rectum in front; the sphincter ani, the anus, and contiguous perineal integument, with several hairs growing upon it at the very verge of the anus.

"In this preparation there is a distinct annular contraction, as if produced by a packthread drawn with moderate tightness round the bowel, closing in so much as to preclude the insertion of the little finger. This contraction is situated about two inches and a half above the outer verge of the anus, rather less than more, and is decidedly within reach of the fore-finger, independently of the help which might be derived from urging.

"Immediately above the stricture an incision has been made in the side of the rectum, the thickness of which is visible, and exceeds one-eighth of an inch; and the inner membrane,

also exhibited, seems evidently, in one part of it, to be destroyed by ulceration; and, in another, where it remains unbroken, its structure is changed, being roughened and thickened.

B

"In preparation B, apparently the entire rectum and a part of the sigmoid flexure of the colon, together with the womb and vagina, throughout the greater part of its length (both in situ, with respect to the rectum), are carefully exhibited. In this preparation, either the entire rectum, or certainly all excepting the upper portion, where it is continued into the sigmoid flexure of the colon, is exceedingly thickened, and so contracted throughout the whole of the thickened part, that the little finger, especially in the inferior portion of the rectum, could not be passed along it without some violence. Where there has been most deposit, the coats of the bowel exceed in thickness three-fourths of an inch. Various sinuses run in various directions, one apparently opening into the vagina. The uterus and vagina lying in situ upon the rectum, seem to mark distinctly that part of the rectum which is most contracted and thickened, and which, as before described, is the inferior portion clearly within reach of the fore finger, which, indeed, on making an examination, must evidently bear upon it immediately on passing the anus.

"A cursory observation of some of the other preparations appeared to confirm the observations made on the two preceding, but they were not examined with the same care.

"JAMES BLUNDELL, M.D."

(The original.)

No. II.

Mr. Bransby B. Cooper's Testimony.

"Having been requested by Dr. O'Beirne to give my opinion upon a point at issue between him and Mr. Salmon, respecting stricture of the rectum, I submit to the task, as the subject is involved in considerable physiological and pathological importance.

"If I understand the point in question correctly, it is,—Whether or not organic stricture ever occurs below the upper portion of the rectum; Dr. O'Beirne being of opinion that it does not, while Mr. Salmon considers that it does. It is necessary, therefore, to notice what Dr. O'Beirne means by "organic stricture of the rectum;" and, from reading his work, I understand the following to be the conditions by which he characterises this disease.—"A deposition of adventitious matter originating in the submucous tissue of the rectum, and subsequently becoming organised, implicates the muscular and mucous coats, producing shelf-like projections into the cavity of the bowel, so as to narrow its calibre, and occupy either the whole or only a part of its internal circumference."

"Mr. Mayo, in his recently published work on Injuries and Diseases of the Rectum, page 165, gives very nearly in the same words his

definition of permanent stricture of the rectum; and thus far Mr. Mayo and Dr. O'Beirne agree in the formation of organic stricture.

"Dr. Blundell, at the request of Mr. Salmon and myself, on the part of Dr. O'Beirne, examined Mr. Salmon's morbid collection, to learn whether or not he possessed any preparations demonstrative of such morbid changes below the upper portion of the rectum. The result of this investigation leads me to say, that no preparation which I saw of Mr. Salmon's presented the appearances of organic stricture as above quoted. One of the preparations which I examined was a specimen of thickening of the parietes of the rectum, concomitant with ulceration, and involved in the disease of the neighbouring organs, particularly of the vagina, into which a sinus opened.

"Such a disease Dr. O'Beirne has fully described at page 35 of his work, and points it out in contra-distinction to the shelf-like projections produced by the diseased mucous membrane of the organic stricture. The latter kind only involving a portion of the bowel, leaving the remaining part of the calibre free from disease, and portraying, therefore, a very different state from that disorganisation which attends ulceration, in which the surrounding tissues and organs are liable to be affected.

"The specimen of thread-like constriction which I saw, producing the distinct circular contraction, I have no hesitation in pronouncing spasmodic, and therefore not referable to organic stricture.

"The observations, I think, I may say bear a great resemblance to those made by Dr. Blundell upon his inspection of the same preparations.

"BRANSBY B. COOPER."

(The original.)

No. III.

Mr. Stanley's Testimony.

"DEAR SIR,—Agreeably to your request I have examined the several preparations you possess of disease in the rectum, and have selected the following for particular description.

"1st. Specimen from a female.—About two inches and a half above the anus, there is a contraction of the rectum in its whole circumference, and to the extent that it is here reduced to about one-third of its natural size. The contraction occupies only a line in the circumference of the intestine, consequently its outer surface presents an indentation similar to the appearance which would result from tightly drawing a piece of string around the intestine. Immediately above the contracted point, the bowel is dilated much above its natural size; the coats of the intestine are here generally thickened, but, for some way above the contraction, there is superficial ulceration of the mucous membrane. The thickening of the coats of the intestine is such as might be considered to be the result of simple infla-

mation, presenting no character of malignant disease.

"*2nd. Specimen from a male.*—This specimen presents all the characters which have been expressed in the description of the preceding specimen, from which it differs only in the circumstance of the contraction of the rectum being to a greater extent, it will only admit the passage of a middle-sized urethra bougie.

"*3rd. Specimen from a male.*—The lower part of the rectum, to the extent of three inches and a half from the anus, is uniformly and considerably contracted. The mucous membrane is removed by ulceration from the whole of the contracted part of the intestine. Several fistulous passages extend from the ulcerated parts of the bowel to the margin of the anus.

"I remain, dear Sir, yours very truly,  
"EDWARD STANLEY."

*Lincoln's Inn Fields,  
Dec. 4, 1833.*

No. IV.

["At the request of Mr. Salmon I examined some of his morbid preparations illustrative of stricture of the rectum. Ten of the specimens leave no doubt of the occurrence of stricture in the lower intestine. One of these shows a considerable narrowing of the rectum below the sigmoid flexure through the whole extent of the intestine, the parietes are better than three-quarters of an inch in thickness, and the canal is so reduced as scarcely to admit the passage of the little finger through some parts of it. In another preparation, there is a well-marked annular contraction, about two inches and a half from the verge of the anus, similar to what has been termed the pack-thread stricture. The tissue about this contraction is anormally dense, and the side of the bowel is incised superior to the obstruction, where it is an eighth of an inch in thickness, and this change of structure in and about the contraction, proves, in my opinion, that the stricture was not caused by spasm. In a third specimen there is a projecting irregular stricture, about an inch and a half in length. From these and the other preparations I am perfectly convinced of the existence of stricture in every part of the rectum. "M. RYAN, M.D."]

ON THE EFFICACY OF THE SECALE  
CORNUTUM IN HÆMORRHAGE AND  
LEUCORRHŒA, AND ON ITS EF-  
FECTS IN GONORRHŒA.

BY G. NEGRI, M.D.,

*Read before the Medical Society of London  
Monday, December 2, 1833.*

*On the Efficacy of the Secale Cornutum in  
Leucorrhœa.*

On the employment of the *secale cornutum*, and on its efficacy in leucorrhœa we shall

limit ourselves to some general remarks, which are the result of our experience on this subject, without entering into any detail of the singular cases which occurred under our observation.

Although the *secale cornutum* will be found one of the most valuable remedies in the simple form of leucorrhœa, even of a very long standing, and which have resisted many other means, still its efficacy on this kind of diseases is not so rapid as in hæmorrhages. This would have been almost expected as a matter of course, from the more chronic character of the former complaint. Therefore we found it more convenient, and we may say even more safe, to give it in small doses, as five or six grains two or three times a-day, rather than in larger and more frequently repeated ones. Thus the remedy may be continued for a long period without any inconvenience, and with regular advantage. In leucorrhœa as well as in menorrhagia, we must remember, that the ergot of rye has also a peculiar power over the fibrous texture of the womb, and that pains and spasmodic contractions of this organ may be induced, and the symptoms of metritis, and even an increased discharge, may eventually take place. Then it is of the utmost importance, in leucorrhœa also, to allay any state of inflammation, or of local irritation, by those therapeutical means, which may be required by the particular symptoms of each case, before we have recourse to the *secale cornutum*.

We find in practising, that some patients could not take at first any dose of this remedy without severe pains being induced in the uterine system, when, after having used other remedies for a certain time, they could take the *secale* again without the least inconvenience, but, on the contrary, with a decided and progressive advantage on their general state of health.

In one of these patients the os uteri was partially open and indurated, and very tender on the left side of its margin: when the finger pressed over this point acute pains were excited, darting from that part to the right iliac region. We used in this case the extract of conium with the sulphate of iron, with great benefit, and, after this morbid sensibility was subdued, we gave again the *secale cornutum* for the remaining leucorrhœa with decided benefit, and without any more inconvenience, although continued for a long time. We have lately seen this patient, and her general state of health has wonderfully improved; she feels a great deal stronger, and the white discharge is almost entirely gone; we confidently expect to see her in a short time cured by the ergot of rye, which now she only takes twice a-day.

Out of ten cases of leucorrhœa, of which we kept regular notes, the ergot of rye has failed in three. But, in all probability, that happened more from want of experience in the judicious employment of the remedy rather than from its inefficacy.

Of these three unsuccessful cases, two were cured afterwards by other remedies; but one had never been permanently well, either by the ergot of rye or by any other means employed for a long time, both by ourselves and several other practitioners. In this singular case, the *secale cornutum* appeared to have induced once menorrhagia, after which the patient was better from the white discharge for a little while. Amongst the other things we tried repeatedly the injection of nitrate of silver, as recommended by Dr. Jewel, but without any good effect, and as it appeared to this gentleman very extraordinary, we recommended her to the doctor himself, but we do not know the result.

The *secale cornutum* has been successfully employed in leucorrhœa by our colleagues at the St. John's Dispensary, and our friend Dr. Ryan has even used it in private practice with the greatest advantage.

*On the Effects of the Secale Cornutum in Gonorrhœa.*

About the *modus operandi* of the *secale cornutum* in the above classes of diseases, Dr. Spajrani expressed his opinion in the following way, leaving however this subject for subsequent inquiries. "I am (says he) rather inclined to believe, that this remedy does not act either as an astringent, or as a stimulant, but more as a sedative on the capillary vessels, and for this reason it may be conveniently used in *certain* instances of active hæmorrhage and of vascular congestion, where exists a state *approaching very much to inflammation*; but yet it is *not to be used* in instances where some *acute inflammation is present*, for which stronger means must be employed."

With the view of ascertaining these therapeutical principles, and from the advantage already obtained by the ergot of rye in leucorrhœa, we thought we should not incur any great risk by trying it also in gonorrhœa, at first in females and then, if not injurious, in males. It is true that the preternatural secretion of the mucous membrane of the genital organs in gonorrhœa, is induced by a specific virus, but still we readily believe that its essential pathological character is inflammatory. Therefore no better opportunity could be obtained for ascertaining the supposed *modus operandi* of the *secale cornutum*, than to use it in a disease of acknowledged character, and in which we could actually see the effects which might be induced by it.

The following cases will give an idea of the result of our enquiries on this subject.

CASE I.—Mary C., married, admitted to St. John's Dispensary on the 9th of May, 1833. She has been ill with gonorrhœa for about three weeks; she caught the disease from her husband, and had been under our care some months ago for a similar complaint, induced by the same cause. She complains of shooting pains through her womb and loins, with ardor

urine. She has been regular three weeks ago, and has never been subject to leucorrhœa. An opening medicine was ordered, and she was directed to take afterwards *vi.* grains of the *secale* three times a-day.

May 13th. She is a great deal better; has now no discharge; had no giddiness, but only pains in the lower part of the abdomen, and a kind of cramp of the womb; feels still pain in making water. The same powders to be taken only night and morning.

20th. No discharge; complains still of shooting pains in the womb; *secale* suspended, and only some supertartrate of potash to be taken as an imperial drink. On the 29th she was taken unwell, but the catamenial discharge was very scanty and pale, after which, on the 6th of June, had a slight return of the discharge, which was gradually arrested by the *secale* in moderate doses. She was discharged cured on the 25th of July.

CASE II.—Mary Anne C., æt. 26, single, admitted on the 9th of May, 1833.

Has had gonorrhœa for nearly two months; has not been regular for several months, and has been subject to leucorrhœa; bowels regular. Six grains of the ergot of rye were ordered to be taken every four hours.

13th. The discharge ceased after having taken four or five powders, and has not returned since: proved no inconvenience by taking her powders. They were ordered to be taken only night and morning.

30th. She menstruated on the previous day, and was left without medicine.

June 6th. Has no discharge at all, and says she is quite well. Discharged cured.

CASE III.—Harriet R., æt. 27, married, admitted on the 20th of May, 1833.

Has had gonorrhœa four years ago, from which she was perfectly cured. She was taken ill again with the same complaint, caught from her husband about ten weeks ago, for which she has been treated, as an out-patient at St Bartholomew's Hospital, under Mr. Lawrence. Balsamic medicines and mercurial pills were given to her, from which she was much relieved. Now the discharge is thin and white, when before it was yellow and thick. Complains still of some starting pains through the womb, but has less pain in making water; complains of pain in her right leg, where there is inflammation of the periosteum on the shin bone, probably of a syphilitic character; her bowels being costive, a cathartic powder was ordered, and five grains of the *secale cornutum*, to be taken every four hours, beginning the following morning.

23rd. The discharge is less; she feels sick, after having taken her powder, and complains of being very weak.—Pergat.

30th. The discharge is less than on the preceding day of attendance; she has now no pain in making water, but continues to feel sick after taking the powder; has had no

giddiness. Continue the powder three times a day.

June 6th. The discharge has ceased. The secale was suspended, and the mercurial treatment was adopted for what we thought a syphilitic complaint.

CASE IV.—John F., æt. 40, a baker, admitted on the 21st of June, 1833.

Has had gonorrhœa about six times; it usually resisted every remedy, and once he had it for nine months; now he has had gonorrhœa for about three weeks; has great pain and scalding in making water, and generally some drops of blood follow; has a great deal of discharge, and the orifice of the urethra is reddened and swollen; in the night he has painful erections. Five grains of the secale cornutum to be taken every four hours.

22nd. We saw again the patient. He has taken five powders; the discharge is not abated, but he thinks he has less pain in making water.—Pergat.

28th. He has taken about sixteen powders; he has no pain in making water; he has had still painful erection at night, but the orifice of the urethra is a great deal less red, and the discharge considerably abated; he has now no inconvenience, except a very slight feeling of warmth in making water. He continued the medicine in ten grain doses every four hours until the 11th of July, when he was nearly well, and requested to be discharged.

The patient was under Dr. Ryan's care, and was repeatedly seen by ourselves and colleagues.

CASE V. William M., æt. 24, admitted on the 22nd of August, 1833. Has had gonorrhœa about twelve months ago; has now been ill, for the second time, with the same complaint for a fortnight; discharge copious, yellow and thick. Five grains of the secale cornutum to be taken every three hours.

26th. Is just the same, but does not feel worse.—Pergat.

September 2nd. He is a great deal better.—Pergat.

12th. Discharge scarcely perceptible. Continue the powders, but only one three times a day.

16th. Discharge almost gone.—Pergat.

He went on taking his powders till the 10th of October, when he asked for another dose of them, to be taken night and morning, having still some little discharge only in the morning. This patient, who was very attentive, and appeared much satisfied with his powders, having not returned, we have good reason to believe he is now doing very well.

CASE VI. William S., æt. 28, admitted on the 4th of September, 1833. Was taken ill with gonorrhœa a week ago; feels great pain

in making water; discharge copious, yellow, and thick.

R. Pulv. secalis cornuti gr. v, 3a. q. h. s.

16th. Discharge thinner; pain in making water gone.—Pergat.

23rd. Discharge increased; secale suspended, and prescribed the *mistura balsamica*.

October 7th. Discharged cured.

CASE VII. Only a few days ago we had in private practice a patient affected by gonorrhœa for the first time. The symptoms were not severe; the discharge moderate. Being an individual of a delicate constitution, and of very regular habit, we expected to do some good in this case with secale cornutum. Three grains of Battley's extract were ordered to be taken every three hours. The following day the discharge appeared a great deal less, and the remedy was continued. Two days afterwards the discharge increased, as well as the ardor urinae, and he had painful nocturnal erections. The remedy was brought to five grains every three hours, but was soon afterwards suspended, and other means adopted. In this case the secale cornutum certainly increased the severity of the symptoms; and the discharge, which was moderate at first, and thin, became afterwards copious, thick, and sometimes tinged with blood. The pulse was also feverish and sharp, the skin warmer than naturally. This patient is usually of a very costive habit, but has great aversion to take purgatives; had we used them previously, or simultaneously with the secale, we could perhaps have obtained a better result. This was necessarily done after we had resorted to the other usual means generally employed for that complaint.

#### SHORT NOTES OF CASES BY DR. RYAN.

CASE VIII.—"M. M., æt. 22, married, has contracted gonorrhœa from her husband; became a patient under my care at St. John's Dispensary, Sept. 12th, 1833. Is two months' ill. She was ordered ʒiiss of secale in twelve powders, one to be taken three times a-day.

"16th. Discharge nearly gone.—To continue.

"23rd. Discharge has entirely ceased."

CASE IX.—"Charles C., æt. 22, has suffered from gleet for six months. Commenced the secale Sept. 17th, 1833, and on the 23rd was nearly well. He has taken a variety of medicines, but nothing stopped the discharge so rapidly as the powders."

CASE X.—"G. S., æt. 34, has been six months affected with gleet. Commenced the secale Oct. 30th, 1833. Took fourteen powders without any benefit. This was a morning patient, and had the medicine of a druggist, which, perhaps, was bad."

CASE XI.—"A. B., æt. 34, has suffered

from blood for eight months. He was cured by twelve doses of the *secale cornutum*."

CASE XII.—"J. A. L., æt. 19, applied to me Nov. 5th, 1833. Has gonorrhœa for the first time; symptoms severe. Ordered the *secale*.

"8th. Discharge more copious; ardor urinæ severe.—*Secale* omitted.

"Ordered carbonate of soda in barley-water or linseed tea.

"In this case I did not expect much benefit from the *secale*, but was resolved to try it. Every medical practitioner is aware, that a first gonorrhœa is much more severe and indomitable than when the patient has had the disease frequently, or when the acute symptoms have ceased. But, as I have known cubebæ repeatedly arrest gonorrhœa in the acute stage, I saw no objection to employ the *secale cornutum*."

From the above facts it appears to us quite evident, that the *secale cornutum* has a peculiar action on the mucous membranes; but if exhibited when there is a state of acute inflammation, their morbid secretion may be considerably increased. On the contrary, when a more chronic form of inflammation exists, the *secale cornutum* may have a beneficial influence in arresting their preternatural discharge.

These deductions being in perfect accord-

*Tabular Form indicating the result of all the Cases of Hæmorrhages and Leucorrhœa which came under our observation, from the 16th of April, 1832, to the 4th of Nov., 1833, and were treated with the Secale Cornutum.*

Different Forms of the Disease.	Total number of Cases.	Successful Cases.	Unsuccessful Cases.	Remarks.
Menorrhagia.	12	8	4	
Hæmorrhage from the rectum.	2	2	—	* We include in the whole number the case treated by Dr. Macmichael, at the Middlesex Hospital.
Hæmatemesis.	4*	3	1 †	† We put down as an unsuccessful case the first attack of the disease of Elizabeth Pilcher (Case VI.), although in the second, the <i>secale</i> turned out very beneficial when given in proper doses.
Epistaxis.	1	1	—	
Hæmoptoe.	1	1	—	
Leucorrhœa.	10	7	3	
Total.	30	22	8	

*Note.*—We did not put down in this table the cases of gonorrhœa because they were related merely to show the effects, and not the efficacy, of the *secale cornutum* on that disease. All we can say, from the limited number of observations on this subject, is, that perhaps the ergot of rye may be found of some service in the more chronic form of that disease.

Of the unsuccessful cases of menorrhagia, the first was a woman who had a copious loss of blood from the vagina, with great tenderness at the lower part of the abdomen, and pains round the groins and loins. Her pulse was such as would have induced us to bleed her, had we not wished to try the *secale*

with what has been already remarked on the efficacy of the ergot of rye in hæmorrhages and leucorrhœa, we think Dr. Spajrani's assertions on this point pretty correct. If any sedative or anti-stimulant property on the capillary vessels of the mucous membrane may be ascribed to the *secale cornutum*, as Dr. Spajrani is inclined to believe, we do not know. It is true, that in Case IV. of gonorrhœa, where did exist redness and swelling round the orifice of the urethra, this appearance subsided under the influence of the *secale*; and that, in some instances of hæmorrhage, the patients were complaining of great general prostration and faintness; but others, on the contrary, felt stronger, and their pulse appeared to us more excited; when, in Cases VII. and XII. of gonorrhœa, the inflammatory symptoms were considerably increased. Are some of the former symptoms to be ascribed to the narcotic influence on the nervous system, rather than to any real sedative property of this remedy? We are inclined to believe so. We were much pleased in finding out that MM. Trousseau and Maisonneuve are of the same opinion on this point. (See *Lancet*, March 30th, 1833.)

Now, to give a more satisfactory idea of our results on the employment of the *secale cornutum* in hæmorrhages and leucorrhœa, we put down all the different instances of both in the following

*cornutum* in this case, which was the second that had come under our observation, since we began to employ this remedy. Five grains of the *secale* were ordered to be taken three times a day. The powders were taken for two days, and the pains and loss of blood were considerably increased. They were suspended



she was bled from the arm, and astringent medicines were ordered, which cured her very soon. This unfavourable result led us to adopt another method of practice in the following case (the second related to the Society), which succeeded very well, viz. to bleed first, then to give the secale.

The second was a stout woman who at her regular period was taken ill, but the bloody discharge was very profuse, and went on more or less for nine weeks. Had great pain at the lower part of the abdomen, and round her loins. Her pulse appeared weak. Five grains of the secale were ordered to be taken every second hour. Three days afterwards she was not better, and felt an increase of the pains after taking her powders. Her pulse was stronger. She stated having had a miscarriage about three months ago. She was bled, and directed to take the secale only three times a day, from which she felt worse, and was then suspended, and other means adopted.

The third case was that of Sarah Jones, æt. 33, married, admitted September 2nd, 1833.

Has had five children and miscarried twice, the second time five weeks ago, when she lost a great deal of blood. Three weeks afterwards, finding herself better, started for some place in the country, and came home to London, a distance of eighty miles. She was taken ill again on her journey, and lost a great deal of blood. She continued so more or less till August 31st. On the 1st of September the hæmorrhage became very violent, and she came to our dispensary the following day, and was under our care. She does not complain of any great pains but in her left iliac region and loins; her complexion is very pale, and there is great action of the heart and arteries, but her pulse is certainly weak and empty; her head feels heavy; her bowels are costive.

R. Pulv. secalis cornuti, ʒiij;  
Divide in pulv. xxiv;  
Pulv. i. 3a, q. h. sumend.;

viz. about viij. grains every three hours. A mixture with a drachm of carbonate of magnesia and two scruples of rhubarb in six ounces of water, was also given, a wineglassful of which to be taken every night, or night and morning, if her bowels were not open.

September 5th. She was sick, and vomited twice after taking the first powders, but felt only a sense of sickness afterwards at each time she took her powders. Had some giddiness, but the pains in her loins and side were relieved. The bloody discharge is reduced very much, and she states that it was so soon after having taken a few powders. Bowels regularly open. Soon after having taken a powder she feels "a general sense of weakness all over, from the head to the tips of her fingers and toes, as she could not stand; then she feels sick." Action of the heart and arteries less violent. Pulse more natural and soft. The mixture to be continued, and

the powders to be taken only every five hours.

September 12th. She is better; discharge great deal diminished, and less coloured. The powders continued to make her sick and weak. Continue with the powders.

16th. Feels very sick with her powders. Discharge a great deal increased; but she thinks her time to be unwell is very near. The secale was discontinued, and she was gradually doing well under the use of the following pills:

R. Ferri sulphatis, gr. i;  
Extract. rhei, gr. iij;  
M. f. pil. ter die sumend.

These pills were continued till the 7th of October, when she was discharged cured. Under these remedies the palpitation of the heart, and the excessive arterial action were reduced to their natural standard, and the patient got very soon better from that sense of general prostration, of which she was so much complaining before.

Although we put down this with the *unsuccessful cases*, still we thought that properly speaking, it should not have been considered entirely so, for the hæmorrhage increased in consequence of her having taken the secale when near menstruation. This was the reason which induced us to say in another place, that "only in two or three cases of menorrhagia, the loss of blood, &c., were remarkably increased by the action of the remedy."

The fourth unsuccessful case of menorrhagia is that of Mary Ann May, æt. 22, married, admitted the 4th of November, 1833. She had miscarried a short time ago, and was labouring under profuse menorrhagia for several days; was complaining of pains in the lower part of the abdomen and loins. She is a thin and delicate looking woman; her pulse appeared to us rather weak. Five grains of the secale cornutum were ordered to be taken every two or three hours.

Nov. 7th. She has been a great deal worse. The hæmorrhage increased very much, with spasmodic pains in the hypogastric region, and had giddiness, and pains along her thighs and legs. She took only six powders, and as soon as she left them off, the pains decreased. Her pulse was quick, and sharp, but empty. Her bowels are rather costive. The following mixture was ordered:

R. Magnesiæ sulphatis ʒj;  
Antimonii tartarizati, gr. ij;  
Aque fontis, ʒviij;  
M. Cyath. parvul. i. bis terve die sumend.

21st. After the first glass of her medicine, she vomited several times, after which the hæmorrhage suddenly ceased, and she felt a great deal better; this was the reason she did not attend regularly. Now the hæmorrhage returns a little if she has to exert herself too

**On the Efficacy of the *Secale Cornutum* in *Hæmorrhage*, &c. 593**

much. The *secale cornutum* was ordered again to be taken only two or three times a day.

25th. The hæmorrhage *entirely ceased* last Thursday evening (Nov. 21st) after having taken one of her powders, which she continued taking till to-day. She felt some pain in the lower part of the abdomen, but a great deal less than at the time she took them.\*

In using the *secale cornutum* we preferred to give it in powder, as Dr. Spajrani did, being

also the most economical and convenient way in dispensary practice.

We seldom ordered it in more than five or six grain doses, more or less frequently repeated according to the violence of the case, or the peculiarity of the concomitant symptoms. We *purposely avoided* giving the *secale* intermixt with other medicine; but we were obliged sometimes to modify by other means the morbid condition of those parts or organs over which our remedy had to exert its powerful

*Tabular Epitome of all the Cases of Hæmorrhage and Leucorrhœa which came to our knowledge, since Dr. Spajrani's publication, cured by the Secale Cornutum by different Practitioners in Italy, France, and England.*

Where, and by whom treated.	Total number of cases.	Different kinds of Hæmorrhages.							Leucorrhœa.	Where published or recorded.
		From the Uterus.	From the Nose.	From the Chest.	From the Bladder.	From the Stomach.	From the Rectum.	From the Gums.		
<i>In Italy.</i>										
Dr. Spajrani .	17	8	2	5	2	—	—	—	not stated	{ Ormodei's Annali di Medicina e Chirurgia for Mar. 1830. Lancet, Feb. 5, 1831. Do. Number for May and June, 1830. Lancet, do. Do. Number for February and March, 1831. Do. do.
Dr. Pignacca .	4	2	—	2	—	—	—	—	—	
Dr. Gabini .	7	3	2	1	—	1	—	—	—	
Dr. Bazzoni .	8	—	—	—	—	—	—	—	8	
<i>In France.</i>										
MM. Trousseau } et Maisonneuve }	13	13	—	—	—	—	—	—	—	{ Bulletin Général de Thérapeutique. Lancet, March 30, 1833.
<i>England.</i>										
Dr. Marshall Hall	1	1	—	—	—	—	—	—	not stated	{ London Medical and Physical Journal for March, 1829. Lancet, for March 13, 1833. Do. for April 13, 1833.
Dr. Lanyon .	1	—	—	1	—	—	—	—	—	
Mr. Bright .	1	1	—	—	—	—	—	—	—	Do. do.
Mr. H. A. O'Slea }	not stated	—	—	—	—	—	—	—	—	{ Dr. Negri's Paper. (See Case vii.) Do.
Dr. Macmichael	1	—	—	—	—	1	—	—	—	
Dr. Negri .	21	8	1	1	—	2	2	—	7	Do. Case xii. xiii.
Mr. E. Nettlefold	2	—	—	2	—	—	—	—	—	Do. Case xiv. xv.
Dr. Ryan .	2	1	—	—	—	—	—	1	not stated	
<b>Totals</b>	<b>78</b>	<b>37</b>	<b>5</b>	<b>12</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>15</b>	
† Employed the <i>Secale</i> in Hæmorrhages for the last two years, "with invariable success."										† We mean those who have used it successfully in this disease, but the number was not stated.

\* This case, which came under our observation some time after we had written the first part of this paper, was not there mentioned. We have put it then amongst the unsuccessful

cases, although it was only from our injudicious employment, and not from inefficacy of the remedy, that the hæmorrhage had not been arrested at first.

action; when at other times it was necessary to get clear of these irritating causes, which would have counteracted its beneficial influence; as, for example, the employment of purgatives when the bowels were costive. This, however, can never be an objection to our practice, as that *must* be always the case with the administration of any other remedies, which are given with a peculiar object. Although the criterion of the *post hoc, ergo propter hoc*, be not always correct, still we believe that in our profession, when violent symptoms are present, and we employ remedies of acknowledged activity, with the view of curing them, if we obtain a favourable and constant result for a sufficient number of times, we may begin to believe that criterion sufficiently correct. The weight of such a conclusion is moreover increased by the uniformity of results obtained by different individuals, and in different countries; therefore the following prospective view of the general results of the *secale cornutum* in hæmorrhages and leucorrhœa, will make a striking impression of the real efficacy of that remedy against those classes of diseases.

ON THE EFFECTS OF MAMMARY IRRITATION IN AMENORRHŒA.

BY CHARLES PATTERSON, M. D.

MARY REARDON, æt. 24, of moderately corpulent habit, was admitted into the Rathkeale Hospital on the 10th of August, 1832. She laboured under slight synochial fever, which soon yielded to venesection and purgatives. On the 19th hysterical symptoms presented themselves, with pain in the upper and outer part of the right side of the chest. For the relief of this a small sinapism was prescribed, which remained on half an hour. On the following morning the right breast was extremely painful, the pain being very different in character from that before experienced. On examination, the whole side of the chest was considerably swollen; there was slight diffused redness of the skin; and though the mamma was enlarged to four or five times its natural bulk, yet there was no circumscribed hardness nor any tendency to suppurative inflammation.

On the 21st, the right mamma and adjoining parts of the chest were found more swollen. The left mamma and side of the thorax were unaffected; the catamenia had appeared in considerable quantity. This discharge, which, as the patient stated, had been for two years and a half wholly suppressed, continued to flow for two days: it then began to decline,

and with it the tumefaction of the mamma gradually disappeared.

Catherine Power, æt. 19, applied to me on the 14th of September, 1832; she complained of headach, languor, loss of appetite, and listlessness. She stated, that about the middle of April, the menstrual discharge being then present, she incautiously exposed herself to damp and cold. The catamenia suddenly ceased, and had not since returned, and from that period she had been constantly subject to ill health. I ordered the clavicular half of the right mamma to be covered with a sinapism. It remained on for thirty minutes, and in six or seven hours after its removal the right breast was considerably swollen, hot, and painful. The next morning the enlargement of the mamma was very much increased, the tumefaction having extended to the clavicle and axilla of the irritated side. There was no hard circumscribed or prominent tumour, but a painful diffuse elastic distension of the mammary gland and surrounding cellular substance. On the evening of the day succeeding the application of the sinapism, the catamenia appeared, and continued for two or three days in moderate quantity, which greatly relieved the headach and other distressing symptoms, and in a week her health was restored.

In both these cases cold evaporating lotions and gentle saline aperients were employed to moderate the local phlogistic engorgement. Both patients have since continued to menstruate regularly.

From the facility with which the menstrual flux was induced in these cases, it would seem that the beneficial effects in amenorrhœa, lately observed to arise from the long-continued daily application of one or two leeches to the breast, were entirely owing to the great irritation which the leech-bites had eventually produced in these organs. The abstraction of blood by leeches from the mamma had not (according to the reports of the cases in which they were employed) the least perceptible influence over the uterine functions, until pain, heat, and excessive tumefaction of the breasts, had been first developed. Phlogistic engorgement of the mamma being the essential step in the movement, which, in these instances, determined the flow of the catamenial discharge, it must be obvious that, for the pro-

duction of the necessary irritation to effect that engorgement, the simple application of a sinapism would have been, in every respect, infinitely preferable to the tedious and troublesome process of the daily repetition of leeching.

But it must not be supposed that mammary irritation is applicable to every form of amenorrhœa. I have found it fail in some cases.

Mary Fitzgibbon, æt. 21, of spare habit, affected with headach and irregular dyspeptic symptoms. The headach permanent, occasionally aggravated; countenance and tongue chlorotic; mammae undeveloped. The menses had been scanty and irregular from the 16th to the 19th year of her age, but had been totally suppressed during the last two years. No apparent organic impediment. A sinapism was first applied to one breast, and afterwards to both breasts at the same time; but, though they produced their ordinary effects, yet the enlargement of the mammae was very trifling, and there was no consequent uterine action.—*Dub. Journ. of Med. and Chem. Science.*

**CALCULOUS AFFECTIONS IN EGYPT.**

M. CLOT BEY states, that calculous disorders are very common in Egypt; he has operated on forty cases since his residence in that country. The affection is a rare one among the Nubians and Abyssinians. There are two methods of performing the operation; one is the perineo-vesical, the other the recto-vesical.

In both two fingers of the left hand are carried deep into the rectum, to grasp and confine the stone, and to make it protrude as much as possible; a deep incision is then made directly upon it, and the fingers of the right hand are generally used as forceps to withdraw it. Very few patients die of the operation, although most of them labour afterwards under incontinence of urine.

The recto-vesical operation is the one generally performed; it is easy of execution, as a large stone may be most conveniently withdrawn, and the risk of hemorrhage is less than in any other.

Out of the thirty-eight cases operated on by M. Clot, eleven were cured from the seventh to the tenth day after the operation; sixteen from the eleventh to the twentieth; eight from the twenty-second to the thirtieth; four

from the thirty-second to the fortieth; and one from the fortieth to the fiftieth; two only died, and three were discharged with vesico-rectal fistulae.

M. Clot unites with Baron Larrey in ascribing the great success of the operation to the fine climate of Egypt, which is favourable to the healing of wounds, and to the constitution and temperament of the people not being easily irritated or excited. In five of the above cases M. Clot performed the recto-vesical operation; in three of these the fistulae remained uncured. He admits that the operation is exceedingly easy of execution, and that any large calculi may be conveniently extracted, but he has abandoned it for the rapheo-vesical method proposed by Vacca, and which he has performed eleven times; the stone is extracted at the most roomy part of the perineum; no important blood vessel is exposed to the knife, and the rectum can with difficulty be wounded. The only serious objection which has been urged against it, is the danger of wounding the seminal tubes, but only one of these can be wounded, and the other remains safe and perfect.—*Annales de la Médecine.*

*Gastrotomy in extra-uterine pregnancy.*—

A negress in Brazil expected every day to be delivered; labour, however, never came on regularly, and soon all pains left her entirely. The swelling of the abdomen remained as great as ever, and her health soon began to decline. In the course of two years an abscess formed about the umbilicus, and some fetal bones were discharged. Dr. Benit then determined to open the abdomen by an incision of from three to four inches in length, and using his fingers as forceps, he extracted the putrid remains of a decayed fetus. The edges of the wound were brought into contact, and the patient confined to a rigorous antiphlogistic treatment for two months, and she ultimately quite regained her health.—*Ibid.*

**Reports of Societies.**

HUNTERIAN SOCIETY.  
*Wednesday, Nov. 27, 1833.*

C. ASTON KEY, Esq., President, in the Chair.  
THE subject of syphilis in some of its anomalous forms, was continued.

Mr. Key remarked, in reference to the minutes of the last meeting, that it was common for women to have sores near the orifice of the vagina, in the mucous membrane, without their being conscious of it. If there were merely a discharge from the follicles it imparted gonorrhoea, but if there were ulceration of the follicles it produced chancre. He adverted to a cutaneous affection, rupia, usually considered syphilitic; but he had met with four instances in which he could detect no syphilitic taint. This he regarded as cachectic rupia. The patients became well by an allowance of porter, and by taking capsicum and quinine, or nitric acid and sarsa.

Mr. Bevan adduced an instance of rupia which had evidently arisen from syphilis. The glans penis had sloughed.

Mr. Roberts related a case of rupia, of syphilitic origin, in which the red oxide of mercury, with sarsa, proved speedily beneficial.

Dr. Whiting reported the case of a man on whose skin appeared syphilitic lepra. Four months before, he had contracted chancre, and the sore healed of itself, but now bubo and eruption occurred. The Doctor observed that the sore might have been primary venereal disease, or a syphilitic disease capable of contaminating the constitution.

Mr. Hingerton had no doubt that the syphilitic sore will sometimes get well of itself, or under simple treatment. A man consulted him about a sore of whose nature he was doubtful. He sent him to an eminent surgeon who pronounced it not venereal, and prescribed accordingly. The sore healed, but three months afterwards secondary symptoms arose. He directed attention also to the failure of power and fever which occasionally precede the breaking out of secondary symptoms in cachectic habit.

Mr. Key thought it saying too much that the febrile excitement arose from the venereal affection. He admitted, however, that there sometimes is a disturbance in the system, and that pulmonary affections occasionally come on under these circumstances. He was so accustomed to observe excitement accompanying some forms of secondary symptoms, that for ten days he often employs antimony and sarsa. If mercury be given in this state, it salivates too quickly.

Dr. Babington adduced the testimony of

army surgeons that in most cases there is no appreciable disturbance.

Mr. Key adverted to the effects of diet in the treatment of syphilis in the army. The common soldiers have their diet prescribed, and they cannot avoid conformity to it, and the treatment of the disease in them is very easy; but with respect to the officers it is not so easily cured. He believed no disease is so much modified by habit, as the one in question. In reply to a question, whether the secretion of the male can impart the disease, he expressed his persuasion that in most of the obscure cases abrasion took place. There had been a chancre which had healed, but the skin remained thickened, and from coitus the part becomes abraded. Ulceration then occurs in one of the mucous follicles of the vagina. He had seen eight or ten instances of this kind in young married women.

Mr. Hooper reminded the President that in a case related at the preceding meeting there was no abrasion of the part in the male, nor could any sore be detected in the female.

Dr. Whiting considered it well to look at the various arguments in reference to cases in which something is produced independently of sores. It is acknowledged, he said, that the child in utero can have the disease, and he presumed it must be either through the medium of the circulation in the mother, or by means of her nervous system. If so propagated, he asked, where is the improbability of its being communicated by the secretions of the male. He admitted that positive proof could scarcely be obtained, but he believed that the disease can be communicated without sores. He considered the disease, in general, as local, and not dependent on constitutional irritation. The fever which sometimes arises he would rather regard as a sequence than a cause, as the same as symptomatic fever from other causes. If you have inflammation or fever, the disease will be more obstinate, you have more morbid action to combat. You must, therefore, get rid of the inflammation and fever, and then your specific or agent will be more effective. He considered this remark applicable to all specific diseases, all the exanthemata.

Mr. Hooper admitted that the principle was good, but thought it often a puzzle how to act upon it. Though changing the subject, he could best elucidate his meaning by referring

to a disease now somewhat prevalent in his neighbourhood in a very malignant form, scarlatina. The disease was set up with inflammation, the throat became highly inflamed, and had depletive measures been resorted to, he believed the result would have been worse than it was. In one family he had lost three sisters. He did not see the eldest till three days after the onset. The pulse was 130 or 140; the strength prostrate; the throat tending to lividness; and there was ulceration round the velum palati. The third sister, who had previously been an invalid, was seized at two o'clock in the afternoon, and in the evening was a corpse. There was pallidness and diarrhoea, but no soreness of throat, so that there was no proof of the existence of scarlet fever. Mr. Hooper believed, however, that she died of some cause which gave malignancy to the disease prevailing in the family. In the third sister the affection of the throat was preceded by vomiting and purging. The chief remedy employed had been ammonia. Four other children in the family were affected, and were treated in the same way.

Dr. Ashwell advocated the efficacy of ammonia in this exanthem, and Dr. Babington that of the antiphlogistic method of treatment.

The President suggested that as the time for adjournment had now arrived, he thought the subject was of sufficient importance to be resumed at the next meeting, Dec. 11th.

WESTMINSTER MEDICAL SOCIETY.

Saturday, November 30, 1833.

Dr. GREGORY in the Chair.

*Medical Reform.—Tribute paid to the late Medical Officers of the General Dispensary, Aldersgate-street.*

The minutes of the last meeting were read and confirmed.

Dr. Gregory then read a recommendation made by a large number of the oldest members of the Society, that the late Medical Officers of the Aldersgate-street Dispensary be elected Honorary Members of the Society. The proposition was put to the meeting and unanimously carried.

Mr. King then addressed the Society at great length on the great necessity of medical reform. He contended that the preliminary education of those intended for the profession was too much neglected in this country, while

in France and other parts of the continent of Europe a good knowledge of classics and general information was required. It was rightly considered, that the mind of a medical practitioner ought to be as enlightened as possible. The term of apprenticeship is too long, a year was sufficient, and the remainder of the time should be spent in attending lectures and hospitals. In his opinion, four or six years ought to be spent in this way, and clinical medicine was not sufficiently studied either at home or abroad. One examination was not a sufficient test of the competency of a surgeon, even if it was continued from morning until night. In France no one could become a doctor of medicine or surgery without a good general education, which, if approved of, entitled the candidate to the title of bachelor of letters. There were six medical examinations on all the branches of medicine, besides writing and defending a thesis\*. Every practitioner should be qualified in medicine and surgery, as there was no arbitrary distinction in nature. There should be one Faculty of Medicine.

Mr. Costello rose to order, and said that Mr. King was discussing topics which had been disposed of at the last meeting.

Mr. King concluded by moving the fourth resolution, relative to the abuses in the College of Surgeons, which appeared in our last.

Mr. Greenwood seconded this resolution; and said that the Examiners and Council had no object in view but dividing emoluments among themselves. They were self-elected, irresponsible, and had no connexion or community of feeling with the members of the college at large. They refused to recognise some of the ablest lecturers, as Carpue, Bennett, &c., as many of them were lecturers themselves, and most of them hospital surgeons, and they combined to exact large fees from students, for the purpose of filling their own pockets. They impeded the progress of science, and they refused to recognise provincial lecturers as long as they could.

Mr. Holt observed, that, according to the Parliamentary Report, the fees to examiners were £4754.

Dr. Somerville supported the argument in favour of a better general and professional education. The College had not applied to

\* This number of examinations are required in Edinburgh and all the Universities.

Parliament to prevent quackery and the murder of his Majesty's subjects. He would mention a humiliating fact, and it was this, that the Secretary of State for the Colonies had many appointments at his disposal at the present moment, and he felt convinced that the College diploma was not a sufficient test of knowledge, and therefore he required regular surgeons to be re-examined by the Director General of the Army. There should be no sordid gain in conferring medical honours. In the by-laws of the College there was the narrow rule, that Fellows, not members of the College of Physicians, were admissible to the Museum and Library.

Mr. Lavis remarked, that the College neglected the interests of the members at large, did not apply to the legislature to give remuneration for attendance on hospitals, prisons, workhouses, &c. One of the Council told a patient of his, that his demand for setting a fracture, and attending for several weeks, which was only two guineas, was too much.

Mr. Walker said, that the system pursued by the College was the most injurious to science and humanity. The sole object of the managers was, to bring grain to their own mill; they refused to admit those who had attended foreign lectures; and they kept hospital appointments among themselves and their connexions.

Mr. Chinnock proposed the next resolution relating to the Apothecaries' Company. He admitted that this Society had done a vast deal of good; their examination was excellent; but it was monstrous that they should have the power to examine the goods of fellow-tradesmen and inflict fines. They had no power over chemists and druggists; and these individuals, without any medical education, not only compounded medicines as apothecaries, but practised medicine and surgery. The Company of Apothecaries never prosecuted them, but reserved the terrors of the law for those studying medicine, whose ultimate object was, to be legally qualified practitioners. The general practitioner—the public's doctor—had no protection, nor was he allowed to lecture, however competent he might be. They had no stimulus for exertion. The churchman saw a bishopric in perspective; the lawyers, the woolstack; but the general practitioners, no object of ambition. They were the physicians, surgeons, and obstetri-

cians of the multitude, and as useful to the public as any grade in the profession.

Dr. Blicke seconded the resolution, and mentioned many acts of oppression on the part of the Company of Apothecaries. These persons were totally unfit to govern so respectable a body as the general practitioners of England and Wales.

Dr. Epps rose to propose a verbal amendment to the same purport, and fully agreed with the sentiments of the mover and seconder of the resolution. He was under no compulsion to the Company of Apothecaries, as they refused to recognise his lectures on the Practice of Medicine until he became a member of the College of Physicians. Nevertheless, he should do them justice; they had greatly improved the education of students within the last few years. But, as a trading body, it was unjust that they should have the power to fine their fellow-tradesmen, or to preside over the science of pharmacy. Had the College of Physicians done their duty, we should be all physicians, and the Apothecaries' Hall would be confined to pharmacy alone. He could not agree with Mr. Chinnock, that, as tradesmen, they were unfit to govern general practitioners; because all general practitioners who sent in medicines, and charged for them, were tradesmen; and men of science ought to be remunerated for their skill and attention. Dr. Epps then proposed,—“That the exalted state of the General Practitioners was such as to place them superior to the Company of Apothecaries, and that they should be governed by a scientific body.”

Dr. Johnson seconded the amendment.

Mr. Hunt then rose to propose the next resolution, but

Dr. Johnson moved an adjournment, on account of the importance of the subject and the lateness of the hour.—Adjourned.

#### MEDICAL SOCIETY OF LONDON.

Monday, December 2, 1833.

WILLIAM KINGDON, Esq. in the Chair.

*Secale Cornutum in Gonorrhœa and Leucorrhœa—Leucorrhœa in Children—Poisoning by Marson's Pills.*

THE second part of Dr. Negri's paper was read, which will be found in a preceding page.

A gentleman observed that the evidence

afforded by the paper was not satisfactory to him, as other remedies had been used, and change of diet or circumstances during the interval between the exhibition of the doses might account for the improvement in the diseases. He had used tartarised antimony and muriated tincture of iron in nauseating doses in gonorrhœa and gleet with benefit, and the ergot produced nausea and vomiting in one of the cases.

Mr. Procter said, that after the candid and impartial narration of the cases read before the Society, he was surprised at the observations just made; but, for his own part, he thought the paper one of great importance. There were no cases more annoying or tedious than gleet or leucorrhœa; and in these diseases most of the remedies in use fail every day. He, for one, should certainly try the *secale cornutum*, as recommended in Dr. Negri's excellent paper.

Dr. Burne could bear testimony to the efficacy of *secale cornutum* in uterine hæmorrhage, after abortion and labour among poor women. In such cases he had found the sulph. sodæ ʒj. and acid. sulph. dil. ℥x. given three times a day generally effectual. In leucorrhœa, he found a lotion, not an injection, of liquor. ammon. fort., properly diluted, almost invariably efficacious. Leucorrhœa was extremely common among dispensary patients,—it occurred in three cases out of four, and he was of opinion that constipation of the bowels was one of the exciting causes of it.

Dr. Shearman considered the paper before the Society one of much interest; and he related two cases of abortion, one at the fifth and the other at the third month, accompanied by uterine hæmorrhage, in which the last affection was arrested by the remedy in question. This case occurred some years since, when the remedy was first introduced into practice. He thought that the observations of Dr. Burne were of great value.

Mr. Birt inquired in what doses the remedy was administered.

Dr. Shearman replied, in doses of ten grains every three or four hours.

Mr. Kingdon related two cases, one of early abortion, the other of leucorrhœa, both of which were cured by the ergot of rye. He ordered it in much smaller doses,—ʒj. in Oj. of water, and ʒj. of this infusion with a tonic mixture of cascarrilla.

Mr. Dendy remarked that the observations made by Dr. Burne were worthy of great consideration, as too little attention had been paid to the exciting causes of leucorrhœa. He had lately under his care, thirteen or fourteen cases of genital discharges in children, some of which were leucorrhœal, and others were similar to that produced by specific virus. He thought that worms or intestinal irritation were exciting causes, and used ordinary means in these cases. Twelve got well; the remaining four were ordered the *secale cornutum*, as recommended by Dr. Negri and Dr. Ryan. He did not think, however, that they had described with sufficient minuteness the pathology of the diseases alluded to in both of the papers read before the Society.

Mr. Kingdon remarked that Dr. Negri did not profess to describe the diseases mentioned in his papers, but the efficacy of the ergot of rye in cases of these maladies.

Mr. Clifton observed that the papers were worthy of serious consideration, as they contained much valuable information on the efficacy of the *secale cornutum*. He thought that the remedy ought to be tried in all cases in which it was recommended, especially in early abortion; but great caution would be necessary, lest the medicine might excite uterine contraction, and produce abortion.

Dr. Ryan wished to make a few remarks on the subject before the Society, as his friend Dr. Negri had mentioned some of his cases. He bore his fullest testimony to every fact with which his name was connected in the papers; and would assure the Society, that if the members employed the remedies in a genuine state, its beneficial results in all the cases related would be obvious. A great diversity of opinion existed with regard to the power of this medicine; but this arose from the want of any correct history of it in the English works on *Materia Medica*. The ergot should be good, and preserved in closely stopped bottles, so that exposure to air and moisture do not take place. It may be given in powder or tincture, and the latter, which he employed, is composed of ʒj. to the pint of proof spirit; the maximum dose was ʒj. He had known a gentleman give ʒj. of the ergot without any effect, but he had kept it in paper in an open drawer. He, Dr. Ryan, gave him ʒj., which he had about him, and afterwards learned that his friend considered



the ergot one of the most powerful remedies in use. He thought the effects of the ergot in small doses different from the quantity given to induce labour, like alterative and scruple doses of calomel; and that there was no danger of causing abortion with small doses.

Mr. Headland observed, that in his opinion practitioners ought to be cautious in using this remedy on a large scale, as, like all other kinds of deteriorated grain, it might produce very bad effects.

Mr. Kingdon concurred with the last speaker, and feared that many of the medicines now in constant use were open to the same objection.

Mr. Clifton said that, in his opinion, the failure of the secale cornutum was to be ascribed to its not being kept properly; and thought that if given largely it might cause bad effects. He saw a child a few days ago, that was nearly killed by Morison's vegetable pills, which produced all the symptoms of narcotic poisoning.

The Society then adjourned.

THE

**London Medical & Surgical Journal**

*Saturday, December 7, 1833.*

**MEDICAL REFORM IN FRANCE.**

*Omnis Gallia est divisa.*

IN the state of transition through which the medical institutions of this kingdom are at present passing; when we consider the many causes which have insensibly led to their degradation, and the very little which has been attempted for their systematic improvement, it is not uninteresting to turn our eyes to the revolutions of the republic of medicine among our active neighbours, whose experiments have gone the round of every social institution. The very subject, besides, is of a cosmical character: the lawyer confines himself to the civil law of his country, the divine is restricted by the ceremonials of the religion he professes:—but the *Medicus*, whether at home or abroad, pursues a science of universal application; and there is nothing in the manner and extent of his

education, in the ranks into which his profession should be divided, or the ethics which should regulate his practice, which is not as applicable to one great civilised community as to another. Our readers will not, therefore, be surprised to find, that the discussions upon medical reform, which at present occupy the French Schools, are the very counterparts of those in which we are now engaged; and we invite their serious attention to the medical reforms contemplated in France, an abstract of which we propose to lay before them.

The French revolution, which levelled every political fabric, from the throne to the altar, led to the suppression of the Universities, and put an end to all public instruction. The general conflagration, says an able writer, consumed an edifice, which it would have been far better to repair than to pull down\*. But the task of rebuilding was undertaken with quite as much energy as that of destroying: and the spirit of *organisation* soon extended itself to the medical institutions. It is unnecessary to enter into a particular account of the new system, and the changes it underwent, under successive governments. We have, on a former occasion, given an epitome of the French code of medicine, and the more important points will come under review in the sequel.

The arrangement, however, whether emanating from those who believed in perfectibility of man and his institutions, and who had a *carte-blanche* for their schemes, or from the omnipotence of Bonaparte, were far from satisfactory to the profession and the public: and, in consequence, in 1829, the Minister of

\* L'incendie général consuma un édifice qu'il aurait mieux valu sans doute réparer qu'abattre.—*Lacroix sur l'Enseignement*, p. 66.

the Interior addressed a series of questions to the Academy of Medicine, upon the re-organisation of the profession. The Academy immediately appointed a committee to report their opinions. But, it seems, the apparent resolution of the government to introduce its agents into the projected medical councils, was so unpalatable to the profession, that the labours of the committee went on but slowly, till they were at length interrupted by the éclat of the last revolution. The whole attention of medical men was soon after absorbed by the spread of the cholera; and it was not till last July, that this important subject was resumed.

The late revolution gave a considerable impulse to the cause of public education in that country. The duty of watching over public instruction is now intrusted to a special cabinet minister, and this office has fallen to one of the most enlightened men in France.

In July last, M. Guizot renewed the application to the Academy, and claimed its long expected answer. In October last, M. Double read to the Academy the report of the committee, which contains a long and very able examination of the imperfections in the present medical institutions, and the alterations of the law which the committee unanimously recommend.

Of the vices of the late government of France, its monopoly of education was among the most offensive.—The liberty of teaching is one of the watch-words of the new charter. The committee, therefore, dwell with complacency upon the absurdity of the monopoly of teaching, especially in medicine. There is no science, whose advancement is so inseparably connected with its tuition as medicine. In it the teachers are, or ought to be, the most extensive practitioners. We have indeed nothing to apprehend, nor have the

French, under their present government, in the interposition of politics in medical affairs. But we may reasonably allow our neighbours to exult in their new emancipation and independence.

By far the most important discussion in the report, both as regards the reform of the French school, and its intimate connexion with the position of general practitioners in this country, is that which relates to that peculiar class of practitioners, the Officers of Health. The report demands the suppression of this class, and, in consequence, of the medical juries, by whom they were admitted.

It insists upon the suppression of secret remedies, or, in the vernacular, *quack medicines*, “hitherto the incurable wound of medicine;”—this head we propose to transfer into the English code, *mutatis mutandis*.

Its next subject is the abuses which have insinuated themselves into the tuition and practice of the healing art, and the effect to be given to foreign degrees; and, finally, the abuses which have crept into the practice of pharmacy, or the trade of an apothecary, occupies its serious attention. In this latter branch, it has resolved that the business of an apothecary should be precisely and absolutely isolated from the sale of drugs, or the business of a druggist.

It will be seen from this sketch of the report, how home to our business are the inquiries now mooted among our enlightened neighbours. And, although there are more difficulties in the way of a thorough medical reform among us, than in France,—arising partly from the complicated state of our medical institutions, and their clashing privileges, and partly from the vast respect, which is too often shown in this country to private interests and individual prejudices;—still, we look

forward with considerable satisfaction to the effect upon our public men, of an example of such a complete reform, as is likely to be accomplished in the medical profession of France.

The first question which is addressed to the Academy relates to the possibility of removing, without inconvenience, the existence of two orders of medical men. In examining this question, the Committee state the different qualifications of the two orders already found amongst them.—A diploma from the Faculty of Lettres; another from the Faculty of Sciences; four years' *inscriptions*, taken in the Faculty of Medicine; five examinations: the first in Natural History, Pharmacy, Physics, and Medical Chemistry, at the end of the first year; the second, Anatomy and Physiology, at the end of the second year; the third, on Medical and Surgical Pathology; the fourth on Hygiene, Medical Jurisprudence, *Materia Medica*, and Practice of Physic; the fifth, on Internal Clinique and Midwifery, these latter three after the fourth year; a thesis, and expenses of 1100 francs (less than 50*l.*)—these are the obligations that must be fulfilled for the degree of Doctor in Medicine or in Surgery. This degree confers the right of practice to its full extent. The requisites of the inferior class are stated to be preliminary studies, none, or insignificant; three years' study in a faculty or a secondary school, which may be replaced by six years' attendance in an hospital, or studies with a doctor; three examinations, most frequently illusory; an outlay of between 250 and 300 francs (about 9*l.* and 10*l.*)—such are the demands upon the inferior order of practitioners. Their range is limited to a particular department; and all capital cases of surgery are, *by law*, excluded from their practice. All infractions of

the law are punishable by action; but doctors recoil from the anxiety and scandal of a law-suit; and the officers of health enjoy a practical immunity from the letter of the law.

The Committee then take a general view of the profession in foreign kingdoms, and observe, that in England the apothecaries have the right of practising and prescribing the remedies they propose; that they form, truly, a class of practitioners inferior to the physicians. In some respects the analogy is complete. The apothecaries' right to *prescribe*, "without taking or demanding any fee for their advice," was recognised more than a century ago. It is strange how such a proposition could have ever been doubted. Their right to charge a fee has been admitted in a late case, of which the authority is questioned. That there is between them and the regularly educated physician a war, ruinous to the interests of science, and injurious to the public, is also true.

That there should be no difference in the degrees of qualification required from medical practitioners—no privilege of ignorance; that the science should be accessible to all, but that all should be obliged to cultivate equally the science; that the health of the poor is as valuable to the state, as the repose of the wealthy, are propositions too plain to admit of being directly denied. It is well observed by the report, "medicosity will never be wanting; it is a law of humanity, which the legislature cannot remedy;—it is its duty to stipulate for society all the guarantees that are at once possible and necessary." What would our French brethren say of the contemptuous privilege claimed by the Fellows of our College of Physicians! They set up no right to superior medical attainments—these are hardly bought by years of unsubmitting

study. But, forsooth, they have been at the Universities,—they are classics, no doubt; science is not beyond them; and, *proh pudor*, they carry into society a collegiate reputation for morality!

After reflecting upon the increased importance, which the medical profession will possess, as society advances in improvement, the report proceeds to consider some objections to the abolishment of the Officers of Health, from the necessities and poverty of some districts of the country; and recommends the appointment in such places of doctors on the footing of our parish surgeons, or the surgeons of the county infirmaries in Ireland. Besides, to induce medical practitioners to spread over the country, it is proposed, that doctors and apothecaries hereafter admitted, shall be required to pay, on establishing themselves, a fee for the right of practising, which shall vary according to the department and population of the commune, in which they shall fix their residence:—this fee, with the expense of inscriptions, not to exceed the sum a degree at present costs; and subject to this arrangement, all probatory acts to be gratuitous; upon a change of abode, the surplus to be paid.

To meet the increased demand for medical instruction, the report proposes, in addition to the three Faculties already existing in Paris, Strasbourg, and Montpellier, the establishment of three additional, one at Lyons, one at Rennes, or Nantes, and one at Bourdeaux, or Toulouse. And to render the examinations more strict, it is proposed that the examiners shall not be confined to the members of the Faculties, but that one-third shall be taken from the medical men of the city and neighbourhood of the Faculty.

To carry these measures into effect, to watch over the exclusive rights of the doctors, to enforce the law against quacks,

and, above all, to regulate the morals of the profession, guard the purity of its practice, and diffuse a spirit of social fellowship among its members, the committee rely upon the establishment of *departmental medical councils* under the sanction of law.

To this branch of their enquiries the committee have paid great attention. We shall recur to this subject, and the proposed amendments in the practice of pharmacy upon a future occasion;

WESTMINSTER MEDICAL SOCIETY.—  
REFORM DISCUSSION.

“*Tantæne animis cælestibus iræ?*”

ONE of our contemporaries, known to our readers by the soubriquet “Chlorosis,” finds an apt similitude to the Westminster Medical Society and its numerous members, in the trades’ union and combinations against taxes! It seems, then, the master tradesmen are by no means satisfied at the appearance of unity and combination among their menials. We are rejoiced at the information;—the nausea proves the medicine is beginning to work.

At the discussion on last Saturday, Dr. Epps moved an amendment to the 5th original resolution, to the effect that it was unfit that the Apothecaries’ Trading Company should continue to govern the general practitioners in their present exalted state. The amendment is certainly an improvement upon the grammar of the original resolution, and does not much affect its spirit. To our apprehensions, the Doctor is of opinion,—we infer from the words of this resolution,—that the general practitioners should themselves cease to trade: but we should like to see this position fairly and explicitly stated, to leave no room for *doubt*, whether more is meant than meets the ear. The discussion is adjourned.

## 604 Meeting of Apothecaries of Ireland.—French Hospital Reports.

### MEETING OF THE APOTHECARIES OF IRELAND.

A NUMEROUS and highly respectable meeting of the Apothecaries of Ireland was held in Dublin on Tuesday week, at which Mr. Donovan presided. Several provincial apothecaries were present. It was resolved that a petition should be sent to both houses of Parliament against the act lately proposed, and asking that physicians and surgeons now in practice should not be allowed to practise pharmacy without a previous examination. A warm discussion then took place on the propriety of the meeting uniting with the Dublin Apothecaries' Hall, the result of which was, after an eloquent speech by Mr. Kane in favour of the union, that such a union should not take place.

We highly approve of this decision, and think that the National Association of Apothecaries were quite right in refusing to coalesce with the [monopolists in Mary-street. The time is at hand when the medical world must be properly governed, and all corporations perfectly purified.

### French Hospital Reports.

#### HOTEL DIEU.

*Internal Strangulation cured by the em-dermic use of Croton Oil.*—Penjat, a groom, æt. 28, and of a lymphatic temperament, had been afflicted with inguinal hernia of the right side for four years. The hernial tumour was small, and could always be easily reduced, and being frequently obliged to ride out, he constantly wore a supporting bandage. One morning on rising, he re-applied the bandage as usual, and in the course of the same day he was suddenly seized with nausea and severe colicky pains of the bowels, which increased for several days; leeches and fomentations were applied to the surface of the abdomen, and he was placed repeatedly in the warm bath. When admitted into the Hôtel Dieu, he had severe pains over the whole abdominal region, which were much increased on pressure, especially around the umbilicus, and severe nausea and vomiting. On examination, no tumour could be detected in the abdomen or inguinal region. The in-

terior orifice of the inguinal canal was sufficiently narrowed, which proved that the hernia was for the present reduced. There was headach, agitation, and anxiety; the tongue was moist, and covered with a yellow fur, and no thirst; he had not had any evacuation of gas or fæces for four days.

M. Sanson remarking no symptom that warranted the performance of an operation, decided on employing the antiphlogistic treatment. Thirty leeches, with emollient fomentations, were applied to the abdomen, and he was afterwards placed in the bath. His symptoms were slightly alleviated by this method of treatment, but they soon returned again. The same remedies, with the addition of a blister on the upper part of each thigh, were continued without any relief being obtained. Five drops of croton oil were ordered to be applied to each blistered surface, and in the course of a short time there came on free and frequent evacuations from the bowels; the pains were immediately relieved after the first alvine discharge, the belly became soft, but the pulse still remained frequent. He passed a good night, and on the following morning two purgative injections were administered to prevent any attack of inflammation, and the next day he went out quite well.—*Lanc. Fran.*

*Rhinoplastic operation.*—A young man consulted M. Dupuytren some time ago, respecting an eating ulcer, which had already destroyed a considerable portion of the point and septum of the nose. Under mild treatment the sore was healed, but a disgusting deformity remained in consequence of the loss of substance.

M. D. resolved to attempt its restoration; and in this case he cut the flap from the upper lip, which was unusually thick and long. Having accurately marked out the dimensions required, an incision was made through one half of the thickness of the lip, and the flap was then dissected or sliced off, the inner surface or face of the lip being left uninjured. The flap was now "retourné" by twisting its pellicle from right to left, and secured to the raw edges of the nose by hair-pins and the twisted suture. On the sixth day the pins were removed from the lip, and on the ninth from the nose; the flap had united to the septum and point of the nose.

The part where the pedicle of the flap was twisted round formed a disagreeable protuberance, which after a time was divided, and all the irregularities pared carefully away. The cure ultimately was a very satisfactory one.—*Journ. Hebdom.*

### Portuguese Hospital Reports.

(Continued from page 446.)

#### Gun-shot wound of the Abdomen.

Sept. 28th. As some Miguelite soldiers were firing on their enemies, who were retreating across the Douro, after a sortie to destroy a battery on the opposite side (the south) a musket ball wounded Wm. Williams, captain's steward of H.M.S. Childers, a man 26 years old, of regular habits, and robust health. The ball entered his back to the left of the spine, and about two inches and a half from it, fracturing the eleventh rib, and making its exit through the cartilages of the false ribs, about one third the distance from the distance from the sternum to the spine. But little hæmorrhage followed the infliction of the wound; he, however, became faint and pale; pulse feeble; skin cold; countenance expressive of great alarm; complained of a sense of constriction in the region of his stomach. From the exit of the ball I extracted a piece of his flannel. The wound emitted some foetid odour, and soon after there oozed thence the fecal matter. Ordered to be kept perfectly quiet, and to have neither food nor drink.

29th. Eight, A.M. Was very restless until five this morning, when a grain of opium which was given him, had the effect of easing the spasms and vomiting that had been distressing him throughout the night; is very pale, cold, and weak; pulse feeble and frequent; abdomen tumid; the exit of the ball continues to discharge fæces. The exit wound to be frequently dressed simply; quietude and abstinence to be persisted in.

Nine, P.M. His pulse getting up this afternoon, he was bled until he became faint; blood very buffed and cupped; has been very weak since venesection; pulse feeble and 120; abdomen remains tumid, and is a little painful on pressure. He lies on his back with thighs bent on the belly, and has been in the same posture since he received the wound. Fæcal matter continues to ooze from

the trajet of the ball. The same rigid abstinence to be persisted in, and to have a common enema at *h. s.*

30th. Ten, A.M. Has been rapidly sinking since three this morning; at seven he became very restless and delirious, and at nine, A.M. he expired, 44 hours after he received his mortal wound.

*Autopsy, two hours after death.—External appearances.*—Abdomen is much distended, a few hours before death a great quantity of fæces was discharged through the trajet of the ball, and per anum.

*Internal appearances.*—The ball having fractured the eleventh rib, penetrated through the inferior margin of the spleen, passed through the colon, at the angle of its transverse and descending portions, and made its exit where I have before described. The intestines in the neighbourhood of the wounded colon were highly vascular, and in the cavity of the belly was a great quantity of extravasated blood, very dark in colour. A good deal of fæces had been extravasated, but its diffusion among the intestines was guarded against by the adhesions the adjacent parts had contracted. It was, in short, contained in a kind of sac, the open mouth of which was the end of the trajet of the ball.

### Hospital Reports.

#### ST. BARTHOLOMEW'S HOSPITAL.

##### *Psoriasis Diffusa.*

ELIZA SMITH was admitted under the care of Mr. Lawrence. Her entire body was covered with large patches of irregular dimensions, and of a red shining colour. In some parts the patches have become confluent. The disease is attended with a sensation of heat, and she complains of great pain all over her body; her face and head are completely free from the disease. She complains of very great itching, more particularly at night time. Her general health is very good, and her bowels very regular.

She has been ordered to take three minims of liquor arsenicalis three times a day.

#### WESTMINSTER HOSPITAL.

##### *Calculus in the Bladder.—Lithotripsy by Baron Heurteloup.*

W. R., a native of Norfolk, about sixty years of age, and of extremely healthy appearance,

was admitted on the 6th Nov. under the care of Mr. White, labouring under all the symptoms of stone in the bladder. He has been labouring under the symptoms of the disease during the last two years, which latterly became exceedingly distressing, and obliged him to come up to London in hopes of gaining some relief in one of the metropolitan hospitals.

Mr. White, with the concurrence of the patient, requested Baron Heurteloup to sound him, and if necessary to perform lithotripsy. The Baron accordingly sounded the patient, and the stone (about an inch in diameter) was distinctly felt. The Baron then proposed his operation, to which the patient consented.

On Saturday last, Nov. 23rd, in the presence of a large number of medical men and students, Baron Heurteloup proceeded to operate. The patient being placed on his back on the operator's rectangular bed, the Baron injected the bladder. The stone was then readily seized, and the hammer being applied to the external portion of the instrument, it was speedily pulverised. The patient then voided the contents of his bladder with force into a basin, which being allowed to remain quiet for some time, deposited a large quantity of pulverised stone at the bottom of the vessel.

During the operation, the patient appeared to suffer little or no pain, and on going out of the operating theatre, turned round to thank Baron Heurteloup.

The Baron then addressed the gentlemen present, through an interpreter, and at the request of Mr. Guthrie explained the plan of the instruments, and went through each portion of the operation with minuteness and clearness.

His observations were very similar those reported in No. 90 of this Journal, and need not be inserted here.

The venerable Mr. Lynn, who previous to the operation seemed to be rather sceptical in his opinion of the advantages of the lithotripsy, expressed his very great satisfaction at the manner in which the operation was performed. It was his first time of witnessing the operation, and he appeared highly pleased with it.

The patient on being placed in bed conversed most cheerfully with the surgeons, and

evidently appeared quite astonished at the trifling nature of the operation.

We shall report the treatment and the success of the operation in the next number of the Journal.

#### *Inflamed Bursa of the Knee.*

In reference to a case of diseased bursa of the knee at present in the hospital, Mr. White remarked, "this, gentlemen, is inflammation of the bursa, and is very frequent in servant women, who are obliged to go on their knees in their occupation of scouring floors. It sometimes enters into the joint itself. These cases are always to be cured by rest and counter-irritants."

#### *Hydrothorax.—Paracentesis.—Cure.*

A middle-aged man, of dark complexion and pale countenance, was admitted into the hospital some time ago, under the care of Dr. Roe, complaining of considerable difficulty of breathing, cough, and all the characteristic symptoms which generally indicate the presence of water in the cavity of the thorax. The patient's appearance was exceedingly emaciated and haggard, and he complained of a sense of anxiety in the lower part of the sternum. It appeared by the patient's statement that he had been for a long time labouring under these symptoms, which became very much aggravated by exposure to cold in returning home from the theatre a short time previous to his admission. He also complained of a constant cough, and said he often awoke suddenly from sleep in apprehension of immediate suffocation. He could lie only on the side which was affected. On percussion his chest gave a dull heavy sound, his pulse was irregular. When he moved in bed he could very distinctly feel the undulation of water in the chest.

On the 7th of August, there being no doubt entertained of the existence of fluid in the thorax (all the symptoms being particularly well marked) it was found advisable to perform the operation of paracentesis. The operation was performed in the following manner. An incision about an inch and three quarters in length, was made through the integuments between the sixth and seventh ribs. The intercostal muscles were then divided near the upper edge of the lower rib. (This exact situation should be cautiously attended

to, as otherwise there is considerable risk of wounding the intercostal artery which runs along the under edge of the upper rib.) A trocar was introduced, and about six pints of straw-coloured fluid were then discharged through a canula. The canula was then speedily withdrawn, and the wound closed up. From the time of the operation the patient gradually appeared to recover, and the unfavourable symptoms began to disappear. He was soon after put on a minim and a half of hydrocyanic acid three times a day. Nothing very important took place afterwards, and he was discharged from the hospital on the 16th Nov. perfectly cured.

Dr. Roe, in his clinical lecture on this case, observed, that the sound which was heard on percussion in the commencement of the disease, might be a symptom arising either from a solidified lung, pulmonary abscess, or the collection of fluid in the chest.

The presence of fluid, Dr. R. remarked, may be known by one certain symptom, or when on percussion we find a difference of sound produced by change of posture, that is, when the patient standing erect the breast being struck gives forth a sound different from that which it does when he is in a recumbent or any other position. Having been satisfied of the presence of water in the thorax, the next important point to be considered is how we are to get rid of it. To effect this either of two modes of treatment may be pursued; having recourse to bleeding, leeching, and blistering, or resorting at once to the operation. Dr. Roe is of opinion, that in cases where there is no obstruction of the circulation of the heart, the operation is not advisable, and that the antiphlogistic plan should not be carried too far. Dr. Roe particularly impressed on the minds of the students the impropriety of a mode of treatment pursued in some cases, viz. that of allowing the canula to remain in for some time after the operation. Dr. R. read a case from the Medical Quarterly Review, in which this injudicious treatment was followed, and the patient very soon sank.

Dr. R. had a case of a young lad at Brompton, in which the chest was punctured, and the case turned out most favourably.

Thus, observed Dr. Roe, we have two reasons for not allowing the canula to remain in; viz. the great probability of doing mischief by pursuing this injudicious treatment, and the almost certainty of the patient's recovery if this be avoided, and the operation judiciously performed. When air gets into the abdomen or testicles, inflammation succeeds, but no such consequence necessarily ensues on puncturing the thorax. The greatest caution should however be observed, and the wound speedily closed up.

Dr. Roe showed a flat trocar invented by Dr. Davis, which Dr. Roe strongly recommends in cases when the operation of puncturing the thorax is required.

## MIDDLESEX HOSPITAL.

Samuel Dovey, *ætat.* fifty-seven, admitted under the care of Dr. Watson, February 26th.

Paralysis of the parts supplied by the portio dura of the left side, with hemiplegia of the left half of the body; he draws the leg after him in walking, and is unable to use the arm; deaf in the right ear; complains of constant pain in the head, especially over the right eye. These symptoms have existed for ten days; they came on gradually.

C. C. nuchæ ad ℥vij,

Calomel gr. ij,

Opii gr. ʒ. nocte manequè.

March 5th. Since the last report he has become heavy and drowsy; cannot see distinctly.

V. S. ad ℥xvj.

6th. Better after the bleeding, but there is increase of coma to-day; gums tender.

Rep. cuc. cuent.

8th. Not much better; *emp. lyttæ nuchæ*. Upon examining the heart by the stethoscope a rough bruit is heard, principally over the base.

16th. Another attack of stupor; stertorous breathing; face flushed, and a regular state of apoplexy. The temporal artery was opened, and relief obtained after taking ℥xvj.

17th. Much more sensible; blood buffy; paralysis the same.

28th. More drowsy, and unable to be roused; evacuations involuntary. From this time he became weaker and weaker, and died April 11.

Pathological appearances, twelve hours after death.

*Chest.*—Some sero-sanguineous fluid in the pericardium; heart large and loaded with fat; right side healthy; except a little deposit in the tricuspid valve; left ventricle large and thicker than natural; mitral valve thickened; semilunar valves of the aorta thickened also, with depositions in the aorta.

*Head.*—Substance of the brain firm; the left lateral ventricle was enormously distended with clear serum, the walls of the corresponding ventricle were forced nearly into apposition by the pressure of a tumour, which occupied a large portion of the hemisphere.

The anterior portion of this tumour, about three inches in length and two in breadth, was hard and homogenous; the middle portion was yellow, and of a spongy character, while the posterior part was red and soft. At the under part of the tumour, an apoplectic clot, the size of the top of the little finger, was found. The right portio dura and mollis, where they should be separate, were found adherent; the portio dura was larger and harder than natural; the portio mollis was softened, and almost invisible at the first glance.

This case differs in some respects from the two former, but possessing so many points of interest I am induced to send it.



## MISCELLANIES.

**CÆSAREAN SECTION.**—Doctor Shanagan, of the Townsend-street lying-in hospital, performed the operation on a woman who was killed from throwing herself out of window in the fourth month of pregnancy. The child lived for one hour and a half.—*Dub. Journ.*

**EXAMINATIONS AT THE COLLEGE OF SURGEONS.**—Last week the first half-yearly examination of the surgical pupils, pursuant to a regulation recently adopted, was held in the Board-room of the College of Surgeons. The students, to the number of sixty-two, were arranged into four classes, each pupil being selected for the senior or junior classes, according to his standing at the profession. The following gentlemen, members of the courts of censors and appeal, were appointed examiners:—Messrs. Colles, Jacob, Harrison, Porter, Taggart, White, M'Dowell, Hart, Benson, and Corbet. The president and vice-president, Messrs. Kerin and Kirby, were in attendance to preserve order in the court. We cannot but congratulate the learned body upon the success of their first essay at establishing a system of education which must tend so materially facilitate the acquirement of professional knowledge in Ireland.

The Chief Secretary of State for Ireland has been pleased to appoint Dr. M'Ennally, Surgeon, R.N., 22, Lower Gardiner-street, to be Inspector of Anatomy in Dublin.

## APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, November 23th.

Francis Burton . . .	{	Sackett's Hill, Margate.
Charles Hunton . . .	{	Richmond, Yorkshire.
Henry James Hopkinson	.	Burlington.
John Jones . . .	.	Gelly, Llanfair.
Albert Langley . . .	.	Wellington.
Joseph Morris . . .	{	Stratford-upon- Avon.
John Sketchley . . .	{	Austy, Leices- tershire.
John Scott . . .	.	Barnstaple.
John Simons . . .	.	Birmingham.
Hannam Sutton Thompson	.	Dover.
Samuel Watson . . .	{	Cottingham, Yorkshire.

## ILLNESS OF DR. PARIS.

We are extremely sorry to inform our readers, that so able a supporter of the medical literature of this country, as Dr. Paris, is seriously ill. We have few such writers among the Fellows of the College of Physicians, and sincerely do we wish this justly celebrated physician a speedy recovery.

## BOOKS.

A Series of Chemical Tables, arranged for

the Use of the Chemical Student. By R. WARRINGTON. London, 1833. John Taylor.

Facts establishing the Deleterious Properties of Rice, used as an Article of Food. By ROBERT TYTLER, M.D. London, 1833. Renshaw and Rush.

Observations on the Injurious Tendency of Extreme Depletion in Inflammatory Disorders, with Remarks on the Remedial Agency of the Vapour Bath in Acute and Chronic Diseases. Illustrated by Cases. By EDWARD DANIEL, Surg. Lon. 1833. Steill, Pater-noster Row.

Clinical Observations on the Constitutional Origin of the various Forms of Porrigio; with Directions for the more scientific and successful Management of this usually obstinate Class of Diseases, by a Statement consisting of an appropriate Modification of those Principles first particularly promulgated by Mr. Abernethy. By GEORGE MACILWAIN, Surgeon to the Finsbury Dispensary, &c. London, 1833. Longman, Rees, and Co.

Principles and Illustrations of Morbid Anatomy, adapted to the Elements of M. Andral, and to the Cyclopædia of Practical Medicine, &c. &c. By J. HOPE, M.D., F.R.S., Physician to the Mary-le-bone Infirmary, &c. Part VIII. December. Whittaker, Treacher, & Co.

A Report of the Anniversary Dinner of the Pine-street School of Medicine and Surgery, Manchester.

## CORRESPONDENTS.

*A Student at the Westminster Hospital.*—We know the charge to be unjust.

*A. B. M.*—It is impossible to surmise what alterations may be made; but we do not think it prudent to be articulated to a gentleman who is not a member of the Hall, though a member of the Dublin College of Surgeons and Hall. It is more probable that apprenticeships will be done away with, and a longer period of study required.

*Dr. Thomson's Reply to Dr. Wallace* at our earliest convenience.

*Mr. Benham's Letter* relative to the Portrait of the late Dr. Brookes in our next.

*An Old Practitioner.*—Midwifery will be protected, we believe, by the College of Surgeons.

*A Stethoscopist's* communication is under consideration.

*Mr. Atkinson.*—Press of matter is our excuse.

*Dr. Stokes's* lectures will be published in a few days.

*Errata.*—In Dr. Negri's Paper, page 554, col. 2, line 35, for "liver" read "loins." Page 556, col. 2, line 15, for "greatly" read "partly." Page 557, col. 2, line 47, for "Mr. Nettleford" read "Mr. Nettlefold." Page 559, col. 2, line 17, make same correction. Page 575, col. 2, line 5, for "hæmtemesis" read "menorrhagia."

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

THE

# London Medical and Surgical Journal.

No. 98.

SATURDAY, DECEMBER 14, 1833.

Vol. IV.

**LECTURES**  
ON THE  
**PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,**  
BY PROFESSOR SAMUEL COOPER.  
*Delivered at the University of London,*  
*Session 1832—1833.*

LECTURE LXVII., DELIVERED MARCH 13, 1833.

GENTLEMEN.—Before I begin the consideration of certain *specific diseases*, which are usually treated of in a course of surgical lectures, I beg your attention for a short while to *injuries and diseases of tendons*, and *parts about them*. Some notice of these cases will very appropriately follow the account that has now been given of the diseases of joints. *Wounds extending through tendons*, if proper care be not taken, that is, if measures be not adopted to bring the separated portions of the tendon together, will be followed by the loss of the use of the muscles to which such tendons belong. The old surgeons, in order to secure the re-union of divided tendons, were in the habit of fastening the ends of them together with a suture; but as tendons, like all parts of inferior vascularity, will not bear much irritation and inflammation without being likely to slough, the old practice has been renounced.

We know very little, indeed, about the pathological changes in tendons; but, it would appear from some interesting observations made by Mr. Key, and lately communicated in a paper to the Medical and Chirurgical Society of London, that the reticular tissue, interposed between the tendinous fibres, is the medium by which the increased vascularity is produced in tendons which inflame, and are about to ulcerate. Or rather, I should say, a new vascular substance is developed in that tissue, which becomes the organ by which the phenomena of ulceration are supposed to be chiefly effected.

The right principles to be attended to in the treatment of divided tendons are well illustrated in the case of a *ruptured tendo-Achillis*,

an accident which takes place every now-and-then, in dancing, leaping, and other exercises, in which the muscles of the calf are put into violent action. It occurs chiefly in the male sex—seldom in females; and even when it happens in men, they are generally athletic and muscular subjects. At the moment of the tendon giving way, the patient feels a sensation as if he had been struck on the heel with the lash of a whip, and a noise is sometimes heard both by himself and the bystanders, as if a nut had been crushed under the heel of his shoe, or like the smack of a whip. If the part be now examined, a depression will be found in the situation where the tendon has given way, and the power of extending the foot will be considerably diminished, but not entirely lost, as some writers erroneously describe; for the long flexors of the toes, the peronæi, and the tibialis posticus, yet enable the patient to extend his foot in a weak and imperfect degree. In the treatment, the first and most essential principle is to relax the mass of muscles forming the calf of the leg, and which are attached to the tendon. Of course, then, you would relax the gastrocnemius and soleus, by bending the leg upon the thigh and extending the foot: this is the proper position; but it cannot be maintained without the aid of bandages or some kind of machinery. Now, it has happened, that some men of great eminence in our profession, have met with the accident themselves, and, consequently, have been led to take a great deal of interest in the invention of the most convenient apparatus for retaining the limb in the best position. The apparatus invented by the celebrated *Monro*, *primus*, of Edinburgh, whose own *tendo-Achillis* was inadvertently ruptured, consists of a slipper, to the heel of which is affixed a strap, which is buckled to another strap put round the limb a little below the knee, and the heel is kept drawn up towards the ham. This contrivance, which has the recommendation of great simplicity, completely answers, as far as the foot is concerned; but you will not always have it at hand; it is a thousand to one against your being provided with, or able to procure, such an apparatus when you are called in to a case of ruptured tendo-

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Achillis; therefore you ought to be prepared to do what may be requisite, without any ready-made mechanical contrivance. Under such circumstances, after bending the knee and extending the foot, apply a longitudinal compress on each side the tendon, and then surround the ankle and tendon with a roller, applied in the form of the figure 8. Next put a few turns of another roller below the knee, and let this bandage and that on the heel be connected together with a band placed along the back of the leg, by means of which band the foot is kept duly extended. In this manner you will experience no difficulty in keeping up the heel, and you need not use any particular contrivance for keeping the leg bent. If the patient be in bed, as he ought always to be at first, you direct him to keep the leg in the state of flexion; and when he gets up, you desire him to provide himself with a high-heeled shoe. The tendo-Achillis generally unites pretty firmly in three or four weeks. It is not a highly organised part, as you are aware, and therefore the rupture of it requires some considerable time for its reparation—a longer time than the union of some fractures; so that, even at the end of three weeks, a violent action of the muscles of the calf will create a risk of a recurrence of the accident. There are instances on record (and I think Mr. Hunter's own case was one), in which the cure was effected without confinement at all, merely by keeping the foot extended, and letting the patient wear a high-heeled shoe. It seems that the process, by which tendons are re-united, requires nearly as great a length of time as that by which broken bones are repaired.

With respect to *ganglions*, gentlemen, they are tumours connected with tendinous structures: they are very much like some kinds of encysted swellings—more like them than any thing else: they are filled with a fluid resembling white of egg, but their cysts are fibrous, and lined by a smooth membrane. On pressure, a ganglion feels remarkably hard; there is no elasticity about it; neither is it in general very moveable, as it is fixed at its base; but the skin over it will move about in the early stage of the case, before any inflammation has come on. The tumour is generally fixed either to a tendon or to the fibrous sheath, or theca of a tendon; but sometimes what are called ganglia are actually collections of a glairy fluid within the fibrous sheaths themselves. Generally they are round, or globular, but sometimes oblong, which is chiefly exemplified when the collection of fluid is within the sheath. Gentlemen, you will see some of these swellings about the wrist so oblong, that a part of them may be felt on the palmar side of the annular ligament, and the rest of it higher up the limb on the wrist. Such ganglions form within the loose synovial membranes of the tendons at the wrist. Ganglions are not frequently attended with pain; they form slowly; and, in most cases, the only

inconvenience, experienced from them, is a slight weakness of the muscles or joint whose action is interfered with. The patient may have a slight weakness of the fingers, or of the wrist; but, although most ganglions form on the hand, or wrist, others occasionally present themselves on the instep. I have seen several examples of ganglions on the foot. Certain subjects appear to be very liable to them; especially after bruises or sprains; but, in common instances, no such causes can be assigned for their formation. I have said, that there is a great tendency to the disease in particular individuals; at this present time, I am attending a girl, who has three of them, two of which have been formed since I commenced the treatment of the first. It is a disputed point, whether any ganglia are truly parts of new formation, that is, whether they are actually new productions or growths. I believe many of them are only collections of fluid in the fibrous sheaths of tendons, which are natural and original parts; but whether others, of a more globular, prominent, circumscribed figure, are of the same character, merely enlargements of original parts, is undetermined. Although ganglia produce little pain or inconvenience, patients are generally very desirous to get rid of them, and few persons behold with indifference any disfigurement, infirmity, or imperfection, about their hands or feet. Ganglions are sometimes rather difficult of cure; they may occasionally be dispersed by blistering, or rubbing them with liniments containing ammonia, iodine, camphor, or the tincture of cantharides. Many of them will also yield to firm pressure made on them with a piece of lead and a roller. But, after being loosened, they often return, and, on this account, instead of the plans which I have specified, it has been proposed to rupture them; that is to employ such pressure as shall burst them, and squeeze the fluid into the surrounding cellular membrane. When you can succeed in effecting this, either by striking the tumour with some obtuse body, such as the back of a book, or by compressing it against a bone with your thumbs, if it admits of it, you will generally succeed in curing the disease; for, after it is ruptured, if the pressure on it with lead or pasteboard be continued, you will almost always cause the obliteration of the cavity, in which the fluid was collected. Sometimes the cyst may be burst by preming on it firmly with the thumbs, or by striking it with the back of a book, but occasionally you cannot succeed in rupturing it at all, so strong is the texture of the fibrous cyst. Under these circumstances it has been proposed to puncture the cyst with a couching needle, introduced obliquely through the skin and the cyst, so as to let out the glairy fluid which it contains, after which you are to keep up steady firm pressure on the part. Other surgeons venture further than this, and, after the cyst has been opened, they throw into it a stimulating injection with the view of exciting the ad-

beive inflammation within it. Others again, venture to pass a seton through it. But examples are not wanting in the records of surgery to prove, that you should not deal too boldly with some descriptions of ganglions; for extensive inflammation and phlegmonous erysipelas have been the result of too rash a method of treatment, and, in other instances, ganglions, subjected to too much irritation, are alleged to have been converted into unpleasant ulcers, from which fatal fungous diseases arose. Possibly, these might have been, however, from the first mistaken cases of medullary sarcoma. In the writings of Mr. Abernethy, you will find allusion to instances, in which tumours, supposed to have been ganglions, were converted by the irritation of setons into diseases fully as bad as fungus hæmatodes. You will also find in the annals of surgery the histories of many ganglions, which were removed with the knife; but generally, a milder plan of treatment will answer, I think, you would not usually be warranted in undertaking the excision of a ganglion; this practice would only be right when the swelling resists other means, is occasioning much greater annoyance than is commonly experienced, and has a shape and conformation that adapt it to such treatment.

Gentlemen, I may next remind you, that the *bursa mucosa* are parts very liable to a disease. You know that these are membranous sacs, placed under tendons, and that their use is to secrete a slippery fluid, which renders the surfaces, on which those tendons play, smooth and well qualified to facilitate the perfect action and effect of the muscles. Sometimes, in consequence of sprains, bruises, pressure, or accidental inflammation, the cavity of the bursa becomes distended with a greater quantity of secretion than usual; it is therefore enlarged; and, in this state, a considerable degree of pain is experienced in the part; though, in many instances, the inflammation is of a more chronic character. You will often see this disease in the bursa mucosa which is situated between the patella and the skin; but sometimes it takes place in the flexor tendons of the fingers, in that which is placed over the olecranon, or in that of the ball of the great toe. A curious case is related by Mr. Brodie, in which the bursa mucosa, situated between the latissimus dorsi and the lower angle of the scapula, was enlarged to the size of a man's head, in consequence of the disease now under consideration. The sacs of bursæ mucosæ, when inflamed, become considerably thickened. The fluid within them is sometimes clear, but in other instances turbid, or even purulent; and occasionally it contains numerous granular bodies, which are compared to melon-seeds, both in respect to size and shape. Substances of this kind, however, are met with only when the disease has been of long standing. You will find these swellings very common in the patella, particularly in housemaids, who are employed a good deal in scouring rooms,

in which occupation the pressure of the bursa against the floor has the effect of bringing on inflammation; hence, the disease is sometimes called the *housemaid's knee*.

*Treatment.*—In the first stage of the disease, while acute inflammation prevails and there is great tenderness, antiphlogistic measures should be employed, especially leeches, or even bleeding, cold applications, quietude of the limb, and brisk aperient medicines. These are the first plans for adoption. Afterwards, when the disease becomes more chronic, you may try discutient lotions, particularly those which contain the muriate of ammonia, vinegar, and a proportion of alcohol; and in a still later stage, you will find blisters, or liniments containing iodine, or the camphorated mercurial ointment, will have a very beneficial effect in dispersing the remains of the swelling. Sometimes you will find that you cannot get rid of the disease by the above plans, and this is especially the case when the tumour contains those small granular bodies, like melon seeds, to which I have adverted. There is always considerable difficulty in getting rid of them when they are of long standing, and the parietes of the bursa are much thickened; under these circumstances, it is frequently necessary to open the bursa, for the purpose of discharging these granular substances, and afterwards to excite such an inflammation in the cavity of the bursa, as shall lead to its supuration, granulation, and obliteration. If these processes can be thus brought on, without exciting too much inflammation in the surrounding textures, then the disease will soon have a favourable conclusion. But you will sometimes find, that though you open the bursa and discharge its contents, the necessary degree of inflammation does not ensue; the bursa continuing to discharge a glairy fluid, and the integuments to be, from time to time, attacked with troublesome and painful degrees of inflammation, sometimes of the erysipelatous kind. Some time ago I had a case, in which I opened the bursa over the patella: but the disease continued to annoy the patient for a considerable time after the operation, so that I found it necessary to inject a solution of the nitrate of silver into the sac, in order to excite the requisite inflammation for its obliteration; this measure succeeded, and the patient soon got well. Some surgeons recommend the introduction of a tent for this purpose. I should mention, that you ought not to open these bursæ, unless it be absolutely necessary, for the operation is not unattended with danger; and you will occasionally hear of cases, in which the patients lose their lives in consequence of the operation, the limb being attacked with phlegmonous erysipelas in a violent form. There are examples, in which it is even necessary to cut away the bursa, it being converted into such a complicated and indurated mass of disease, that no common plans will cure it, and then it may be cut away, like any other tumour.

There is, gentlemen, a particular kind of tumour, familiarly called a *bunion*, a common and very painful swelling, situated on the ball of the great toe. A bunion appears to be nothing more than an inflammation of the bursa placed at the junction of the first phalanx of the great toe with the metatarsal bone. It is a very annoying complaint, and one for which you will frequently be consulted. The surrounding parts are always much indurated, and I think, that, in some cases of bunion, the bones of the joint are involved; at all events, the disease is frequently conjoined with a distortion of the bones of the toe, which seem partially luxated. In consequence of the projection of the tumour, it is greatly exposed to irritation from the pressure of the patient's shoe, and from this cause it becomes the seat of repeated attacks of inflammation; indeed, few complaints are more distressing than an inflamed bunion. The principles of treatment are simple; consisting in the removal of pressure from the part; in keeping the limb perfectly quiet; and, when inflammation is present, in employing leeches, emollient poultices, fomentations, and brisk cathartic medicines. It is found that warm applications generally suit this case better than cold ones; but if the former fail to afford ease, try the latter. Bunions are cases in which a surgeon is frequently called upon to give his advice; I know some opulent persons who are often annoyed by them; and it is right you should understand what the disease is, and what are the right principles to be observed in its treatment.

Gentlemen, I come now to one of the most interesting divisions of these lectures, namely, that which relates to certain *specific diseases*, e. g. the *venereal disease*, *cancer*, *fungus hæmatodes*, *scrofula*, and *melanosis*. Strictly speaking, there are many other diseases which would come under the denomination of *specific*; but those, which I have enumerated, usually make one section of a course of lectures on surgery. I begin, then, with that specific disease, about the nature of which you feel probably the greatest curiosity, namely, *syphilis*, or *venereal disease*. This is a subject, gentlemen, to which both your duty and your interest mutually invite your earnest attention. The alleged Protean character of the venereal disease, a circumstance apparently inconsistent with the expression specific; its severe consequences, when unskillfully treated; its great frequency; and its being a main source of emolument to our profession; must render it a matter on which you must be desirous of acquiring information. It was, indeed, in consequence of the encouragement which Syphilis affords to surgery, that I expressed a suspicion in a former lecture, that she might have a superior claim to that of Podalirius, to rank as one of the supporters of the College arms. (a laugh.) Syphilis is generally supposed to arise from a specific morbid animal poison, which, when applied to

the human body, frequently produces changes in the part to which it is immediately applied, and also, sometimes effects in other parts, in consequence of its absorption and introduction into the system. The disease cannot be propagated from individual to individual through the medium of the atmosphere, it is therefore *contagious*, but not *infectious*; neither can it be communicated through the medium of the breath, nor probably the various natural secretions; nor by one person merely touching a sound part of the skin of another individual affected with the disorder. With the exception of what may happen between the mother and the fœtus in utero, there is only one manner positively known, in which the disease can be communicated, and that is, through the medium of its peculiar poison, blended with a purulent secretion; there is also another condition seemingly essential, or believed to be so, according to the Hunterian doctrines, namely, the purulent secretion, capable of transmitting the disorder, must be the product of a *primary ulceration* or *abscess*; and not the product of a sore following, and proceeding from, the absorption of the poison into the system as a secondary effect of the disease. A primary sore means, as I need hardly say, one that is caused in a part by the immediate application of the contagion to such part. This doctrine, which has Mr. Hunter as its advocate, deserves, I think, to be well remembered. All the effects and symptoms of the venereal disease are divided into *primary* and *secondary*; the former being those which arise either from the direct application of the virus or poison to the part, where the first ulceration shows itself, or from the irritative and specific effects of the poison on the absorbent vessels and glands, as it is passing through them on its way into the circulation. Hence, there are two kinds of primary symptoms; first, the ulcer, arising from the application of the poison to the skin, or a mucous membrane; and secondly, the inflammation, swelling, or abscess produced in the absorbent vessels or glands by the venereal poison, while it is pervading them. The purulent secretion from these two kinds of primary affections is universally acknowledged to be capable of transmitting the disease; but the matter from secondary sores is not usually considered to have the same power. The *primary ulcer*, or *chancre*, as it is commonly called, must necessarily be situated, in almost every instance, on the parts of generation, and it may, or may not, be followed by an inflammation or abscess in the absorbent glands of the groin, constituting that kind of complaint to which the name of *bubo* is applied. The *primary ulcer* then is termed a *chancre*, and the swelling of the absorbent inguinal glands, which is also an effect of the operation of the poison previously to its reaching the circulation, a *bubo*. The application of venereal matter to the skin does not invariably produce a chancre, or any

other complaint; experience proves that many individuals who cohabit with women, known to have chancres, and to have given the disease to others, are fortunate enough to escape unhurt; and there are persons seemingly insusceptible of the disease, though they are continually exposing themselves, without any regard to the cleanliness or soundness of the objects of their amours. A certain organ is put into the fire, without being injured, just like the horny hand and fingers of a blacksmith can touch iron nearly red hot without harm (*a laugh*). When an individual is careful to wash himself after coition with a suspected person, he will be less likely to suffer than he otherwise would be. Neither does the poison, which has given rise to a chancre, always produce a bubo; and this, even when it has found its way into the system, so as to produce secondary symptoms. You will meet with many instances of chancre, in which there is no swelling in the groin, yet afterwards there will be sore-throat and venereal eruptions on the skin.

In the next place, gentlemen, with respect to the *secondary symptoms*, they may be defined to be *all those effects of the disease, which take place subsequently to, and in consequence of, the absorption of the poison into the system*; comprising sore-throat, cutaneous affections, both eruptions and ulcers, pains in the bones and joints, nodes, caries, and necrosis. Such is the great diversity of secondary affections. The secondary symptoms, however, do not follow the primary ones with any kind of regularity; and, in some individuals, they may never show themselves at all, while, in others, they will come on with an unusual degree of severity, though, as far as we can judge from the appearance of the primary sores, there is no marked difference between those which heal up without secondary symptoms, and the others which are followed by secondary symptoms. Neither can we always explain this diversity by referring it to the different modes of treatment adopted; you will find, that out of a given number of patients, all treated in the same manner, some will suffer severely from secondary symptoms, and others will entirely escape them. It may be asked, is it possible to account for these different consequences by supposing some peculiarity of constitution, or some particular circumstance to be exerting an unfavourable influence while the patient is under treatment? No doubt, the temperament and mode of living modify the venereal disease, as well as all others; but, as it would be premature to enter now upon the difficult points connected with this part of our inquiry, I will not detain you upon them at present.

Syphilis, then, is propagated by the application of the matter secreted from a primary venereal sore called a *chancre*, or from that of the abscess, called a *bubo*; and the matter of a secondary sore is not generally deemed to

be capable of communicating the disease; such at least was the conclusion, at which Mr. John Hunter arrived. The contrary fact has often been suspected, but never satisfactorily proved; and indeed it is a difficult thing to prove, because, the experiments required to settle it are revolting to humanity; but, as far as we can depend on the observations of the most experienced men, and especially on the researches of Mr. Hunter, who paid so much attention to this subject, we may set it down as tolerably certain, that the matter of secondary sores will not communicate the disease.

At the present day, writers extend the meaning of the expression *venereal disease* further than was formerly understood by it; for they make it comprehend not only *syphilis*, or the *true venereal disease*, but also *gonorrhoea*, sores of different descriptions on the genitals, and numerous effects or accompaniments of the latter complaints. Such writers do not speak of the *venereal disease* in the singular, but in the plural number, and offer a description, not of one disorder, but of several, under the appellation of *venereal diseases*. Others, aware of the difficulties in the way of a satisfactory explanation of all the puzzling and incongruous circumstances observed in venereal patients, are induced to believe in the existence of several kinds of venereal poison, each of them capable of producing distinct and peculiar effects on the part and the constitution. Thus Mr. Carmichael espouses the doctrine of there being more kinds of syphilis than one, and has written a treatise on *venereal diseases*, highly valuable as a practical work, whatever may become of the theory to which I have alluded.

The antiquity, or the comparatively modern, origin of syphilis, is a disquisition of great curiosity to all, who take up the study of disease with a spirit devoted to the cause of truth, and to the many philosophical topics of research which the pursuit of our profession affords; it is an inquiry, in which the most intelligent men, however, have been led to different inferences. The questions are, whether the disease originated towards the close of the fifteenth century, and was at that period brought to Europe by the followers of Columbus? Or whether it arose spontaneously about the same time in the French army employed in besieging Naples? Or whether, it has always existed from time immemorial? If it were of modern origin, you would excuse me, I am sure, from giving any opinion on the question, which nation had the honour of giving birth to it? (*a laugh*.)—this is a delicate point that may well be left to the French and Neapolitans to settle between themselves. The *French* call it the *Neapolitan disease*, and the *Neapolitans* retaliate by calling it the *French disease*. For my own part, I never adopted the common opinion, that syphilis was imported from St. Domingo into Europe

by the followers of Columbus; it seems to me, there is no proof that such was the case; and, when various particulars are considered, we shall find that some of them militate very strongly against that opinion. Supposing the disease to have existed in St. Domingo sooner than elsewhere, and to have been brought to Europe by the followers of Columbus, we should expect, that it would have broken out in Spain itself, where the sailors and soldiers of his expedition first landed after their return, and not in Italy. Then we are to consider, whether the disorder, that was observed about that period in Italy, truly resembled in its general character and effects what is now called syphilis;—I think there must be infinite difficulty in coming to the conclusion, that the disease, which broke out in the French army in Italy at the close of the fifteenth century, was the venereal disease, when you are informed that it spread among the soldiers so rapidly, and with such malignity, as to destroy in a short time a considerable part of that army. This is by no means the nature, or course, of the modern venereal disease; and, if it were, I suppose, it would thin our population more quickly than the present epidemic cholera. The venereal disease is indeed sometimes attended with violent effects on the health, with terrible ulcerations, with afflicting pains and mischief in the bones, and with other alarming and dangerous consequences; but it is not the nature of the disease to assume these aggravated forms in a sudden manner, or to destroy the patient in the rapid and unmerciful way displayed in the ravages of the disease, which broke out in the French army at the siege of Naples. So far is this from being the case, that it is one of the laws of the venereal disease for a certain interval, or, perhaps, I should rather say an uncertain interval, should always transpire between the primary and secondary symptoms. Be it also remembered, that the disease which proved so fatal to the French army, could be transmitted from one person to another by breathing the infected air, by touching a sound part of the patient's skin, or even by mere residence in the same chamber with him, without touching him at all. No complaint, having the characters here mentioned, would now be regarded as syphilis. In all probability, the disease in the French army was an epidemic febrile disorder, attended with ulcerations, buboes, abscesses, &c.; and at all events, it was a disease not resembling the modern lues Venerea, which is slower and milder in its progress, not contagious, except by the application of matter containing the poison to the skin, or a mucous membrane; never sweeping off thousands at once in the rapid manner described by those who have detailed the particulars of the disease, which nearly annihilated the French army in Italy; and never extending itself through kingdoms and armies with the quick fatality, malignancy,

and swiftness, noticed in the Neapolitan epidemic of the year 1495.

Gentlemen, I will go on with this subject to-morrow evening.

## CLINICAL LECTURES

DELIVERED

*At the Meath Hospital, or County of Dublin Infirmary, Session 1833-34.*

BY PHILIP CRAMPTON, M.D., F.R.S.,  
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LECTURE III.

### *Treatment of Fractures.*

GENTLEMEN,—At our last meeting I gave you an outline of the pathology of fractures; you will, therefore, be better prepared to enter upon the treatment of those injuries which shall be the subject of this day's lecture.

The principles which regulate the treatment of fractures, or wounds of the bones, are precisely similar to those which regulate the treatment of wounds of the soft parts; they are accordingly few, simple, and easily remembered. You know, that the first principle, in the treatment of simple wounds, is to bring the divided surfaces into the most perfect apposition, at the earliest possible period, and by the gentlest possible means. As soon, therefore, as the bleeding has ceased, we bring the surfaces in contact, and to effect this purpose, we depend much more on relaxing the wounded muscles by position than on drawing them together by sutures, or pressing them together by bandages. It is the same in fractures. If the bones of the leg or thigh be broken obliquely, and the limb be shortened by one fragment overlapping the other, we do not attempt to bring the broken surfaces in contact by pulling at the limb until, by main force, we overcome the contraction of the muscles, but by bending the leg upon the thigh, or the thigh upon the pelvis, as the case may be, we relax the muscles, which act most powerfully, and in this way elude rather than overcome their force.

In the treatment of wounds the second indication is to prevent or allay inflammation, for inflammation is always opposed to union; it is the same in fractures. In wounds we endeavour, by adhesive plaster and bandages, to keep the surfaces in contact until union is perfected; in fractures we employ, with the same view, our bandages and splints. In lacerated wounds of the soft parts, attended with loss of substance, and where union by the first intention cannot be expected, we wait patiently for the subsiding of the inflammation and the formation of granulations, which are to establish a new bond of union between the divided surfaces. When these are formed, we assist nature in her efforts by gently drawing the parts together, and by supporting the consti-

tution, if the suppuration, attendant on this union by granulations, should be profuse. The same principle is strictly applicable to the treatment of compound fractures.

All this is indeed very simple; but when we come to the details, when we come to deal with particular fractures, and that the whole management and responsibility devolve upon ourselves, we find such complications in the local injury, or in the constitutional disturbance, or in both, that unless we have an ample fund of experience to draw upon, we shall find that our general principles, however just, will afford us but little assistance. The use of clinical instruction is to assist you in the laying up of this fund, and it is attended with this peculiar advantage, that each particular case, while it furnishes us with a practical precept, assists in establishing a principle of more general application.

There are a few details with respect to the management of fractures of the extremities *in general*, which even the experience of an hospital cannot supply;—to these I should wish to direct your attention before I proceed to describe the management of particular fractures, and to illustrate the treatment by a reference to the cases now in the house. In all matters, whether of science or art, it is a point to “begin by the beginning.” A surgical student, who had seen, or even assisted, at the doing up of a fractured leg or thigh one hundred times, and who, when his patient was laid comfortably in an hospital bed, put on every part of the most complicated apparatus for fracture with the most perfect propriety and neatness, might feel himself at a loss how to proceed when he found his patient, with a broken leg or thigh, lying at the bottom of a ditch, or in the middle of a field, at the distance of it might be two or three miles from any assistance. This is a part (a most important part too) of the treatment of fractures, which is but slightly touched upon by systematic writers, and to this I would now intreat your individual attention. The object is to remove the patient home with the least possible disturbance to the fractured limb. It must be plain to you, that when the sharp chisel-shaped extremity of a fractured tibia has nearly cut its way through the integuments, that a very slight degree of motion communicated to the bone in the same direction, will drive it quite through, and thus convert a simple into a compound fracture. Before you make a single move, therefore, you must digest your plan of operations, and as presence of mind on such occasions is as much the result of knowledge as of natural constitution of mind, you must give yourself time to bring your resources into play, and to make up by reflection for what you want in experience. Your first object, then, should be to restrain the motions of the limb, particularly at the fractured part. If you find, from the deformity of the limb, or from its mobility when you touch it, that the patient's apprehension is well founded, (and

he is seldom mistaken,) and that the bone is broken, you do not fall to work in pulling off his boot or breeches, in order to examine the wound, but you bind your handkerchief or neckcloth firmly round the limb, to which the boot (in case of fracture of the leg) forms a tolerably good splint. You then desire the patient, if he is lying at the bottom of a ditch, or pit, to clasp his hands round your neck, and passing your own arms under his axilla, you draw him up, allowing the limbs to trail along the ground, warning him, at the same time, not to give any assistance, but to lie as if he was dead. In the mean time you must command yourself so as to betray no alarm, for nothing will so much increase the terror of your patient, and diminish his confidence in your resources, as the appearance of trepidation, or even of hurry on your part. Cheer him, therefore, while you are assisting him; tell him that the fracture is a slight one, that you will soon make him perfectly comfortable, and that you will not leave him until you see him safely in his own bed. This may appear a trifling matter and beneath the dignity of science, but the object of our science is the relief of suffering, and he who will “administer to a mind diseased” performs one of the most delicate and difficult, but at the same time, one of the most useful offices of his profession. I lately saw a person, who had met with a most severe and dangerous fracture of the leg; the family, servants, and neighbours were standing round the bed, in a state of the most uncontrolled agitation; the patient, who was possessed of great firmness, suppressed her own feelings in consideration of those of her family, but it was plain that she was struggling against the deepest emotion, and that the pain of the fracture was as nothing in comparison with its apprehended consequences. While I was examining the limb she fixed her eyes on me with an expression of intense anxiety, but said nothing. “Come,” said I, “all's well; you will suffer a little pain for a few days, but I know you don't mind that, and in a few weeks you will be dancing.” “Thank God, thank God,” she exclaimed, (with a voice expressive of the truest gratitude and joy;) “oh! sir, your good spirits are worth a thousand pounds.” From that moment up to this her cheerfulness has never deserted her, and I am firmly convinced, that her recovery, should she happily survive, may be very much attributed to the happy and cheerful state of her mind. I do not mean to say, that she does not derive support from those higher motives, which a religious and well regulated mind supply, but I am quite sure that cheerfulness and kindness on the part of her medical attendants (and singly those qualities are comparatively of little use) will, without interfering with those higher motives, tend as much as any part of the medical treatment to support her under her long, painful, and dangerous illness.

But we must return to our man who has



been lying all this time on the ground with only a handkerchief bound round the fractured leg. The next thing to be done, is to devise some means of carrying him home with the least possible disturbance of the fractured limb. Here is a splint which I contrived long since, and which has done good service in this way. Nothing can be more simple than its application. Having extended the leg so as to bring the fractured bones into their proper position, you place it on the heel in this hollow case and laying this pasteboard splint, which has been moulded on a sound leg along the shin, you gently compress the limb, either by drawing together three straps, or by rolling the whole leg, splints and all, from the foot to the knee inclusively.

When the leg is made up in this way, the patient may be carried in any sort of vehicle without suffering the slightest inconvenience from its motion. But it may happen that a splint of this kind will not be at hand. Well then you may make a very good substitute for it from materials that may be procured any where. Get a lath, or even a common straight twig, about three feet in length, place it in the centre of a junk, or long bundle of straw or hay, about as thick as your arm, fix this pretty tightly round the limb with some packthread, so as to give it a considerable degree of firmness; place three or four such junks along the limb, and then, when due extension is made, apply a roller (a hay-band or rope is as good as any) from the toes up to the knee. A limb so made up may be carried with perfect safety in any kind of vehicle, but none is so convenient as the common outside jaunting car of this country. The patient can sit at one end of the car and lay his leg along the cushion, which is of sufficient length and breadth to accommodate it perfectly. The leg can be steadied by a person sitting on the same seat to make all safe, and the interval between the leg and the back of the seat may be filled up with hay. I have in this way safely conveyed persons with broken limbs for many miles over the roughest roads. Fractures of the thigh are to be dealt with, in the first instance, after the same manner, with this difference, that the junks should be of sufficient length to extend from the hip to the foot.

There is another method of carrying a person with a fractured thigh, which is exceedingly simple and perfectly safe. Lay a firm slip of wood, of from two to four inches in breadth (and of sufficient thickness to be inflexible) from the tuberosity of the ischium to the heel of the *sound limb*. Bind it on firmly, and then bind the limbs together from the ancles to the trochanters. The patient so bound up looks like a mummy, and is just as inflexible. He may now be placed on any kind of carriage, without the least risk of injury from the displacement of the bones. He may now be conveniently carried in a chaise, by placing him on a narrow board, and passing the board across the chaise, through

one door and out at the other. I had a gentleman conveyed in this way a distance of twelve miles without injury or pain.

I shall illustrate the after treatment of simple fractures by a reference to the numerous cases of the kind at present in the hospital, I may, however, now very briefly observe, that in a case of simple fracture, where the leg is placed in this hollow back splint, with a proper shin-piece along the tibia, it is seldom necessary to confine the patient to his bed for more than eight or ten days at the utmost. One of the first persons on whom I placed this splint was the turnpike man at Finglass. He remained in bed but three days, and during the remaining thirty-five he sat at his door for several hours daily collecting the tolls.

With respect to the treatment of compound fractures *in general*, the complications which are attendant on this description of injury are so various, that there are very few general principles indeed which can be safely applied to every case. There are one or two, however, which should never be lost sight of. The first is, to endeavour in all cases to reduce, or if that cannot be done, to remove the projecting portion of the fractured bone, and to unite the wound in the soft parts, so as (if I may so speak) to convert the injury from the state of a compound to that of a simple fracture. But if you attempt to reduce the bone by force, either by extending the limb violently, or by pressing on the bone strongly, you will cause a train of the most dangerous symptoms. The wound of the soft parts which has been sufficient to allow of the protrusion of the bone is rarely sufficient to admit of its return. Inflammation of the soft parts rapidly contracts the opening, and the contraction of the wounded muscles changes its direction; the lower fragment is drawn up under the upper one; a tight band or collar of skin lies against the lower surface of the bone (in this way), so as effectually to prevent its repassing through the wound. Under these circumstances the clear course is to slit down the wound freely with a probe pointed bistoury, and if a sharp pointed portion of the tibia, stripped of periosteum, still shows a disposition to protrude, saw it off with a fine saw, protecting the soft parts beneath with a spatula, or thin piece of wood, or you can remove it very conveniently with this chain saw, working the instrument upwards in this manner. (Mr. Crampton here exhibited the chain saw, and exemplified the mode in which it should be employed.)

Another general principle to be kept in view, which, however, has reference rather to the progress than the treatment, is, that compound fractures are dangerous directly in proportion to the violence or momentum which has caused the fracture. A wound two inches in length, with a portion of the tibia protruding, the limb swollen and distorted by the retraction of the foot, if it be caused by a force acting with so little velocity that it amounts to a strong degree of pressure rather than to a

collision (as when a man slips off the curb-stone in the street, or receives the weight of a horse or other heavy body obliquely on the limb), such an injury is immeasurably less dangerous than a wound not more than half an inch in diameter, with scarcely any apparent lesion of the soft parts, but which has been caused by a musket-ball passing through the bone. In the first case, the bone has probably been but just broken across at one point, and forced slowly through the soft parts, which are often so slightly injured, that when the bone is replaced they unite by the first intention, and the fracture becomes consolidated as quickly as if it were a simple one. In the other case, the bone is frequently split from one end to the other; large portions of its substance are, at all events, completely detached, and deprived of vitality by the violence of the shock; in such a case, the limb is rarely saved, and never without many months of suffering from repeated suppurations and exfoliations, which bring the patient to the very brink of the grave.

There is one point more respecting compound fractures, to which I must briefly advert, as it properly belongs to the general consideration of the subject; I allude to that peculiar derangement of the nervous system which not unfrequently appears shortly after severe injuries of the extremities, and which has been termed *traumatic*, or, by Dupuytren, *nervous delirium*. This affection has a close analogy to the delirium tremens of habitual drunkards; indeed, so far as the symptoms and indications of cure are concerned, the affections may be considered as identical, the difference being only in the exciting cause. When the delirium is connected with external injury, the process is less unfavourable than when it occurs after excessive drinking, abstracting, of course, the dangers from the injury itself—dangers which may be very much aggravated by the madness, as one of the distinguishing features of this affection is the total insensibility to bodily pain, which it produces. A person who gets this delirium as a consequence of compound fracture of the leg, or compound dislocation of the ankle joint, will, if not restrained, spring from his bed and stamp about the room on his shattered limb without evincing the slightest symptom of distress or inconvenience. The first case of the kind I ever saw occurred while I was an apprentice in the Old Meath Hospital. I heard a man singing vociferously on the stairs, and being sent to desire him to return to his ward, I found him sitting on the lobby, with his foot, which had suffered a compound dislocation but two days before, thrust through the bannisters, and he was working his limb backwards and forwards while he sang. On being reproved, he declared "that he would not stop until he had twisted off the foot, for it was of no use to him."

The cause of traumatic delirium is, like other affections of the nervous system, most

obscure. It seems, however, to have more relation to the temperament of the individual than to the nature or degree of the injury, as it appears almost as often after a slight wound, or after a surgical operation, as after a severe compound fracture of the leg. I think, however, that it is most frequently observed in connexion with injuries of the great articulations, as the knee, ankle, and elbow joints. It seldom affects women, and has not been seen in children; and I suspect the predisposition to it is formed by the intemperate use of fermented liquors. It generally attacks the patient suddenly, and you have no indication of its approach; but you may be almost sure that it is about to appear if the patient is sleepless, and disposed to toss about the bed; and if, though rational when spoken to, he mutters when alone, and draws back the curtain every now and then with an anxious expression of countenance, as if he expected to see somebody concealed behind it. The delirium runs upon various subjects, but the prevailing impression usually is, that he is pursued by the officers of justice on account of some crime which he has either committed, or of which he has been falsely accused. The crime most commonly has some relation to the profession or occupation of the individual; but whatever may be the species of delusion, it is invariably attended with a high degree of excitement. There is no degree of violence which the patient is not ready to inflict upon himself, but he is not disposed to injure others. Terror seems to be the deep and all-pervading emotion, and this affords a key to the moral treatment of this affection, which I have to recommend, in the very strongest manner, to your attention.

With respect to the constitutional symptoms which accompany this form of delirium, the most remarkable are the profuse perspirations with which the body, but particularly the face and neck, are bedewed, the tremulous and almost quivering state of the whole muscular system, the deadly paleness of the countenance, and the smallness of the pulse. Baron Dupuytren thinks the pulse is always undisturbed;—this does not accord with my observation, for I am quite sure that I have often found it exceedingly rapid as well as small.

With respect to the medical treatment, bleeding, local and general, which was formerly so much relied on, is now, I believe, universally admitted to be injurious here as in delirium tremens; our chief reliance is to be placed on opium, and the application of cold to the head. Baron Dupuytren recommends the opium to be given in the form of enema, ten or fifteen drops at a time, until sleep is procured; he is of opinion that the opium is quite ineffectual when taken by the mouth, and thinks this difference in the effect of the medicine may be accounted for physiologically, by supposing that the digestive powers of the stomach decompose the opium, and thus prevent its ordinary operation; but as there is no such

power in the rectum, he conceives that the full effect of the remedy is produced on the constitution. If this were the case, it is obvious that other medicines as well as opium should act more powerfully when administered by enemata than when taken into the stomach, a circumstance which is contrary to general observation. I have tried opium in both ways in traumatic delirium and in delirium tremens, and I cannot say that I have found the one mode of administration more efficacious than the other. I think ten drops of the Lancashire black drop every hour, until rest is procured, and an iced lotion to the head, is as effectual a mode of treatment as any that can be employed, and I prefer giving opium in this quantity to the excessive doses which you will read of in some of the medical journals. But useful as opium unquestionably is, I am quite sure that the surgeon performs but a small part of his duty in the management of this disease, if he omits the moral treatment. I stated, that one of the peculiarities of this disease was the overwhelming sense of terror with which the patient is affected; another is the unbounded confidence which he reposes in some person who he supposes has the power to protect him. Instead, therefore, of tying the unfortunate being to the bed, or putting on a strait waistcoat, if any person in whom he has confidence will stay by him and soothe him, he will in a short time become perfectly amenable. I saw, not long since, a young officer suffering from traumatic delirium; three or four soldiers could with difficulty hold him in the bed; his desire was to jump from the window, in order to make his escape before the sentence of a court martial, which he supposed had condemned him to be publicly flogged in the barrack-yard, should be carried into effect. For several hours he never ceased calling for the colonel, in order that he might implore his intercession to have the punishment exchanged for death. I brought the colonel, a most kind and sensible man, to his bedside; he took him by the hand, and assured him over and over again, that the whole thing was a mistake, and that he had come to send away the guard that was over him. The soldiers were dismissed, and in a few minutes the young man became perfectly tranquil, and remained so during the whole night. The colonel never quitted his bedside, indeed he could scarcely do so had he been so inclined, so firmly did the young man hold his grasp. Meantime the colonel continued with the most persevering kindness to assure him that there was no charge against him, and towards morning the patient fell asleep, and awoke free from all delirium. I cannot help thinking, that had this young man been held down in his bed by three or four soldiers, every additional struggle adding to his delirium, and increasing the amount of mischief done to the limb, the result of the case would have been far otherwise, not only threatening unfavourable consequences to the

local injury, but even to life itself. I could give cases without end, in which, by a judicious moral treatment, the wildest excesses of delirium have been controlled, and where a few hours spent in soothing and tranquillising the sufferer have succeeded in bringing about the restoration of reason and a refreshing sleep.

Tetanus, which is another affection of the nervous system incident to compound fractures, is too extensive a subject to be introduced at the conclusion of a clinical lecture, I must, therefore, postpone the consideration of it to a future day.

With respect to the treatment of fractures *in particular*, I believe the best method of proceeding will be to illustrate each particular form of fractures from an individual case now under treatment in the house. This will occupy a good deal of your time, but I doubt if it could be employed to a better purpose. Let us begin with the case of Craig, the woman in the accident ward, who has a simple fracture of the fibula. Simple as this case may appear to you, I consider it to be one of the most important in the house, as it depends altogether on our management of it whether the woman is restored to the perfect use of the limb, or remains a miserable cripple for the rest of her life. The principle on which you are to proceed in managing a fracture of the fibula can only be understood by a reference to the anatomy of the ankle joint, (here Dr. Crampton demonstrated the anatomy of the ankle joint, pointing out the manner in which the astragalus was supported on the inside by the malleolus internus of the tibia, and on the outside by the extremity of the fibula.) Now, it must be plain to you, that in proportion as the fracture of the fibula approaches towards its extremity, so must the support which the astragalus derives from it be weakened; and if the upper extremity of the lower fragment be pressed inwards, in this way, and made to touch the tibia, then the astragalus is deprived altogether of its external support. The foot then being drawn outwards by the abductor muscles, the weight of the body falls on the inside of the mesial line, and dislocation of the foot *outwards* to a greater or lesser extent is the necessary consequence. Now in the case of Craig, the fibula is fractured at the distance of about two inches from its lower extremity. She states that in running across some broken ground, "her foot turned under her *inwards*," that is to say, its under edge was turned *outwards*. "She heard something snap at the same time, and her pain was so great that she could not again lay her foot to the ground;" and very well for her it was that she did not do so, for the weight of her body would have caused simple dislocation of the foot outwards. Well, now was the fibula fractured in this case? Just in this way.—The foot being forced violently inwards, the strong *inelastic* lateral ligaments which pass from the extremity of the fibula to the tarsus are brought to act at right angles on the bone, while the

sharp edge of the astragalus pressing outwards acts as a fulcrum upon which the fibula is snapped across. In *this case* then, the fibula was fractured by the traction of the ligaments, and not by any *external* force. But the fibula may be fractured in another way, as in the case of the brewer's man in the male accident ward, when the foot is forced *outwards*, and the weight of the body falling on the inside of the median line, the strong internal lateral ligament is put upon the stretch, acting in a direction perpendicular to the axis of the tibia; here the internal lateral ligament either separates from its attachment to one of the bones and is torn through, or, what is more common, it carries off with it a small portion of the lower end of the tibia. The lower part of the astragalus is now brought to bear against the inner surface of the fibula at its very point; and if the force be sufficient, the bone gives way at a distance not greater than two inches, or less than an inch, from its extremity.

It appears then, that although fracture of the fibula may take place without dislocation of the astragalus or ankle joint, dislocation of the ankle joint cannot take place, under these circumstances, without fracture of the fibula, and, it may be, of a small portion of the lower end of the tibia.

Now as to the treatment of this injury, I need only refer you to the case of Craig, and of the brewer's man, whose name I forget, but who was admitted yesterday. The object of the treatment in both cases is to keep, by means of a suitable apparatus, the foot in a state of the utmost adduction, and avoid all pressure above or over the fracture, the effect of which you know would be to press the lower extremity of the fibula outwards, and the fractured portion inwards. The foot when properly arranged should resemble a natural club foot; in this state it should be retained for twenty-five or thirty days. The bandage may then be taken off, and the splint removed, but the patient should not bear firmly on the foot for six weeks from the time of the accident.

The peculiarities respecting the pathology and treatment of fracture of the fibula have not been overlooked by J. L. Petit, Bromfield, Pott, Boyer, and C. Bell; but we are indebted to Baron Dupuytren for the first clear exposition of the principles on which the treatment should be conducted, and for a most beautiful, simple, and effectual means of carrying those principles into effect. I would recommend the baron's valuable and elaborate essay on the fractures of the fibula to your particular attention.

A considerable degree of stiffness and weakness of the joint is apt to remain for a long time after a fracture of this kind. Its restoration to a healthy state may be very much promoted by the warm salt water douche, by the local vapour bath, and by frictions with some animal oil.

## LECTURES

ON THE

PHYSICAL EDUCATION AND DISEASES  
OF INFANTS AND CHILDREN,

BY DR. RYAN,

*At the Westminster Dispensary, 1833.*

LECTURE XI.

*Mercenary Lactation—Choice of a Wet Nurse.*

GENTLEMEN,—I have now to describe the causes which disqualify women for the delightful duty of lactation; and these are physical and moral. I laid it down as an axiom, that all healthful women ought to suckle their infants; but few are in a state of perfect health according to the opinions of our profession. Many women are affected with constipation, or confinement of the bowels, accompanied by more or less indigestion, flatulence, spasm in the abdominal and thoracic muscles, the various degrees of hysteria, from a sense of a ball in the throat, or sense of choking, to a regular fit of the disorder, nervousness, lowness of spirits, biliousness, besides incipient disease in some important organ, as the lung, liver, &c. Persons so affected are not in good health, will be debilitated by lactation, and are unfit to nurse. These individuals may have an abundance of milk, but they supply a thin serous fluid inadequate to the proper nutrition of infants. When a woman is predisposed to phthisis, disease of the liver, or is affected with scrofula, deformity of the spine from mollities ossium, &c., from rickets, leucorrhœa, or any severe puerperal disease, she should renounce lactation. A woman who has a very small quantity of milk, as often happens to those who become mothers at a very early or advanced age, is a bad nurse. Some women have no secretion of milk, and this want, or disease, is termed agalacty. It often happens that the secretion of this fluid does not commence for two or three days after delivery; but if the breasts are properly developed, there may be an abundant supply in the course of a week afterwards. When the milk is too serous or thin, it may cause griping colic, or a frequent discharge of urine in the infant, and the mother ought not to suckle. When the woman is affected with disease in the head, chest, or abdomen, or in any part of the body, or is very thin, or is delicate, she should not nurse. This is the general opinion of our profession. The celebrated Rousseau, whose writings on the education of infants were of infinite service, held that an infant could not be injured by the blood of the mother which nourished it. This is a great error. The renowned Morton maintained another erroneous opinion, that consumption was arrested by lactation. The disease is certainly mitigated by pregnancy, in consequence of the determination of blood to

the womb for the nutrition of the fœtus; and, according to some physiologists, because nature is anxious to supply an infant in place of its mother. But so soon as delivery happens, the blood is determined to the chest, the consumption increases, and the woman speedily dies. The process of lactation is not a sufficient counter-irritant to arrest the destructive disease in the lungs, while the debility it produces accelerates the fatal termination. Moreover, we often see women who are not consumptive, who, at the end of a protracted lactation, complain of pains in the back, chest, and abdomen, accompanied by severe or violent cough, copious puriform expectoration and hectic fever, with all the appearances of phthisis. We immediately advise ab lactation, or weaning; and then all the symptoms disappear, unless in those cases in which there is a disposition, or, to speak technically, a predisposition to consumption. In such cases lactation for four or five weeks may perhaps be advisable for other reasons,—to prevent puerperal or child-bed diseases; but I cannot agree with that able and justly celebrated professor, M. Gardien, that this is beneficial, because there is, in my opinion, very little probability that a consumptive woman will, after delivery, be affected with any of the dangerous puerperal inflammations or fevers. It may be so; but I have never seen an instance, though my observations are not the most limited. Neither can I approve of another suggestion made by the same authority, that the mother may be ensured the advantage without injuring the infant, by applying a young dog to make suction, which will prevent engorgements of the chest, or the acceleration of consumption. It appears to me, that in a well marked example of phthisis, any kind of suction is highly prejudicial.

Women affected with rickets, scurvy, scrofula, cutaneous eruptions, gravel, stone, gout, syphilis, &c. are said by some to transmit these diseases to their infants, or to those they suckle. Violent hysteria disables a woman from suckling. Those who are in delicate health from whatever cause, will be greatly injured by lactation. They soon experience weakness in the back, sinking at the stomach, loss of appetite, extreme paleness of the countenance, or blanchness, which our Gallic contemporaries term etiolation. The bowels are generally confined, though sometimes relaxed, and there is considerable emaciation. When these symptoms appear, lactation ought to be discontinued, and if this should not be done, the infant will require artificial aliments. When there is malformation or flattening of the nipples, suction must be made by an older child, by the various breast-bottles, or by an adult.

A woman who is a nurse, ought to avoid balls, theatres, and crowded assemblies, as well as all frivolities, as her infant cannot be deprived of its natural food for several hours, and will not be properly nourished by any

other description of aliment. As a general rule, when pregnancy or menstruation occurs, the milk of delicate women is deteriorated, and other food is necessary for the infant, and ab lactation or weaning should be commenced. Some of the older authors, as Van Swieten, Lamotte, Puzos, and others, stated that they had seen very strong and vigorous infants nursed by pregnant women; but in general, the secretion of milk is diminished by conception, and its quality deteriorated. It is also true, that many of the lower animals continue to give milk for some time after impregnation. When the infant continues to thrive after the recurrence of menstruation or pregnancy, lactation may be protracted for some time. If the infant appears languid, wastes, is affected with hiccup, griping, or passes depraved alvine motions, ab lactation is necessary. Nursing is injurious to the mother and infant when the former labours under any acute or chronic disease, as fevers, inflammations, liver complaint, spitting of blood, &c. The passions of the mind alter the quality of the milk instantaneously, and render it injurious to the infant. All tumultuous passions act violently and rapidly, and the others act more slowly but with equal certainty. When an infant is suckled while the mother is in a fit of rage, it may be suddenly attacked with convulsions or diarrhoea. Sadness, inquietude, fear, shame, envy, jealousy, and chagrin, injure the breast milk.

It is scarcely necessary to observe, that the physical and moral causes which oppose lactation, or suckling, prevail more in cities and large towns than in the country. Mental anxiety during labour may prevent the secretion of milk for a few hours, but if the breasts are well developed, they will perform their function. An excellent illustration of this fact was given by my friend, Professor Graves, in the Dublin Journal of Medical and Chemical Science. He was requested to visit a young lady immediately after her first delivery, who was much dejected lest she should not have breast milk. The learned professor ordered her some German milk powders (magnesia calcinata), and on the next day she had an abundant supply of milk; in fact, the state of her mind had arrested the lacteous secretion.

When powerful motives deprive the infant of normal or maternal lactation, its aliment must be supplied from other sources; and it remains to be determined whether a preference will be given to the milk of another woman or to that of inferior animals. The question is easily resolved. It must be admitted that breast milk approaches nearest to the object of nature, and that the stomach of a new born infant will more readily accommodate itself to aliment prepared by one of its own species, than of any other. It was well observed by Moas and others, that the gastric juice of the infant is best suited to act on the milk of its own species. Some writers, as

Baldini in Italy, Raulin, Dessasserts, and others in France, and Betzkey in Russia, preferred mercenary to maternal lactation; but there is no wet nurse equal to a healthful mother. When the parent is delicate and incapable of nursing, a wet nurse should be procured, if circumstances admit of it. But it is impossible to find one of the same age, the same temperament, the same state of health, or one who supplies the same quality of milk as the mother. The truth of this fact would be afflicting to parents and to medical practitioners, if every one's experience had not shown that infants do well on mercenary lactation, and that all wet nurses are not cruel step-mothers. "Happily," says Professor Capuron, "the greatest number, at a moderate remuneration, devote themselves with an astonishing generosity, to the well-being of their foster children; and even most of them, it must be remarked to their shame, are preferable to mothers." I cannot assent to the last part of this opinion, as there is no nurse to be compared to a healthful affectionate mother. It has long been observed by our profession that scarcely one wet nurse in a thousand takes proper care of her foster-child, or of her own child. Dr. John Clark well attested the bad consequences of mercenary lactation. "In some families," says that celebrated physician, "six, and in others eight, wet nurses had lost their own children." Commentaries on Diseases of Children. Dr. Merriman, in commenting on this observation, very humanely remarks, "if ladies who employ wet nurses were, in commiseration of the sufferings of their unhappy infants, so far to interfere in their behalf, as to insist on having them placed out under the care of sober, cleanly persons, and in open airy situations, and especially if they would refuse to take a woman whose child is very young, unless a wet nurse were procured to suckle it, they would be the means of preserving many lives, and of preventing much lingering suffering to these poor victims." A prodigious number of infants, committed to wet nurses, have their constitutions enfeebled, and are affected with rickets, deformities of the limbs, tumid abdomen, and most of them are destroyed before the fifth year of their existence. Nevertheless we observe some of the finest children reared by wet nurses. The chief cause of the great mortality of children is the ignorance of parents as to their management, because few indeed entertain correct notions as to aliment, clothing, bad effects of cold, exercise, rest, &c.

When the mother is incapable of suckling her infant, in consequence of the causes already mentioned, a wet nurse ought to be selected. The choice of such person is a matter of great importance; and one about which parents cannot be too particular. The best description of the qualifications of a wet nurse which I have seen is given by M. Cupuron, in fact it embraces every thing. It is the following:—

"It is necessary to attend to the age, constitution or temperament, her health, character, and morals, to her habitation, mode of life, and to the quantity and quality of her milk. We ought to take her from the age of twenty to thirty-five years, of a good constitution, of moderate embonpoint, that she be habitually healthful, and free from all disease, without apparent deformity, more brown than fair, and never red haired, that her mouth be furnished with good teeth, her gums firm, and in a good condition, her breath sweet, her breasts of an ordinary size, traversed by bluish veins, the areola a little prominent, the nipple well pierced, and of a convenient length. We ought to reject her whose skin is covered with eruptions, whose perspiration has a strong odour, she who has fluor albus, engorgement of the glands," &c. She should be of the same age, or nearly so, as the woman whose infant she undertakes to suckle, and she should be delivered as near the mother as possible. The milk of a woman who has been a nurse for six or eight months, becomes thick, white, and more caseous; and therefore more indigestible than that of a woman who has been recently delivered. Such milk will enfeeble the stomach, and this fact ought to be borne in mind when the infant is fed on cow's, goat's, or asses' milk.

Dr. Merriman questions the propriety of ladies procuring wet nurses who have been recently delivered. He says "he has seldom found the milk of such nurses answer so well as those whose children are eight or ten weeks old. They are not sufficiently recovered from the effects of parturition to undertake the duties generally required of a wet-nurse." Dr. Underwood is, however, of opinion, that the milk should be under six months old. It appears to me, that both these able writers have forgotten the simple fact, that women suckle from the hour of delivery, and with the greatest advantage to infants. It is also in strict accordance with physiology, that the milk which corresponds to the age of the infant is more easily digested than that which is much older. When the milk is too old it disagrees with the infant, and cannot be continued until the proper age for weaning.

Dr. Underwood has judiciously remarked, that the wet nurse should be sober, and rather averse to strong liquors, which young and healthful people seldom require in order to have plenty of milk. "She should be cleanly in her person, good tempered, careful, fond of children, and watchful in the night, or, at least, not liable to suffer in her health from being robbed of her sleep." She should likewise be active, sprightly, cheerful; not dull, stupid, fond of sleep, peevish, irritable, or morose; and she should reside in a pure air and salubrious situation. I cannot agree with this experienced physician, that she ought to be of a costive habit. No one in this habit is in perfect health; and therefore the comment of Dr. Merriman on the former author's text is good;—"Unless the bowels are re-

lived once plentifully every day the milk is rarely good in quantity or quality."

Women who offer themselves as wet nurses generally allow the milk to accumulate for some time before their examination by a medical practitioner; and by this proceeding the breasts will appear full in a woman who has a scanty secretion of milk. The state of her appearance and general health, and more especially the condition of her infant, enable us to form a correct judgment of her capability. When the milk disagrees with the infant it produces emaciation, griping depraved motions from the bowels, a frequent desire to evacuate the bladder, and, according to many, a host of other diseases, enumerated when describing maternal lactation. To these I shall direct your attention at the conclusion of my remarks on human lactation, before I describe "dry nursing," or artificial lactation. The wet nurse should suckle the infant for a few days before a final engagement is made with her.

The diet and regimen proper for wet nurses deserve attention. Most women err in supposing that they, while nursing, require more food than at other times. Nourishing aliment ought to be taken to satiety. The same rules as laid down for the diet and regimen of pregnant women should be observed by wet nurses. Those flesh meats which are most nutritious, with a moderate quantity of vegetables and ordinary drinks, are to be preferred. The wish and idiosyncrasy, or peculiarity of constitution, are the best guides with respect to the choice of foods. Whatever agrees with the mother generally agrees with the child. As a general precept, however, high seasoned, spiced, salted, and smoked meats, rancid bacon, pork, wild fowl, and cheese, ought to be avoided. Spirituous liquors, wines, ale, and porter, unless in moderate quantities, are highly dangerous; and we should recommend tea, coffee, chocolate, milk, broths, and plain soups, in preference. It is a general opinion among women, that porter increases the breast milk; and hence the custom among the middle and lower classes of society in this part of the United Kingdom, of taking two or three pints of this fluid daily. It is lamentable that every description of malt liquor is now so much adulterated and impregnated with some narcotic substance, that it proves injurious to the breast milk, and to the infant reared on it. I have known a vast number of respectable women, who had an abundance of breast milk, though they never tasted any description of malt liquor; nor do I agree with Underwood and others, that fluid of this description is a proper article of diet for suckling women. Those who are accustomed to it may take it in moderation; but it is impossible to lay down a rule as to the quantity for a proper daily allowance. Home-brewed unadulterated ale is a highly nutritious fluid, and is preferable to any other kind of malt liquor; but this is not easily procured, in consequence of the malt and other taxes against the salubrious beverage of the ancient Britons, the old and

invigorating *vinum Britannicum*. Dr. Strow, a celebrated German physician, recommended two parts of milk and one of well fermented beer, previously boiled "to rise over a gentle fire," to be taken cold, as a great restorative in cases of debility caused by lactation. He stated, that, in a short time, the strength was restored, and the milk increased. Some writers consider vegetable food peculiarly fit for nurses, as it rendered the milk more saccharine; and Dr. Underwood observed, that when vegetables, or even acids, agreed with the mother, healthful children rarely suffered. My own experience leads me to a different conclusion. I have often been called to children, who were very much griped, and the cause assigned was, that the mother had used esculent vegetables, such as cabbage, turnip, parsnip, carrot, &c. But I have also observed some of the finest and most vigorous children suckled by the Irish peasants, whose food was chiefly potato. M. Capuron is of opinion, that the taste and habit of the individual ought to be consulted more than theory and practice. This, like all general rules, is liable to objections, because some women, if guided by their inclination or taste, would select improper food. Exercise in the open air is indispensable to all persons for the preservation of health, but more particularly to wet nurses who have been previously accustomed to it, and whose health, as well as that of the infant, would be very much injured by close confinement in warm apartments.

A nurse should not be too sedentary, she can always take sufficient exercise in her house, and generally in the open air. With respect to sleep, the rule is, that the want of it, or broken rest, ruins the health, while too much prolonged, it enfeebles the constitution. A nurse requires eight hours' sleep during the first three months, even when the infant is healthful; and more than this, when it is delicate, or diseased, and disturbs her very frequently during the night. The bed should not be too hard or too soft, as either is injurious to health. The nurse should be allowed to live as she has been accustomed to do. A change from a plain diet, perhaps mostly vegetable, from a pure air, and daily exercise, if not hard labour, to a full diet of animal food, malt liquor, the close air of a large city, and a total want of exercise will seriously injure the nurse and the infant she nourishes. She should reside in an elevated situation in preference to that which is low, damp, or marshy. A western or southern aspect of residence is more salubrious than an eastern or northern. Finally, a wet nurse should be sound in mind and body, and of a cheerful and mild disposition, as well remarked by Rousseau, and "one newly delivered, whose constitution, both of body and mind, resembles the mother's as nearly as possible, provided that constitution be a good one."—Gregory's Comparative View of the State and Faculties of Man with those of the Animal World. Every precaution should be taken to prove that she has an attachment

for her foster child, and that she fulfils her duties towards it with zeal and humanity. The health and future happiness of the tender being committed to her care depend upon her attention and kindness; and for these she is morally responsible. Whenever the infant wastes under her care, if she cannot explain it as the effect of dentition, or teething, or other diseases, she ought to be discharged. If the child is constantly crying or screaming, it will become ruptured, affected with a sore throat, cramp, or dropy of the brain. When, on the contrary, it is always asleep, it is under the influence of injurious soothing syrups, Dalby's carminative, Godfrey's cordial, diacodium, &c., it does not awake to take food, it wastes, languishes, and soon dies. In all cases, when the infant does not thrive, another nurse ought to be selected. Whenever it appears ill, feverish, or labouring under any complaint, the parents ought to be informed, or proper medical aid obtained. As a general rule, the less medicine an infant takes, unless when labouring under disease, the better. It is always ill when the motions from the bowels are of any colour but yellow.

In all possible cases, the wet nurse should reside in the house of the family whose child is under her care; because, when at her own home, she suckles her own infant, neglects both it and its foster brother, or may substitute one for the other.

If a woman is not in a fit condition to suckle her infant, she should follow it into the country, and there, in a salubrious situation, witness its progress, and assist in satisfying its wants.

The nurse, who fulfils her duty towards her foster child, ought not to be looked upon as a mere menial; the parents ought to show her gratitude and attention as the protector of their child. Parents in general forget this kindness, but when it is shown it creates an affection in the mind of the most illiterate nurse, which will never be effaced. It should ever be borne in mind, that the proper management of an infant secures a good constitution, while the opposite treatment induces delicacy, deformity, or diseases, and ensures a miserable existence. When the infant declines, after it has been suckled by different women in succession, it ought to be removed into the country, adopting due precaution in making a selection of residence.

#### ANATOMICAL NOTES.

##### TUBERCLES.—FACTS ILLUSTRATIVE OF THEIR ORGANIC NATURE.

On the 26th of September, 1833, at the request of Mr. Fisher, surgeon of Cambridge, I injected, with size mingled with vermilion, the bronchial artery of the lungs of a woman, aged about 50 years, who had an exceedingly narrow chest, and who proved to have the upper

lobe of both lungs in a honeycomb state from numerous small abscesses, the consequences of tubercles, besides the other lobes sprinkled here and there in every direction, with tuberculous masses in every state of development, isolated and conglomerated, from one-third of a line to three and four lines in diameter, transparent, or more or less opaque, colourless, greyish, whitish, yellowish-white, or yellowish universally, or in the centre, or in concentric zones, the innermost being always more opaque and yellower than the outer laminae, caseous, pappy, or purulent, and in some cases softened only in the middle; also adhesions of the pleura by means of longer or shorter adventitious bands, but particularly more ancient and shorter in the vicinity of the upper lobes, and in the parts of them most riddled with crowded abscesses\*, none of these abscesses having more than two-thirds of an inch in diameter, and all being lined with a transparent soft coat, surrounded in most cases with another shrieking under the scalpel; the left lung was injected by the bronchial tubes with strong alcohol, in the view of dilating the bronchial vesicles, and tracing their relation to the tuberculous masses and cavities. The right was examined in various sections next day, by the aid of a magnifying lens of about three-quarters of an inch focus. During the injection of the bronchial arteries, the coloured size came out through the trachea, and passed also into the pulmonary veins and arteries, and mingled in them with the half clotted blood they contained, thus clearly indicating in the first case, rupture into the open abscesses; in the second, direct connexion of the pulmonary artery and veins with the bronchial arteries †. In the lung, when examined, it was found that the adventitious membranes causing the adherence of the pleurae, were minutely injected ‡ with the red matter, which in

\* By abscesses here, I mean cavities, surrounded with a distinct lining membrane, containing more or less tuberculous matter, free and floating or attached to their walls, and matter having all the external characters of pus and mucus mingled together.

† A fact originally proved by injections, and delineated by the celebrated Raysh.

‡ By the word *injected*, throughout this paper, I mean traversed with vermilion



both cases had passed on from the adventitious membranes into the costal pleura; but was more apparent and in larger vessels in the recent than in the old adhesions. The injected vessels were traced through the substance of the parenchyme of the lungs, in the pleura pulmonalis, the posterior mediastinal cellular tissue, the bronchial glands, and even in the walls of the œsophagus, into the sub-mucous cellular tissue of the lower part of the trachea, of its bifurcation, and of its larger branches; and, indeed, in all those traceable; in the coats of most of the open and of all the unopened abscesses, as well as in the enveloping tissue of the isolated and conglomerate tuberculous masses, round which it was more abundant than in the parenchyme of the lungs generally. In no part of the parenchyme of the lungs was there found any effused injection; but in the centre of almost all the softened tuberculous masses, whether softened only in the middle or throughout, whether caseous, brain-like, or resembling pus, or chocolate and cream-like, there was more or less of the injection effused, while many of the opened abscesses were found filled with the effused injection. In no case was it found effused between the cyst and the surrounding parenchyme. In one open cavity, where a tuberculous mass, as yet unsoftened, and adherent to the cyst, presented the portion adjacent to the cyst still transparent and hard, and the portion nearest the centre of the cyst nearly caseous and yellow: both these portions were minutely traversed by injected vessels, but more particularly the caseous part. In all the walls of the cyst the injection was stellular, and similar to that seen through the mucous surfaces of the intestinal tube; several isolated tubercles in the first stage, without any surrounding thickening or apparent change of the pulmonary parenchyme, were traversed by injected vessels; while, in all the softened masses, whether there was effused injection towards the centre or not, injected vessels were traced, always most numerous successively from the circumference to the centre, and in proportion to the degree of softness\*.

coloured branchings, having all the characters of the minute ramifications of vessels, and therefore presumed to be such.

\* This is true only until such time as the

These facts, now confirmed by Mr. Fisher and Mr. Charles Linton, late of Guy's Hospital, entirely accord with the results of some made by me when at Edinburgh, when I injected the bronchial artery of the tuberculous lung of a cow and of a sheep, with an injection coloured with a finely levigated powder of ivory-black or bone charcoal, in order to prove, at the time when my friend Thomas Blundell was making his experiments for his thesis on melanosis, that appearances entirely similar to those in that state of the lung (now proved by his chemical analysis to be owing to a parenchymatal deposit of solid charcoal) might be produced by the injection of a thick solution of charcoal into the bronchial arteries. The tuberculous masses were injected in the same manner as in this last experiment, and the were then stated to the Royal Medical Society, and may be remembered by our esteemed morbid pathologist, Dr. Hope, who was then one of the ornaments of that Society, as he is now of his profession.

The important result to be deduced from these observations is, that tubercles are not inorganic masses. I may here state, also, that, in the softer masses, the vessels always came chiefly from some point of the walls of the envelope, in the form of a plexus, more abundantly than from the walls of the envelope generally; though this was also the case, all doubt of the injection and of the organic nature of the softer masses is removed by the fact, that of the effused matter being invariably found in the centre of the softer part of the mass, and never between the solid part of the mass and the envelope, for it certainly could not arrive at that centre unless it had found a vascular passage. I need scarcely point out the enormous importance of these simple experiments, which throw an entirely new light on the nature of tubercle. Suffice it to point out the facts, in the hope of eliciting more careful research in those who have spent so much of their lives in attempting to prove, theoretically, that tubercle differs from other morbid growths neither in its essential nor organic structure. I leave to Mr. Fisher the honour of explaining the results of these experiments,

soft pappy mass had taken on the different characters, and presented all the external forms of pus, or of pus mingled with blood.

by his interesting researches on this subject, hitherto, like cholera, the *opprobrium medicinae*.

ALEX. THOMSON, M.B., ST. JOHN'S CAMP.  
Salle de Dissection de la Pitié,  
Nov. 27th, 1833.

### French Medicine.

*Hydrophobia*.—M. Buisson has written to the Paris Academy of Sciences, to claim a paper, which he forwarded so far back as 1823. The paper contained a case of hydrophobia, which was his own; the following is the report of it.

He had visited a woman, who had been suffering under symptoms of hydrophobia for three days. She had constriction of the throat, inability to swallow, abundant secretion of the saliva, and foaming at the mouth. She had been bit by a mad dog forty days previously; she was bled, and died shortly afterwards.

M Buisson, whose hands were covered with blood, incautiously cleansed them with a towel which had been used to wipe the mouth of the patient. He then had an ulceration upon one of his fingers, yet thought it sufficient to wash off the saliva that adhered with a little water. The ninth day after he was suddenly seized with a pain in his throat and eyes. The saliva was continually discharging into his mouth; the impression of a current of air, the sight of brilliant bodies, gave him a painful sensation; his body appeared to him so light, that he felt as though he could leap to a prodigious height, and experienced a wish to bite, not men, but animals and inanimate bodies. Finally, he drank with difficulty, and the sight of water was still more distressing to him than the pain in his throat. These symptoms recurred every five minutes, and it appeared to him as though the pain commenced in the affected finger, and extended thence up to the shoulder.

From the whole of the symptoms, he judged himself affected with hydrophobia, and resolved to terminate his life by stifling himself in a vapour bath. Having entered one for this purpose, he caused the heat to be raised to 42° (107° 36' Fah.), when he was equally surprised and delighted to find himself free from all complaint. He left the bathing-room well, dined heartily, and drank more than

usual. Since that time he has treated in the same manner more than eighty persons bitten, in four of whom the symptoms had declared themselves bad, and in no case has he failed, except in that of one child, seven years old, who died in the bath. The mode of treatment he recommends is, that the person bit should take a certain number of vapour baths (commonly called Russeau), and should induce every night a violent perspiration, by wrapping himself in flannels, and covering himself with a feather bed, the transpiration to be favoured by drinking plentifully of a warm decoction of sarsaparilla. M. Buisson declares himself so convinced of the efficacy of this treatment, that he will suffer himself to be inoculated with the disease, and as a proof of the utility of copious and continued perspiration he relates the following anecdote.

A relative of the musician Grétry was bitten by a mad dog, with many other persons, who all died of hydrophobia. For his part, feeling the first symptoms of the disease, he took to dancing night and day, saying *that he wished to die gaily*. He recovered.

M. Buisson also draws attention to the fact, that the animals in whom this madness is most frequently found to develop itself spontaneously, are dogs, wolves, and foxes, which never perspire.

\* \* \* We are indebted for the above paper to the *Athenæum*, a journal which frequently contains the earliest and best accounts on all matters relating to science.

### Italian Medicine.

#### *On the use of the Trepan in Toothach.*

THE means generally employed consist in the destruction of the nervous pulp of the tooth by laceration, cauterisation, or the application of caustic to the bottom of the carious tooth. Experience proves that it is only necessary to destroy the dental nerve to subdue at once all sensibility in the part. The means employed by M. Fattori, and which experience has proved to him is the best to be relied on, consist in the application of a small trepan on the diseased tooth, after having conveniently fixed the head of the patient. A few turns of the instrument are sufficient to perforate the osseous tissue of the tooth, and the extremity of the trepan immediately divides the nerve

which fills up the dental canal. The section made in this way immediately relieves the pain.

The operation, according to the old method of destroying the nerve with a sharp pointed instrument, seldom succeeded, as the caries rarely allowed of the easy introduction of the instrument into its cavity, and that it was also impossible to divide the nerve in many cases completely, besides causing the patient very severe pain at the time. The operation by the trepan, on the other hand, may be always relied upon, and removes every difficulty in the section of the nerve, as it is applied immediately over the part which the nerve traverses, and is certain of dividing it. The application of heat to the part is not a sure remedy, as the cauterisation must be very slight,—it gives out heat rapidly, and when applied to the part has only sufficient heat to burn deeply. Some have advised the direction of a flame of hydrogen gas on the part, but it is not necessary to dwell long on the uncertainty of such an application. In using the trephine, there is no risk of wounding any parts of the mouth near the affected tooth; when its application to those which are situated far back, near the ascending ramus of the lower jaw, is facilitated by the use of a *speculum oris*. In using caustic to the teeth, its application cannot be confined to the seat of the injury, and it spreads sometimes to the neighbouring healthy parts, causing an increased irritation of the dental nerve, and sometimes an inflammation of the tissue of the gums. Nothing of this kind can happen in using the trepan.

This remedy may be used successfully in all affections of the teeth, from whatever cause they may arise; and whilst many other remedial means lead on to the loss of the tooth, the trephine preserves it, in immediately relieving the pain, and preventing its return.

M. Fattori has found the trephine particularly useful in that affection of the teeth which he denominates *internal caries*, where the part is extremely painful, without showing the slightest appearance of alteration in its tissue. It is in such cases that the patient, having borne the pain for a considerable time, consents to the extraction of the tooth, which in being done is frequently broken off, and the fangs, which are often very painful, remain in the alveolar process. When relief does not

follow the application of the trephine, the pain which remains is frequently the result of antecedent inflammation in the neighbouring parts, requiring a particular treatment for its relief. It is advisable after the operation to fill the aperture made by the trephine with lead, to prevent any portions of aliment or other foreign substance from lodging in it, and becoming a fresh source of pain, by irritating the newly-incised nervous surface. This, however, should not be done until some days after the operation, when the parts shall have lost all their sensibility, and the irritation of the neighbouring parts is subdued. The application of the trephine is useful when old stumps of teeth, which cannot be removed, become painful; and, finally, it is exempt from all those accidents which attend the extraction of teeth.—*Arch. Gen. de Méd.*

### Reports of Societies.

#### WESTMINSTER MEDICAL SOCIETY.

Saturday, December 7, 1833.

Professor BURNETT in the Chair.

#### Medical Reform.

MR. HUNT, Mr. Holt, Mr. King, Dr. Johnson, Dr. Sigmond, Mr. Griffith, Mr. Walker, Dr. Gregory, Dr. Leonard Stewart, and Dr. Fergusson, were the most prominent speakers on the abuses in the medical profession.

Dr. Gregory moved an amendment to the resolution that there ought to be one faculty;

“That in the opinion of this society, the evils, now complained of, will be remedied most effectually by the constitution of a central board of commissioners, which, under the sanction of the legislature, and the immediate direction of the Home Secretary, shall take cognizance of the medical education and practice in all its branches throughout the united kingdom, have jurisdiction over the several medical incorporations, and act as a court of appeal from their decisions.”

This amendment was lost, but its mover demanded a ballot, which is to take place at the next meeting.

We should apprehend that the profession has had quite enough of central boards and factory commissions, and certain are we that if the medical reform be made a government or cabinet measure, little will be done. We trust that Mr. Warburton and Mr. Hume will

never consent to such a proceeding. The medical profession is too powerful a body to be slighted by the legislature, and a parliamentary inquiry and discussion will alone satisfy its members. We are at a loss to know the reason that this country is the only one in Europe in which there is not one Faculty of Medicine and Surgery; and we see no difficulty in framing an act which would make the existing corporations, when purged of corruption, such a faculty. Every one knows that one of Sir R. Peel's bills repealed many more acts than the whole of those relating to the medical profession. The Academy of Medicine in Paris has arrived at the conclusion that all grades should be amalgamated, that the education should be much more extensive, and that officers of health should cease, and every medical practitioner should be a doctor in medicine and surgery.

MEDICAL SOCIETY OF LONDON.

*Monday, December 9, 1833.*

WILLIAM KINGDON, Esq. in the Chair.

*Medical Reform.*

THE whole time of the meeting was occupied in appointing a committee to prepare a petition to Parliament.

MEDICO-BOTANICAL SOCIETY OF LONDON.

*Tuesday, December 10, 1833.*

PROFESSOR BURNETT in the Chair.

DR. RYAN delivered a lecture on the efficacy of strychnine in hysteria, neuralgia, epilepsy, choleric diarrhoea, dyspepsia, and paralysis; and on the tonic effects of ipecac in dyspepsia. He related cases of hysteria, in which all the usual remedies had failed, and which were cured by strychnine. The dose was one-twelfth of a grain twice a-day, and, after some time, three or four times daily. The bowels were of course regulated before the employment of the medicine. The disease occurred from the age of puberty upwards, and some of the patients had ten fits a-day; these gradually diminished in number and violence, until they totally disappeared. The remedy proved highly beneficial in one case of epilepsy but failed in another. It was tried in a vast number of cases of diarrhoea during the

last autumn, and with astonishing success. The alvine dejections were sometimes of a rice-colour, but frequently as dark as tar; and Dr. R. had seen malignant cholera with blueness, though the feces were of the latter hue. Some of the patients affected were relatives of individuals who had died of cholera, strychnine was extremely beneficial in cases of dyspepsia, complicated with hysteria in its various forms, a complication extremely common among dispensary patients. He combined the remedy with the compound rhubarb and colocynth pills, and administered it in the quantity already stated. His colleagues at St John's Dispensary had seen many of the cases to which he had alluded, and had employed the remedy themselves very extensively, and with the best effects. In neuralgia of the extremities it had afforded speedy relief. Hemiplegia yielded to it in three cases. Dr. Ryan considered its effects very different in small and large doses, and in no case was it urged beyond two grains daily. He had tried it in so many cases of disorders, purely nervous, that there was no day in which he did not prescribe it several times. He was anxious that the profession should give it a fair trial; and felt convinced, that it would, ere long, be generally employed. He had tried ipecac, and found it a powerful tonic.

Dr. Johnson remarked, that the remedy had been tried in opposite diseases, its sensible effects had not been described, it excited muscular action in paralysis, and it tranquillised it in hysteria. For his own part, the impression on his mind, from what Dr. Ryan had said, would be, that it cured all diseases in Cullen's Nosology.

Dr. Ryan observed in reply, that the reason he did not give a minute technical description of the disorders he mentioned was, that many of the members of the society did not belong to the medical profession, and therefore could not understand or take interest in medical disquisitions. He considered certain forms of hysteria, dyspepsia, and neuralgia purely nervous and belonging to the same class, and he had been misunderstood, if it was supposed that he recommended strychnine in all diseases. He had not observed its sensible effects, but the patients declared themselves better, and finally were discharged cured. He should like Dr. Johnson to describe the sensible effects of mercury, in alterative doses, in various dis-

eases, or of quinine or arsenic in ague, or of a dose of laudanum in curing colic.

Dr. Johnson rejoined, that mercury improved the secretions, quinine excited the circulation and caused a sensible improvement in both body and mind. Notwithstanding all that had been said, he considered strychnia a most dangerous remedy. In a case of hemiplegia, consequent to apoplexy, he had ordered a sixth of grain in three doses daily; the patient continued it for six days, and then he and the general practitioner were in consultation, when the subject of it expired suddenly, and he thought in consequence of the remedy. Unfortunately a post mortem examination was not allowed.

Dr. Sigmond observed, that it was extremely difficult to describe the sensible effects of medicines; and he could account for the discrepant declarations of the profession with regard to remedies. The fact is, that it is utterly impossible to obtain strychnine, or any other medicine, of the same quality from any two chemists or druggists, and this would be the case until there was medical reform. He had used strychnine in chorea, paralysis, and epilepsy, and certainly with good effects.

A gentleman described a case of hemiplegia of the right side, caused by apoplexy, in which he urged strychnine to three grains daily with the best effects.

The Chairman observed, that the effects of medicines varied on account of the cause assigned by Dr. Sigmond, and also on account of peculiarity of constitution. He instanced the discrepant histories of the upas tree as an illustration.

The time of the Society having expired, an adjournment took place to the 14th of January.

#### ROYAL SOCIETY.

THE two medals, offered by this society since his Majesty's accession, have been awarded to M. Decandolle, the celebrated botanist, and to Sir John Herschel.

Dr. Copland was elected a Fellow at the last meeting.

#### ROYAL DISPENSARY FOR DISEASES OF THE EAR.

AT the annual general meeting of the governors of this institution, held on Thursday, it appeared, that since its establishment, 8520 pa-

tients had been cured or relieved, including several cases of deaf and dumb. A vote of thanks was afterwards passed to Mr. Curtis, the surgeon and founder of the institution, for his humane and skilful attention to the patients, and it was resolved that a gold medal be presented to that gentleman at the next anniversary dinner.

#### NOTE FROM MR. SALMON.

*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN,—Exclusive of various errors, there is an essential omission of part of a sentence, in the communication which you did me the favour of inserting in your Journal of Saturday last. Your first mistake occurs at the eleventh line of the second column in the 583rd page, the monosyllable "an" being substituted for the words "*the most*." Your next error is at the forty-first line of the first column in the 584th page, the word "force" being printed instead of "*form*," which misprint recurs at the twenty-eighth line of the first column in the 586th page. In the fourth line of the first column of the 585th page, the word "able" is substituted for "*prepared*." A fifth mistake occurs at the nineteenth line in the second column at the 585th page, the word "there" being printed instead of "*here*." But the following omission is singular and important, as well as a material variation from the manuscript: at the fifty-eighth line of the second column in the last mentioned page, I am reported to have written "while circular fibres lie most commonly within reach of the finger;" the words of my manuscript are, "*while circular stricture will, from the redundancy of the circular fibres, be most commonly within reach of the finger.*"

In justice to myself I request the correction of these mistakes through the insertion of this letter in the next number of your publication.

I am, Gentlemen,

Your obedient servant,

FREDERICK SALMON.

12, Old Broad-street,

Dec. 9th, 1833.

[We insert the above, as we deem it important that the exact words of Mr. Salmon should be given. In justice to ourselves, however, we must state, that, as a proof of the

article was sent to Mr. Salmon for correction, we felt satisfied that no errors could appear. We must also observe, that the charge of substituting "prepared" for "able," page 585, does not apply to us, as the sentence is printed in the same way in the *Lancet*.—Eds.]

THE LATE JOSHUA BROOKES, ESQ.

To the Editor of the *London Medical and Surgical Journal*.

GENTLEMEN,—I am requested by the Committee formed for the purpose of devising the most efficient means of erecting a monument, or a memorial, of the late Joshua Brookes, Esq. F.R.S., to announce, through the medium of your Journal, their wish of its being generally understood, that an Engraving of the late Professor is published, price One Guinea, the profits arising from the sale of which will be devoted to the above purpose; and subscriptions are also opened for the same object at the residence of each member of the Committee, and the Secretary, who respectfully solicit the aid of those members of the profession who may feel anxious to preserve some memorial of an eminently industrious and scientific anatomist.

J. C. CARPUE, Esq., F.R.S.,  
Chairman.

H. S. Chinnock, Esq., Brompton  
P. H. S. Colson, Esq., Goswell-road.  
Robert Davey, Esq., Great Ormond-street.  
H. Davies, M.D., Saville-street.  
T. Fowkes, Esq., Mary-st., Regent's Park.  
H. Hunt, Esq., 15, Lower Brooke-street.  
Thomas Hodges, Esq., Gray's Inn Lane.  
J. Johnson, M.D., Suffolk Place, Haymarket  
J. Kendrick, Esq., 12, Manchester-street,  
Manchester-square.  
Thomas Litchfield, Esq., Twickenham.  
J. Lavies, Esq., King-street, Great George-street, Westminster.  
J. Malyn, Esq., 25, Duke-street, Westminster.  
J. Nicholles, Esq., 35, Conduit-street.  
J. T. Pettigrew, Esq. F.R.S., Saville-street.

Trusting that you will find room for the insertion of this in your valuable Journal,

I am, Gentlemen,

Your most obedient servant,  
HENRY BENHAM.

13, *Middlesex Place, Lisson Grove,*  
Nov. 16th 1833.

THE

*London Medical & Surgical Journal*

Saturday, December 14, 1833.

MEDICAL REFORM IN FRANCE.

PRACTICE OF MEDICINE AND PHARMACY SEPARATE.

*M. Agedum, sume hoc ptisanarium oryze.  
O. Quanti emte? M. Parvo. O. Quanti ergo?  
Hor. Sat. 2, 3, 155.*

WE resume, with increased pleasure, our review of the Report upon Medical Reform in France, presented to the Academy of Medicine from its Committee by M. Double. That Report has been adopted by the Academy, with a few verbal amendments, and it is, by this time, to be found in the bureau of M. Guizot. Before the reading of the Report was concluded, the minister had addressed to the Academy a letter, expressing his approbation of its activity; he announced, that it was the intention of government to introduce a complete project of law upon the subject in the approaching session, and concluded with requesting the Academy to transmit to him its report by the end of the month (November), as he should regret being obliged to act without it. This is a sample of the spirit with which the French government has undertaken this important subject. The Faculty has also presented to the Minister a report, which concurs in all essential particulars with that of the Academy. In fact, the *Profession* in France seems agreed upon the necessary reforms; and there is little doubt that the Medical Association in Paris (a voluntary body) will approve of the conclusions of the Academy. MM. Orfila, Husson, Joly, Amussat, and Jules Guerin have been appointed a committee, to prepare its report.

This unanimity in the profession and energy in the government, warrant our conclusion, that many months will not elapse before the Medical Profession in France will be organised by law upon the basis of the report at present before us. One of our contemporaries consoles its frightened supporters by the cheering intimation, that it is confidently asserted the whole will end in no such great reform after all: bating the suppression of medical juries (the examiners, our readers will recollect, of the officers of health, or general practitioners in France), every thing else will remain in *status quo*.

This, indeed, would be no great reform after all! We entertain very different expectations. We do, with much more consistency, agree with our contemporary in thinking, that the Academicians and the Faculty of France have displayed an earnestness and an ability worthy the reformers in a great nation; and we set the greater value on their labours, because, in the first place, in the deplorable condition of our Colleges and Universities, it is a mockery to expect the suggestion of any salutary reform from the organised heads of the profession in this country; and, in the next place, because, fortunately for the interests of medical reform at home, the very questions upon which the profession in France is now agreed, after mature deliberation,—touching equality of professional rank, uniformity of education, distinct practice of pharmacy,—must be debated, and receive their answer—yea or nay—before any reformation is attempted in our own medical organisation.

In truth, there are but two contending parties in France;—in one, we recognise those who have received a regular and extensive medical education, and who have devoted their time, their money, and their talents, to its acquisition. At

its head are naturally found every man of distinguished reputation in the profession—those who constitute the Academies and the Faculties; for there is no petty, jealous distinction among the educated practitioners in France. The other party—the second class of practitioners—whose pretension is ignorance, has no natural head. With us there may be said to be three contending parties. The great body of the properly educated medical practitioners are assailed, on the one hand, by a party claiming an equality of rights upon inferior qualifications, and too often carrying the arts of trade into the practice of a profession; and, on the other, they are pressed by the insulting prerogatives of a small but powerful body, which, standing isolated from the mass of the profession, possesses the strong holds of the Colleges and Universities. We advert to this distinction between the hostile parties of the two countries, since to us it exposes the folly, or the knavery, of those who expect any thing good to emanate from the Academies or Faculties of this country.

The report recommends the establishment by law of Departmental Medical Councils, in place of the Councils of Discipline. These institutions are to exercise a species of moral jurisdiction, by secret or public censure, over all the members of the profession, in their demeanour with regard to their patients or to each other; and to them are to be intrusted the important duties of enforcing, before the public tribunals, the law against quackery, “which is,” says the report, “to medicine, what hypocrisy is to morality.” They are to prepare lists of the persons qualified by diploma to practise; to examine the apothecaries’ shops; grant certificates of service to their apprentices; and, finally,

to collect all documents which may throw light upon the history of medical institutions or medical statistics.

From the decisions of these Councils, the accused may appeal to a council of superior revision, to be established in the capital, and ultimately he may seek the judgment of the *Cour Royale*.

To guard against the encroachments of the police, the report insists upon the absolute independence of the Councils; that they shall consist of nine members in the departments, and double that number in the capital; that doctors alone shall be eligible, but that every person subject to their jurisdiction shall have a voice in the election; that a third shall retire by seniority every three years, and shall not be eligible again till the subsequent three years.

Such are the general features of these institutions. In reviewing the arguments for their adoption, we feel pride in observing that the tone of medical ethics in this country must be much higher than in France. The instances among us of depraved moral conduct in a professional capacity are very rare; any breaches of decorum are sure to ruin the practice of the offender; and we do not foresee any necessity of legislation to correct these evils. The suppression of quackery can only be effectual, when the existing institutions are suited to the wants of society. Hence the inefficiency of the College of Physicians, in protecting the regular practitioner; hence the immunity with which quacks of all sorts violate the statute of the Apothecaries' Hall, whilst the ill-directed efforts of this latter body often assume the appearance of tyrannical persecution.

The report enters into an elaborate history of secret remedies, or quack medicines. In the first reforms after the French Revolution, these monstrosities

of medicine were altogether suppressed. For some unknown reasons, however, they were again revived, and have had since a precarious but very extensive existence. The Academy recommends their absolute suppression, or, at least, that they should be placed on the footing of patents, with this difference, that they should be subject to the previous approval of the Academy of Medicine; their sale to be confined to the apothecaries.

By these three great alterations, the establishment of a single order of medical men, the creation of Departmental Medical Councils, and the subjecting of quack medicines to the law of patents, the Committee expects the suppression of the greater number of the abuses committed in the practice of medicine. There are some, however, for which special legislation is necessary.

1. Dentists, oculists, &c., in fine, all who practice any branch of medicine, must possess the diploma of doctor.

2. "There are serious inconveniences," continues the Report, "in a medical man selling medicines, or in an apothecary practising medicine. The least is a *poly-pharmacy*, ruinous to the patient, and dangerous to science; without taking into consideration that medicine and pharmacy are sufficiently vast to occupy each an entire intellect, and cannot be cultivated at the same time with all the necessary care. It is not that we refuse to allow the medical man to procure himself to be admitted as an apothecary, and the reverse; it is the simultaneous practice of the two professions that we wish to proscribe."

It proposes, therefore, that none shall combine the practice of pharmacy and medicine, under a penalty of 10,000 francs (about 40*l.*), to be tripled for a second offence.



3. No doctor shall be allowed to make any agreement with an apothecary, nor derive any profit from the medicines he prescribes.

4. It seems a crime of a very daring character has been recently detected in France; the substitution of persons in passing the examinations for the degree of doctor. This is somewhat bolder than the false certificates which the College of Surgeons have lately denounced. Perhaps the laxity of the system of Inscriptions affords an opportunity for its commission. The report proposes an adequate punishment for its suppression.

5. No persons are to be admissible to any public medical functions without the necessary diploma.

6. No foreigner is to be allowed, by government, to practise until he shall have undergone the probationary acts before a Faculty.

7. By an article in the Code of Napoleon, the breach of professional secrets was punishable by fine and imprisonment, except in cases in which the law compels their disclosure. This exception is extremely offensive to the Medical Profession in France; as it was introduced, in fact, as a part of the imperial system of espionage: the Report, therefore, requires its abolition. In this country, a non-judicial breach of professional secrets is left to the laws of honour and good feeling. Our courts of justice will not allow the barrister or the attorney to give such secrets in evidence, but the medical practitioner is bound to communicate, before the public tribunals, every thing which comes to his knowledge in a professional capacity. This point has been long settled upon authority, although our judges have, at times, disapproved of the practice.

8. The irresponsibility of medical practitioners in the proper and conscientious

exercise of their judgment has been questioned in some of the inferior tribunals, which are to be found in France. The Report proposes to declare the law upon this subject. Some absurd distinctions, as to the right to recover fees, govern this branch of our law. A physician's fees should be as recoverable in a court of law as those of a surgeon, and he should be equally responsible for want of reasonable skill.

After demanding the abolition of the annual tax upon the practitioners of medicine, a tax to which no other liberal profession is liable, the Report recommends a codification in a single act of all the laws relating to medicine. This benefit we hope to enjoy by and by.

Among other regulations respecting the apothecaries, besides those which we have already given, it is proposed, that none shall be admitted as pupils, or apprentices, without the sanction of the general departmental councils, who shall inquire into the conduct and education of the candidates, and examine them in physics, mathematics, and natural history. The subsequent admission to the rank of an apothecary depends upon the Faculty of Pharmacy.

As it might be inconvenient in some parts of the country, to have a doctor's prescription prepared by an apothecary, it is proposed, that patients, who live at a certain distance from an apothecary's shop, shall be allowed to receive their remedies from their medical men.

The Report, in conclusion, recommends the publication of an Official Pharmacopœia, with such additions and alterations, from time to time, as the improved state of the science of medicine shall require.

Such are the principal heads of this excellent document. We shall return to the subject at another time, when we propose to canvas the schemes of Medical

Reform already broached among us, including that last novelty, the Central Board of Commissioners.

## French Hospital Reports.

### LA PITIE.

#### *Paraplegia cured by Nux Vomica.*

A GIRL, *æt.* 20, was admitted for a paraplegic weakness of the lower extremities; she had ready command over the muscles; but their energies were so feeble, that she could not walk, or even stand erect, but for a few minutes; the toes were in a constant state of extension, and upon any attempt to advance, the thighs bended upon the pelvis, the gait became unsteady and tottering, the feet crossed and became entwined with each other, and she would fall on the ground if not supported. This loss of power was most marked towards evening, and also during the periods of menstruation. The sensibility of the limbs was unaffected, and her constitution sound in other respects. The disease had commenced in her eleventh year.

The alcoholic extract of nux vomica was administered daily in an enema; the dose at first was two grains, and gradually raised to five, on the fourth day the power over the limbs was somewhat greater, and the catamenia were induced. Laterly the strychnine was given by the mouth in the form of pills, in doses of one-eighth, one-quarter, one-half, and two-thirds, of a grain. In two months and a half she was discharged cured.—*Arch. Gen.*

### HOPITAL DE LA CHARITE.

#### *Ossification of the valves and trunk of the Aorta.*

A WOMAN, *æt.* 60, was admitted nearly in a dying state; she had ceased to menstruate at 50, and since that time had been repeatedly affected by a stifling sensation, accompanied with puffy swellings of the body. She had never had the venereal disease, nor ever taken mercury.

On the day after her admission she presented the following symptoms. Extremities cold and congested; slight general infiltration of the

subcutaneous cellular tissue; veins of the neck distended; orthopnoea; suffocation; difficulty in speech; refers her principal sufferings to her chest; percussion over the region of the heart gave no audible sound; the heart pulsed with rather more force than in its normal state; bruit de soufflet distinctly perceptible; pulsations regular, but could be scarcely felt at the wrist.

These symptoms were apparently diagnostic of contraction of the aortic valves, with hypertrophy of the heart. Although her symptoms taken entirely were of the worst kind, and the circulation through the system was principally of a venous character, it appeared highly requisite that her sufferings should be relieved. Fifteen leeches were applied over the region of the heart, pediluvia and maniluvia were prescribed, and the nitrate of potass was given internally.

On the following day she was somnolent, sub-apoplectic, and, with the exception of the palpitations, which were somewhat diminished, all her other symptoms were increased. The pulse was as on the previous day, nearly insensible. She died during the following night.

*Autopsy.*—There was a considerable quantity of yellow serum in each pleura, and some in the pericardium and peritoneum. The liver was enlarged, hardened, and altered in its structure; the subcutaneous cellular tissue was every where infiltrated; the skin was soft and flaccid, as in those who have been subject to anarsaca; the venous system was gorged.

The heart, which was of the size of two fists, nearly filled the entire distended pericardium; there was equal hypertrophy with dilatation in the four cavities; but the hypertrophy was more developed in the left ventricle, and the dilatation more prominent in the right. The blood which they contained was in soft black clots, like thickened jelly; their texture was but slightly adherent, and not fibrinous. On introducing the finger into the left ventricle there was found an obstruction at the aortic orifice.

This obstruction was caused by a considerable thickening of the three sigmoidal valves, which appeared fixed, but at a slight distance from each other, leaving between them but a chink or an irregular triangular opening, scarcely allowing a small pea to pass. They retained nothing of their natural form, mobi-

lity, or softness; they were hard, brittle, and calcareous.

Internally at the aortic opening, nothing abnormal presented itself. A few cartilaginous patches only presented themselves, but higher up the structural alterations were more evident. Immediately after giving off the brachiocephali, carotid, and left sub-clavicular trunks below an internal projection corresponding with the angle of reflection of the aorta, there was found on the inside of this vessel a small aneurismal dilatation, with alteration and ossification of the arterial tunics. Externally this formed a prominent tumour; internally a pouch nearly of a size to admit a large nut. Internally it was about one inch in diameter, its base was unequal, rough, and encrusted with ossifications, which became thicker towards its centre, at which point the excavation appeared deeper, and seemed to border still on some other part. On examining the external surface more minutely, a hard stalk was felt, which, on being deprived of the cellular tissue covering it, was found to be the artery itself, ossified, bounded on the one side by the aneurismal excavation, and on the other by the pulmonary artery, on slitting open which a little reddened depressed orifice showed the orifice of this diseased artery.

This last was ossified and obliterated for its whole length. Its thickness was about three-quarters of a line, and its length from six to eight lines. It was placed like an arch between the two arteries, and beneath the curve of the aorta from the point where it rose above the pulmonary artery to the central point of the aneurismal tumour.

The other circulatory vessels presented their normal appearance; the other parts of the body were not examined.—*Journ. Univ. et Heb.*

### Italian Hospital Reports.

ROYAL HOSPITAL OF SANTA CHIARA,  
PISA.

#### *Encysted Abscess of the Cerebellum communicating outwards.*

A SOLDIER, *æt.* 23, of a plethoric and healthy constitution, was admitted with the following symptoms, which had suddenly come on; active pyrexia, severe headach, stupor, hard vibrating pulse, &c. The left parotid was

swollen and inflamed. Active depletions speedily restored him; and all that he complained of was a deep-seated pain in the left ear, accompanied with tinnitus. Blisters and other topical means were tried, but to no purpose; he, therefore, left the hospital, but soon returned, when, in addition to the otalgia, there was a swelling of the meatus externus, and he was tormented with headach. By cupping, antimonial ointment, &c. he was relieved, and enjoyed a respite for several days, but it was only a respite, for his distresses soon came back, worse than ever; the headach was accompanied with violent pulsations, and a feeling of burning heat; the patient was feverish and watchful, and the integuments over the squamous bone were puffy and inflamed; leeches were applied to the inside of the nostril with considerable benefit, still there was the beating pain in the head, which at stated periods became much exacerbated. For about six days he was tolerably easy, but this deceitful calm was soon followed by another attack of sufferings, the swelling of the integuments had now increased, and pressure with the finger caused pain and left a pit.

These alternations of sufferings and relief, the distressing headach, which never altogether left the poor patient, and the immunity of the intellectual faculties led Dr. Scavanti, of Pisa, (the narrator of the case) to predict disease of the cerebellum, according to the opinion announced by Lallemand, in his *Anatomical and Physiological Researches*. A doubt existed, whether the cerebellum was primarily diseased, or subsequently to a disease of the internal ear. However this might be, the man became worse, in spite of occasional intervals of a few days' ease; each attack was now severe and alarming; he became almost quite deaf and stupid, and the external swelling extended along the parietal and occipital bones. A surgeon, who was called in consultation, recommended an incision upon the mastoid process. He considered that the disease was altogether external, and that no suppuration of the cerebellum could have taken place, because there were no symptoms of compression, and the intellect was little impaired. He was not aware of the results of Lallemand's Researches. The incision was made, and the bone laid bare, but no appearance of disease was to be seen; the lips of the wound, however, were kept apart. The result seemed at first very grati-

lying; the headache and deafness were surprisingly relieved, and the external swelling much reduced. His physiognomy, however, became more stupid, and his speech betrayed a wavering state of mind. It is to be observed, that, during the intervals of ease, his appetite was always vigorous; unfortunately for himself he, on one occasion, had indulged to excess; he was seized with obstinate vomiting, became paralytic, and died on the 29th of June.

*Dissection.*—On cutting down to the bone, the temporal muscle was found to be healthy; the pericranium was somewhat thickened, and a spoonful of pus was found underneath it, between the squamous and zygomatic portions of the os temporis; a hole penetrated right through the bone, just above the meatus and the foramen externum. The membranes of the brain were highly injected; that portion of the left hemisphere, which occupies the middle and lateral fossa of the basis cranii, was very considerably increased in volume; the cerebral anfractuositities had disappeared, and the cerebral substance was unusually resistant and elastic; the dura mater was perforated opposite to the hole through the bone. Upon opening the lateral ventricles, it was observed that the left one was sensibly diminished in capacity, and right beneath it a sac, or cavity, of the size of a hen's egg, was found; the medullary substance had been wasted away, so that the boundaries of the sac were formed by the cortical, or grey portion, it terminated outwardly in a funnel-shaped prolongation, which communicated, by the previously mentioned apertures through the dura mater and the bone, with the abscess under the pericranium. The walls of the sac had a fibrous appearance, and altogether resembled an inflamed mucous membrane. The rest of the encephalon was normal.—*Annal. Univ.*

### Portuguese Hospital Reports.

(Continued from page 605.)

*Gun-shot wound of the Chest.*

On the 17th of December, 600 Constitutionals made a sortie across the Douro to remove wine from a store on the south side in the possession of the enemy. Before they completed the object of the sortie, the Miguelites came upon them in such torrents, as

made them rush into their boats in all the hurry and confusion of a desperate retreat. In crossing the river they became exposed to a galling fire of musketry; some of them, therefore, finding H.M.S. Orestes close to, sought her lee for protection. Our ship now found herself in the middle of a thick shower of musket-balls, and one of her crew (Mr. Connor) whose curiosity had induced him to disobey orders and expose himself, received a wound in his chest. The missile,—a large slug about one-third the size of a musket-ball, entered his chest a little below the left axilla, and lodged. When taken below he appeared a good deal alarmed; breathed with difficulty; pulse was frequent and feeble; complained greatly of oppression about his heart, and said he could feel the ball beating deep in his chest. By means of the stethoscope I found the respiration rather puerile in the right side, but obscure in the other. The action of the heart was not distinctly heard. Several times I heard most plainly the "metallic respiration." In about three hours after he received his wound, he breathed with so much difficulty, and was so restless, that we had fears of his instantly expiring, but a large bleeding had such a good effect that he began to feel almost well, and breathe almost easily. To be kept perfectly quiet, and abstain from food.

18th. Eight A.M. Slept more. Has pain in his chest, and has coughed up several times some florid blood. Pulse 105; breathing easy; skin natural. To be bled to faintness, to have an aperient draught, and to be kept as low as possible.

Eight P.M. Is much in the same state as this morning; has coughed up blood several times; has been freely bled; bowels purged twice; did not hear the "metallic respiration"; action of the heart remains obscure. Rigid abstinence to be continued.

19th. Eight A.M. Slept at intervals; cough slight; expectoration bloody; distressing hiccup; breathing pretty easy. No pain in chest, except on full inspiration, and then slight. Could not apply the stethoscope for noise, and can do that effectually only in the night.

Eight P.M. Complains very little to-night. Hiccup is the only distressing symptom. Heard the "metallic respiration," and also the "metallic tinkling" several times, and most distinctly. To continue the same ab-

stinence, and to have a saline draught three times a day.

20th. Eight A. M. Slept badly; has great pain in the chest, more cough, and great difficulty of breathing; no particular thirst; pulse 110, but not strong. To be again bled to faintness, and draughts to be continued.

Eight P. M. Is much the same, though bled; blood neither cupped nor buffed; has not coughed up blood; did not hear the metallic respiration or tinkling. Continue the medicine. A blister to chest.

21st. Eight A. M. Slept badly, but feels better to-day than yesterday; has less pain in the chest, and breathes with much more ease. Pulse of a better character; bowels confined. To continue the saline draughts, and to have calomel gr. vj., jalap xij. immediately.

Eight P. M. Is much in the same state as this morning. Heard to-night more distinctly, and several times the "metallic respiration" and "tinkling."

From this moment he continued uninterruptedly to improve, so that at the end of about a month he was quite well. During the first three weeks of that period I heard distinctly and several times daily the "metallic respiration" and "tinkling." Not once did I hear the "metallic resonance." It might have existed and I not detect it for want of custom and delicacy of ear. The antiphlogistic system was observed throughout to a rigid extent. This individual is now in the Orestes in good health, which he has enjoyed since his recovery without the least interruption.

## Hospital Reports.

### MIDDLESEX HOSPITAL.

#### Fever.

FEVER, so called, one of the most common diseases in our metropolis, until of late years, did not meet with attention from English physicians at all equivalent to its importance. It was not until the scrutinising mind of Broussais, and the active mind of Clutterbuck, had directed attention to some *locale* as yet overlooked, that practitioners came to the bedside with any thing like rational views of this important disease. Before this era in medicine, the case-books abounded with putrid, pernicious, adynamic, and pituitous fevers, terms all denoting an entire ignorance of the subject.

But, important as is the gastro-enteritis of

Broussais, and the cerebral affection of Clutterbuck, we are not to fix our attention too exclusively upon one particular organ. Happily for us, we may learn experience from the errors of great men; we may pluck the good and reject the evil of their theories; and, steering safely between Scylla and Charybdis, obtain a happy result of our labours.

Neither should the head, or the abdomen, or the chest, be exclusively attended to, but all parts claim an equal share in the consideration of the practitioner. The disease should not be treated for its name, as it often is, but its symptoms should be narrowly watched and judiciously combated as they arise in the progress of the disease; this, and this alone, is the mode by which we shall be enabled to discover the organ or organs affected, and the appropriate remedies for their cure. It is, however, sometimes a matter of no small difficulty to distinguish the seat of disease in fever. In some cases, all the symptoms are directed to the head, while the cause exists in the abdomen;—this fact is illustrated by the cases subjoined. It is, I think, pretty generally allowed, that by far the greater number of fevers are attended with intestinal disease.

I would suggest as an invariable rule, that those remedies, which are known to have a peculiar influence in arresting inflammation, and removing and repairing its effects, should be perseveringly and judiciously employed. I allude more particularly to mercury. The protoxide of that metal, in the form of hyd. c. cretâ, does appear to produce these effects more satisfactorily and with less disturbance to the general system than any other form which I have seen employed. But whilst we are arresting this inflammation, and necessarily reducing the system by the remedy, we must not forget, that we have at the same time to assist nature in repairing those destructions which have given rise to the disease. And this desirable end is not to be effected by general and powerful stimulants, as wine, brandy, &c., but the system is to be supported by animal broths, jellies, arrow-root, &c., at this critical stage of the disease. If it be necessary to administer stimulants, as it often indeed is, to rally the enfeebled powers, we must select them at the same time mild and diffusible, and thus, as it were, gradually to feel our way.

According to these principles the treatment

of fever requires nothing more than simplicity and vigilance on the part of the medical attendant; and experience shall declare it to be true, that the physician who thus combats fever will meet with a foe much less invincible than he who adopts the ancient method of practice.

Matilda Pole, a servant, æt. 19, admitted into the Middlesex Hospital, under the care of Dr. Wilson, Nov. 19th. Face flushed, skin dry, tongue clean, pulse 120, small. No pain in the abdomen; bowels open, stools natural in colour, but watery. Does not complain of any thing; has a disposition to sleep, almost amounting to stupor. Had rigors six days ago, with some sickness, attended with head-ach, and occasionally delirious at night.

Abradat. cap. et applic. lotio frigida.

To be sponged with vinegar and water.

Calomel gr. v. nocte, et rep. mane.

20th. But little sleep; constantly moaning; no delirium. There is more stupor this morning; the tongue is disposed to be dry; pulse frequent, no strength, and occasionally irregular, so that it is counted with difficulty. The face on one side is intensely flushed, while the other side is pale and exanguine. Bowels relaxed; no sickness; no pain in the abdomen.

Hyd. c. cretâ, gr. v. 6tis. Beef tea.

21st. Much in the same state; disposition to sleep the same, but she is quite collected when roused; tongue red, not quite so dry; a little pain on pressure in the cæcal region; slight cough; bowels frequently moved, motions the same; pulse much the same in character. The following day the purging increased, with no other marked alteration in the symptoms, and on the nurse going to the bedside to administer some beef tea, she found her dead.

#### Examination.

*Head.*—No morbid appearances detected in the brain. About  $\frac{3}{4}$  j. of clear serum in the ventricles.

*Chest.*—Lungs merely congested; old adhesions in the left pleura.

*Abdomen.*—On examining the intestines no alteration was found until arriving at the lower third of the ilium. Here were observed a redness and vascularity of the coats, which in-

creased upon descending as far as the cæcum, where it gradually became fainter, until it assumed the natural appearances. The glands within the ilium were found, at the commencement of the vascular portion, to be elevated; lower down they were congregated so as to form round eminences, with a depression in the centre, and nearer to the cæcum they became more clustered, the edges being eaten away, more like chancres than any other form of ulcer.

The valve of the cæcum was studded with these excavations, some of which had perforated the two inner coats, leaving the external one thin and transparent. Noulceration was found beyond the valve.

Here and there were found evidences of the process of healing, the centre of some of these ulcers having been filled up, while the edges were rounded, instead of being ragged, as in the more recent ones.

Caroline Parkhurst, servant, æt. 16, admitted under Dr. Watson, October 22nd.

Countenance flushed; skin hot; pain in the temples; pulse frequent; tongue dry in the centre; thirst; bowels natural. Has had rigors and the usual symptoms of fevers for four or five days, sometimes with wandering at night.

Pil. calomel c. ant. gr. x, statim.

23rd. Complains of no pain, either in the head or abdomen. Pulse 90, full; tongue furred, moist only at the edges; bowels opened; stools presented nothing unnatural.

Calomel gr. iv, statim et post horas 3tis, haust. sennæ co.

24th. Has passed a bad night, wandering a good deal, and attempting to get out of bed when the nurse leaves her. She has also wandered during the morning. Pain in the head has returned; pulse small, and frequent; bowels open; stools watery; countenance intensely flushed, and the symptoms referable to the head.

Hyd. c. cretâ gr. v, nocte maneque,

Lotio frigid. capit. app.,

Hirudines viij, reg. cæci.

28th. Since the last report, there has been increase of purging, with pain in the cæcal region; stupor; flushed countenance; tongue dry; pulse frequent; no strength; restless nights.

Emp. canth. regioni cæci. Pil. hyd. c. creta. Beef tea.

30th. Considerably improved since the blister has been applied; the tongue is less dry; stupor diminishing. From this time she gradually approached convalescence, and was discharged from the hospital Nov. 26th, quite well.

#### ST. GEORGE'S HOSPITAL.

##### *Calculus Vesicæ in the Female.*

A LITTLE girl, aged 7 years, was admitted some time since, under the care of Mr. Brodie, with symptoms of stone in the bladder. The stone could be very easily detected, and, as the child's health was in a good state, the operation was performed on the 31st of October, a few days after her admission. Mr. Brodie made the following remarks on the case:—This operation, gentlemen, which you have just seen me perform, differs in many respects from the one which, until within these last few years, was performed in such cases. It was first mentioned to me by Mr Hodgson; it has been performed by Mr. Keate in this hospital, and also, I believe, by one of the surgeons to the Borough hospitals. You will all remember, gentlemen, that the old operation performed in such cases consisted in introducing a curved bistoury into the urethra, by which it was incised in its whole length, the incision being made on the side towards the left tuberosity of the ischium. After feeling for the stone with the finger in the bladder, a forceps was introduced along the incised urethra, by which the stone was seized and extracted. But I must mention to you that there was a very great and decided objection to the performance of this operation:—it led to one very serious and dangerous result, which was, that for ever afterwards the patient was afflicted with incontinence of urine, which could never be relieved or diminished by any treatment or line of practice which might be adopted for its relief. It is now, I suppose, nearly thirteen or fourteen years since I operated in this manner on a girl in this hospital; and even to this day, although she is now grown up to womanhood, she suffers from incontinence of urine, as the result of that operation.

The one you have just now seen me perform is this:—It consists, first, in introducing

such an instrument as this (*showing it*), so constructed as to allow a bistoury blade to be projected from its extremity, by which the membranous portion of the urethra may be incised to about an eighth of an inch. A Weism's *dilatator urethræ* is then introduced, by which the urethra is dilated to a sufficient diameter to allow of the ready passage of the finger along its whole extent, and by which the stone in the bladder is fixed and seized with a pair of forceps and extracted. The reason why the membranous portion of the urethra is incised is, to allow of its being dilated with greater ease, which by this means may be sometimes done in two minutes; whereas by the other method, six, twelve, and twenty-four hours, and even sometimes two days were required. The operation proved completely successful; the child's health suffered but little; each day she continued to retain her urine for a longer period at a time, until gradually she lost all effects of incontinence of urine, and was discharged quite well.

##### *Encysted Tumour of the Neck.*

Oct. 25th, a child, *æt.* 2 years, was sent by Mr. Fuller to the Hospital to be examined by Mr. Brodie. A soft elastic tumour was perceptible on the left side of the neck, situated above and anterior to the carotid artery and external jugular vein. It was punctured with a needle, when a jet of straw-coloured fluid immediately issued from it, and the external diameter of the tumour appeared somewhat diminished. The child was placed on her father's lap, and Mr. Brodie cut into and along the course of the tumour, when a large portion of encysted cellular substance protruded, which was seized by the fingers of the operator, there being no forceps at hand; and, after some short delay, the whole of the cysts, about nine in number, and each containing a small portion of straw-coloured pellucid fluid, with the large external cyst containing them, were removed. A small artery was divided and secured during the operation, and great caution was necessary in avoiding wounding the external jugular vein. The edges of the incision were brought together by straps of adhesive plaister, and the child was sent to bed. Mr. Brodie remarked, with reference to this case, that it could not be looked upon as one of hydatids, but as a cel-

lular encysted tumour. He remarked, that he preferred the complete extirpation of such cysts to simply opening them and dressing them to the bottom with lint, as he had known one case treated according to the latter plan, in which such severe inflammation ensued, as nearly cost the patient his life. We may add, that the tumour was a congenital one, and its adhesions extended very far back to the transverse processes of some of the cervical vertebrae, rendering the tumour somewhat analogous to spina bifida. The child has gone on remarkably well without the occurrence of any bad symptom.

*Clinical Remarks by Mr. Brodie.—Hemorrhoids and Prolapsus of the Rectum.*

Mr. Brodie, after examining a man who had internal piles, made the following remarks:—This man, gentlemen, has, you see, internal piles; he has a bearing down of the fundament whenever he walks about, even for a few minutes, or goes to the water-closet. He says himself that the bowel comes down, and that every now and then it bleeds; and when protruded it is of the size of the tops of your two fingers, and therefore the affection is not of any new material importance. Now you will find that, in the majority of instances, patients who complain of a protrusion of the bowel have internal piles first, because these latter are very common, and secondly, because prolapsus of the rectum is very rare. Now, internal piles are very easily cured; if they are small they may be simply snipped off with a pair of scissors, or if not you may apply a ligature to them, tie them and then cut them off, and you will then see the course of the tortuous vein, filled with coagulated blood. This operation is a very simple one, and attended with so little danger, that out of two hundred cases in which I have performed it or seen it performed, I have only known one case die, and that was where the patient was in a very low debilitated state of health from bleeding, &c. Prolapsus of the rectum in adults is a very troublesome, and, I believe, incurable disease;—it is frequently accompanied or conjoined with internal piles; and if you separate the sides of the anal fissure, you will see the internal piles within the protruded bowel. Where prolapsus of the rectum depends upon this, if you cure the internal piles you cure the prolapsus; but in other cases the cure is very difficult, and if you push it up with your hand it will return again; and after it has lasted for some years, the patient becomes so accustomed to it, as to suffer but little inconvenience. Prolapsus of the rectum is a very common complaint in children, in whom the coats of the bowels are very thin and weak; in them the disease is very easily cured by the use of local astringent injections, and one of the best of these, which I have used, consists of one drachm of the muriated tincture of iron to one pint of water; by the use of this the disease can be very easily cured

and relieved. I have just looked over the remarks of M. Dupuytren on these subjects; and I believe myself, that what he has denominated prolapsus of the rectum is what I have called internal piles. It is very singular that in the country, practitioners seldom think of tying internal piles.

**INGUINAL ANEURISM,**

TREATED BY MR. BANNER, SURGEON TO THE LIVERPOOL HOSPITAL.

JAMES LIGHTON, *æt.* 32, was admitted a patient under Mr. Banner's care on the 27th of October, 1833, with inguinal aneurism.

*History.*—At the latter end of June last, whilst striking with a heavy hammer, his occupation being that of striker in an iron foundry, he felt a sudden pain in the groin and top part of the left thigh; the pain did not incapacitate him from work, and it was not until going to bed on the night of the accident that he felt a small tumour. He resumed his work on the following morning, and continued it daily until the middle of September, when the limb began to swell, and became painful; he had rested from work until the beginning of October, and had occasionally taken Epsom salts.

*Appearance.*—There is considerable swelling and discolouration of the whole leg; there is a pulsating tumour situated about an inch below Poupart's ligament, of the size of a hen's egg, though not very elevated, a large portion of which can be dispersed by pressure, which on being removed resumes its original bulk; there is an enlarged gland situated above the aneurism, between it and Poupart's ligament. On applying the ear to the tumour there is the bellows sound. The health is good; nor has he had any affection of the heart, or other disease that he remembers.

*Treatment.*—A teaspoonful of the sulphate of magnesia every morning in water; spirit wash applied constantly to the part; the patient to be kept in the horizontal position, with the leg bent and placed on a pillow. A consultation was held by the surgeons of the hospital, Mr. Gill and Mr. Wainwright, when it was considered proper to recommend the operation for tying the external iliac. Mr. Banner accordingly performed the operation on the 14th of October.

*Operation.*—An incision was made, commencing about half an inch on the outside and a little above the external ring, which was carried down to the edge of Poupart's ligament, and continued on in the direction of the anterior superior spinous process of the ilium, forming a semilunar cut of about two inches and a half in length; the tendon of the external oblique was exposed the whole length of this incision, and cut through; the spermatic cord was traced to the transverse fascia. On introducing the finger here, the pulsation of the external iliac artery could be



easily felt; the opening in the transverse fascia was enlarged by the fingers, so as to expose the artery; with the aid of a sharp pointed probe, the sheath was torn so as to allow the point of the finger to pass from within under the artery, which was done by an assistant raising the leg, and pressing the thigh forward. A common aneurism needle, armed with a ligature composed of three silks, was passed on the finger under the artery, and tied so as completely to stop all pulsation in the tumour.

The edges of the wound were drawn together with adhesive plaster, and slight pressure used. The patient was removed to bed, the leg was placed on a pillow in the bent position, and hot flannel applied to it.

*After treatment.*—Six hours after the operation the patient became restless, and complained of soreness of the part and great thirst; the pulse was at 90, full, and strong; the tongue slightly furred and dry; the limb was warmer than its fellow. Eight ounces of blood were taken from the arm. Low diet.

2nd day. He has passed a very restless night, complains of an aching pain in the knee, extending to the foot; the soreness in the wound continues; the pulse is at 90 and full; bowels have not been acted on since the operation. V.S. ad  $\frac{3}{4}$  x.

A tablespoonful of castor oil to be taken soon, and the leg to be folded in flannel; the remaining treatment consisted in keeping the bowels acted on with castor oil. The limb remained of a comfortable heat throughout the cure. On the 16th day the ligature came away; on the 18th he was carried home; on the 21st he was able to walk about.

Nov. 20th. He walked to Mr. Banner's house and back, a distance of two miles. The wound is quite healed, with the exception of a small portion, through which the ligature passed. He complains of weakness in the left leg, and œdematous swellings at night.

#### APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, December 5th.

S. B. L. Bell	. . .	Falmouth.
W. P. Cullen	. . .	Sheerness.
J. L. Craigie	. . .	Dover.
Albinus James Dixon	. . .	Hovingham.
Edwin Foster	. . .	Leeds.
E. C. Holland	. . .	Honiton.
Thomas T. Lambert	. . .	Hull

#### OBITUARY.

##### BARON BOYER.

This renowned individual died on the 22nd ult. He was the oldest surgeon in Paris. He ordered, in his will, that his funeral should be private, and that no funeral oration be delivered over his remains.

**ILLNESS OF BARON DUPUYTREN.**  
The celebrated Dupuytren has been seized with paralysis of one side, and is consequently incapacitated as an operator and lecturer.

We are happy to inform our readers that Dr. Paris is much better.

#### LITERARY INTELLIGENCE.

SHORTLY will be published *Outlines of Comparative Anatomy*. By PROFESSOR GRANT, M.D. 1 vol. 8vo. with Engravings.

Shortly will be published an enlarged Edition of a *Treatise on the Blood*, which was left in an unfinished state by the late C. F. THACKRAH, Esq., of Leeds, completed and edited by THOMAS G. WRIGHT, M.D. To which will be subjoined a short Memoir of the Author.

In the Press, the *Physiology and Treatment of Asphyxia*. By JAMES KAY, M.D., formerly President of the Royal Medical Society of Edinburgh, &c.

#### BOOKS.

*MONOGRAPHIE des Dermatoses, ou Précis Théoriques et Pratique des Maladies de la Peau.* Par M. le BARON ALIBERT, Médecin en chef de l'Hôpital Saint Louis, &c. &c. A Paris, chez le Dr. Daynac, Editeur, Rue de Bac. 1832.

*First Lecture of the Course on Comparative Anatomy.* Delivered in the Theatre of the Royal College of Surgeons by A. JACOB, M.D. Dublin: Hodges and Smith. 1833.

*Observations and Suggestions on the Arrangement of the Maryborough District Lunatic Asylum.* By JOHN JACOB, M.D., &c., &c. Dublin: Dixon and Hardy. 1833.

No XII. of the *Liverpool Medical Gazette*. Edited by DR. HUNTER LANE.

*Introductory Lecture to the Practice of Physic, at the opening of the Eccles-street School of Medicine and Surgery.* By WILLIAM STOKES, M.D., &c., &c., &c. Dublin: Davis Webb. 1833.

Part the First, of a *Critical Inquiry into the various Opinions advanced on the Physiology of the Blood-Vessels, Absorbents and Process of Absorption in the Adult and Fœtus.* By RICHARD VINES, Demonstrator of Anatomy at the Royal Veterinary College. London: Longman and Co. 1833.

#### CORRESPONDENTS.

*Melampus.*—The poem is good, but our sober readers would object to it.

*H. W. R.*—We are obliged for the lecture, and shall be happy to publish it and others from the same quarter.

*Dr. Thomson's* reply to Mr. Wallace is our next.

Dr. Ryan has removed to 4, Great Queen-street, St. James's Park, Westminster.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

# London Medical and Surgical Journal.

No. 99.

SATURDAY, DECEMBER 21, 1833.

VOL. IV.

## LECTURES

ON THE

## PRINCIPLES, PRACTICE, &amp; OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,**Session 1832—1833.*

LECTURE LXVIII., DELIVERED MARCH 14, 1833.

GENTLEMEN,—Every consideration which I have been able to give to the subject of the venereal disease, leads me to believe, that the complaint has existed from time immemorial; that it always has existed, and always will exist in every populous country, where promiscuous sexual intercourse takes place. Those who ascribe the origin of syphilis to the latter part of the fifteenth century, have been much influenced by one fact, which is, that down to that period no description of any disease, corresponding exactly to what we call syphilis, had been given by medical writers; and although ulcerations on the genitals and buboes had been commonly treated of, no mention was made of the secondary symptoms, no connexion was ever traced, or even suspected, between the primary effects, as they are called, and the sore throat, cutaneous affections, and the pain and swellings of the bones, which we denominate secondary ones. Perhaps, however, it is scarcely allowable to infer, that because no notice is taken of the secondary symptoms of the venereal disease in the old works on medicine and surgery, that such complaints were not in existence previously to the close of the fifteenth century. The relation of the primary and secondary symptoms to one another might have been overlooked; it might never have been suspected when there had been a chancre on the penis, that the sore throat, cutaneous affection, or node, which came on subsequently, had any connexion with the sore. Certainly this will not seem incredible, when you recollect, that it was not until a very recent date, that some particular effects of the venereal disease were made out; and that, even at the present day, with all the

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advantages of a better system of pathology, our knowledge of many circumstances, relative to this extraordinary disease, is very obscure and uncertain. Thus, two or three hundred years hence, when it shall be recorded to posterity that at as late a period as the year 1800, no account had been given of syphilitic iritis, and that the true character of gonorrhoeal ophthalmia had not been described, I think it would not be correct to infer, that those affections had had no existence until the time when they began to be discussed in works on surgery. Their not having prevailed, and their not having been described, are two different things.

Gentlemen, let me call your attention to the fact, that not only are diseases of the genitals acknowledged to have existed from time immemorial, but we have every ground for believing, that they were of a contagious nature. This seems proved by the precautions adopted by various governments, to prevent the extension of such disorders among the population. No doubt you have all heard, that in the borough of Southwark, there were formerly places called *stews*, where prostitutes were confined, and received the benefit of surgical assistance. They were taken up, and put into these establishments, whether agreeable to them or not, by virtue of certain decrees, made expressly to protect the rest of the community from the risk of catching their complaints. These institutions, in which the unfortunate young ladies were prepared for service again, were oddly enough placed under the supreme management of the Bishop of Winchester, which appears to me to have been at all events a most whimsical arrangement. (*a laugh.*) All this happened, you will observe, prior to the supposed origin of the venereal disease. At the same time, or even earlier, similar establishments were formed at Paris, Edinburgh, and especially at Avignon, where a brothel or stew was established by Joanha, the queen of the two Sicilies; a young queen, too, who must have had a most tender regard for the health of her subjects, such a regard as made her think of some matters, not exactly, perhaps, within the province of female delicacy and modesty. (*a laugh.*) But, gentlemen, you may well

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laugh, when you hear, that in the holy city of Rome, a stew or brothel was actually established under the pope's nose, under the walls of the Vatican itself, with an abbess at the head of it; and this at an earlier period than the time, when such institutions originated in Edinburgh, Paris, and London. Whoever hears these facts, I think, cannot possibly doubt, that a contagious disease of the genitals existed before the period often fixed upon as the date of the origin of the venereal disease; and at all events, you may conclude, that previously to the year 1493 or 1494, the world was not altogether such a model of innocence as it was in the days of Adam and Eve. (*a laugh.*)

You will understand, gentlemen, from the statements which have been made, that the generally received doctrine, respecting the venereal disease, is, that it is transmitted from one human being to another by means of a specific morbid, or morbidic, poison (the latter term is the more correct one), which, when applied to the skin of a person in health, is apt to produce inflammation, suppuration, and ulceration, and that the discharge secreted by the first sore, or by the nearest bubo to it, has the property of communicating the disease by contact or inoculation; and that, with the exception of the mode in which the fetus in utero may be infected, pus, or some other discharge, is always the medium, by which the poison is communicated from one human being to another. We know nothing about the venereal poison in a separate form; we are ignorant of its chemical and general properties; we know nothing about its colour, consistence, or look; we only recognise it as combined with a purulent secretion; and judge that it is a poison, by its action on the human body. It produces not only *certain local effects*, or *primary symptoms*, but also *constitutional effects*, or, as they are termed, *secondary symptoms*, arising after, and in consequence of, the entrance of the poison into the circulation. Excepting the human race, no animal is susceptible of the venereal disease. You may inoculate a dog, a cow, a horse, or other animal with matter taken from a chancre or bubo, and you will find, that the disease will not be communicated. This fact warrants the conclusion, that the poison must have been produced in the human species, to which its effects are restricted. It seems also probable, that it was first formed on the genital organs; for, if it had begun in any other situation, it would probably have been confined to the unfortunate individual in whom it originated; it could not well have been communicated to any other person; because, as John Hunter observes, sexual intercourse is the only natural connection between one human being and another, except that which prevails between the mother and the child.

But, gentlemen, respecting this part of the subject, I think the question might very well be asked, is it rational to suppose, that all the

syphilitic mischief, that has scourged the various cities, kingdoms, and generations of the world, has arisen from the amours of one unlucky individual, in whom the virus was first produced? Are we to fancy that the disease never had but one primary source? and that it is to the mysterious concoction of the specific virus by a single individual, that all quarters of the world, and all generations, are under obligations for the gift of the venereal disease. No doubt syphilis must have had a beginning, like every thing else; but probably it has had numerous beginnings. Various considerations would lead us to expect (what is indeed the fact) that, in every country, where the population is numerous, and promiscuous sexual intercourse exists, the venereal disease would be very prevalent. I was not therefore surprised to find, that Mr. Travers in a late publication has expressed his conviction, that, if all the syphilis in the world were now to be annihilated, a never-failing source of the disease would still remain in the action of the matter of superficial or gonorrhoeal ulcers of the penis on the human constitution. If I have a correct recollection of this gentleman's views, however, he looks upon the poison of syphilis and that of gonorrhoea as identical, and the sentiment, which I have quoted from his interesting remarks on the pathology of the venereal disease, perhaps, necessarily involves that conclusion; but I ought to tell you, that the point is a disputed one, and, that the greater number of professional men do not subscribe to such an opinion.

I have explained, that the venereal disease is commonly believed to be communicable only through the medium of pus. The late Mr. Hey, of Leeds, was induced, however, to regard this doctrine as incorrect; and, from some cases, which came under his observation, he suspected that the disease might sometimes be communicated, not only after all ulceration and suppuration had ceased, but even when the person, giving it to another, was to all appearance in perfect health; but whoever reads the cases on which Mr. Hey founded this extraordinary inference, will perceive how great was the possibility of his being deceived by the patients, who gave him the histories of their cases. Some particulars involved the honour of the individuals themselves, and therefore they might have been ashamed of disclosing every secret relative to their cases. It is more rational, I think, to suppose that Mr. Hey had been deceived by the patients themselves, than that any such mysterious sources of infection existed, as those implied by his view of their cases. The idea that syphilis can be communicated by a person so healthy, that he has no venereal matter formed upon any part of the surface of his body, or indeed any visible or palpable complaint whatsoever, is a problem, that every thing yet ascertained about the nature of syphilis tends to refute. It is frequently thought that the venereal disease may be transmitted from the mother to the fetus through the

medium of the blood, and there is no doubt that the case is so. In consequence of this fact many surgeons have been inclined to suspect, that as the disease is communicable through the medium of the blood, it may be also communicable through the medium of the natural secretions such as the saliva, the semen, the milk, &c. With respect to the fœtus, we may infer that it receives the infection by means of the circulating blood, in the same manner as the mother herself receives her secondary symptoms; but with regard to the saliva, semen, and milk, it is difficult to pronounce how far these secretions will serve as means for the transmission of the disease, till the powers of the secondary symptoms in general to do so is better made out. I believe with Mr. Travers, that none of the natural secretions of a contaminated individual can communicate the disease to other persons. The following statement in this gentleman's work is interesting; a man, who has syphilis in the secondary form, provided he be free from all affections of the genitals, will communicate no taint to his progeny, any more than to his wife; but a healthy wet nurse, getting a sore nipple in consequence of suckling a pocky child, (a child, I presume, that has contracted the disease from the diseased state of the mother's pudenda at the time of her confinement,) and having secondary symptoms, will communicate the disease to the fœtus of which she may become pregnant. Now you will recollect, that this is agreeable to the usually received opinions, that the blood will contaminate the embryo, though all genital sores may be absent, and though the party cohabiting with the woman, is beyond the sphere of the influence of the disease in her. As far as the present state of our knowledge of the subject reaches, we may conclude, that the disease is only communicable through the medium of purulent fluid, and not an ordinary secretion, with the exception of the mode of its transmission to the fœtus, which receives the infection through the circulation, and may be regarded as under the same circumstances, with respect to the secondary effects of the disorder, as the mother herself. Of the disease in new-born children, I shall hereafter speak more particularly.

The effects of the venereal disease are different in different individuals; two men may have connexion with the same woman; both may catch the disease, but one will have it severely, and the other only in a slight and mild form. One man has been known to give the disease to different women; some of whom have had it in a lenient shape, while the others have suffered most severely. Sometimes the same individual will have two or more sores of different kinds at the same time. In some examples, you will see sores of the Hunterian character on the glans penis, while sores of other descriptions are close by them. One of the most curious circumstances in the venereal disease is not unfrequently exemplified in the army: soldiers are well known to be gre-

garious in their amours: a party of six or eight will have connexion, one after another, with the same woman (*laughter*). In this manner, several men sometimes contract disease from the same source, and on one and the same occasion. Certainly it is highly disgraceful that such things should be, as they manifest a degradation of moral feeling hardly consistent with civilisation. Men of these depraved habits frequently all get wounded together, as a kind of reward for their want of decency; but they are not all wounded in the same manner; some will have sores of one kind; some will catch sores of another description; some will have both sorts of ulcers; and others will contract a discharge from the urethra. These facts are adverse to the opinion, that syphilis is owing to a plurality of poisons; for here are many different effects, apparently produced from the same source. Facts of this nature create considerable difficulty in the investigation of syphilis,—a difficulty that cannot be solved by reference to peculiarities of constitution or states of health; for certainly no explanation on these principles will account for two or three different kind of sores occurring in the same individual on the same part, and all at the same time. Neither can the circumstances be ascribed to the differences of texture between the prepuce, glans, and corona glandis. No doubt, the kind of texture often modifies the appearances of sores; but this is a fact that will not explain the peculiarities I have mentioned, because you find sores of different kinds on one and the same texture; as, for instance, on the prepuce, or on other parts of the skin of the penis. However, before any inference to be depended upon can be drawn from the circumstances mentioned with respect to these licentious soldiers, a very minute investigation into their cases would be essential; for it is hardly to be credited, that such individuals would not be in the custom of cohabiting with a great number of women in a short space of time, and not merely with the one who received them in a gregarious way. But, notwithstanding our inability to explain the facts I have specified, by any reference to constitution and climate, do not suppose that these agents have no influence in modifying the effects of the venereal disease; for it is well known, that syphilitic affections get well with greater facility in warm climates, and that the symptoms are much milder there than in cold countries. The observations made by Dr. Ferguson on the venereal disease in Portugal and the West Indies, leave no doubt on these points. We learn from a valuable paper, which he published in the *Medico-Chirurgical Transactions* some years ago, that, at the time when the British army was in Portugal, our soldiers there suffered severely from this disease; yet the natives, from whom they caught it, had it in an exceedingly mild form; so that, while amongst our troops it made terrible ravages, occasioning in many of them the

worst of mutilations, the natives suffered but very slightly, and got well under what would here be regarded as inert treatment. Attempts have indeed been made to explain these facts by the greater excesses which our soldiers were guilty of, and their habit of drinking more spirits and wine than the Portuguese; and, no doubt, these circumstances must have had some share in rendering the disease worse in them than in the more abstemious natives. Another question is, whether the greater mildness of the symptoms of the venereal disease in warm than in other countries, is to be ascribed to any modifications or changes in the nature of the poison, produced by the temperature or atmospheric causes? I think what has already been stated to you will refute this notion; for you hear that in Portugal the British soldiers suffered severely from the disease; consequently, the virus must have possessed sufficient activity, provided the ravages alluded to were truly occasioned by the operation of the virus, and not by phagedenic diseases, independent of such a cause. Another question is, whether the greater mildness of the disease in warm countries is owing to the effects of the atmosphere in rendering the individual less susceptible of the influence of the disease; or whether it maintains the system in such a state as makes the disease yield more readily to the remedies employed. All these points are still disputed ones. The opinion that the disease is continually getting milder and milder, and will in the end cease altogether, has been entertained almost from the earliest periods; at all events, nearly from the time of its supposed origin, towards the close of the fifteenth century; but, instead of adopting this conjecture, a more rational way of explaining its greater mildness at the present day will naturally suggest itself to every man of judgment and reflection; viz., by the consideration of its treatment being now conducted with much greater skill and discrimination than it was forty or fifty years ago. Many, who incline to the opinion that the disease originated towards the close of the 15th century, lean also to the belief, that the disease is continually changing its nature, and becoming milder; for if they did not shape their conclusions in this manner, they would be obliged to renounce the other doctrine, respecting the time of the first origin of syphilis; because, as I explained to you in the last lecture, the venereal disease of the present time is totally different from the rapidly fatal and infectious disorder which broke out in the French army before Naples. As a matter of course, therefore, they must think that syphilis has changed its nature, and assumed milder forms. Within my recollection, the disease was more severe than it is now; but the cause of this fact I should account for on a different principle, because, when I was a student at St. Bartholomew's Hospital, the treatment of this disease was what would now be considered injurious in the extreme, for it

consisted in the administration of mercury in the most unmerciful and indiscriminate manner. The practice in those days was founded, indeed, on a doctrine that is now exploded. One of the principal mistakes of the old surgeons arose from the supposition, that it is the invariable character of syphilis to proceed from bad to worse, unless checked by the power of mercury. This was undoubtedly a most pernicious doctrine—one that led to the death of many unfortunate persons. When Mr. Abernethy was making investigations into the nature of the venereal disease, he went round to all the most experienced hospital surgeons in London, and put these questions to them—whether the venereal disease is curable without mercury? whether the primary symptoms can be removed and the disease be permanently cured without the aid of that mineral? and from all these men of eminence he received the answer, that a spontaneous cure, or even one without mercury, was totally impossible. So much for the blindness created by old prejudices handed over from one surgeon to another—prejudices which annihilate all the advantage of great opportunities of observation. In those days, then, the opinion prevailed universally, that the disease would be sure to extend itself, and could not possibly admit of a salutary change, unless the patient were put under the influence of mercury. However, in the year 1813, in one of the early editions of my *First Lines of Surgery*, I happened to take into consideration some observations inserted by the late Mr. Pearson in his *Treatise on the Effects of Certain Articles of the Materia Medica in the Cure of Lues Venerea*, and from which it clearly appeared to me, that what he stated was absolutely equivalent to an admission, that syphilis would sometimes, at least, get well under the administration of the most inert medicines. Although this gentleman, whose experience at the Lock Hospital was unbounded, may be said to have added the weight of his authority to the maintenance of all the principal Hunterian doctrines relative to syphilis, any impartial man who studied his book could not fail to discern the clear admission in it, that a beneficial change was often brought about, in syphilitic cases, without the exhibition of mercury. Since the year 1813, the correctness of the view which I then took has been fully confirmed by subsequent experiments and observations. Amongst the investigations to which I allude, those made in the hospital of the Coldstream Guards by my friend, the late Mr. Rose, of St. George's Hospital, are far the most important. The great question as to the curability of syphilis without mercury, was by him first completely settled. It was proved, that the venereal disease might be cured, not only without mercury, but without any medicines whatever. Had not the surgeons of former times been blinded by the tenets, promulgated under the influence of great names, they could have arrived at no other conclusion. In fact, many practitioners

of the 16th and 17th centuries treated the venereal disease with considerable success without mercury, that is to say, by means of guaiacum, sarsaparilla, and antimony, occasionally aided by venesection and purgatives. If it had been the character of the venereal disease always to grow progressively worse without mercury, no patient could ever have recovered prior to the epoch when that medicine began to be exhibited, which is contradicted by abundant evidence. Syphilis may be cured without mercury, not only in warm, but also in cold climates. There are many relations to prove this fact, in respect to the northern parts both of Europe and America; and many years ago, M. Cullerier, physician to the venereal hospital at Paris, was accustomed, in every course of his lectures, to demonstrate to his pupils the possibility of curing chancres without mercury, though (be it observed) he always gave that medicine afterwards for the prevention of secondary symptoms.

Mr. Rose's investigations were more successful in bringing the truth to light than those of any other person. As surgeon to one of the regiments of the Guards, he had vast opportunities of bringing the question to a decision; for he could not only put his patients under particular treatment, but he had it in his power to enforce its strict adoption, and to watch his patients for the requisite period of time. Now, he cured without mercury all the ulcers on the parts of generation, the sores of every kind, which he met with in the course of between two and three years in a regiment of soldiers, together with all the constitutional symptoms that followed them. You are not to understand, that none of those, who were cured of the primary sores without mercury, had no secondary symptoms; a certain proportion of the men, so treated, had them; but, be it noticed, that Mr. Rose cured both the primary and the secondary symptoms too on the same plan. Some of these cases were probably not truly venereal; yet others must be admitted to have been venereal, for we cannot but believe, that there must have been many cases of true syphilis in a regiment of twelve or fifteen hundred men, who were continually having intercourse with the lowest prostitutes of the metropolis. In the treatment pursued by Mr. Rose, all ideas of specific remedies were renounced; his general practice was to confine the patient in bed; various local applications were used according to circumstances; aperient medicines, antimonials, bark, diluted sulphuric acid, and occasionally sarsaparilla were administered; these were the chief means resorted to. From these and other accounts, corroborating them, there can be no doubt, that the venereal disease, both in its primary and secondary forms, may be cured without mercury; but this is not settling the question whether such practice is the right method or not? And I have only mentioned the circumstance to prove, that the old notions about the progressive nature of the venereal disease, till stopped by the imaginary specific

effects of mercury, were completely erroneous. The facts, established by Mr. Rose, are chiefly valuable on two accounts; first, as leading to more correct views of the diagnosis of the disease, inasmuch as they abolish the false doctrine, that all sores, healed without mercury, are necessarily not venereal, a maxim usually taught when I was a student; and, secondly, Mr. Rose's facts are important, as encouraging us to withhold mercury when the patient's health is not in a safe or favourable state for its exhibition. Thirty or forty years ago, surgeons were actually frightened into the use of mercury, lest the disease should get progressively worse and worse, and the mischief advance till the patient had been destroyed. For the more correct views, now entertained, the world is indebted to the surgeons of the British army; the facts, adduced by them, compel us to renounce several hypotheses which influenced the old practitioners. At all events, we must either renounce these hypotheses, or adopt the conjecture, that syphilis has absolutely changed its nature within the last forty years. But it is difficult to admit either the altered nature, or the diminished frequency of the disease; for you are to recollect, that ever since the supposed period of its origin, some surgeons have been in the habit of treating it successfully without mercury, and how is it possible to say, at the present time, that, if experiments had been made on the same great and impartial scale, fifty or a hundred years ago, the same results would not have followed; in all probability, the same light would then have been thrown upon this difficult subject, which has fallen upon it within the last few years.

Gentlemen, I have already explained to you the doctrine of Mr. Carmichael, that the venereal disease is not one but several diseases, originating from a plurality of poisons; in fact, it was Mr. Hunter's opinion, that there might be other poisons, producing effects more or less resembling those of syphilis, and such diseases he comprehended under the title of *pseudo-syphilis*, or *syphiloid* disorders. Mr. Carmichael limits the term *true syphilis* to that disease, in which the chancre, or primary sore, has a hardened edge and base, in which the cutaneous eruption is scaly, and the ulcer in the tonsils deep and excavated, seeming as if it had been dug out of the part, and, if the osseous system be involved, there are either pains in the shafts of the long bones, or true nodes. All other cases, though having many of the characters of syphilis, he does not consider as this disorder; yet, as they arise from sexual intercourse, he determines to call them *venereal diseases*. The most important point in Mr. Carmichael's theory, is, that there is a distinct and peculiar train of constitutional symptoms, arising from each particular variety of primary sore; that each variety of venereal sore leads to a peculiar and determinate series of constitutional or secondary symptoms. Now if this theory were proved to be altogether correct, it would certainly be the grandest

discovery hitherto made with regard to venereal affections. However, if we adopt the opinion, that there is a plurality of venereal poisons, we shall find, that we cannot explain many perplexing circumstances connected with this obscure disease by reference to that circumstance. I allude to instances, in which different kinds of sores are found at the same time on the same individual, or in several individuals, who have all been infected by the same woman. The symptoms of the diseases are so diversified, so capricious, so irregular, so Protean, whether primary or secondary, that the idea of a plurality of poisons will not solve many of the difficulties, which encumber the subject.

**ANSWER TO THE CLAIMS OF WILLIAM WALLACE, M.D., OF DUBLIN, TO THE DISCOVERIES OF DR. RICORD.**  
 BY ALRX. THOMSON, M.B., OF ST. JOHN'S CAMB.  
*Translator of Dr. Ricord's Papers.*

"What faults you see in me  
 Pray strive to shun,  
 And look at home,  
 There's something to be done."  
*Old Tombstone in Stratford-upon-Avon Churchyard.*

[We have let the title to our valuable correspondent's paper stand; but, upon an impartial review of Dr. Wallace's letter, we do not think ourselves authorised, by its statements or tone, to insert the introductory observations of Mr. Thomson in the language he has used in the warmth of friendship. It is sufficient, for the purposes of literary justice, to extract the following facts,—that, unfortunately, Dr. Wallace's valuable work was not known at any medical bookseller's in Paris—that a copy of it is not to be found in the Bibliothèque du Roi, or in that of the School of Medicine—and that it was totally unknown to Dr. Ricord and his friend Mr. Thomson. In fact, this able work was only published in the month of June, 1833, and this circumstance removes all doubt of literary plagiarism on either side. We know Dr. Wallace to be an upright conscientious investigator of the truth. Dr. Ricord's important papers show the extent and value of that gentleman's inquiries. So far from there being any ground of jealousy between such gentlemen, we think the coincidence of views, arising from the separate investigations of both, highly creditable to their faithful observation and talent. With these remarks we publish the medical part of our correspondent's communication.—Eds.]

Dr. Wallace says, "you are informed that my views have been promulgated, for many years, in my clinical lectures." I ask for how many years, and what are the opinions, and what the date of each? The date here is too vague for sustaining a claim to discovery. The

first regular observations with the view of their application were made in June and July, 1831, and his paper containing the results of all his researches was read to the Academy of Medicine of Paris on June 4th, 1833.

Dr. Wallace says, "that his explanation in London took place several months before Dr. Ricord commenced his experiments." Now, the time stated by Dr. Ricord is only the time at which he began to inoculate systematically, though long before this period he had observed the facts of inoculation. For many years he has been making observations of all kinds upon the various forms of venereal disease. Nor was it necessary for him, for the discovery of the fact of inoculation of the pox matter, to consult Dr. Wallace's work, since this fact is as old as Hunter; but what Dr. Ricord sets to work to investigate is, whether all forms of venereal matter produce similar effects when introduced beneath the epidermis by the aid of the lancet; and what he has clearly proved by many hundred experiments is, that no matter but that of chancre, of bubo accompanying chancre and occupying the substance of an absorbent gland, and of some cases of gonorrhœa, where there is reason to presume the existence of chancre, can produce a pustule on the skin, similar in all its characters, and susceptible of being multiplied by repeated and successive inoculations. That these inoculations may be made use of as diagnosis in cases where the chancres have lost their primitive characters, and that, to a definite period after the formation of these pustules, the same may be destroyed with nitrate of silver, so that the diagnosis may be procured without subjecting the individual to a new suffering, in passing through all the stages of this pustule. That when the prepuce cannot be drawn back, and when the vagina cannot be examined from the existence of acute inflammation, the existence of chancre may be determined by inoculation, and thus operations deemed necessary may be performed or not, according as there is danger of the wounds becoming chancrous or otherwise. That the virus of chancre can only produce gonorrhœa as an irritative, but not as a poison, inasmuch as when this is the case; the gonorrhœa so produced cannot create chancre, and does not, when inoculated, give rise to the characteristic pustule; that thence the virus of chancre is distinct from that of all other forms of venereal disease, and incapable of producing, unless irritatively, and of being produced by them.

Such are the discoveries claimed by Dr. Ricord, and such are the discoveries, with the true progress of the characteristic pustule on the skin alone, which are sustained by upwards of two hundred recorded experiments handed to the Academy, and which, for want of space only in your Journal, I have not translated; and such a series of useful results, I make bold to say, are to be found supported in no other published works, unless in that of Dr. Wallace, which we have not seen, and which even he does not venture to lay claim to, and

affects to consider them as the minor parts of Dr. Ricord's papers, and of my own appendix.

Dr. Wallace states, that "Dr. Ricord maintains, in opposition to many of his countrymen, that the venereal disease is contagious." This is not the fact; Dr. Ricord has only, as yet, published his conviction, that certain forms of venereal are contagious; and he has clearly pointed out the want of evidence with regard to others. It is true, that in this most men on the Continent were previously agreed, but Dr. Ricord has proved beyond a doubt as to chancre, not only by the cutaneous inoculation, but by successive inoculations from the cutaneous characteristic pustule. Here, then, he does not, as yet, go so far as Dr. Wallace, and consequently he cannot have copied these ideas from him.

Dr. Wallace next states, that "Dr. Ricord maintains, from his experiments, that a *characteristic pustule*, or one which follows a regular and determined course, is produced by *contact* of the venereal poison, and can be produced by no other means." Now, Dr. R. maintains the very reverse; he asserts, that the characteristic cutaneous pustule has never been produced by contact, and never under any other circumstance, except by a rupture of continuity of the epiderm, by the pulling out of a hair, a very small abrasion of the epiderm, a small leech bite, or the direct puncture of the lancet or some other cutting or tearing instrument. Hence, if Dr. Wallace asserts, as he says, that the inoculation arises from *contact*, he states the opposite of what is advanced by Dr. Ricord, and which, moreover, has not been copied by him. If *contact* be not what he means, this is but another instance of the carelessness with which he supports his invidious insinuations.

Dr. Wallace says,—“To this pustule, and the ulcer in which it terminates, I have given, for the reasons advanced, page 57, the name '*regular primary syphilis*.' How a pustule always artificially produced upon the skin, and in no way resembling in its progress the rarely seen pustular origin of *genital chancre*, perhaps on account of the difference of position and tissue, can be called *regular primary syphilis*, I am at a loss to conceive. This pustular origin of chancre has been but once or twice seen by Dr. Ricord; and one of these cases has been taken by myself, and will soon be sent to you for publication; and you will thus see how essentially different is its progress from what Dr. Ricord has called the *characteristic pustule*. Hence, as Dr. Wallace gives the same name to both, either he has not seen the progress of the latter, or he has not taken careful notes of that progress. Chancre has not the crust of the *characteristic pustule*, and the last never displays a chancrous ulcer, when the crust is not removed by artificial force or applications; for, when it falls naturally, this ulcer is always almost entirely filled with granulations, and in many cases more than half cicatrised. Such

are the marked differences between these pustules, while that of the chancre of the genitals wants the areola, the most characteristic feature of the characteristic cutaneous pustule. Dr. Ricord has not even spoken of the original pustule of chancre. Hence you may judge of the care with which Dr. Wallace has studied the papers of Dr. Ricord, and the appendix by myself. Yet Dr. Wallace states,—“its history, and that of the *subsequent ulcer* as minutely traced by me, not only as they occur on the skin, but also as they appear on several other parts.” How is it then that he does not mention the rupial form of crusts, and that he confounds these pustules under one and the same name.

Dr. Wallace maintains that it is his discovery that a new result of contagion may occur during the existence of the results of a previous one, without increasing the danger, or the influence upon the constitution; and he charges Dr. Ricord with plagiarism on this subject. But surely Dr. W. must be very ignorant not to know, that long before his time this fact had been admitted. If Dr. Ricord has made use of it for the foundation of his experiments, he had confirmed in his own mind, and by his experiments, the received opinion, but certainly lays no claim whatever to this opinion as originating from himself, another proof of the *careless perusal of his papers by Dr. Wallace*.

Dr. Wallace says,—“Dr. Ricord has proved by experiment that the *matter of bubo* possesses the power of producing by inoculation the characteristic pustule.” Now Dr. Ricord and myself have both carefully stated that this proposition is not generally true; on the contrary, Dr. Ricord has explicitly stated, and proved by his cases, that no matter of bubo, but that furnished from the suppurating substance of an absorbent gland, consequent upon chancre, has ever produced the characteristic pustule; that suppuration round a gland does not yield inoculable matter; and hence Dr. Wallace has misquoted, or wilfully misrepresented, Dr. Ricord. And here Dr. Ricord has, without announcing it as such, made a most important discovery; namely, that during the first two or three days after such buboes are opened by bursting or incision, the matter does not produce the pustule on inoculation, while subsequently it does. The want of a knowledge of this fact by Dr. Wallace is perhaps the cause of the difference of opinion hitherto existing on this important subject, and thence the reason why, as Dr. Wallace says, “I have found this result comparatively seldom.” Hence Dr. Ricord has not here copied Dr. Wallace by Dr. Wallace's own admission. But what can he mean by this phrase, which may be taken either in a good or bad sense?—“There are, however, certain circumstances which may explain these differences, and which any one who reads Dr. Ricord's paper and my work cannot fail to observe.” However we take this passage, it



is negligent or malevolent, and amounts to neither more nor less than this, the constant burden of his song,—Dear readers! *read my book, READ MY BOOK, READ MY BOOK.* Dr. Ricord is not candid, is not honest, THEREFORE READ MY BOOK; but, whether he be so or not, still READ MY BOOK. Thus the littleness and weakness of MY BOOK has passed from Abernethy to Wallace! Would that with it the frank blunt generosity of the former had transmigrated at the same time into the latter!

Dr. Wallace says, “on three occasions Dr. Ricord produced the characteristic pustule, by the inoculation of matter of blennorrhagia, or in my language, of catarrhal or gonorrhoeal primary syphilis, taken from the urethra of males, in whom *there was not the least external excoriation, or any visible ulcer of the urethra.*” It is, however, to be observed, that the conclusions which Dr. Ricord has drawn from these experiments, are not the same as those deduced by me. Indeed, his conclusions are not quite clear. Such is the passage that Dr. Wallace dares bring forward as the result of what Dr. Ricord thinks true, and of what I have maintained. Dr. Ricord has more than three times produced the pustule from urethral gonorrhoeal matter, both in men and women, and I have distinctly stated, that although in these cases no external excoriation or ulcer could be found, and in the female no vulvar, vaginitic, or uterine chancre could be found, yet in two or three of these an actual chancre was found in the urethra, not far from the orifice of the external meatus urinarius; and I have moreover, with Dr. Ricord, stated, that in no case in which gonorrhoeal matter coming from those parts capable of being examined, as the vulva, vagina, or os tincæ, or the space between the prepuce and gland, although previously to the inoculation, these parts, from the accidents of irritation or inflammation, or their consequences, could not be examined, have chancres failed of being found, when these parts have been subsequently examined; and from these two circumstances combined, Dr. Ricord has drawn the inference, that gonorrhœa is incapable alone of producing the characteristic pustule. I leave it to the public to judge, whether these statements are wanting in clearness and precision, and I leave it to them also to say, whether this be *hypothesis*, or pure deduction, deduction, indeed, of high analogical probability, yet deduction of which Dr. Wallace, after these statements, has the hardihood to say, that Dr. Ricord or myself admit, “*there was not a shadow of a proof.*” If this be a specimen of the candid criticism and of the logic of Dr. W., surely his work must be a very curiosity, a very type for those who wish to leave medicine in the most perfect obscurity. Besides, here he again makes us state things not to be found in our papers, and adds to the proof of his negligence and of the quixotic nature of his literary combats.

Again, another misconception or perversion

of Dr. Ricord's statements. Dr. Wallace states, “Dr. Ricord, if I understand him right, maintains from his experiments, that the matter of the *characteristic pustule* will produce in certain habits the serpiginous ulcer;” and Dr. Wallace acknowledges to have advanced such a very doubtful opinion in his work. In this, then, he again erroneously accuses the plagiarism of Dr. Ricord, who states the very reverse. He states, that in two cases the matter of serpiginous ulcer, resulting from suppurated bubo, the consequences of chancre, gave rise to the characteristic cutaneous pustules, and that these pustules, after having for some time followed the ordinary course, took on themselves the serpiginous form, and inquires whether there be not something in the constitution tending to modify the chancre into the serpiginous form? The diametrical contrasts between these statements, and those lent to Dr. Ricord by the quixotic spirit of Dr. Wallace, are too manifest to need further comparison, but not too manifest to stamp the want of candour on Dr. Wallace's criticism, the continued effort to bring himself into notoriety even at the expense of truth.

Again, Dr. Wallace states, that “Dr. Ricord admits, as a consequence of blennorrhagia, alterations of the bony and mucous system, and pustules on the surface of the skin.” Now no such statement is advanced in the writings of Dr. Ricord, who has never advanced that blennorrhagia, unaccompanied by chancre, is followed by alterations of the bone. Of the mucous system, indeed, he admits alterations, and states these at much length, and with uncommon care, and in a manner which no other man could do, from the nature and original mode of application of his speculum, a discovery, or rather an original application, under all circumstances, which is of the highest importance, and which even the extensive claims of the accurate Dr. Wallace cannot embrace. But as to pustules upon the skin, no such thing is stated, the expression is *mucous pustules*, which is the French name for *mucous papule*, and which I have explained to mean in my translation, papule, oozing a peculiar matter. This very mistake appears to me to be a proof of Dr. Wallace being as ignorant of the French authors and their synonymes, as he has been careless and negligent in his perusal of Dr. Ricord's papers.

Again, Dr. Wallace says, “It is the conclusion of Dr. Ricord that there exist no symptoms by which virulent blennorrhagia can be distinguished from certain non-virulent discharges.” How different this from the following statement of Dr. Ricord, which I give in his own words “*Enfin privéé incontestablement de ce caractère (la possibilité de produire des chancres inoculables) il n'est qu' une espece de blennorrhagie virulente; c'est celle qui, bien observée pendant tout son cours, et n'étant pas compliquée, ce dont on peut mieux s'assurer chez les femmes par la facilité avec*

laquelle les organes sont vus dans presque tout leur étendue, est cependant suivie de symptômes consecutifs, tels que les papules muqueuses, &c., et alors la présence de ces symptômes est le seul caractère qui puisse rendre le diagnostic précis." Such are the words of Dr. Ricord; I leave it to all the world to judge of the foundation, as of the accuracy of the criticism. Dr. Wallace now says, that, "on the other hand, it is maintained, at least by the translator of Dr. Ricord's paper, that a diagnosis of the characteristic pustule may be obtained from a consideration of all its phenomena." Such words are not to be found in my notes, in which I have simply described facts, although the conclusion is fair from the facts given; and without reference to the fact of chancre being produced directly without any preceding pustule, when chancrous pus is applied to an abraded or denuded surface, it was stated to complete the result of our observations, without at all being claimed as a discovery, for it is a fact known long before Dr. Wallace's time. We willingly yield the honour of so important a discovery, as that where there is no epiderm, there can be no pustules, to the abused Dr. Wallace.

And Dr. Wallace states, "The following opinions, which will be found embodied in the views respecting ulceration, &c., given from p. 49 to p. 55 of MY WORK, viz. that the contagious quality of the 'characteristic pustule,' may persist after the healing process has commenced, and even until the ulcer is perfectly healed; that the formation of bubo requires certain relations between the surface of the 'characteristic pustule,' and the absorbent orifices; and that no contamination results from the 'characteristic pustule' in its primitive state."

Here are three misquotations. In the first the observation applies only to the characteristic pustule on the skin, and not, as Dr. Wallace presumes, to that on the genitals also, although both have been determined, independently of that gentleman's researches. In the second Dr. Ricord states the very opposite of the proposition, namely that bubo, inoculable bubo, results when certain relations exist between the chancre and the absorbent orifices, and not between the characteristic pustule and the absorbent orifices. And such is the accuracy of Dr. Wallace that he has not remarked that I have distinctly stated that I have never seen suppurating bubo as the consequence of the characteristic cutaneous pustule, although there generally occurs more or less swelling, induration, and tenderness of the corresponding absorbent glands. For the third, I confess I am at a loss to know what Dr. Wallace means by the word *contamination*. It is a word attributed to myself, and not to be found in my appendix, and certainly not in Dr. Ricord's papers. What we have both stated is, that in no case, in which inoculation has been practised, have the patients as yet returned to the hospital with secondary symptoms, or have

had such symptoms developed during the existence of the pustules, or their consequences. Further than the fact goes we presume nothing; but Dr. Wallace says we have copied the word *contamination* from him. I can assure him he will find it difficult to trace in our papers any such unscientific and unmeaning terms. Dr. Wallace again says, "it is communicated that if the nitrate of silver be properly applied during any of the four first days of the progress of the 'characteristic pustule,' it will be arrested in its course and healed; a position particularly enforced by me from page 92 to page 99 inclusive." Now this remark of Dr. Ricord's applies only to the cutaneous pustule, he having never robbed the Italians of their success with this method for the genital chancre, and constantly attributed to its authors; and his object in ascertaining this fact was only to try to destroy by some means the inoculatory pustule, as soon as it had served for diagnosing the original ulcer, so that the patient might not have the trouble of having two sores longer than necessary, this diagnosis being hitherto requisite, when the original ulcer has lost its primary characters. How then could this be robbed from Dr. Wallace?

Our opponent finally charges Dr. Ricord with having fallen into errors, but he does not name them. All are liable to err, even with the best intentions, and it is indeed unkind in Dr. Wallace, and somewhat inhuman, to leave Dr. Ricord in error until his new volume shall be completed. What! to give a little more *eclat* to MY WORK, errors recognised by him publicly are not to be pointed out, and the patients, the numerous patients, some hundreds a week, of Dr. Ricord, are to be allowed to be sacrificed to the Doctor's negligence or error, because, forsooth, the new volume is not ready. O, fie! Humanity is of more importance than originality of discovery, and assuredly more productive of true and lasting renown. Such are the flimsy assertions of Dr. Wallace, such are the phantoms brought forth by his inaccuracy and negligence, or wilful want of comprehension, and from such things as these, —such Quixotic shadows, has been raised a serious charge, invidiously brought forth, and unfairly, uncandidly, and unmanfully exposed. I trust that ere Dr. Wallace again enters the lists he will polish his weapon and raise his visor, lest, blinded by his self-importance, he again charge the starting post, instead of the enemy against whom he would plant his lance. His accusations I retort with indignation and disgust, and I conclude with his own phrase, "render to Cæsar the things that are Cæsar's, and to God the things that are God's."

As soon as Dr. Ricord can procure his book be sure that it shall be fairly and candidly examined, and that his phrases shall neither be mutilated nor tortured.

[We shall insert the continuation of Dr. Ricord's paper on blennorrhagia in women, at our earliest convenience.—Eds.]

## LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

BY WILLIAM STOKES, M.D.,

*Delivered at the Medical School, Park Street, Dublin.—Session 1833-34.*

## LECTURE I.

GENTLEMEN,—You may have often heard that the approaches to science are rugged and uninteresting, and some of you have perhaps experienced the truth of the remark. Hence the custom of delivering an introductory lecture, in order to lay before the young mind, when first entering on each path of knowledge, the objects, the results, the attained good, and the hoped-for glory of the pursuit. These are to be displayed with clearness and with truth, yet it is obvious, that much of the effect of such a lecture must depend on the nature of the subject, and the judgment of the speaker; and it is well when the exalted nature of the one is attainable by the capabilities of the other. Such a lecture, then, should be an earnest lesson on the objects, the pleasures, and the advantages of that science, of which the course is destined to treat; its history, its true mode of study, its interests, actual state, and future prospects may all form legitimate subjects, and when thus rightly viewed, an introductory lecture, so far from being a mere ornamental appendage, may become a most important part of the course.

With these views let us approach our subject, the theory and practice of medicine. Let us contemplate that study and that profession, which, venerable by all antiquity, yet in itself is "ever new." Even in its infancy, when the world was in darkness, was medicine a glorious science when compared with its contemporaries, and its first professors were ennobled and exalted by its influence. As their mantles descended through a long line of illustrious successors, we see medicine progressively expanding, and even when the night of barbarism hung gloomily over the earth, we see its genius triumphing over the surrounding darkness, and shining in the east as a beacon to the shipwrecked mind of man; and I trust that I shall be able to prove to you, that, in our own time, when the human mind has made such astonishing advances, that medicine has kept pace with her sister sciences, and it is a gratifying reflection to think, that among the most distinguished promoters of the collateral sciences, physicians have ever held a commanding rank, thus proving themselves foremost in knowledge, as they have ever been in philanthropy, in private and public charity, and in all good will to man.

It is scarcely necessary to allude to the title of this course of lectures, further than to remark, that however different they may be in name, it is yet impossible to draw the line of distinction between the theory and the prac-

tice of medicine. If medicine were merely the knowledge of a number of empirical remedies for particular symptoms, given without our enquiring into their mode of action, or any acquaintance with the dependence of one function, or one viscus, on another, of any knowledge in short of physiology in the healthy or diseased state, then we might have a practice of medicine independent of what is called its theory. But medicine now holds a higher place, and much of its improvement is traceable to our advances in physiological and pathological science. Thus to treat, or teach, the treatment of a disease, we must know the healthy function of the organ, or organs, the history of development, the influence of other organic systems, the changes produced by disease, and, as far as possible, the action of all external or internal agents on the viscera. But this is the theory of medicine.

For example, let us suppose that we are called either to treat or to teach the treatment of a case of enlarged liver. Let me here remark, that in selecting this case I do not wish you to suppose that I am one of what might be called the hepatic school of medicine, in which the existence of almost every organ, except the liver, seems to be forgotten, and of which the creed seems to be, that there is but one viscus, the liver, one source of disease, biliary derangement, and one cure, mercury; a creed which, though not enforced and defended by the sword, has lost perhaps as much of human life as others, whose history is written in letters of blood. But no one can doubt the importance of the organ, and I have taken it to illustrate the connexion between the theory and the practice of medicine.

You detect an enlarged liver; you are called to cure the disease:—

1st. You must be aware of the healthy state of the organ, and of its healthy functions, as shown by the volume, sensibility, influence on digestion, and the healthy state of the secretion. You must know all these, as it is by the departure from these conditions that you recognise this disease at all.—*But this is the theory of medicine.*

2dly. You must know the history of its development, because there is a period of life when the natural state of the liver is in a greatly enlarged condition, and this may continue even to adult life, and produce an enlarged liver, not the result of disease but the arrest of development, and the question will arise as to whether the case before you is an example of this, or of recent and actual disease. The whole treatment turns on this.—*Yet this is the theory of medicine.*

3rdly. You must know the influence of other organic systems. An enlarged liver may be produced mechanically by obstructions in the lungs or in the heart; it may be produced from the sympathetic irritation of a duodenitis, or be the result of original disease in its own structure. All these circumstances must be known and taken into account. If it be

merely obstruction in the venæ cavæ hepaticæ the ordinary treatment will not answer; if there be duodenitis we must modify our treatment, and so on. We must know these things; we must know how to recognise these diseases before we can prescribe or practise successfully. All this is that part of the theory of medicine called pathology, or the physiology of the diseased body.

4thly. You must know the effects of disease on the liver itself. Some of these are removable by art, others are totally incurable. You must know these in order to determine on the probability of their existence

5thly and lastly. You must know the influence of remedial agents on the liver and the adjacent organs. You must be familiar with the effects of stimulation of the mucous surfaces of the stomach and duodenum. Then, indeed, and not till then, will you be qualified to treat the case with judgment and success. The same remarks, I need scarcely add, will be found applicable to the diseases of each viscus in the body.

The objects of medicine, gentlemen, are twofold; first, to cure disease, no matter where seated or how produced; and secondly, to relieve bodily suffering in cases where a cure is impossible. Its great end is to prolong life, and to diminish the bodily evils which result from the infirmities of our nature and other circumstances. Some of you may ask, where then is the distinction between medicine and surgery? In truth, there is no distinction in reality, and there should be none in theory. The human constitution is one;—there is no division of it into a medical and surgical domain; the same laws and the same principles of treatment apply to the cure of a fractured bone and the cicatrization of an internal ulcer. Unlike the corporations of medicine and surgery, the supposed purely medical and purely surgical parts of the body live in excellent harmony. Here, then, there is no division, no jealousy, no separation of interests.

I am by no means prepared to deny that advantages may arise from a practitioner devoting himself to this or that branch of his profession; but, if he seeks for eminence, he will first educate himself generally. Let him attain extended views of pathological medicine; let him make himself master of the actual state of the science, and then he will find that there is not a single fact or law with which he has become acquainted that will not have its bearing on his particular pursuit. It is in the education of medical men that the ruinous effects of the division of the professions of medicine and surgery are most perceived; and I feel convinced that, of the two, *the surgical student is the greater sufferer*, because his views of pathology are injured. All the great laws in pathology are drawn from the consideration of visceral disease; yet the attention of the surgical student is diverted from this, and directed to what, I will say, can never elevate him in the ranks of science.

He is taught anatomy, and what is called surgical disease, but he is kept ignorant, by this wretched system, of the greater part of his profession, until he comes to practise, when, if he has a mind fitted for observation, he will find, that for one dislocation there will be hundreds of visceral diseases; and he will discover what was concealed from him during his pupilage, *that many, many more die of what are called medical than surgical diseases*. During the late war, more men in the British navy died of fever than of all other causes—including the sword. But, I rejoice to say, that in Dublin the exclusive system of education is fast wearing away, and one of the many excellencies of our national school of medicine is the instruction in general pathology. There are few schools of medicine where now a more enlarged and liberal spirit of education exists.

In the study of your profession, gentlemen, let me warn you not to allow yourselves to be misled by the idea that surgery and medicine are different in their nature. The mere surgeon or the mere physician only knows half of his profession. Reckless of human life, he may practise the healing art as a trade, but he never can know it as a science. But, as there are infinitely more cases of what are termed medical than surgical disease, it is plain, that the surgeon, ignorant of medicine, will far exceed the physician ignorant of surgery, in the extent of his malpractice. I have long observed the ruinous system which has been pursued by teachers, as connected with this subject. The pupil was taught to consider, that if he was a skilful anatomist, if he understood the routine surgery of an hospital, and had carefully studied certain works on surgery, and some obsolete books of pathology, he was thereby prepared, in the language of the schools, to go forth to teach and practise the art and mystery of medicine in general. Now, all this was wrong. You may be profound anatomists and be bad surgeons, and worse physicians; you may have by heart the writings of Pott and Desault, of Hunter and Thomson, and be totally incapable of treating a simple or complicated fever, or a case of visceral disease. But it is not necessary to say more. Society demands that the old system of a division in education should be abolished; and ere long, I even trust to see a fusion of the profession, when much of the present evils must cease, when medical men shall have a common centre, from which they will receive a common impulse; when their efforts shall be solely directed to the increase of medical science, and the political and moral exaltation of their profession; and last, yet not least, when the ingenuous pupil shall not be led astray; when he shall not be told by one teacher to despise this, and by another to neglect that part of his profession; but having the *whole* of the noble science of medicine thrown open to him, his mind, unwarped by prejudice, unfettered by fear, shall be permitted to take that right view of his pursuit,

that alone can lead him, and assuredly will lead him, to the honours and successes which truth bestows on all its votaries.

I have said, that the exclusive system of education had singularly diminished in Dublin. Indeed, our national school has earned great reputation for general pathology; and from a long and cordial intercourse with the class of Dublin, I will affirm, that there are few places where we can see such zeal, talent, and thirst for knowledge among the students. As an Irishman, addressing my own countrymen, let me congratulate you on the fame the Dublin School of Medicine and Surgery has now acquired, and is every day acquiring; and when the strength of Irish talent, aided by the proper working of our unrivalled institutions, is brought into play, may we not anticipate a still more glorious result? This reflection has often cheered me, that within the last few years there has been a greater stimulus infused into the science and literature of this country. Amid the ungenial influences of political excitement, and the animosities of party, how gladly should we contemplate the advance of what will prove an honour to our national character, and an advantage to mankind. It is like the growth of the coral into rocks and fertile islands, though surrounded by the strife and waste of waters. Our scientific societies have multiplied; our periodical literature, the want of which furnished so fruitful a theme for cavil, has been extended so as to afford a wholesome and vigorous supply in the varied departments of literature and science; and our monthly and quarterly publications are taking their proper place among the ranks of British journals. When we turn to works of a more permanent kind, we also see cause for satisfaction. Many most important works in anatomy, surgical pathology, physiological medicine, and midwifery, have lately issued from the Irish press; and the Irish contributions to the Cyclopædia of Practical Medicine, are allowed on all hands to give to that work no mean portion of its value.

There are few more wholesome exercises for the mind, few so necessary and so useful as the comparison of the actual state of any science with its advance and character at a former period; and it is in this, most chiefly, that the value of what is called the history of medicine consists. We study it then, not as a matter of antiquarian research, of learned curiosity, but as the picture of the human mind, now on the right path, now misled by error, yet still struggling onward; as the record of a dear-bought experience, and a beacon to warn us of the rocks and shoals that beset its future progress unto truth. To analyse the actual state of medical science, to show you all that has been done within a little time, to display all old pretensions to the character of a true and thrice noble science, would far exhaust my capabilities and your patience. Let it suffice to contemplate the improvement consi-

dered generally, and the means by which that improvement has been attained.

It is an error too generally received that medicine owes all its advances to the researches of modern times. Far be it from me to undervalue these, but I believe that the opinion I have alluded to is wrong, and is perhaps kept alive by our own vanity; for by a specious deception we often take to ourselves the honours and distinctions of the time we live in. The truth is, that medicine, like many other of the sister sciences, has been long steadily advancing, and the flippant every day remarks that the *inductive system* (that is the observation of facts and the embodying of those conclusions that legitimately flow from them) has been only introduced into medicine in our time; and that our predecessors in medicine put theory first and fact second in their medical philosophy, are "*as false as dicers' oaths.*" Have the authors and teachers who are so fond of decrying the medicine of a former day at a time when they are (perhaps innocently) making use of its facts and observations—have they read the writings of the father of medicine? Have they studied that "*aurum opus,*" so well called from its lustre, its purity, and surpassing value? Was Avicenna a mere theorist? Did Morgagni observe no facts, nor truly record them, even at the expense of his medical reputation? Is there no induction in Baglivi? Was Haller unacquainted with the method of experiment and induction? Or is the discoverer of the circulation of the blood, the good, the great, the injured, but the immortal Harvey, forgotten? Where do they place Boerhaave! and shall the name of Sydenham go down with his ashes to oblivion?

The true state of the case is, that medicine, in its present advanced state, only represents the improvement in other branches of human knowledge, all of which are so intimately linked together, that although their extremes be far removed, there is a point where all are reciprocally cause and effect; so that if we take any one of them, it is easy to show its intimate bearings with, and importance to, all the rest. We have been long advancing in medicine, and though I admit most fully the vast strides which have been made, still I must here declare my firm conviction, that the study of the older authors is too much neglected, and that in them you will find a treasury of knowledge, much of which you may think to be the production of modern times.

If the writings of the ancient authors only contained a small portion of the information with which they abound, it would be a sufficient stimulus to their study; to reflect that it is in them, in the medical writings of the ancients, that the germs of the inductive philosophy are first to be found. It is then in the old regions of medicine that we find the fountains of that mighty river, which for 2000 years has fertilised the earth, and made man its lord. Had the progress of man not been retarded by

the ignorance which is the child and servant of barbaric despotism, an earlier Newton might have enlightened the earth, an earlier Laplace have measured the heavens, or a Cuvier declared the glories of a past and present creation. The mind of man would have burst its chains, and ages ago have formed that holy alliance with knowledge and her first-born, liberty, which now is its safeguard and its glory. I repeat it, in the writings of Hippocrates you will find the principles of the inductive philosophy. A physician showed Bacon the road to immortality.

We find that there is in the mind of man a tendency to reverse the true mode of reasoning, and to seek for a principle before it has observed facts, and this was the cause of the retardation of medicine, as well as of all other sciences. Hence the various schools from Pythagoras to Cullen or Brown in our day. But a slow though sure revolution was long going forward, and I believe that Cullen and Brown were even *behind* the actual state of medicine in their time. Physicians turned disgusted from the war of words and doubt to seek in tangible objects the certainty which these only can produce; in a word they began to follow the Baconian system more generally. They reverted to the instructions of Hippocrates, and from that period our modern improvement may date. They turned their attention to the examination of those changes which disease produces on the human body, and connected these with the symptoms observed during life. And what has been the result of this?

1st. The accumulation of an enormous number of facts, relative to the changes of organs produced by disease.

2nd. The connection of a vast number of these changes with particular symptoms, and hence the advance in diagnosis.

3rd. The establishment of the true value of symptomatology, and the verification of that all-important fact, that opposite states and organs may produce similar symptoms.

4th. The knowledge of the vast class of latent diseases; in other words, diseases which exist without influencing the phenomena of animal life, or, in some cases, the phenomena of both animal and organic life. Diseases either without symptoms at all, or only with such as previously were not supposed capable of leading to their detection. You know that the phenomena of life are divided into two classes, viz. those of organic or vegetable life, such as *nutrition, circulation, absorption, respiration, secretion*. While those of animal life, or the life of relation (*so called from its being the source of our connection with surrounding bodies*), are the senses, the phenomena of mind, and muscular motion. The one life seems more under the influence of the ganglionic, and the other under that of the cerebro-spinal system of nerves.

As some of the junior part of the class may not have accurate ideas as to the meaning of

symptoms, I may state that disease is recognised by signs and symptoms.

By signs we mean those mechanical alterations, produced by disease, in the conditions of parts, which are recognisable to the external senses of *touch, sight, and hearing; changes in appearance, volume, shape, resistance, peculiarities of feel*, and the production of *sounds*. We may make a diagnosis by signs alone. Take for example a case of tympanitis. The abdomen is prominent, enlarged, circular, elastic, and sounding like a drum when struck. Thus we learn that the belly is distended by air.

Now, *symptoms* are totally different; they consist in certain changes produced in *functions*; and these functional changes are to be considered in a threefold manner:—

1st. Changes in the functions of the part itself.

2nd. Changes in the phenomena of organic life.

3rd. Changes in the phenomena of animal life.

Let us take, for example, a case of inflammation of the stomach. We have, first, changes in its own function,—morbid sensibility, vomiting, thirst, anorexia. In the next place, we have changes in the functions of organic life,—fever, from the action on the circulating system; hurried respiration, and cough, and hiccup, from the action on the respiratory system; jaundice, from its action on the biliary system; suppression of the secretion of the skin, kidneys, &c. All these, you observe, are lesions of the functions of organic life.

But we may have other symptoms; prostration, headach, delirium, convulsions; these are lesions of the life of relation, or animal life.

Now, in many cases, we have to combine these sources of knowledge to form a correct diagnosis. Take, for example, a case of hepatitis.

The patient has had pains in the hepatic region, fever, jaundice, hurried breathing, tenderness. After some time he has a tumour; the side dilated; the hypochondrium dull on percussion. Well, the signs point out an enlargement of the liver; the symptoms, that the cause of that enlargement was an acute hepatitis.

In general we may state, that signs only declare the actually existing mechanical condition, while symptoms, either present or past, point out the cause of the change, whatever it may be. Both must be studied together; but you will learn more from symptoms without signs, than from signs without symptoms. But to return to the results of the improved method of investigation.

Great light was thrown on *fever* in general; and it is, I believe, quite true, that all the advances which we have made in the knowledge of *fever*, are due to the prosecution of pathological anatomy. Almost all of what we may call our general knowledge of *fever* is

due to Hippocrates; but anatomy has revealed its effects, its complications; and the all-important fact, that the cause of its fatality is often local inflammation. This knowledge, however, is not so new as is taught by some modern systematists. Galen (*De Affect. Intern.* c. xli.) taught that in continual fevers bleeding and cold drinks were the powerful remedies. Sydenham declares that the ignorance of the inflammations in malignant fevers, has been more fatal to the human race than the invention of gunpowder. Baglivi, that malignant fevers often depend on a visceral inflammation, and Van Swieten knew the frequency of intestinal ulcerations in typhus.

Among the direct results of pathological anatomy, it is shown, that *disease is seldom confined to one organ, or even one system*, and thus it has utterly shaken the nosological system of Cullen and his predecessors, which you know consisted in classifying disease by symptoms, which were supposed to point out a certain and single disease. For example, the nosologists class *phthisis* as an affection of the lung, but pathological anatomy has shown, that in many cases it is the result of a disease invading many organs and systems, and that the pulmonary disease is but a link in the chain of morbid actions. Pathological anatomy also has demonstrated the inflammatory nature of a vast number of diseases, and has thus given us a key to treatment, to prevention, and to palliation when the disease is incurable.

The last grand result of pathological anatomy, is the discovery that a vast number of affections, supposed to be merely lesions of function, are more or less connected also with alteration of structure. Thus many of the dyspepsias of the nosologists are proved to be examples of gastritis, or of other organic diseases; cases of asthma turn out to be chronic inflammation with emphysema; the palpitations may depend on organic disease which has sprung from a carditis, and so on. I need not now dilate on the vast importance of such facts to practical medicine.

But let us now come to an all-important inquiry. Is pathological anatomy to be considered as the basis of medicine? or is it, even when combined with clinical observation, the foundation of all medical knowledge? This inquiry, you will at once perceive, involves the question as to whether Hippocrates and his followers have done anything for the science, or whether medicine is wholly new, an infant, and consequently a weak and imperfect, science. Are we to despise the works of the ancients, to be ignorant of them, and to allow medicine to be in its infancy. In fact, if we review the history of medicine from the Hippocratic era to the absurdities of Hahnemann, we find that there have been two orders of men, one constituting what we may term the school founders, who made a theory, and sought to square facts to meet that theory; these have

only brought disgrace on medicine. The other class consists of the Hippocratic observers, that is, of men who sought for facts, who collected and pondered on these facts, in other words, who were Baconian philosophers. It is the labour of these that has really advanced medicine. Asclepiades, who lived in the first century of the Christian era, declared that the medicine of Hippocrates was a *cold medication* of death. The celebrated Iohannes Vesalius, who lived under Nero, in writing to the emperor makes use of the following words:—

“I have founded a new sect, which is the only new one. I have been forced to this, because none of the physicians who have preceded me have discovered *anything useful*, either for the preservation of health or for the cure of diseases, and because Hippocrates himself has put forward many dangerous maxims.”

And what was this new doctrine? That nature in each case pointed out to the patient what was most fit for him, and that hence he should be diligently supplied with every thing that he fancied.

We have next Paracelsus. He commenced his course of lectures at Basle, in the year 1526, by publicly burning the writings of Galen and Avicenna, and assured his auditors that a single hair of his head contained more knowledge than Hippocrates and his successors. He taught the cabalistic medicine, the intimate connexion between the planets and the viscera; he was a vitalist, but embodied his vitalism under the shape of a demon, who resided within the system, and which he called Archæus. Diagnosis was to repose on the examinations of the stars, and not on symptoms. He invented the doctrine of tartar, which is the cause of all diseases, of accumulation, obstruction, and concretion; “and I call it tartar,” says he, “because it contains the oil, the spirit, and the salt, which burn the patient as hell does.”

Hahnemann, the founder of the homœopathic doctrine, may be quoted next as an example of these school founders, and he, like his predecessors, expresses himself with all that arrogance, which ignorance, when it pretends to learning, invariably assumes. Speaking of the Hippocratic medicine, he says,

“*Since this art only consists in a gross imitation of a dangerous and insufficient process, it must be admitted, that the true medicine was not discovered until by me. It is the infallible oracle of the art of curing; it is the sole mode of really curing disease, because it reposes on an eternal and infallible law of nature.*”

And what is this mode and doctrine!—We have it in four propositions, and it is hard to say which of them is most revolting to common sense. We are told that it is absurd to seek for the cause of symptoms in order to remove them;—that we must cure diseases by the exhibition of substances which would otherwise produce them; that the dose is to be inconceivably small; and that there are

three original diseases from which spring all the maladies which afflict mankind,—syphilis, scyosis, and the itch! These are the fruitful causes of all diseases, epidemic, sporadic, idiopathic, and symptomatic. Like his predecessor in quackery and deceit, he, too, has in his syphilis, scyosis, and itch, the oil, the spirit, and the salt, which burn the patient as hell does. Like Paracelsus, too, he maintains the curability of diseases, and is a disciple of the animal magnetism.

Let us next see how Broussais announced his doctrine to an admiring world.

"After so many vacillations in its march, medicine at length follows the only path which can conduct it to truth—the observation of the relations of man, with external modifications and the relations of the organs of man, one to the other." This is the physiological method, because it cannot be followed without studying life.

I am more anxious to draw your attention to this doctrine, as Broussais may be considered as the source of the anatomical school, which of late was so completely the fashion,—if I may use such a term; and it is a striking instance of the danger that attends the idea of our having made a discovery, to see a man like Broussais, than whom few have really added so much to medicine, falling into the same fault of arrogance and contempt towards his predecessors.

At this moment the medical world, particularly on the Continent, are divided into two great sects. One may be called that of the *pathologico-anatomists*, the other the *Hippocratists*. The first declares that diseases are *primatively local* in all cases; that the symptoms—say in a case of fever—are only the *results of a sympathetic irritation from some local disease*, which is to be *attacked with vigour*; that pathological anatomy is to be the foundation of all practice; that there is nothing approaching to a *specific in medicine*; and that *Nature makes little or no attempt to cure*. Their favourite maxim is that saying of Bichat's,—"*What is observation if we are ignorant of the seat of disease?*"

This is the sentiment of an anatomist, but not of a physician; and we must regret that it once escaped the author of the "*Researches on Life and Death*," a book of such interest and such beauty, as to captivate even the non-medical reader, and make the very name of Bichat be hallowed in our memory. Many are the diseases of which we know not the seat; yet in which observation, Hippocratic observation, is of the greatest utility.

We know not the seat of fever, let the followers of Broussais say what they may to the contrary;—yet is observation of symptoms of no avail in fever? Are the effects of contagion, the history and nature of epidemics, the termination by crisis, the results of treatment, of symptoms as connected with prognosis,—is the observation of these useless or

unnecessary? Sydenham knew not the seat of variola; yet he declared the true principles of its treatment. There are very many diseases on which pathological anatomy throws but a negative light,—if I may use such a term,—particularly affections of the fluids, and the neuroses.

So much for the doctrine of the anatomical school. I beg of you not to misunderstand me as undervaluing pathological anatomy; I only wish to show you its true value. I believe there could hardly be adduced a single fact in pathological anatomy that has not its distinct bearing on practical medicine. And it is true that the diseases whose treatment is best understood, are those whose pathological nature is best known. Even in fever, the actual nature of which has not been revealed, great advantage has been derived from anatomical researches; for all the advance in our knowledge of this Protean disease consists in ascertaining the number, nature, and seat of the local inflammations which accompany or arise in the course, and complicate the disease.

Let us, lastly, revert to the opinion of the Hippocratists.—They admit that *vast advantage* has arisen from pathological anatomy; but they see that its light is limited within certain bounds. They believe that great advantage is to be derived from the careful study of symptoms, even in cases whose pathological nature is not revealed by the knife. They believe that there are many diseases whose local origin cannot be demonstrated; for instance, *fever*. They deny that pathological anatomy is always to be our guide; but admit a *rational empiricism*, and the use of remedies which may be called *specifics*; and, lastly, they hold that nature in many cases makes an attempt to cure; and that the physician, in the words of Hippocrates, is to be *the minister and interpreter of Nature*, rather than her master.

Let us then combine the precepts of the founder of medicine with the lights of modern science. Let us take *observation*, and that observation rendered fruitful by study, for our guide; and let the observation equally embrace the phenomena of the living as well as the dead. Let us be Hippocratists in the dissecting room as well as at the bed-side. By comparing the practice of these two schools we get more accurate ideas as to their doctrine. The anatomists, holding that all diseases are local, direct their whole attention to the discovery of the lesion and its connexion with symptoms. This, with their doctrine that almost all diseases are inflammatory, leads them to a strict general and local anti-phlogistic treatment. Fever is to them symptomatic, and the supposed source is to be vigorously attacked in the commencement. *Diathesis, the nature of the epidemic*, and the *powers of nature*, to effect a cure, are comparatively neglected. They inhibit purgatives for fear of increasing the local inflam-



mation, and lose many patients for want of a timely support of the powers of life.

They deny specificism in disease as well as in medicine, and are sorely puzzled to explain the extraordinary powers of bark, and mercury, and sulphur, and iodine. They despise the experience of the past.

The true Hippocratist, on the other hand, believing that we have not yet arrived at the knowledge of the local origin of all diseases, and particularly fevers, grounds his practice accordingly. He draws his experience from the recorded knowledge of the past, and his own unbiassed observation. When he recognises a local inflammation he meets it with judgment, taking into account the habit, diathesis, epidemic, constitution, and tendency to crisis. He trusts much to nature, and watches her operations, particularly in fever. He is not afraid of moderate evacuations; the phantom of a local inflammation does not always haunt him; and even where he recognises its existence, that does not prevent him from using a stimulating and supporting treatment, if the general state of the patient requires it. He treats particular diseases by particular remedies, the utility of which has been proved by experience—such as syphilis, scrofula, intermittent fever, and so on. He uses the expectant medicine, which is not inactive treatment, but founded on the observations of the powers of nature:—“*Natura morborum medicatrix*,” but he never loses the opportunity of doing good when such presents itself, remembering the first aphorism of his great master:

“*Occasio præceps.*”

I have great hopes for medicine, for I see men's minds turning to the true path; and I trust that al lwhom I now address will deem themselves as labourers in the great work. Think what a noble science you profess!—the only one relating to earth-born things, which, while it ennobles the mind of man, yet softens and expands his heart; whose source is all science, whose end is good to man. Above all things follow truth; Nature can never deceive,—see that you be her faithful interpreter. The great evil is, that there has as yet been adopted no means by which the experience of the past can be brought fully to bear on the actual teaching and practice of medicine. Too often has the physician to create his own instruments. But when all the scattered facts of medicine are collected, whether they be the observations on the living or the dead body, as old as history or as young as to-day; when these votive tablets are hung up in the temple of truth, and their facts verified, compared, and classified, then, and not till then, will you see medicine in all her glory.

## French Medicine.

*Of the Frequency of the Pulse in Insane Persons, considered in respect to seasons, atmospheric temperature, changes of the moon, age, &c., with a refutation of the received opinion concerning the decrease of the frequency of pulse in old men.*

TRANSLATED FROM THE FRENCH OF MM. LÉRET AND METIVIE.

IT has for a long time been our desire to know the frequency of the pulse in insane persons, and the laws to which this frequency is subject. To obtain this end, it was absolutely necessary that our observations should be made on a great number of individuals; that they should be tried as well upon males as upon females; and, finally, that, during our observations, we should carefully note all circumstances, both physical and moral, which might exercise any influence over the pulse. We have complied with these conditions, one only excepted. The assiduity, which an undertaking of this kind required, has prevented us from examining the pulse of the male in so complete a manner as that of the female. Our proximity to la Salpêtrière, and the advantage that one of us had of being charged with the treatment of a part of the insane females received into that hospital, rendered the examination of the pulse of these females easy. We have likewise made observations on the insane persons, both male and female, under our care at the Maison de Santé d'Ivry, but the number of patients received into this house being small the observations we have made upon the males are not sufficient to draw any particular conclusion. Our observations, therefore, refer principally to females.

It will be seen in the report of our experiments, that we took every precaution to ensure results as near to truth as possible.

We made choice of about 100 females, afflicted with mental alienation, accompanied with or without rage, having good physical health, subject to the same regimen, and undergoing no particular treatment, as they are regarded incurable. We took down their age, constitution, and temperament, and the state and duration of their menstruation. We chose those that were in separate rooms, and not in the wards, bearing in mind, that in a ward it is only necessary for one to rage to affect the

whole of her companions. We advised them to remain in bed until we had made our visit; this recommendation was not always available, several were too delirious to understand us and to remember our advice; we have not enumerated these in our table, they have only enabled us to prove the state of the pulse during agitation. In fine, knowing that our examinations, repeated for several days only, would not suffice to give an exact means, and in order that we might appreciate the real influence of the temperature, and the possible influence of the moon, or of any other meteorologic phenomenon, we continued them for twenty-eight days consecutively. Before this period of twenty-eight days, we came several mornings to see the patients, and felt their pulse, in order to habituate them to our presence and to our operation.

One period only of twenty-eight days could teach us nothing relative to the influence of the seasons upon the state of the pulse; we recommenced our observations three months after the first, and, this done, we have compared the result.

FIRST PERIOD.

*Examination of the pulse made, during summer, on twenty-four insane females, from five to seven in the morning, during twenty-eight days.*

SECTION I.

*The aggregate number of pulsations varies from one day to another.*

The first period of our observations commenced on the 28th day of August, 1831, and terminated on the 24th of the September following. We were always very regular in our attendance on the sick at five in the morning, and at seven our examinations terminated. On the 28th of August we had a hundred patients on our list, on the 24th of September there remained only eighty-nine, those who were missing had either changed their division, or were absent from their chambers at the time we made our visits, which terminated, for them, the course of our observations, or they were so much agitated that we could not, without danger, examine their pulse.

The number of pulsations, counted during a minute, in each of the eighty-nine women, added daily, was, at the termination of the period, 206,436. This total was taken in the following manner:—for the first fourteen days

105,878, for the last fourteen 100,558, a difference of 5,320 for the first fourteen days. In comparing one day with another the greatest difference, in the number of pulsations, took place between the 28th of August, which was the most elevated, and the 24th of September, which was the lowest; on the 28th of August we counted 7,863 pulsations; on the 24th of September 6,910 only, making a difference of 953. The least difference we observed was from the 16th to the 17th of September, this was only of four pulsations.

In order to render our ciphers intelligible, we established proportional means.

The total number of pulsations has given us a mean of 82 and a fraction; what report has it with each of these days? Thirteen days are above and sixteen below. Of the thirteen days of which the pulsations are above the general mean, twelve were during the first part of the period of our examination, or from the 28th of August to the 10th of September inclusive; in the second part of this same period, or from the 11th to the 24th of September, all the quotidian means were below the general mean, with only one exception

This being established, it remained for us to know if the difference in the number of pulsations depended only on the pulse in certain insane persons, after having been very frequent, returning to a state of calmness, or if we might attribute it to a different number of insane persons participating in the frequency; in other terms, our method represented the intensity of the frequency of the pulse, but it did not represent the number of individuals, who participated of this frequency. This was a fresh question to solve, which we undertook.

The number of additional pulsations, not by day but by patient, gave us a total, representing for each of these patients the sum of pulsations, observed during the twenty-eight days a total, divided by 28, gave a mean which served us as a base whereby to distinguish the days of frequency from those of quiet. The number of pulsations, counted in a minute, during the twenty-eight days, gave, in each patient, a total of 2,487, this divided by 28 gives a quotient of 88 and a fraction. This quotient of 88 we gave as the mean, and we considered as frequent all above that number, and as calm all below it. In one woman the total, for the twenty-eight days, was only 1,481, the mean being 52 and a fraction; we

noted 53 and all above as frequent, and 52 and all below as calm. We acknowledge that this could only refer to a relative calmness or frequency; we could not pretend to prove any thing farther, being ignorant of the mean of the pulsations of women in health, according to the age, atmospheric temperature, and all other circumstances, which might modify the number.

To the days of frequency of the pulse, thus designated for each patient, we made a daily addition. For the first day of observation, that is on the 28th of August, we had 57 patients above the proper mean, and the last day, on the 24th of September, only 17, and this proportion decreased in a manner corresponding with the intensity of the frequency.

(*To be continued.*)

#### THOUGHTS ON THE PRESENT STATE OF MEDICAL EDUCATION,

BY J. C. ATKINSON, ESQ., ROMNEY-TERRACE, WESTMINSTER.

THROUGH the medium of your highly useful publication, whatever has at any period been considered valuable, curious, or interesting in the progress and ameliorations of which medical education is susceptible, you have seasonably communicated to the profession,—for this reason have I ventured to request a short space in your Journal.

It may be said that I am merely basarding an opinion in what I intend laying before you. I shall not certainly presume in self-confidence, but shall suggest what simply appears to me to be feasible. I may therefore premise, in the words of Cicero,—“*Ut potero explicabo, nec tamen quasi Apollo certa, ut sint, et fixa quæ dixerò, sed ut unus ex multis probabilia sequens.*” All sciences, it must be granted, are accessible to many false systems, and exposed to many erroneous opinions. Medicine unfortunately is not free from them; but, on the other hand, it seems to demand our most scrupulous attention, especially when we consider the instruction of those who commence its study. All faculties, arts, and sciences are, I think, allowed by the ablest judges, to be unavoidably subject to such changes by time and after improvements, as plainly to render a new system of their equally necessary as useful. The system, then, of educating young

men for the profession of medicine, taken in a comprehensive point of view, must have long been considered as radically bad. Let me speak of the machine as it now works:—a young man is apprenticed to a medical practitioner for five years, in which he is to be taught that which is deemed necessary in the event of his becoming a surgeon;—but, I ask, is this generally or in one instance the case?—What then is the instruction he receives? I answer,—He is employed the full term of five years in the drudgery of the dispensary, or perhaps he is shown how—

To gild a pill, or make a bill,  
Or bleed, or blister,  
Or how forsooth to draw a tooth,  
Or give a clyster.

Thus generally is the period of five years consumed. At the expiration of his apprenticeship he naturally looks at the qualifications necessary to enable him to be a candidate for the diploma; he sees that at least six must be passed in the acquisition of medical knowledge; five years are already gone by;—he finds that he has to attend a certain number of lectures of *three* and *six* months' duration. It is not possible he can do this in one year. He puts on the cap of reflection:—“Five years have I been mixing together the different articles of the Pharmacopœia. I have read much, 'tis true, but I have had no practical instructions: it appears I have still much, very much, to get through before I can think myself competent:—but one year cannot enable me,—I must devote *two* or *three* years more.” This is the picture that in most cases is presented to us:—what an irretrievable waste of time to the individual who serves a five years' apprenticeship—the most valuable years of a young man's life are thus lost. There can, I think, be none who, unbiassed by prejudice, does not deplore this system. There are but few medical men who possess philanthropy to such a degree as to take much trouble in instructing their apprentices at the bed-side of a patient when opportunities occur. Is it possible that a young man, just released from the pebble and mortar, calling himself a student, on entering a lecture-room or hospital, can derive much advantage from the most celebrated professors of anatomy and physiology. I think he will be

capable of receiving but little instruction, so very different will be the spheres of his actions,—a cold and incompetent auditor, he finds himself transplanted to an unknown soil, he sees everywhere strange objects but half intelligible to him, vague sounds strike his ears, and he just defers to the next year the understanding of a course, which seems as an introduction to all the others. Nevertheless, the silent ever-flowing stream of life passes on, and his loss is irreparable.—Why is this? —To whom does he attach blame?—Can he accuse himself of want of attention?—No: the reason is obvious,—elementary instruction, which has always been considered the first and only source of knowledge has been neglected. He has not been able to avail himself of the experience of his appointed teacher; he has, perhaps, perused and reperused all the works on medicine and surgery, and this he will find to his cost is far removed from sufficiency. How is this deplorable system to be abolished!—In what manner can we recommend medical instruction to be imparted? Allow me to suggest the following method:—Let two years, which I consider sufficient, be devoted to pharmacy and the business of the dispensary, the remaining four years to attending lectures and hospital practice, receiving at the same time the benefit of visiting the patients of a certain rank of the practitioner with whom he is apprenticed. He will then discover that, to be proficient in medicine, he must see every operation relating to surgery performed,—he must see patients labouring under all the various ills that flesh is heir to, to be able to recognise one symptom from another.

My cordial wish is for the welfare of the profession, of which I am an humble member. I sincerely hope that we shall yet see great alteration in medical education, a point desired by all; but let all things be done with the utmost caution,—“*priusquam incipias consulta, et, ubi consuueris, mature facta opus est,*” says Sallust.

NOTE FROM DR. EPPS.

To the Editors of the London Medical and Surgical Journal.

GENTLEMEN,—In the report of the Westminster Medical Society in your Journal of Dec. 7th, you make me to say that “I am under no

compliment to the Company of Apothecaries, as they refused to recognise my lectures on the Practice of Medicine until I became a member of the College of Physicians.” What I stated was this:—That though the Apothecaries’ Company recognise my lectures on Chemistry, Materia Medica, and Botany, yet, if I wished to lecture on the Practice of Physic, they would not recognise these lectures, because I have not joined the College of Physicians.” The passage, as it stands, intimates that I have lectured on the Practice of Physic, which I have not; and also, that my lectures are not recognised. As neither is correct, and as the impression from the passage might lead some to suppose that I lecture on a subject on which my lectures are not recognised, which is not the case, I request your insertion of the accompanying.

Yours in well wishing,

JOHN EPPS, M.D.

89, Great Russell-street,

Dec. 17th.

[The words of the report were strictly correct. If Dr. Epps mentioned the subjects on which he lectures, they escaped me.—REF.]

Reports of Societies.

ROYAL SOCIETY.

[The following notices of papers lately read before the Royal Society, are taken from the official summary drawn up for the use of the members.]

*The Anatomy and Physiology of the Liver,*  
By FRANCIS KIERNAN, Esq. M.R.C.S.

After giving a short account of the descriptions of Malpighi and other writers, respecting the minute structure of the liver, the author proceeds to state the results of his own investigations on this subject. The hepatic veins, together with the lobules which surround them, resemble in their arrangement the branches and leaves of a tree; the substance of the lobules being disposed around the minute branches of the veins like the parenchyma of a leaf around its fibres. The hepatic veins may be divided into two classes; namely, those contained in the lobules, and those contained in canals formed by the lobules. The first class is composed of interlobular branches, one of which occupies the centre of

each lobule, and receives the blood from a plexus formed in the lobule by the portal vein; and the second class of hepatic veins is composed of all those vessels contained in canals formed by the lobules, and including numerous small branches, as well as the large trunks terminating in the inferior cava. The external surface of every lobule is covered by an expansion of Glisson's capsule, by which it is connected to, as well as separated from, the contiguous lobules, and in which branches of the hepatic duct, portal veins, and hepatic artery, ramify. The ultimate branches of the hepatic artery terminate in the branches of the portal vein, where the blood they respectively contain is mixed together, and from which mixed blood the bile is secreted by the lobules, and conveyed away by the hepatic ducts, which accompany the portal veins in their principal ramifications. The remaining blood is returned to the heart by the hepatic veins, the beginnings of which occupy the centre of each lobule, and when collected into trunks pour their contents into the inferior cava. Hence the blood which has circulated through the liver, and has thereby lost its arterial character, is, in common with that which is returning from the other abdominal viscera, poured into the vena portæ, and contributes its share in furnishing materials for the biliary secretion. The paper is accompanied by numerous drawings of preparations made by the author, of the minute structure of the liver, in which the different sets of vessels and ducts were injected in various ways.

*On the Reflex Function of the Medulla Oblongata and Spinalis.* By MARSHALL HALL, M.D., F.R.S. L. & E.

The author, after commenting on the opinions of Le Gallois and Cruveilhier relating to the functions of the spinal marrow, adverts to a property or function of the medulla oblongata and spinalis, which he considers as having escaped the notice of these and all other physiologists; namely, that by which an impression made upon the extremities of certain nerves is conveyed to these two portions of the nervous system, and reflected along other nerves to parts different from those which received the impression. He distinguishes muscular actions into three kinds: first, those directly consequent on volition; secondly, those which are involuntary,

and dependent on simple irritability; and thirdly, those resulting from the reflex action above described, and which include those of the sphincter muscles, the tonic condition of the muscles in general, the acts of deglutition, of respiration, and many other motions, which, under other circumstances, are under the guidance of the will. Volition ceases when the head or brain is removed; yet, as he shows by various experiments, movements may be then excited in the muscles of the limbs and trunk, by irritations applied to the extremities of the nerves which remain in communication with the spinal marrow; but these actions cease as soon as the spinal marrow is destroyed. Hence the author concludes that that they are the effect of the reflex action of the spinal marrow, which exists independently of the brain; and, indeed, exists in each part of the organ independently of every other part. He considers that this reflex function is capable of exaltation by certain agents, such as opium and strychnine, which in frogs produce a tetanic and highly excitable state of muscular irritability. Hence he is led to view the reflex function as the principle of tone in the muscular system. He considers that certain poisons, such as the hydrocyanic acid, act by destroying this particular function. The effects of dentition, of alvine irritation, and of hydrophobia, of sneezing, coughing, vomiting, tenesmus, &c. &c., are adduced as exemplifications of the operation of the same principle when in a morbid state of exaltation.

*Respiratory Organs of the Leech.* By GEO. NEWPORT, Esq.

The stomach of the leech has been hitherto described as a large elongated sac, simply divided into ten compartments by perforated membranous partitions; but the author, by a more accurate examination, finds that each portion of that organ is expanded into two lateral caeca, which increase both in size and in length as they are traced along the canal towards the pylorus. The caeca belonging to the tenth cavity are the longest, extending as far as the anus, and have themselves four constrictions; the cavity itself terminates in a funnel-shaped pylorus. When the posterior end of the animal is cut off, the caecal portions of the stomach are laid open, and the blood which it receives flows out freely, as fast as it is swallowed; and hence the leech, under

these circumstances, continues to suck for an indefinite time.

The respiratory organs consist of two series of pulmonary sacs, arranged along the under side of the body, on each side of the nervous cords and ganglia. They each open upon the surface of the body by a very minute but distinctly valvular orifice. The membrane which lines them appears to be continuous with the cuticle, and is exceedingly delicate and highly vascular, receiving the blood, for the purpose of its being aerated, from the veins of the system. The blood is returned from these sacs into the lateral serpentine vessels by vessels of a peculiar construction, passing transversely, and forming loops, which are situated between the caeca of the stomach, and which are studded by an immense number of small rounded bodies, closely congregated together, and bearing a great resemblance to the structure of the venæ cavæ of the cephalopodus mollusca. The purpose answered by this structure is involved in much obscurity; the author offers a conjecture that they may be analogous in their office to the mesenteric glands of the higher animals.

With a view to determine some circumstances relating to the mode of the respiration of the leech, the author made some experiments, by confining the animal in water deprived of air by boiling. After some time the leech was observed to give out bubbles of air; and the water of the vessel, when tested by lime water, indicated the presence of carbonic acid.

The paper is accompanied by drawings of the structures described.

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HUNTERIAN SOCIETY.

December 13th, 1833.

C. A. KEY, Esq. President, in the Chair.

*Scarlatina.*

In reference to the minutes of the preceding meeting, of which an abstract is given in our journal of Dec. 7th,

Mr. Beale remarked, that when residing at Stratford, scarlatina had occurred in a very severe form. He lost three children in one family under a train of symptoms similar to those which had characterised the fatal cases related at the last meeting. There was smothered heat, faint eruption, enlargement of glands, and muttering delirium. He, at this

time, had adopted the opinion that ammonia was a specific, that it supported without stimulating; but it had disappointed his expectation in these cases, and in other severe cases in which he employed it. Where there is a confused state of head, and muttering delirium, he thought ammonia did harm.

The President inquired whether the severity of epidemic scarlatina depends on the poison, or on the state of the constitution.

Dr. Babington believed that most depended on the state of the person, owing to occult causes in the constitution and atmosphere.

Dr. Ashwell thought that more was attributable to the poison than to the constitution, and that this gave a character to the epidemic. He had seen delicate children attacked and go mildly through the disease, whilst stronger children suffered severely. Analogy led to the same conclusion as in puerperal fever, which occurs after good and bad labours, and is not dependent on constitution.

Mr. Bevan took a different view of the circumstances. Several children of the same family might be seized, some having the disease severely and others mildly, which he thought would not happen, were the severity dependent on the quality of the poison.

Mr. Beale entertained the opinion, that much depended on the character of the epidemic. A year and a half ago he attended a child who died of scarlatina. He himself took the infection, and imparted it to his children and servants, and all had it severely. He thought this tended to show that the degree of severity depends greatly on the character of the existing epidemic.

Dr. Uwins adverted to a variety of facts which indicate atmospheric influence on disease. As to the treatment of scarlatina, he considered the circumstances stated by Mr. Beale as being opposed to the use of ammonia as specially calling for its use. There is, said he, debility and oppression of power, an asthenic state with erythematic irritation, and ammonia is one of the best remedies. He considered the agency modifying the severity of the disease, as in the atmosphere, acting on constitution, the poison being the same.

Mr. Greenwood maintained, as to treatment, that it must vary according to circumstances; there will sometimes be active fever when antiphlogistic means will be indicated, at other times ammonia will be required.

Dr. Babington believed that no one remedy could be relied upon in these cases, in which there is something specific accompanied with the varying symptoms and type of fever. Most of the fatal cases he had seen had proved so from local swelling. The blood vessels were pressed upon, and great cerebral congestion induced. In the case of his own child, the fatal termination arose from this cause—not from internal swelling, but external: the tonsils, however, were ulcerated. Under these circumstances, he conceived that ammonia was little likely to do good, but rather, as being a stimulant in the throat, would act injuriously. He adverted to another instance, in which the topical swelling seemed to put an end to remedies—there did not appear time for them to act.

Dr. Ashwell related a case, in which the internal swelling was such that the aperture was not larger than a crow-quill, attended with high fever. He gave ammonia freely, applied nitrate of silver in solution to the fauces, and mustard poultices to the throat and feet, and the child recovered.

The President inquired the precise state of the swollen parts,—whether common inflammation, or ulceration, or infiltration.

Mr. Beale said, that in the cases he had related the glands were much swelled, and were hard and tense, as if from infiltration.

Mr. Greenwood believed, that in different cases all the conditions mentioned by Mr. Key might be found. He mentioned an instance, in which an entire tonsil sloughed out before the patient died.

Mr. Bevan reported an instance in which a submaxillary gland sloughed, and the coat of an artery ulcerated, so that the child bled to death.

Dr. Conquest had seen a considerable number of cases of scarlatina during the present epidemic. He found local depletion, followed by blisters, ammonia, and quinine, the most successful treatment.

Mr. Cooke directed the attention of the meeting to the "crowing convulsion," or spasmodic croup of infants. He said, that he had formerly brought this subject before the Society, in connexion with a case in which he found inflammation and abrasion of the lining of the epiglottis. Several gentlemen who were then present expressed their belief that the disease was seated in the head, and that the

spasm of the larynx was merely sympathetic. He had just met with another fatal case. The child was nine months old, still at the breast, and had cut no teeth, and when brought to him a fortnight ago, had been suffering for some time from the suffocative attacks, though with less severity. There was an unhealthy condition of the excretions from the bowels, but not the least indication of head disorder. He prescribed a grain of calomel every other night, and rhubarb and magnesia in the day, and divided the gums. The symptoms rapidly grew worse. Two leeches were applied to the larynx, and a blister to the sternum, and half a grain of calomel given every four or six hours. Three or four days before death the spasms became so frequent as to cause almost continued difficulty of respiration, and in this stage signs of head affection arose. Leeches were applied to the temples, but nothing arrested its progress. On examination, the mesenteric glands were found somewhat enlarged; the lining of the epiglottis was inflamed and thickened. Just within the larynx the mucous membrane appeared healthy for about half an inch, but down the trachea it was inflamed. The specimen was exhibited: the larynx and trachea were filled by a puriform fluid. There was not the least deposition within the ventricles or on the surface of the brain, and it was even doubtful whether there was heightened vascularity. If it were so, he thought it not more than might be expected from the difficulty of respiration.

Dr. Hodgkin thought the disease not so much one of the head as of the throat. The membrane is evidently inflamed and thickened. The upper part of the throat in children, he remarked, is very irritable, and the head becomes affected by many causes of irritation.

It was announced that the meeting would now be adjourned till the 8th of January.

#### MEDICAL SOCIETY OF LONDON.

*Monday, December 16, 1833.*

WILLIAM KINGDON, Esq. in the Chair.

*Most extraordinary Case—A Case in which a common Earthenware Egg-cup was found in the small Intestines.*

Mr. DENDY brought before the notice of the Society the following singular case:—A man, aged 60, came into Chippingbush workhouse

with scrotal hernia, which had existed thirty-five years, but was partially reducible. He had been for some time subject to repeated attacks of chronic diarrhoea and dysentery, and ten weeks previous to his death he had diffused peritonitis. About three weeks previous to that event he was seized with stercoraceous vomiting, and the taxis was applied, but was not perfectly successful, as a small tumour still remained, similar in appearance to a knuckle of intestine. The symptoms continued, and on the 4th of December he died.

About twelve hours after death, Mr. Dendy, in the presence of Mr. Stevens and Mr. Brown, proceeded to examine the body. The stomach appeared to have suffered from inflammation, and the pyloric orifice could be distended with the greatest facility; the small intestines were matted together, and their coats were so attenuated, that they formed a perfectly diaphanous membrane. The ileum was of a purple colour, and marked in some places with little patches of ulceration; in the interior of this intestine, about ten inches from the ileo-colic valve, was found a common-sized earthenware egg-cup, resting upon the lumbar vertebrae, near the posterior superior part of the crest of the ilium; the mouth of the cup was in the direction onwards, towards the large intestines, and its interior was stained of a black colour. No portion of intestine was found in the hernial sac, but there was a chocolate-coloured fluid, similar in appearance to decomposed intestine in it. The ileo-colic valve was perfectly healthy, and of its natural size; and, although the colon and rectum were traced throughout their whole course, no marks of disease could be discovered; the caecum was found full of scybalæ. The deceased had been much addicted to drinking, but had never exhibited any symptoms of insanity; nor did Mr. Dendy, from any part of the man's conduct, although he had been under his observation some time, expect to find such a source of disease. He was of opinion that, from the healthy state of the large intestines and the valve, and the diseased condition of the smaller ones, that the cup must have passed by the mouth. The portion of intestine which had formed the hernia was below the cup.

Mr. Salmon could not think that this body had passed the pylorus; it would probably have suffocated the man. He had, however,

seen many instances where patients had confessed to having passed foreign substances through the anus: it might by possibility pass the valve of the colon, but could not, in his opinion, pass by the mouth.

Mr. Stevens thought that if the cup had entered into the stomach, it might with facility pass the pyloric valve, which was so unusually large: the state of the intestine led him to suppose that it had passed in this way.

Mr. Hooper mentioned a case which occurred at St. Bartholomew's Hospital, in which a six-ounce bottle had been passed into the rectum. Mr. Lawrence was sent for, and on his arrival proceeded to dilate the anus with his fingers, and finally succeeded in extracting the foreign body.

Dr. Ryan remarked that if this man were subject to delirium tremens or melancholy, he considered it probable that he might have swallowed the egg-cup when his mind was much affected. He mentioned the circumstance of Gosse, of Geneva, having swallowed metallic balls of two inches and a half in diameter.

Mr. Headland made some remarks as to the fact, that the egg-cup was not acted on by the gastric fluid.

Dr. Severn observed that the cup was made of siliceous earth, which was not soluble in the strongest acids, and it was then glazed with cobalt with the same intention.

Mr. Kingdon said that he had seen a man nearly killed by swallowing a shilling, but that eventually it passed by the rectum.

Dr. Ryan, Mr. Hooper, Mr. Dendy, and Mr. Salmon mentioned cases in which farthings, halfpence, pence, and sovereigns were swallowed without having produced any bad effect.

Several other members spoke as to the probability or improbability of the cup having passed by the mouth, after which the Society adjourned until next Monday.

WESTMINSTER MEDICAL SOCIETY.

Saturday, December 14, 1838.

Dr. COPLAND in the Chair.

*Medical Reform—One Faculty at Medicine.*

A WARM discussion took place on Dr. Gregory's amendment, which Professor Burnett, who was chairman at the preceding meeting,



declared to have been lost, but in accordance to the laws of the Society was now to be submitted to the ballot. The original motion for one faculty by Dr. Johnson was carried at the last meeting; but, as some of the members considered it to be irregular before the amendment was finally disposed of, both were now re-considered, and both were lost.

Dr. Johnson then related the case of a young lady who was disappointed in marriage, fell into atrophy, and died without the manifestation of any particular disease. This showed the vast influence of the mind over the body.

Mr. Pettigrew related cases of small pox, in which the head was shaved, and the new crop of hair was of darker colour, though the original hair was red.

The meeting then adjourned.

#### LONDON MEDICAL ASSOCIATION.

The members and friends of this Institution dined together on Thursday week at Radley's Hotel, Bridge-street, Blackfriars, Dr. Ryan in the Chair, and Mr. Hunter Vice-President; on which occasion several admirable speeches were delivered, and the utmost harmony prevailed. Great praise was justly given to the stewards, Mr. Garrett and Mr. Churchill, for the excellent arrangements they had made. This Society has been recently established at the Gerrard-street Medical School, and enrolls among its members not only the numerous students of that school, and of others in the west end of the town, but also many practitioners. It is well calculated to enlarge the minds of students, and the discussions are conducted with moderation, friendly feeling, and good fellowship. The admission fee is trifling. The Association meets every Tuesday evening, at nine o'clock, immediately after Mr. Wade's lectures on morbid anatomy.

At the meeting of Tuesday, Dec. 17, 1833,

Dr. RYAN in the Chair,

*Ganglion Oticum—Cynanche Tonsillaris—  
Tobacco in Croup.*

Mr. Turnham presented to the notice of the meeting two preparations illustrative of the ganglion oticum, one from a child of a day old, the other from an adult. He observed, that having read a paper on the subject last

summer, which he extracted from the Edinburgh Medical and Surgical Journal, he was much disappointed in a short time afterwards by a paper published in the Medical Gazette by Professor Mayo, in which that learned gentleman stated that he and Mr. Partridge had failed to discover the ganglion in two subjects. Nevertheless, he, Mr. Turnham, was determined to investigate the subject, and was happy to exhibit to the meeting the result of his labours. It would appear, by comparing the preparations with the original drawings, that the similarity was established.

Mr. Harewood then read a communication from Dr. Epps on cynanche tonsillaris, which elicited several remarks.

Mr. Duncan related a case of cynanche trachealis in a lad aged 14 years, which was seen by three experienced practitioners, in which he used eight ounces of an infusion of tobacco, containing half a drachm of the latter; and this induced vomiting and purging, and the expulsion of a considerable portion of adventitious membrane. He had given the same remedy of half the strength in the case of a child aged eighteen months with the happiest effect, and was resolved to try it in future.

Mr. Crouch, Mr. Davis, Mr. Churchill, Mr. Harewood, and others, made several judicious observations on these cases.

The Chairman followed, and explained the dangerous effects of tobacco on the animal economy. He cautioned the meeting not to adopt the practice so enthusiastically advised by their friend; as all young practitioners were too ready to believe that the success of a remedy in a few cases was sufficient. He gave a minute description of the progress and pathology of cynanche trachealis, and proved that tobacco was not a safe or a successful remedy in many forms of the disease; as, for example, when the adventitious membrane firmly adhered to the trachea, and descended into the bronchial tubes. He thought the exhibition of tobacco to infants and children highly dangerous; and had not purging occurred in the case alluded to, and the remedy been thrown off, the worst effects might have followed.

A vote of thanks was then returned to Mr. Turnham, and the meeting adjourned to that day fortnight.

THE  
London Medical & Surgical Journal  
Saturday, December 21, 1833.

MEDICAL REFORM.—WESTMINSTER  
MEDICAL SOCIETY.—UNIVERSITY  
OF CAMBRIDGE.—FACULTY.

THE valuable proceedings of the Westminster Medical Society, on the subject of Medical Reform, have, at length, closed with a resolution to petition the House of Commons, for an inquiry into the state of the profession. In not pledging itself to demand from the Legislature, at the present moment, and without further inquiry, any specific measures of Reform in detail, we think the Society has acted wisely. A simple enumeration of the abuses which prevail, to whatever causes they are to be traced; whether to the incorrigible temper of the medical corporations, or to the actual inefficiency of the law:—their simple enumeration, we repeat, is sufficient to exact the attention of the Legislature to its prayer for inquiry:—till that be instituted, under the sanction of Parliament, it seems premature to decide upon the remedy. When the nature and extent of the abominations of the present system, if system it can be called, which system hath none, are thoroughly searched and compared, every man will be enabled to rise from the consideration of his own grievance to those of the general commonwealth of medicine; and we do not hesitate to predict, there will then be much greater unanimity in the profession, as to the necessary reforms, than can be expected in the present state of the inquiry—when we are but at the beginning of the end. Unless this unanimity be secured, nothing is attained; the profession cannot be satisfied by any partial manner, or bit-by-bit Reform.

When the Legislature shall force that secrecy, the screen of corruption, which the College of Physicians, for instance, imposes by a by-law upon its Fellows,—which all corporations practise, without a law, to hide their misdeeds, we have no doubt that things will come to light, which it hath not entered into the heart of the uninitiated to conceive, and that conviction will flash upon the most incredulous, who fondly hope any thing good can come out of these public nuisances, in their present constitution. It is the drift of those, who are struggling to retain their unlawful monopolies, themselves or their agents, to sow dissension, if possible, among the friends of Reform, by forcing an untimely discussion of its detail;—and then how loudly will they urge the inconsistency of the public demands as an objection to substantial Reform,—to any Reform but what emanates from their mere pleasure.

Within the last fortnight we have had, by way of lesson, a striking example of the uncompromising spirit which animates those public bodies, whose fatal influence over the medical profession we have to lament. We beg to call to the recollection of our readers, that an attempt to open the University of Cambridge was lately made by some public-spirited gentlemen; true to its principles of religious intolerance, that body refused to inquire into the propriety even of dispensing with its religious test of literary proficiency. The *religio socii* still rests upon the rock of orthodoxy, and *Mater Academia* richly deserves the honour she receives from her worthy offspring\*. Such a determination

\* In Dr. Ferris' very able work, *A General View of the Establishment of Physic as a Science in England*, Longman, 1795, we find the following extract from the statutes of the college. "Si Doctoris gradum in aliquo

of one of our national Universities, commonly, too, reputed the most liberal, to resist the spirit of the times, speaks trumpet-tongued for the necessity of rejecting the influence of those bodies altogether upon the medical profession. They have long ceased to be schools of medicine:—the science naturally follows the haunts of men; and they have shown such a determined bigotry to warp their privileges to ecclesiastical purposes, that it is but just to leave them to the full enjoyment of their pious purposes, and to rescue medicine from being hedged in by their *divinity*. If, indeed, their influence was as limited in medicine as it is in the sister profession of the law, we should not, for our part, complain. In the latter profession, the student is saved a portion of his probationary time, and the payment of some caution money, by an Academic degree; but in other respects the highest honours of professional rank are open to every practitioner, and instances are not wanting of men, not uneducated though self-taught, who had never seen the Universities, rising from the level of an attorney's clerk to the top of their profession. In the profession of the Bar we hear of no jealous distinctions; every man enjoys the same rank:—distinctions do indeed and must exist;—men are as unlike in their minds as in their faces; and where the natural buoyancy of talent is allowed to exert itself, the *gifted* man has no dread of being undistinguished in the herd. But shall we argue from the existence of this natural superiority of man to man, for the maintenance of factitious ranks, which are founded on the possession of no superior qualifications, natural or ac-

quired. In latter times, the abettors of the College of Physicians rest their case upon the supposition of the higher literary merits of the English University doctors. There might, indeed, be a presumption in their favour if the Universities were open to all the world, like that of Dublin. And perhaps the evidence of a few years' application to liberal studies is a more satisfactory test of education, or, what is better, of mental discipline, than a merely formal examination, for which the student may be crammed at a moderate rate by any advertiser. We are far from being desirous to dispense with preliminary education, and there is no profession which stands more in need of it than medicine. On the contrary, we demand a higher education, both literary and professional, from every candidate, before he is admitted into the ranks of the profession; for it is really disgusting to see the books, which are daily published, to vamp the gross ignorance of those whom it is the short-sighted policy of the governing powers, to admit into the *emoluments* of the profession. There was, however, an earlier period, at which the College spoke the language of sincerity and monopoly, and boldly declared, that it was resolved "to protect the profession from the invasion of the vulgar, which hath been the usual support of the younger sons of the gentry of this kingdom\*."

The Society, by its vote last evening, discountenanced the insidious embryo job of a Board of Commissioners, under the direction of the Home Secretary, and refused its sanction, in the present state of the question, to the institution of One Faculty of Medicine for the whole kingdom. The former of these measures, to

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nostrarum academiarum susceperit, *honoris* *causa*, *sedet* *decenter* *examinandus*, ne quid indignum pati nostrâ examinationum formâ *sister* *academia* *videatur*."—p. 95.

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\* See "a Short Account of the Institution and Nature of the College of Physicians," published by the College. Brit. Mus. Lib.

every independent mind, was plainly objectionable; upon the latter there is considerable diversity of opinion, both as to its meaning and its propriety, or rather feasibility. Our contemporary, The Lancet, who has the merit, perhaps, of suggesting part of the title of this proposed new College of Medicine, has, nevertheless, been more liberal in the numerical part, and has maintained the necessity of a Faculty for each of the three great divisions of the United Kingdom; a proposition certainly not liable to the objection of inconvenience, which lies to Dr. Somerville's scheme, if Dr. S. intended, as we presume he did, that this Faculty should have its seat in the capital of the kingdom, and that all aspirants for its degree should come to London to be admitted. Nor is the scheme objectionable for its inconvenience merely,—we apprehend it trenches upon the national feelings of the sister kingdoms; and however desirous some of the Irish or Scotch may at present be to escape the rigour of their national schools, and graduate in London, as now-a-days to pass at the College of Surgeons, neither class of these patriotic people, we have reason to think, would consent to merge their native schools in the one London Faculty. To the Medical Gazette the notion of a Faculty, whose functions should by implication supersede its beloved Colleges, and their lovely train of ranks, dependencies, and jobs, is revolutionary, and that of *one* Faculty, whilst our French neighbours have recommended the establishment of *six*, preposterous. As there seems to be a magic in this word *Faculty*, it may be as well to strip it of its cabalistic effect. A Faculty is neither more nor less than the body of masters and professors of any science; and, in recommending the establishment of *six*, in place of three Faculties, in France, the

Academy of Medicine has had no other object than to consult the convenience of the students of medicine in that large kingdom, by appointing their place of study at a reasonable distance from their homes.

For our parts, we do not think that names, like women, are the worse for being old; physician and surgeon are very good names:—but we have a violent affection for principles; and our principles are these, that any distinction in the professional education of a physician and surgeon is absurd, a proposition which does not interfere with the separate practice of these arts by the more experienced practitioners:—that the *half knowledge*, which is required of practising and compounding apothecaries is an insult to common sense, and injurious to the science; that the distinction of Fellows and Licentiates originates in usurpation, and is supported for the selfish purposes of an insolent monopoly: that all these evils are to be encountered by the establishment of uniformity of education, uniformity in rank, and uniformity in rights throughout the whole kingdom. We refer our readers to the Report of the Academy of Medicine in France, to be published in our next number, in support of these principles; we have already given an epitome of its contents,—but it does appear to us to touch so precisely upon some of the greatest defects of our own medical constitution, that we have thought it right to place it at length before the profession.

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MEDICAL REFORM.—MEETING OF  
THE PROFESSION AT SHEFFIELD.

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At a general meeting of the medical profession of Sheffield, held at the Savings' Bank, Dec. 2nd, 1833, CORDEN THOMPSON, M.D. in the chair, the following resolutions were passed unanimously.

668 *Medical Reform.—Meeting of the Profession at Sheffield.*

Proposed by Mr. Boulton, seconded by Dr. Holland:—

“ Considering the improved, and daily improving state of medical science, the great enlargement of its boundaries, the brilliant progress of our continental brethren from the superiority of their medical regulations and institutions, together with the liberal views and sentiments now so generally prevalent throughout the profession, it is the opinion of this meeting, that the existing medical incorporations of the United Kingdom are altogether inadequate to the extended and growing wants of the profession and the public; such incorporations being either radically defective in constitution, and arbitrary and unjust in operation, or antiquated and insufficient for the advancement of the healing art, and the effectual prevention of empiricism.”

Proposed by Mr. Gillott, seconded by Dr. Favell:—

“ That it is intolerably grievous, and flagrantly unjust, for the regular practitioner to be compelled by medical corporations to incur great expense, and consume much time and labour in qualifying himself for the duties of his vocation, whilst these same corporations have neither the power nor the pretensions to protect him against the encroachments of the most notorious empirics, and the various unlicensed practisers of medicine with which every town in the kingdom swarms.”

Proposed by Dr. Harwood, seconded by Mr. Green:—

“ That the absurdity and evils of the present system of medical regulations are strikingly illustrated by the fact, that a practitioner, educated and duly licensed by one corporate body, can be precluded by another from exercising his profession in certain towns and districts over which such body holds jurisdiction; and that that it is preposterous and unjust in the extreme for this jurisdiction to be exercised by men professedly deriving their education from universities, where proper scientific and practical medical instruction and examinations are *absolutely unknown*; as is the case, for example, with the Fellows of the London College

of Physicians; and that such a system tends simply to monopoly of practice and individual aggrandisement, at the expense of the interests of the public, and the profession in general.”

Proposed by Mr. Wm. Jackson, seconded by Mr. E. Gillott:—

“ That the present constitution of the London College of Surgeons, by which the self-election, self-perpetuation and irresponsibility of its managing council is permitted; the hospital appointments, moreover, and lectureships, which the members of this council hold, and their power of rejecting any educational testimonials from other teachers, are circumstances totally irreconcilable with the due advancement of the profession, and the rights of every member of the college.”

Proposed by Mr. Walker, seconded by Mr. J. F. Wright:—

“ That it is utterly derogatory to the character and dignity of the profession, for the regulation of medical practice and education to be in the hands of an avowedly trading company.”

Proposed by Mr. Green, seconded by Mr. Wilson:—

“ That in the opinion of this meeting, the entire system of medical education and apprenticeships, as well as that of licensing practitioners, urgently demands revision, the present mode of licensing by various distinct bodies, with professedly distinct views, and yet all for a similar purpose; as, for example, by the universities of Oxford and Cambridge, by the Royal Colleges of Physicians and Surgeons, and by the Company of Apothecaries in England and Wales, and by the various other Colleges and Faculties in Scotland and Ireland, is not only irrational in itself, but mischievous in its effects, and is especially grievous to the members of the profession, inasmuch as certain licentiates claim exclusively offices, privileges, and distinctions, to which they have no reasonable pretensions or rights beyond the rest of their medical brethren.”

Proposed by Dr. Favell, seconded by Mr. Turton:—

"That since it is impossible for all these separate bodies, possessing distinct and separate interests, and regarding each other frequently with jealousy, and even disrespect, cordially to unite and co-operate in forwarding the public good and the advancement of the profession, this meeting considers that one Faculty, or Academy of Medicine, alone should be established in each of the three capitals of these realms, for the purpose of regulating medical practice and education, which it is advisable to reduce to one uniform standard throughout the empire."

Proposed by Dr. G. C. Holland, seconded by Mr. E. Thompson:—

"Deeply impressed with the importance of the medical charities of this country, in reference to science and humanity; and viewing the exclusive system in some, and the abuses in all, relative to the election of medical officers, this meeting is of opinion, that all such elections should take place by public competition, before a duly constituted medical tribunal; and, further, that, as in other countries, the general medical management of such charities, in all matters touching the promotion of medical science and education, should be under the direction of the aforesaid Academy of Medicine, subject to the controul of the legislature, in order to their being rendered as extensively useful as possible to the student, the profession, and the public at large."

Proposed by Mr. Wright, seconded by Mr. Richardson:—

"That a petition embracing the substance of the foregoing resolutions, and also praying for a committee to inquire into the general state of the profession throughout the United Kingdom, be drawn up for presentation to the House of Commons."

Proposed by Mr. G. Turton, seconded by Dr. Harwood:—

"That this meeting does hereby earnestly appeal to all members of the profession generally, and urgently call upon them to come forward with promptness, and to aid by every means in their power in promoting a grand national medical reform, worthy of themselves and of the country to which they belong."

## Portuguese Hospital Reports.

(Continued from page 636.)

### *Gum-shot Wound of the Chest.*

D. S., a major in the service of her Majesty Donna Maria, was shot through the left side of the chest in the sortie of the 24th of March. He was a man of about 32, of rather irregular habits, but of good general health. The ball (musket) entered the anterior and upper part of his chest, shattering the third rib near its sternal end, and made its exit close to the spine, to its left side, and in the region of the tenth rib, which it also fractured. Considerable hæmorrhage followed the infliction of the wound. During the ten days that he survived he suffered considerably from severe pain in his chest, great difficulty of breathing, and distressing cough and hiccups. Air rushed in and out through the exit of the ball with the contraction and dilatation of the chest. He was bled freely and repeatedly, and the antiphlogistic treatment in other respects was pursued to every warrantable extent.

The constant and great irritability of this patient, and my visits to him being those of a looker on only, I was obliged to refrain from any stethoscopic examination.

*Autopsy six hours after Death.*—The ball had passed through the outer and lower part of the superior lobe of the lung, almost grazing the heart. In the upper part of the chest the pleura had contracted very strong adhesions. The cavity of the chest contained a good deal of matter mixed with blood. The substance of the lung and the pleura were highly inflamed. The ball in shattering the third rib had driven into the chest some portions of bone, which by their irritation had caused a deep cavity in the substance of the lung, near the entrance of the ball. There was no matter in this cavity, and it was large enough to contain half an ounce of liquid.

## Hospital Reports.

### ST. BARTHOLOMEW'S HOSPITAL.

*Gonorrhœa—Enlargement of the left Nympha—Nymphotomia.*

A YOUNG woman, æt. 25, was admitted, under Mr. Lawrence, with gonorrhœal discharge and

enlargement of the left nympha. The latter disease has existed for a long time, and has been a very great inconvenience to her. On Monday Mr. Lawrence removed the enlarged mass with a small knife. The patient seemed to suffer great pain, but her sufferings were short, as Mr. Lawrence removed the portion in six or seven seconds. On examination, it appeared highly vascular.

**WESTMINSTER HOSPITAL.**

*Herpes.*

In a case of herpes in a female, at present in the hospital, Mr. Guthrie has employed the acetate of copper, as an external application, with very decided success. This ointment was originally employed by an old woman, who, about thirty years ago, undertook to cure some very severe cases of herpes at that time in the hospital. Her treatment was completely successful, but she refused to divulge the nature of the ointment. It was, however, analysed, and found to be composed of acetate of copper. Ever since that period the acetate of copper has been applied in like cases with uniform success.

*Burns—Application of Flour—Cure.*

In two cases of burns (occurring in young children) which were lately admitted into the hospital, the application of flour has been attended with the most favourable results. Mr. White strongly recommends this mode of treatment, when the burn is not deeper than the cutis. The instantaneous good effects of dredging with flour are really surprising; on its application to the parts affected the pain is instantly removed and the patient, from being in a state of agony, is completely free from uneasiness.

**ST. GEORGE'S HOSPITAL.**

*Tumour of the Arm.*

A man was admitted, several months since, with a tumour, of the size of a large egg, situated under the biceps muscle of the arm. It was moveable, and gave him no pain, with the exception of a slight feeling of numbness in the fingers of the hand of the same side. Handling the tumour gave him no pain, and the contraction of the biceps muscle over it tended somewhat to fix it. It was very carefully examined several times by the surgeons of the hospital, who gave it as their opinion, in conjunction with Mr. Brodie (under whose care the man was placed), that the tumour was of a malignant nature, and that extirpation was the only remedy that presented itself.

A few days after the last consultation on the case, the operation of removing it was performed by Mr. Brodie. An incision was made through the skin and cellular texture covering it, which were dissected off on each side with great care. In the course of the dissection, it

was found to extend deeper in among the muscles than the external examination of it led the surgeons to believe. The trunk of a considerable nerve ran through the substance of the tumour, which was divided, as were the fibres of the muscle in which the malignant structure was imbedded. Great care and minuteness of dissection were required in dissecting out the tumour to avoid wounding any of the large nerves and vessels running through the diseased cellular structure covering it. In the course of the operation, a large branch from the humeral artery was divided and immediately secured. The operation occupied about twenty minutes.

On examining the structure of the tumour, it was found to be of a nature between scirrhus and fungus hæmatodes. The man recovered from the effects of the operation without any bad consequences resulting, or any unfavourable symptoms showing themselves, and he left the hospital perfectly well. Some short time since, however, he again came back to the hospital with another tumour of an apparently similar nature to the former one, and situated nearly in the same situation. The former tumour having been found, on examination, to be of a malignant growth and structure, it was intimated to the patient, by Mr. Brodie, that the only way effectually to get rid of it was to amputate the arm at the shoulder-joint, to which the patient, we believe, consented, and the operation was to have been performed by Mr. Brodie, when the patient received a letter from his friends in the country, stating that "there was a clever doctor down their way who cured cancer and such like, and bade him come down and be cured likewise." The patient very naturally left the hospital to see what chance the bumpkin could give him, and we have not yet heard of the result.

*Sloughing Sores of the Back—Benefit of Dr. Arnott's Water Bed.*

There is at present a man in Egremont Ward, who has been in the hospital for some time, with extensive sloughing sores about the back, sacrum, ilia, &c., and which have taken on a kind disposition to heal ever since he has been placed on one of Dr. Arnott's water beds. These beds are not, however, in very great repute at St. George's; one of them broke a short time since, and the patients who use them generally complain of the excessive dampness and diaphoresis which they cause. Mr. Brodie's opinion, too, is rather against their utility; the necessity of the changing the water frequently, and the undulatory motion which the water gives to the patient upon his moving ever so slightly, are so many arguments, Mr. Brodie believes, against their practical utility. Whether these considerations, however, be true or false, it is perfectly certain that this patient has improved greatly since he has been placed on a water bed.

*Sloughing of the Penis, Scrotum, and neighbouring parts—Death.*

A man was brought into the hospital on Tuesday, December 10th, at half-past four P.M. under the care of Mr. Brodie (it being his accident week). When admitted he was in a low and extreme state of collapse; tongue tremulous, and covered with a black furry coat; face and extremities cold, and endued with a clammy perspiration; pulse small, quick, and thrilling, and scarcely to be felt. On examination, it was discovered that he had an extensive foul black sloughy ulcer of the scrotum, penis and neighbouring parts, from which there had been considerable hæmorrhage. He was in such a low state of collapse, that no history of his case previous to his being brought to the hospital could be learnt, nor did the persons who brought him from Slaughter's Coffee-house appear to know any thing about him. He had been, we understood, in a declining state of health for some weeks previously, and had been under the care of some medical man, who must have most shamefully mismanaged him. Immediately on his admission he was put into a warm bed in Ratcliffe Ward, and wine, brandy, and other restoratives were given him.

Two hours after his admission his pulse could be more distinctly felt, his face and extremities, however, were still cold.

Dec. 11th. Died at half-past nine A.M.

He had, we understood, been subject to stricture of the urethra for eight years, and the medical practitioner under whose care he was placed, had done nothing for the slough but poultice it.

## MIDDLESEX HOSPITAL.

*Hemiplegia.*

THE following cases of hemiplegia occurring in persons of a certain age, but not consequent upon apoplexy, will serve as an interesting chain of pathological facts to those already related in your excellent Journal. It will be observed that the principal features in these cases is the peculiar manner in which the disease arises. The individuals have, without any previous warning, found themselves all at once deprived of the use of one side of the body. The treatment adopted appears to have made but little way in improving the hemiplegic state, another interesting point in the pathology of the disease. This would lead us to the inquiry as to how far there was disorganisation of the structure of the brain, and the cause of such change if it existed. It does appear singular that the individuals alluded to should be struck powerless in one half the body, with their mental faculties unimpaired, and without the slightest warning of so serious a malady. I leave the subject here for the present, in the hopes that some of your correspondents may pursue this inquiry further.

John Walker, æt. 50, groom; brought to the Middlesex hospital under Dr. Wilson, January 1st.

Hemiplegia of the left side; the angle of the mouth is drawn to the right, and tongue pointing to the same; voice a little thick; a great want of expression in the features.

The sensation is perfect in the left arm and leg, but no motion; he complains of a pain, "like cramp," extending from the groin to the great toe of this side. These symptoms came on ten days ago. While talking to a friend he felt a slight numbness in the foot, which soon shot up to the face, extending along the whole left side of the body. He then felt a momentary giddiness, but never for an instant did he lose his senses. Pulse slow, laboured. He has been bled, his mouth is sore, and he has had a blister to the back of the neck.

Such active measures having been adopted, the physician thought it better to prescribe the most simple remedies, and according ordered the haust. gentianæ c. aloes of the hospital three times a day. This was changed subsequently for the haust. iodinii.

He continued this treatment, more or less, till April 6, when the following note was made.

Improvement very slow and gradual; the face is less distorted; the leg he can move a little, but the arm is of no use to him. The improvement being so tardy, he was ordered to be electrified, from this he experienced more decided benefit, and left the hospital considerably improved, April 30.

This and the following case are strongly illustrative of the important fact which Dr. Graves, with his usual ability, pointed out to his class, viz. that disease may commence in the circumferential parts of the nervous system, and so extend to the nervous centres.

James Elton, æt. 49, admitted under Dr. Wilson, April 6th; he has been always healthy; two or three mornings ago, while at breakfast, he felt "something in his left foot;" on endeavouring to raise himself from the chair he found he was unable, for he staggered and nearly fell down in the attempt; he then exclaimed, "I have lost the use of my left side." No headach, but after he found the side was powerless he felt a giddiness in his head which, however, did not for a moment suspend his mental faculties; he never had any fit; there is now complete hemiplegia of the left arm and leg; sensation not diminished, if any thing increased. He has been cupped, bled, and purged. He was ordered calomel gr. iij. bis die.

20th. No improvement; gums affected with calomel; iodine was administered in place of the former treatment, and this afforded some relief, as appears by the note of May 9th. He is able now slightly to move the leg in bed; his arm also, but not so much as the leg. He got up three times last week; upon



returning to bed he found the paralysed limbs much swollen; upon looking at them they presented the appearance of dropsical swelling, pitting on pressure. He is much altered in appearance, and looks older. There was nothing unusual in the further treatment, except that the dropsy was cured by the application of cabbage leaves as recommended by the French. Electricity was not employed in this case. The patient was discharged the latter end of June, much relieved, though not cured.

James Norman, æt. 47, admitted December 5th, under Dr. Watson, healthy in appearance.

Hemiplegia of the whole of the left side; sensation and temperature much diminished; the face is drawn to the right, and there is confusion in his speech. These symptoms were first observed yesterday, when he complained of a slight pain in the head; he took no heed of this, but upon rising from the chair upon which he was sitting, he found the left side powerless. V.S. ad 3iv., et c. c. nuchæ ad 3x., before admission.

Habeat calomel, gr. ij. 4tis et emp. lyttæ nuchæ.

14th. A little improvement; the leg improves faster than the arm; has continued the pills latterly twice a day.

Liniment. camphoræ co. Lin. ammoniæ, æq. part. brachio-infricand.

25th. He is now able to walk pretty well; arm considerably improved; gums not affected.

Jan. 1st, Discharged much relieved.

He visited the hospital as an out-patient, and February 10th the following note was made.

The use of the paralysed side has returned, but when he walks he exhibits great weakness of that arm and leg. Some pain in the head at times.

He continues a patient of the hospital at the present time, Nov. 21st. He is electrified twice a week, and still complains of weakness and stiffness of the left side.

#### APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, December 12th.

John Cremer Bellamy	} Plymouth.
Arthur William English	
	} Kingston-upon Hull.
Richard Hosken . . .	
	} Cubert, Cornwall.
Hen. Louis Delabane Marsden	
	} Hull.
Joseph Chauncy Pearce	
	} Bradford, Wiltshire.
Joseph Smith . . .	
	} Manchester.

#### CORRESPONDENTS.

Communications have been received from Mr. Radford, of Manchester, Mr. Pickford, of Brighton, M. Boudin, Dr. A. Thomson, Mr. Rush, of Paris, Mr. De Haume, of Glasgow, Dr. Corden Thompson, of Sheffield, Mr. Swift, of Dublin, a Middlesex Hospital Correspondent, and a Dublin Subscriber, all of which shall receive our earliest attention.

*Dr. Thomson.*—We are much obliged for the reports on French Medical Reform, as well as for various other communications forwarded by our indefatigable friend, and shall publish the former as soon as possible.

*Mr. Pickford.*—We shall publish the case at our earliest convenience.

*A Dublin Subscriber.*—We shall publish the valuable lectures of Dr. Stokes from this date, and in reply to this and several other correspondents, beg to state, that we had not received them earlier.

*Mr. Porter's* communication in our next.

\*.\* We have to apologise to numerous correspondents for not having acknowledged their communications last week; but this arose from the confusion caused by the Editor removing his residence.

*A Fellow of the Medical Society.*—The strictures are unmerited, and much to be regretted.

*A Philanthropist.*—There certainly is no need of a second large hospital in the Borough, and while other parts of the metropolis stand very much in need of such an institution. There is a paragraph going the round of the newspapers, that the New St. Thomas's Hospital will, or ought to be, erected at Lambeth.

*A St. Bartholomew Student.*—Other schools are as badly off for subjects, and the fault lies with the parish authorities and not with the Inspector of Anatomy.

*A London Hospital Student.*—We must decline any comments on the collision of the medical officers of the institution. The matter will be publicly discussed in a few days.

*A Member of the Westminster Medical Society.*—Misconceptions are inevitable at all public meetings.

*An Inquirer.*—The North London Hospital is progressing rapidly, and it is expected to be open at the commencement of the next medical session.

*A Stethoscopist's* communication is in type but unavoidably postponed until our next.

*A Subscriber.*—We shall resume the translation of Baron Alibert's admirable work on Cutaneous Diseases, and have been waiting for the new edition, which has just reached us. We shall also give the lectures of MM. Dupuytren and Lesfranc at our convenience.

Dr. Ryan has removed to 4, Great Queen-street, St. James's Park, Westminster.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

THE

# London Medical and Surgical Journal.

No. 100.

SATURDAY, DECEMBER 28, 1833.

VOL. IV.

LECTURES  
ON THE  
**PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,**  
BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,*

Session 1832—1833.

**LECTURE LXIX., DELIVERED MARCH 16, 1833.**

GENTLEMEN,—In the latter part of the lecture yesterday evening, I explained to you that the venereal disease presents itself to us in a great variety of shapes, and is attended by apparently the most capricious irregularities, and this in relation both to the primary and the secondary symptoms: thus, we find, that some persons will have only superficial ulcers without induration around and below them, but with elevated or raised margins; while others will have sores, characterised by a hard circumference, an indurated base, an indisposition to granulate, and, in a word, all the features belonging to, what is called, the Hunterian chancre. Again, others will have phagedænic sores, entirely different from either of the other kinds now described; and while one individual will have only one sore of one of the descriptions here pointed out, another will have not merely a sore, corresponding to one of those varieties, but also a bubo; and a third will have gonorrhœa, in addition to the chancre and bubo. With respect to the secondary symptoms, these also exhibit the most perplexing diversities: the primary symptoms are frequently followed by secondary ones, as varied as the former, and even more so; thus, with regard to the cutaneous eruption, the spots on the skin may either be a scaly eruption, a papular eruption, a pustular eruption, or a tubercular eruption. The sore-throat also, which is a common secondary symptom, presents itself in a variety of forms: there may be a deep excavated ulcer on the tonsils, or only a superficial ulceration of them; or there may be an ulceration, extending to the upper part of the pharynx and soft palate, without affecting the tonsils. Then in the affections of the osseous

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system, you may notice the same indisposition in the disease to confine itself to any determinate shape: there may be only periostitis, a mere swelling or inflammation of the periosteum, or there may be true nodes, or a real enlargement of the osseous texture itself—an increased deposition of bony matter; or there may be merely pains in the bones, or swellings and pains of the joints. Thus, gentlemen, you see in the outline of this singular disease, nothing but variety and irregularity, circumstances, which it is difficult to solve by reference to any principles, yet suggested by the many able men, who have exerted their talents in the investigation of this Protean disorder.

You know, gentlemen, that Mr. Carmichael attempted to explain some of the varieties of the venereal disease, by supposing a plurality of poisons; by the consideration that it is in truth not one, but several diseases, each depending on a specific poison of its own. His doctrine is, that, except in a few anomalous cases, every primary sore has its corresponding eruption; so that you may foretell by the appearance of the former what the latter will be, provided it come out at all; or if you see only the eruption, you may be able to pronounce from it what has been the character of the primary sore. If such progress had been made in the diagnosis of venereal complaints, we should have been in a very different position from what we found ourselves previously to Mr. Carmichael's doctrines; but, unfortunately, the conclusions to which his researches led him, are not confirmed by the general experience of the profession. When Mr. Carmichael's observations were first made known, they raised the most lively hopes, that a great step had been made in the knowledge of venereal complaints. But, the disease in London is not found to have the same regularity and constancy in the relations between its primary and secondary symptoms, as Mr. Carmichael thought that he had noticed in Dublin. As far as the evidence from other quarters can be depended upon, a primary sore of a determinate character will frequently communicate a sore of a different kind, and, what is still more inexplicable, frequently several sores,

X X

each of different kinds. Certain facts, recorded by Mr. Evans, in an interesting work on venereal complaints, prove, that a connexion with a common prostitute, in whom there are no ulcers at all, will sometimes give rise to venereal complaints, and then the disease must have been communicated through the medium of the ordinary secretions of the genital organs, somewhat changed no doubt in their quality. As far as the doctrine of Mr. Carmichael goes, which ascribes the origin of phagedænic ulcers to a particular venereal poison, the idea does not seem to me at all tenable. We have seen that the phagedænic character may occur as a complication of any kind of ulcers, whatever may have been their original nature, and that such unfavourable change often depends on constitutional causes, bad health, injudicious treatment, intemperance, disturbance of the part, and other very definite and manifest circumstances. It is true, that we see in hospital gangrene and phagedænic diseases from syphilis, which are believed to be analogous to, or identical with, hospital gangrene, disorders certainly capable of propagation by contagion; but this refers to the accidental application of the matter, by means of sponge, &c., to the abraded surface, in another person. Without such abrasion there would have been no evil consequences. Then, how unlikely, how impossible I might say, it would be for a person afflicted with a phagedænic disease of the genitals to have sexual intercourse, so as to give the complaint to another person. On the contrary, we have reason to believe, that some of the worst forms of phagedænic ulcers are communicated by women, who have but trivial complaints themselves. No doubt, gentlemen, you have all heard of the captivating Lisbon opera dancer, whose charms attracted so many of the officers of the British army into her embraces. If we are to credit the reports, many hundreds of our countrymen had connexion with her, no doubt civil also as well as military; and great numbers of them received, as a reward for their adoration of this irresistible goddess, the present of something more than a trifling clap. (*a laugh*). Many who had an acquaintance with this lady, I mean a very minute and close acquaintance with her, contracted venereal complaints of a particularly obstinate and afflicting kind, such as are comprised under what is sometimes facetiously denominated the *black lion*, (*a laugh*), a phagedænic, rapidly spreading, almost uncontrollable ulceration of the penis; yet it is curious to hear, that this lady continued to dance every night for months and months together, as if she were right in every respect herself, whilst her unfortunate friends were suffering all the pains and penalties inflicted upon them through the power of so fascinating a goddess, whose poison, like that of the serpent, hurt not herself. In truth, many of these devotees lost all they had (*laughter*) in consequence of these

exploits; I do not mean all their money, but something which no man would part with for any quantity of gold. (*a laugh*.) Now it cannot be imagined, that she had phagedænic ulceration of the genitals, while she was discharging her duties so well, which consisted of dancing in the early part of the night, and of another sort of amusement in the latter part of it. (*laughter*.) As far as I can judge, gentlemen, it is impossible to suppose that these phagedænic sores could have arisen from a particular kind of poison, the product of any phagedænic sore. Mr. Carmichael's description of the venereal disease is excellent, as far as the symptoms are concerned; we daily recognise in practice the very forms and shapes of the disorder which he has described so well; yet we see various circumstances, which prevent us from coming to his conclusions respecting the diversities of venereal diseases. We cannot trace any uniform and mutual correspondence between the primary and the secondary symptoms; the different effects, which he refers to different poisons, are found by us to be frequently too much blended together. One series of complaints is not so separate, so restricted to particular cases, as Mr. Carmichael's views would induce us to expect; for instance, we often meet with the scaly and pustular eruptions in the same patient. His account of the causes of phagedænia is totally incompatible with the facts revealed to us by experience. No doubt the Lisbon opera-dancer, I have alluded to, had not any thing very serious the matter with her; probably her natural secretions were somewhat changed, or she might have had at most some gleet affection. Then we must recollect another fact, which agrees with my inference from the opera-dancer's case; in the large towns in France, it is customary for the Cyprian corps to be inspected once a week by medical officers (*a laugh*); this was the established plan when I was abroad. Mr. Evans, who was stationed in Valenciennes, attended several of these interesting reviews, made under the direction of the police. The British garrison at Valenciennes, at that time, consisted of four or five thousand men, and many of them suffered severely from venereal complaints; there was at least the usual number of venereal cases among them: yet Mr. Evans informs us, that in the inspections referred to, where some hundreds of concubines were carefully examined, very little disease was found. Mr. Travers suggests one peculiar mode by which the venereal disease may be communicated; he supposes, that women may in some instances be the passive media of infection, that is, when a woman has had connexion with an infected person, and immediately afterwards has connexion with another man who is sound, the last person may be contaminated, though she may escape the disease. This seems possible; but whether it frequently happens or not, it is difficult to say. It seems as if the natural secretions of a female were some-

times more or less altered in their nature, though no ulceration exist on the surface of the genitals, and these changed secretions would appear to have the power in some instances of bringing on venereal complaints. I have already adverted to the opinion of my friend Mr. Travers, that if all venereal poison were absolutely to be annihilated at the present moment, we should have an abundant stock of it again in a short time; for he conceives that superficial ulcers on the glans penis, corona glandis, and prepuce, would lead to the production of the syphilitic virus, provided the subject, affected with them, were to have connexion with several women in succession; or that a man may have connexion with several women in succession who have only gonorrhoea, and elaborate in his own system the most virulent and concentrated form of the venereal disease, provided the inflammation affect the glans penis or prepuce, and such inflammation proceed to ulceration; but this is a theory on which I have not data enough to enable me to give any opinion worthy of being communicated to you. In certain respects it coincides with some of the views I have given you; but it may not accord with the general opinion. The mention of the term *concentrated* reminds me of another method of explaining some of the differences in the venereal disease, namely, by taking into the account the more or less diluted state of the virus; but this idea of the greater or lesser strength of the venereal virus is not universally received, nor does it agree with what is generally known respecting morbid animal poisons.

Gentlemen, I have already apprised you of the several important circumstances relating to the practice in venereal complaints: thus I have told you that syphilis is not invariably progressive from bad to worse, though mercury may not be employed: this is an important fact, worth recollecting in the treatment of the disease. Then I have informed you, that the venereal disease may generally be cured without mercury, and ultimately, even without any medicines whatsoever. Also, that mercury, so far from being a specific for this affection, sometimes aggravates its symptoms, and has the most fatal consequences. The old practitioners, implicitly confided in mercury as a specific for syphilis, and were blinded by the notion that it was the only means of cure; hence they sometimes gorged the system with it in such a degree, that every sanative process was rendered impossible. Then mercury, so far from making a favourable impression on the disease, ruined the constitution, and, operating as a poison, led to effects far worse than any which would have been the result of the disease left to take its course. If we recollect the tremendous havoc made in the human frame, arising from the practice, dictated by the notion that a cure of the venereal disease was impossible without mercury; and by the not less pernicious maxim of Boerhaave, *in dubio suspicio laesi*; it may reasonably be

suspected, that the abuse of mercury has been productive of greater mischief, than the venereal disease itself, suffered to take its own course, would ever have occasioned. But this is not the fault of the medicine; but, of the manner in which it was employed, in consequence of the prejudices of the old practitioners, who fancied that, without mercury, the disease must progressively grow worse, and destroy the patient. Whatever was the state of the patient's health, in the commencement of the treatment, mercury was always pushed in every form of venereal complaint beyond all moderation, in quantities which no constitution could sustain without mischief. According to another idea, which is now exploded, every disease cured by other means, as for instance, by sarsaparilla, sudorifics, opium, nitric and sulphuric acids, and the nitro-muriatic bath, was pronounced to be not syphilitic, and this from the very circumstance, that it yielded without the aid of mercury.

Gentlemen, I wish you to understand, that mercury often facilitates the cure of venereal complaints; this is a truth, that seems unequivocally settled; yet generally speaking, the disease may also be brought to a conclusion without the influence of mercury. In this last sentence are contained the sum and substance of all the valuable inquiries made in modern times, respecting the absolute and essential necessity for the exhibition of mercury in the cure of venereal complaints. What I have here stated corresponds with the whole history of the venereal disease, and might have been seen long before the time of the late Mr. Rose, had practitioners not been completely blinded by assertions, delivered in the most dogmatical tone, by persons of the highest rank in the profession, who preferred to walk on in the old path, rather than make a new excursion.

But, gentlemen, the question about the necessity of using mercury in the treatment of the venereal disease, is not settled by our being told, that such medicine is not essentially and absolutely necessary for the cure. The decision for, or against its employment, must rest on other grounds; and first you should consider, not only whether the non-mercurial method is the most expeditious mode of cure, but whether it succeeds most effectually in removing the primary symptoms, and also in preventing, or curing the secondary ones? This view changes the question altogether. It has been fully proved, that you may cure all the primary and secondary symptoms of syphilis without mercury; but you are to inquire, is this the quickest way of doing it, and does this practice render the secondary symptoms less frequent? When you look over some of the evidence on these points, you might be induced to suppose, that mercury ought not to be given at all; but when the comparatively greater quickness of the cure of the primary eruptions, often exemplified when mercury is not given, is found to be counter-balanced by the comparatively greater fre-

quency and severity of the secondary symptoms, when mercury is not given, our first impressions receive a check. On this point valuable and important documents are deposited in the Army Medical-Board Office; and you will find by those records, that out of 1940 cases of venereal primary sores cured without mercury, the average time required for the cure when buboes did not exist, was only twenty-one days; when there were buboes, forty-five days. On the other hand, when mercury was employed, out of 2827 chancres, treated with that medicine, the average time for a cure, when there was no bubo, was thirty-three days, and with a bubo fifty; so you see that here things are in favour of the non-mercurial treatment, as far as the primary symptoms are concerned, and without reference to secondary ones; and this corresponds with the results of similar investigations made in the Venereal Hospital at Paris, and which proved that the non-mercurial removed the primary symptoms sooner than the mercurial treatment. As far as you can judge from these official and authentic documents, it seems then, that the primary symptoms are in general more quickly cured without mercury than with it. But, as we are not compelled to restrict ourselves to either one method or the other, I think that the entire rejection of mercury, even in relation to the treatment of primary symptoms, (and abstractedly in this point of view,) is not rendered justifiable by any views, which have yet been brought before the public. This must be manifest, when it is acknowledged that a certain number of cases of primary symptoms, cured without mercury, (not perhaps a very considerable number) are very tedious ones; this is admitted by the strongest advocates for the non-mercurial treatment; perhaps, out of 2000 cases, twenty would be a very long time getting well. The calculations I have mentioned were the average of the whole number of cases, throwing out of view cases in which the cure was very tedious; therefore, with reference to them, a determination to abstain from mercury was, strictly speaking, decidedly wrong. The treatment of the primary symptoms of the disease should be diversified according to the judgment of the practitioner. A consideration, which ought to influence us more powerfully than the slowness or quickness of the cure of the primary symptoms, is the question, whether the secondary symptoms are more frequent after the non-mercurial than after the mercurial treatment. On this interesting point we receive different information from different quarters; one computation makes the proportion of cases, in which secondary symptoms followed the non-mercurial treatment, to be one in ten, while another statement makes it one in twenty; but the cases of secondary symptoms, where mercury had been given, were only one in fifty-five. This, then, is a most important fact, in favour of the use of mercury: its power in preventing the secondary symptoms from coming on, seems

to be greater than that of the other plans of treatment, or rather, I may say, that secondary symptoms more frequently come on when mercury is not used than when it is; but it does not follow from this, as a matter of course, that the way to have the smallest number of secondary symptoms, is always to give mercury; here you must use your judgment, and if, from the appearance of the sore, there is a likelihood that it will heal favourably, and it has not that decidedly venereal character, which Hunter and others dwell so much upon, then it may be better to wait and see what course the disease will take before the mercurial treatment is commenced. I believe, notwithstanding all that has been said, respecting the difficulty of recognising true syphilitic primary sores, that a surgeon, who is accustomed to the examination of venereal complaints, can generally discriminate them, at all events, from simple excoriations, boils, herpes preputi, and common sores; and that he will be able to recognise ulcers, which are more likely to be benefited by the use of mercury, than by other modes of treatment.

Whenever mercury is given, the wisest plan is to give it in moderation, and, above all things, to avoid the pernicious custom of putting the patient under a *course*, in which the mercury is given rapidly and profusely, and continued for an immoderate length of time. Experience has fully convinced me, that, in no variety of chancre, nor in any other stage of the venereal disease, is it proper to give mercury so unmercifully, and for so long a period as was formerly done. At all events, violent and long salivations should be given up. This practice, as I can state from my own observation in the foul wards of St. Bartholomew's Hospital, during a period of twelve years, instead of being more successful than the present methods, often led to the most dreadful of mutilations, and the number of those, who lost their palates and noses, was infinitely greater than what is now observed. I should guess, that for every such instance in the present day, there were then twenty. When you consider these facts, and couple them with the treatment which was employed thirty or forty years ago, you cannot avoid being brought to conclude, that a great deal of those ravages must have been produced, not by the disease itself, but by the manner of treating it. At present, the practice of subjecting patients to long and immoderate courses of mercury is given up by all experienced and judicious surgeons. Common ulcerations are also more carefully discriminated from venereal ones; and, when mercury is given, it is so administered as merely to produce a gentle affection of the gums and salivary glands, and not to occasion a total derangement of the whole economy.

Surgeons are now no longer blinded by the pernicious fear, that, unless mercury be given, the disease will continue to grow worse and worse till the patient is ultimately destroyed.

In former days, directly a patient was brought to a hospital, however bad his health might be at the time, it was immediately considered necessary to cram him with mercury. But we are now aware, that the notion, by which the old surgeons were terrified into such practice, was a mere ghost, nothing but a bugbear. When the patient's health is seriously impaired, I advise you, as a general rule, to postpone the employment of mercury till an amelioration in that respect has taken place. Even those practitioners, who place the greatest reliance on mercury as a specific, and still maintain that it ought to be called so, qualify their assertions by admitting, that it ought not to be given under every condition of the system; they candidly allow, that neither the condition of the parts, nor that of the constitution, is at all times such as will let mercury be given with impunity; they confess, that its rash and unscientific employment will aggravate the symptoms; and they specify two cases, in which its use is generally erroneous, namely, during excessive weakness of the system, and while the disease is complicated with excessive inflammation. Under these two conditions, the greatest advocates of mercury commonly admit, that its employment should be postponed. But these are not the only states, in which it should usually be prohibited; it should not be given during any great derangement of the system from diarrhoea, or fever, or from what is termed *erythismus*, a peculiar state of constitution, in which the patient labours under excessive irritability, weakness, palpitation of the heart, and other evils from the mercury already given. There are some constitutions, in which this condition is liable also to be induced by a very slight quantity of mercury, and when it is present, the patient may die suddenly on making any trivial exertion.

Gentlemen, the next part of the subject will be the consideration of the different preparations of mercury, but, as the evening is advanced, I will let this topic stand over till Monday.

## LECTURES

ON THE

### PHYSICAL EDUCATION AND DISEASES OF INFANTS AND CHILDREN,

BY DR. RYAN,

At the Westminster Dispensary, 1833.

LECTURE XII.

*Artificial Lactation.—Dry Nursing.—Solid Food of Infants.—Ab lactation, or weaning.*

GENTLEMEN,—When circumstances will not permit of the employment of a wet nurse, the infant ought to be nourished with the milk of some of the inferior animals. Every kind of milk varies, at different times, in its physical and chemical properties. A woman does not supply the same kind of milk at different hours of the day, and no two individuals afford a

fluid of the same quality. It is therefore fairly inferred, that a wet nurse is but a bad substitute for a parent; and that every mother of a sound constitution is bound to suckle her infant. Lactation is but a part of re-production, and is considered as important as generation itself, and even more so by some writers:—

“Quæ lactat mater, magis quam quæ genuit”

Milk is, in general, an opaque, white, mild fluid, containing water, sugar, cheese, and butter. These substances are in different proportions, according to the species of animal which supplies the milk, and hold in solution different salts, the earthy phosphates, and the hydrochlorates of potass and lime. Besides these constituents, which are found in the milk of the woman, the cow, the sheep, the goat, the ass, and the mare, there is a difference of taste and aroma. The aroma is dissipated in a short time if the milk has been exposed to the air, a fact which was first noticed by Galen, and more especially by the effect of ebullition or boiling.

There are usually six animals, whose milk is employed as an aliment by mankind, and these may be divided into two classes. In the first are included ruminating animals, as the goat, sheep, and cow, in the milk of which the caseous and butyraceous parts predominate, the sugar and serum are in less proportions. In the second, which comprises the milk of two herbivorous animals, the mare and the ass, and that of the woman, which approaches both in some respects, the sugar and serum predominate over the butyraceous and caseous substances. According to the numerous researches and experiments of MM. Deyeux and Parmentier, and Dr. Young, the physical and chemical properties of milk vary every instant; they observed, on examining three portions of the same milk at different times, the first contained more serum, the second more cream, and the third more butter and cheese.

This observation is equally applicable to the milk of women, and is extremely important as regards the manner of suckling infants, because when the breast is presented too often the milk will be too thin and serous, while it will be much richer when allowed to accumulate for some hours, as time will be allowed for the more fluid parts to be absorbed.

Every one knows that the quality and quantity of milk will be modified by the food of the animal. Again, the odour and taste of the aliment will be imparted to the milk. This fact is exemplified by the milk of the cow, sheep, goat, &c. It is also well known to medical practitioners, that aliment and medicine, taken by a wet nurse, will affect the infant. We often see examples in attestation of this fact. A nurse takes an aperient, and the infant is affected by it; we exhibit mercury to the former, and it cures the latter, when infected with syphilis. These facts are to be borne in mind by those engaged in the practice of medicine. They are daily proved in

Hospitals, dispensaries, and private practices. The secretion of milk is modified by all acute and chronic diseases. In acute diseases it is often suppressed, or very much diminished; but it is much less affected in chronic complaints. MM. Deyeux and Parmentier examined the milk of a woman after a severe nervous disorder, and found it transparent, viscid as the white of an egg, and in some hours afterwards it assumed its ordinary character. The moral causes have as much influence as the physical, on the human milk. All the passions injure this secretion. They sometimes suppress it suddenly, or render it so hurtful to the infant, as to cause colic, griping, or convulsions. Drunkenness produces the same effects. Boerhaave relates the case of a child, who was seized with convulsions, after having sucked the breast of a woman in a state of intoxication. How deplorable it is, then, to behold the crowds of the lower classes entering spirit and gin shops with their infants in their arms; and it is a well known fact, that these unfortunate little creatures are compelled to drink the same deleterious beverages as their intemperate and wretched parents. It is also a popular custom to mix ardent liquors with infants' food, for the purpose of inducing sleep and allaying pain. The exhibition of fermented liquors, such as wine, porter, ale, &c., is somewhat less condemnable, but even these are highly improper and injurious. The delicacy and irritability of infants, together with their predisposition to gastric irritation, render them extremely liable to numerous diseases, and these are rapidly excited by the ingestion of spirituous and fermented liquors, and by their influence on the milk of nurses. The delicacy and susceptibility of the nervous system of the other sex, predispose them to the same consequences. Hence we observe them nervous, hysterical, and dyspeptic. Every kind of liquor is greatly adulterated in this country, as I have proved in my Manual of Medical Jurisprudence; one with narcotics, another with acrid spices. The spirituous liquors cause furious ebriety, while the malt liquors induce stupor. Hogarth has well illustrated drunkenness caused by beer, and that induced by ardent spirits, in his caricatures entitled *Gin Lane and Ale Alley*.

The bad effects of intoxication on the constitution are an access of fever with an exaltation of the vital and intellectual powers, followed by delirium or coma, and terminated by a copious discharge of urine, or by profuse perspiration, by sleep, sometimes by vomiting or diarrhoea, and finally by apoplexy, convulsions, partial paralysis or palsy, or by a peculiar derangement of the mind, accompanied by tremblings of the body, which is denominated *delirium tremens vel ebriosum, vel à potu*, a malady most graphically described by my experienced friend, Dr. Blake, now of Nottingham.

But the immediate consequence of drunkenness is indigestion, modified by the kind of

drink, according as it has been excitant, narcotic, acid, in a state of imperfect fermentation, or falsified by various adulterations. The most frequent disease caused by inebriation from the excessive use of ale or porter, is apoplexy. The nutritive parts of these beverages induce obesity or corpulence, which impedes the circulation of the blood, and accumulates it in, or determines it to, the head. Stimulating or excitant potations, as ardent spirits, act on the brain and spinal marrow; or, to speak scientifically, on the cerebro-spinal system. It is not unusual at the point of inebriation, before stupor supervenes, to see an attack of convulsions, epilepsy, or hysteria. In other cases we observe tremblings of the limbs, headache, loss of appetite, furred tongue, flatulence, extreme lowness of spirits, nervous delirium, and partial or general paralysis. The mental and corporeal powers are greatly depressed by intoxication. The attention, memory, judgment, and imagination are impaired, and finally destroyed. The mental and corporeal excitement, is followed by proportionate depression or collapse. The drunkard becomes careless and slovenly in his dress, irritable and timid in all his affairs, and ultimately he is remarkable for brutishness and stuper, and he usually dies of apoplexy, paralysis, asthma, dropsy, disease of the liver, spleen, stomach, bowels, or genito-urinary organs. He is also liable to diseases of the lungs, heart, and skin. Among the cutaneous eruptions, we must not forget the florid colour of the nose, so forcibly and grotesquely described by Shakespeare in his description of Bardolph,

“I never see thy face, but I think of hell-fire.”  
nor the ulcers, boils, and pimples on every part of the body. These are not all the diseases caused by ebriety,—we must not forget melancholy and mental alienation. The inference, therefore, which is obviously deducible from the preceding statements is, that intemperance is highly injurious to health, and must be extremely dangerous to wet nurses. But a moderate use of wines, spirituous, and malt liquors is essential to health. Panegyrist of wine have left us, among many others, the following adage, which applies to all liquors:—

“Si nocturna tibi noceat potatio vini,  
Horà matutinà rebibas, erit medicina.”

I should not have introduced the preceding remarks, were it not that the majority of the lower classes of suckling women in all countries, are in the habit of taking strong liquors too freely.

All excitants or deprivements of mind or body are injurious to suckling women, as excess of pleasure, of sadness, grief, &c. In proof of this opinion, it is sufficient for us to observe the languishing state of young infants, nourished by women who enjoy the pleasures of society, at the expense of sacrificing the duties of maternity. Civilisation estranges the rights prescribed by nature. Hence we find maternal or mercenary lactation very different

from what nature intended in all large or crowded cities.

Milk is the aliment of young infants in almost all countries, and it is supplied by the mother, another woman, or an animal. The mother's milk is the best for her offspring, provided she is of a sound constitution. The milk of the rein-deer in Lapland, of the mare in Tartary, of the dromedary, the chamois, or wild goat, in Egypt and Syria, the buffalo in the West Indies, the lama, or Peruvian sheep in South America, and, finally, the cow, the sheep, the goat, and the ass in the temperate climates of both continents, but especially in Europe, supply mankind with an abundance of milk, for a simple and nutritious aliment.

But the milk of the cow is most employed, either alone or without any decomposition, or when its component parts have been separated spontaneously, or by art. It is an aliment more nutritious and animalised than vegetable food, and is easily acted on by the stomach. It disagrees, however, with infants when their digestion is good; and some do not consider it sufficiently invigorating for those, whose lymphatic system predominates, and who are predisposed to scrofula. It has also been proved that the milk of woman, or of the cow, is much more acid at one time than at another, and may disorder the stomach of infants. Milk is not a proper aliment for all persons; it would be insufficient for strong men, who pursue very laborious employments, and who necessarily require the strongest and most animalised aliments. Some persons do not digest it well, unless mixed with other foods, as tea, coffee, puddings, pastry, &c. It is most fit for the young and aged, whose powers of digestion are moderate. When it forms the only article of diet, as in cases of infants, it often causes hiccup, vomiting, diarrhoea, depraved motions, curdled and of various colours; and in the adult, when used exclusively or too freely, it induces fulness and pain in the stomach and bowels, heartburn, water-brash, flatulence, &c., &c. When it disorders the stomach and bowels of infants, we usually exhibit magnesia or prepared chalk, and add a sixth part of hot water, with a small portion of loaf or purified sugar to it. The Divine Author of Nature, as in all his works, admirably designed a remedy for this evil. He has most wisely ordained, that innumerable circumstances modify the milk of woman and other mammiferous animals, every moment in the day; and that a fluid possessing the same physical and chemical properties, is not afforded from even the same source.

In general milk agrees with infants, but when mixed with farinaceous food, as bread, gruel, arrow-root, &c., it often disorders the stomach by irritating it; the effect of which will be, an increased secretion of an acid or imperfect gastric fluid, which coagulates or curdles the milk, renders it indigestible, and the consequences will be, hiccup, griping, and sometimes convulsions. M. Gardien is of

opinion that cow's milk boiled with bread, or other farinaceous aliments, is more easily digested than when either is taken alone. He says, the cheese and the gluten form a chemical combination more easily digested than either, and that children like this food whose milk disagrees with them.—*Dict. des Sciences Méd.*, art. Nourrice. But we know, that few adults could live on a milk diet only; and that indigestion is very speedily induced. Nevertheless a milk diet is highly beneficial during convalescence, and in an immense number of diseases. It has been administered since the time of the father of medicine. Hippocrates used it diluted with water, in acute and chronic diseases, and in epidemics. Aretaeus strongly recommends this fluid, under the name of hydrogale, composed of two parts of milk and one of water, in phthisis dorsalis, elephantiasis, and many other disorders. Sydenham and Heister employed it as a drink in small-pox; and others considered it too nutritious during the state of excitement in continued fevers, and therefore used whey. The late revered Dr. Armstrong recommended wine and milk in the state of collapse, and I have often tried it in this combination with advantage. Hoffman, Vogel, and others, advised it as the vehicle for mineral waters, and with great benefit. It has been given in consumption and many other chronic diseases. As an article of diet, we find milk employed alone or combined with water, ardent spirits, in small quantities, and even with beer. Mr. Cameron contends, in his work on Diet, lately published, that if milk were more generally employed there would be much less disease. The comparative qualities of milk deserve attention. That of the cow is most generally employed as food, and in therapeutics, it exceeds that of all other species in sugar of milk and in serum, it is therefore lighter, but invalids often find it indigestible, and in such instances we prefer the milk of the ass, though formerly, that of woman was considered and is unquestionably the most nutritious.

The milk of the goat contains more chesny matter and less butter than that of the cow or sheep. Its aroma is much stronger, as the animal that supplies it browses on more aromatic herbs than either of the others. It is more tonic or strengthening, and slightly astringent, and is extremely valuable to those enfeebled by disease, and to infants who are naturally weak. It agrees with some individuals who cannot bear any other kind of milk. It is apt to cause want of sleep, and render infants too vivacious. That of the sheep contains most butter, and least sugar or serum.

The human milk is richest in sugar of all kinds already noticed, and was formerly recommended in the cure of diseases. That of the ass approaches nearest to it, and hence this is so strongly recommended for delicate infants and consumptive individuals. The milk of the mare closely resembles that of the woman and the ass, but it is so seldom employ



that its nutritive qualities cannot be justly estimated.

The milk of carnivorous animals is not used as an article of diet or in medicine.

Though the milk of the cow contains more butter than that of the woman, the ass, the goat, or the mare, custom has caused it to be preferred, when breast milk cannot be obtained. But it is too rich for the infant, and must be diluted with a sixth part of warm water, whey made without acid, or barley water, and a small quantity of pure sugar should be added. This dilution should be continued, though it may be gradually diminished every day until the sixth month, when the infant can generally take milk without any mixture. It should be procured warm from the cow, and given to the infant; as in this form it possesses its aroma, which evaporates when the milk is exposed to the air or is heated over the fire. The practice of boiling milk, and reheating it several times, renders it most injurious to infants. Few adults could continue it after such a process without having their digestion greatly deranged. When milk is boiled, it is deprived of its aroma, rendered more difficult of digestion, and astringent. Here I am compelled to differ from Dr. Underwood, who holds "that the milk ought to be boiled if the child is very young, or has a purging." And again, "at first the milk ought to be boiled to render it less opening; but when the child is several months old, or may chance to be costive, the milk need only be warmed." It appears to me, that the addition of a fourth or sixth part of warm water to the milk, with a small portion of loaf, and not Lisbon sugar, is the better mode of preparing this food for infants. A small teacupful will be sufficient for each repast, as the stomach of a new born infant is not capable of containing a greater quantity of fluid than about three tablespoonfuls, or a small wine-glassful. The milk should be as new as possible, and if warm from the cow so much the better. The quantity for each repast should be prepared at the end of every two hours, as in general an infant cries or awakes from its sleep about this period for the purpose taking aliment.

It is utterly impossible to lay down a rule as to the exact quantity of food, or the frequency of giving it to infants, as this must depend on their development, health, vigour, or delicacy of constitution, and on the quality of the milk. Even when the infant is nourished with breast milk, it will be necessary, after the first month of its age, to give it cow's milk prepared as just stated, more especially if the mother is delicate; but the addition of farinaceous substances, as bread, gruel, &c., is improper and injurious, and what nature has not intended. It is also important to describe the manner the infant should be fed with cow's milk. This should be poured into a sucking bottle, on the mouth of which a piece of wash leather, vellum, parchment, or sponge is properly secured, so as to represent the nipple. This contrivance

obliges the infant to take the milk by suction which increases the salivary secretion, the mixture of which with the food facilitates digestion. This method is preferable to making the infant swallow milk from a boat, pot, horn, or spoon. The bottle with a prepared teat is also a good contrivance. The bottle should be washed before each repast. Some writers recommend one part of fresh cream diluted with four or six parts of water, and sweetened with a little sugar, as the best substitute for the maternal milk, which at first is chiefly composed of cream and water. The superiority of cream over milk arises from its being destitute of curd, which an infant cannot digest. It is necessary to add but a very small quantity of sugar, as otherwise the digestive function will be deranged.

Milk alone is the proper food for healthy infants until the teeth appear. It often happens that the infant will pine on the use of all other aliments. These facts evidently show the impropriety of the various foods which are usually administered to infants. The errors committed in the diet of infants are in a great measure to be attributed to Underwood and his disciples, who advise thick food after the first four or five months. I fully assent to the opinion of Rattier and other able writers, that broths, soups, gruel, various vegetable jellies, arrow-root, patent barley, salep, bread, animal food, ought to be proscribed during the time that nature destined for lactation. "If you wish," says Rattier energetically, "to deprive your infant of the aliment which was destined for it by Providence, if you have not the courage to nourish it, at least do not poison it." On the other hand, we find Dr. Hugh Smith recommending milk to be mixed with thin gruel, or barley-water, as the food for newborn infants, and Underwood reiterating the advice; the latter held that after a few weeks, the jellies of hartshorn, arrow-root, tapioca, sago, &c. should be given; and after four or five months, a French roll boiled in water to a jelly, and mixed with milk, and also thick food, were requisite. About this age he considered beef-tea, broth, or gravy without fat, and diluted with water, light puddings made of bread, tapioca, semolina, rice, arrow root, salep with milk, as proper aliments for infants. These are highly useful, when there is not a sufficient supply of milk, or when the infant is rickety; but are not necessary when the nurse and her offspring are healthful.

The eruption of the teeth is the signal for the change of the infant's diet. The articles enumerated in the last paragraph are now proper. Primrose has well observed, that animal food is improper, however well minced, until the teeth are formed. This food cannot be digested by the weak stomach of an infant, it passes into the intestines in a crude state, and then produces irritation, inflammation, or ulceration, giving rise to infantile remittent fever, worm fever, tooth fever, to diarrhoea, or enlarged mesenteric glands. The exhibition of

animal food to toothless children is a common practice among women, and a fertile source of infantile diseases. We daily observe the bad effects of this custom among dispensary, and indeed private patients. Mothers will inform you, that they give their children the same food as their family.

There is no doubt but children have a great desire for animal food, and they may be gratified according to the plan proposed by Dr. Hugh Smith, even so early as the third month. "The gravy of beef or mutton, not over roasted, and without fat, properly diluted with water, is the most wholesome and most natural, as well as the most nourishing broth that can be made." This or beef-tea, or chicken-broth may be mixed with bread, mealy potato, or arrow-root, and will form an excellent aliment, as it requires no mastication. I have advised this diet, in numerous cases, with the best effects. Nevertheless I agree with Primrose and others in the opinion, "*ante dentium eruptionem non conveniunt cibi solidiores. Ideo natura, quæ nihil frustra fecit, et non deficit in necessariis, dentes ipsis denegavit, sed lac concessit, quod masticatione non eget.*" Some writers have gone so far as to prohibit this aliment until children were four years of age, and even then they should be cautioned to chew it well.

As soon as the teeth appear, a new regimen becomes necessary. At this period a crust of bread may be given to amuse and nourish the infant; and many consider this the best "gum-stick." A little later, pure milk may be given with farinaceous substances, such as bread, sago, arrow-root, salep, rice, biscuit, and farinaceous powders; prepared barley, the *fecula* or substance of dry mealy potato mixed with milk, or gravies, soups, broths, beef or chicken tea. Flesh meat in a solid form, as chicken, veal, &c., must be withheld. It is worthy of remark, that the illustrious Locke, and others, thought that strong food, and such as was difficult of digestion, ought to be given to exert and strengthen the stomach.

There is a precept to be observed on diet from infancy to puberty, which is, to give but a moderate quantity of food at each repast, and never to refuse it when required. The usual error is giving too much.

From the earliest age the infant should be fed in the sitting posture, and not on the back, as it will swallow much better, and with much less danger of the food impeding respiration, or of exciting coughing. This advice is contrary to long established usage; but, were it questioned, it would be easily established, by referring to the difficulty an adult would experience in taking food on the back, or in the recumbent position.

It is a bad custom to induce children to eat by placing sweets and other enticing aliments before them, as they are naturally voracious, and take too much, unless restrained. The rapid growth of the body requires a frequent supply of nutriment; and hence the child re-

quires food at short intervals. Hippocrates well observed this fact:—"Senes facillime jejuniū ferant: minimum adolescentēs, omnium vero minimū pueri; atque inter ipsos qui alacriores sunt." "Infancy and childhood," says Arbuthnot, "demand thin copious nourishing aliment." It is extremely injurious to their growth and health to compel them to remain hungry until the time at which their parents take their repasts; and it is equally improper to suffer them to partake of these. Children should not be allowed at table with adults. As they are all gluttons and take too much aliment, it is necessary to pay proper attention to the regularity of the bowels. We cannot lay down a better rule on this head than that of the illustrious Locke,—to present the child to the chamber utensil every day at the same hour until the habit is established.

Milk and water form the best drink for children; and they should never taste any kind of liquor unless ordered as a medicine. It is lamentable to reflect on the baneful practice of exhibiting gin, porter, ale, wine, punch, cider, &c., to infants, which is an every day occurrence among the working class of society. These liquors are given pure, or mixed with food, and cause the destruction of thousands of human beings. The young of the human species only are subjected to this horrible treatment; those of all other animals are exempt from it. Tea, coffee, cocoa, and chocolate, are also improper for infants; milk alone can be given with safety and advantage. While adopting this plan, the mother should accustom the infant to foods described in this article. It is scarcely necessary to observe, that all high seasoned, salted, smoked foods, pastry, sweet-meats, and fruits, are highly injurious to children. When the child is ill, from whatever cause, whether fever or inflammation, it will refuse every kind of food, and subsist for several days on cold drink, barley-water, milk and water, tea, toast and water, thin arrow-root, sago, or tapioca. Should it labour under severe bowel complaint, boiled milk, or what is termed rice milk, will often afford relief. In this case, as there is seldom any fever, beef tea, chicken broth, calves' foot and other animal jellies, will be required to support the strength. In such instances, the use of spiced or spirituous liquors, as mulled Tent wine, gin, port wine, &c., are improper, and should be prescribed by proper medical authority only.

The proper time for weaning will vary according to the constitution of the mother and of the infant, and the early or late appearance of the teeth. It is impossible to establish any general rule as to the age at which an infant should be deprived of the breast milk, for all are not fit to be weaned at the same time.

In general, lactation or suckling may be continued for nine or twelve months: it may be discontinued, when the infant is strong, plump, and vigorous, at the eighth; but it must be prolonged when the infant is feeble

and delicate, and when the teeth appear slowly, as in ricketty children.

When the child is strong and healthful, it may be weaned after the first twenty teeth appear, which is from the sixth to the ninth month; but when weak, feeble, and unable to walk, it should be suckled for fifteen, eighteen, twenty, or thirty months, provided the milk is abundant and good.

Buffon informs us, that "in Italy, Holland, Turkey, and through the whole Levant, children are rarely allowed any other food than the breast milk during the first year;" and the savages in Canada suckle for four or five, and sometimes for six or seven years. Some practitioners think on the contrary, that prolonged lactation injures the mother, and induces scrofula, rickets, hydrocephalus, &c., in the infant; but the profession in general maintain, that it is wisest to continue lactation as long as possible, or, in other words, to be guided by the principles already stated. Astruc advised children to be suckled until they were two years old. In general, women become pregnant at the end of twelve months, and this, when it occurs, would indicate the proper age for ab lactation.

It is highly detrimental to a healthful child to be allowed the breast milk after a year; because it weakens the mother, injures the breast milk, and becomes liable to diseases.

It would be injurious to commence weaning before or during dentition, or when the child was unwell. The diet, mentioned under the head of Solid Food of Infants, should be given for some time before the infant is deprived of the food with which nature supplies it. This is the more necessary, because sudden weaning is followed by numerous diseases. When ab lactation or weaning is effected too suddenly it is injurious to both parent and offspring. Dr. Underwood strongly recommends immediate weaning, and putting the infant, without any preparation, upon common food. He says he almost lived in the nursery, for many years, and never saw any bad effect from the sudden transition. Reason and physiology are, I feel convinced, against him. Lactation should be progressively diminished, until the infant would suck only once a-day, and finally, once in two or three days.

Dr. Underwood observes, that "every kind of food, and even drink, should be prohibited in the night, even from the first, supposing them to be weaned at a proper age. The mere giving them drink, even only for a few nights, creates the pain and trouble of two weanings instead of one; and if it be continued much longer, it not only breaks the rest, but the child will acquire the habit of drinking; the consequence of which very often is a large belly, weak bowels, general debility, lax joints, and all the symptoms of rickets. The only need is, that the last feeding be just before the nurse goes to bed, which may generally be done without waking it; and whilst the child seems to enjoy this sleepy

meal, it becomes a most pleasant employment to the mother, or nurse, from observing how greedily the child takes its food, and how satisfied it will lie for many hours on the strength of this meal." In the meantime it should be nourished with the solid aliments formerly described. When the breast milk is abundant, the mother or nurse should diminish the quantity of her food, and especially of drink, have her breasts drawn once a day, and apply a lotion composed of one part of vinegar and six of water. Her bowels should be relaxed by castor oil, or some other mild aperient.

Though I respect the opinions of this writer in general, I must dissent from his doctrine on this head; because the child will require drink once at least during the night; and unless it want be supplied, it will awake, disturb the parent, and injure itself by long-continued fretfulness or screaming. If it sleep soundly, which seldom happens, then it should not be disturbed.

## FRENCH MEDICAL REFORM.

### REPORT OF A COMMITTEE OF THE ACADEMY OF MEDICINE AT PARIS UPON A PLAN FOR A RE-ORGANI- SATION OF MEDICINE IN FRANCE.

READ BY M. DOEBLE,

*To the Academy, at the Sitting of the 22nd  
October, 1833. Translated from the Gazette  
Medicale*

BY ALEXANDER THOMSON, M.B., OF ST. JOHN'S  
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TOWARDS the end of 1829, said the honourable reporter, the Minister of the Interior addressed to the Academy a series of questions relative to the re-organisation of medicine. A commission was named to examine them, and immediately commenced its labours. But the presiding idea of the plan of the government of that period, to which it seemed to adhere irrevocably, of submitting medical men to councils of discipline, into which the *prefets* and the *procureurs du roi* should enter as a matter of right, was calculated, from the very first, to throw discouragement into the labours of the commission; it proceeded, therefore, but slowly. The revolution of 1830 interrupted the course of its researches, and the epidemic cholera, which lately absorbed all the attention of medical men, had contributed to make them altogether forgotten; when, by a letter of the 30th July last, Monsieur the Minister of Public Instruction, recalled this object to the notice of the Academy, and claimed its so long suspended answer.

The former commission found itself re-constituted, and has examined the matters submitted to it with all the care they deserve. It has devoted twenty-nine sittings to the discussion; it has sought to surround itself with every light, to examine maturely every argu-

ment, for and against; it has considered itself in this position as the advance guard of the medical body, and that it was combating *pro aris et focis*. It is satisfactory to be able to state in the commencement, that upon each of the points, on which it has had to deliberate, its decisions have been arrived at unanimously.

From the commencement of the Revolution, the different successive governments have sought to enable medicine to participate in the ameliorations spread through the whole social body. Among the works published upon this subject, the first in point of date, and still more the first from its importance, is that which was addressed in 1790, by the Royal Society of Medicine to the Constituent Assembly. A second report was made in 1791 by M. Talleyrand Perigord. In 1792 a new plan was brought to light, the most remarkable perhaps for the connexion of theoretical views, unhappily also the least rich in truly applicable practical consequences. The Convention even found time to occupy itself with medical institutions, and caused the Ecole de Médecine to be re-opened; and since that period the Council of Five Hundred, the Consulate, and the Empire have renewed, modified, and increased the mass of laws and of regulations relative to our profession.

It is not in our days only that governments have felt the importance of adding to the lustre of medical institutions. From the commencement of the University of France, medicine was comprised in it; at a later period it constituted one of its four faculties, and since the edict of the 1st of June, 1452, the first code of medical institutions in France, there has scarcely been an attempt to give regularity to public instruction, without extending similar views to medicine.

Surrounded with all these relics of an age already ancient, and of an epoch quite recent, the commission has deemed it its duty to receive them, not as authorities, but as simple documents, disposed to consult, but at the same time to examine, every thing carefully, and regarding the past not as a rule but as a result of experience, useful to be known for the future. Its task did not however extend to trace a complete and universal plan of Medical Reform; charged only with answering certain questions precisely stated, it has been obliged to accept its mission, such as is presented to it, and to restrain itself within the limits imposed upon it.

A fact of immense importance, a fact irrepressible and irrefragable, has presided over all its labours, namely, the liberty of teaching, guaranteed by the charter of 1830. The sixty-ninth article states, in formal terms, "There shall be provision made successively, by separate laws, and within the shortest possible delay . . . for public instruction, and for the liberty of teaching." Demanded especially by medical men, the liberty of teaching presents itself to them with all its advantages, and deprived of all its inconveniences; the in-

struction resulting from it is profitable both to those receiving it and to all citizens, to whom it furnishes further guarantees. In fact, so many reasons militate in its favour, that the commission does not hesitate to declare boldly, that "the monopoly of teaching becomes particularly absurd in medicine."

The following is, in the commencement, a summary of the questions agitated and resolved in the report:—

"The questions of the officers of health (officiers de santé) deserve to be treated the first; the commission has been led to demand the suppression of this institution, as well as of the medical juries, and of their official trips in the departments.

"It has thought to endow medicine with a new and powerful safeguard, by the creation of medical councils of departments, which will be a means of re-union and of action to the isolated medical men of the provinces.

"It will call for the complete suppression of secret remedies, properly so called, hitherto the incurable wound of medicine. Enlightened by profound historical researches, it hopes to indicate the means of curing, by satisfying at once the interest of the public and of individuals.

"In a very extensive chapter, which will be composed of numerous articles, it will pursue all the abuses which have glided into the teaching and practice of the healing art, taking care to indicate, by the side of the evil, the means of remedying it. To give an idea of the importance of the questions, which will be treated in this branch, the honourable reporter cited, by way of example, the admission of foreign medical men to the liberty and practising of medicine in France; the prosecution of offences against the law; medical responsibility; licences (patentes), &c.

"Finally, the commission will terminate its labours by seeking out the abuses which have crept into the practice of pharmacy. It will demand, that the preparation, the composition, and the sale of medicines be reserved exclusively to the pharmaciens (apothecaries); that pharmacy be precisely and absolutely isolated from the sale of drugs, and from other professions, which every day attempt to encroach upon it; and the question of the utility or of the necessity of a pharmacopœia (codex) will find its place."

After having given this summary of the labours of the commission, let us enter directly upon the subject.

In the first rank, as has been said, is placed the question of the officers de santé. It has appeared to the commission to be of more importance than all the others, and upon the solution of this capital and decisive point depends the whole new medical organisation.

The question put by the government is thus expressed:—

"Can we, without inconvenience, renounce having two orders of medical men?"  
To answer it deliberately, let us see first

what existed formerly in France, compared with what exists in the present day, and contrasted with the medical institutions of neighbouring nations.

Preliminary studies, long and solid, a diploma, required in the Faculty of Letters, and recently even another diploma, required in the Faculty of Sciences; four years' inscriptions taken in a Faculty; five examinations, crowned by an inaugural thesis; expenses, which, for the University rights and the diploma, amount to 1,100 francs (about fifty pounds sterling). Such are the obligations that must actually be fulfilled by the Doctors in Medicine, or in Surgery.

Preliminary studies, none or insignificant, three years' study in a Faculty, or in a secondary school, which may be replaced by six years' presence in an hospital, or studies with a doctor; three examinations, most frequently illusory; an outlay amounting, for the University rights and the diploma, to 250, or at most 300 francs (about ten or twelve pounds sterling), there is what is required from the officiers de santé (a species of general practitioners).

To the first is reserved the right of practising to the fullest extent throughout the kingdom. The rights of the second have been in some respects limited, but the restrictions have been constantly illusory: the Doctors of Medicine recoiling before the anxiety and scandal of enforcing their rights by law-suits, and even the tribunals hesitating to apply the law in all its rigour.

Before the decree of 18th August, 1792, ordering the suppression of the Universities, and of the degrees conferred in them, there were in France two classes of practitioners, who corresponded tolerably closely to the present organisation; 1st. Doctors admitted by the Faculties and Masters of Surgery, corresponding to the Doctors in Medicine; 2ndly. surgeons admitted by the lieutenants of the first surgeon to the king, and who may be compared to our officiers de santé. It is, however, just to admit, that the latter are generally better instructed than were the surgeons and barbers of the lower orders; but this increase of instruction is not peculiar to medicine, it is found equally in all professions.

Let us now consider what takes place in neighbouring nations. In England the apothecaries have the right of practising and of prescribing the remedies they prepare; they, in truth, form a class of practitioners inferior to the physicians.

In Prussia, Germany, and Italy the physicians and surgeons are admitted separately; but every where, as formerly with us, with the exception of some of the heads elevated to the first rank by their talent, the surgeons in general, and even some of the medical men, compose the inferior class, and serve most commonly as assistants and servitors to the others.

Thus, in this general review, we meet every

where with two orders of practitioners. Must we conclude that such a state of things ought to be our guide, and that the past ought to form in this case a law for the future? Quite the contrary: since this past no longer corresponds to the irresistible wants of a new state of society; since, on all hands, there arises an unanimous outcry, it is too evident, that we must seek, in this organisation itself, for the cause of this restlessness which torments us; and that the errors of the past ought to serve us as lessons. Called upon especially to correct the defects of the ancient legislation, the new legislation must, before every thing, prove its superiority to the other; it is only by deviating from the route hitherto followed that we can act otherwise and better.

And first, this idea of creating by a law two orders of medical men unequal in rights, in instruction, in capacities, is manifestly repugnant to reason and to justice. Humanity even is seriously injured by it. What! shall there be one part of the population to whom shall be reserved all the resources of the art of healing, and another part abandoned, *a priori*, to the errors, the faults, the ignorance of a class of inferior practitioners? Such a distinction is not admissible in France,—it would be odious—it is absurd. In place of seeking to diminish intelligence by imposing on it an inferior level, we must try to elevate it more and more; the science must be accessible to all, but all must be obliged to cultivate equally the science. Our faculties, with the conditions they require from their pupils, with their immense means of instruction, with their numerous examinations, can scarcely ever arrive at producing medical men, not inferior to their mission. How could it be wished to entrust the health of citizens to officiers de santé, deprived at once of the preliminary knowledge indispensable to medicine, and of the means of study; and to hasten to receive them without giving them the time to study. If in all arts half knowledge is injurious, *a fortiori* in medicine, in which the least errors may become irreparable and endanger the life of citizens.

To create superiority by an article of law is absurd, and repugnant to the nature of things. The defenders of the institution of the officiers de santé say, that there is no need of such high medical qualifications for the country; let them rest assured mediocrity will never be wanting. It is a law of humanity which the legislator cannot remedy; but it is his duty to stipulate for society all the guarantees that are at once possible and necessary. All these guarantees are contained in the diploma of doctor, which doubtless cannot give to all an equal capacity, but which gives to all the same legal value; as the stamp to gold, as the effigy of the prince to the coin of the kingdom. (*Rumours and murmurs. The orator is interrupted during some minutes.*) Such are, (resumed the orator,) the reasons in favour of the suppression of the officiers de

santé. But objections against this measure have not been wanting; we must now appreciate their value. First, they say to us, if you exact for a diploma of a medical man expenses so considerable, both of time and money, it will happen that many strong profound intellects will be forced from this career. Thence a double disadvantage, on the one hand, for individuals whose prospects will be lost; on the other, for the science, on which talents you reject might have impressed an increasing and glorious progress.

Further, these expenses, to which you will subject small fortunes, will necessarily induce the very natural desire of a proportionate remuneration; and as great towns only have the privilege of offering a brilliant prospect of ambition, this mass of doctors you are about to create, will crowd into the great towns, and leave the country places abandoned to quacks, who have not even intentions to allege in their favour, or else to sisters of charity, of whom the very praiseworthy zeal cannot disguise their ignorance and incapacity.

The objection reduces itself to this, that the too elevated prize of the doctorship will repel many men who might have been the glory of the science, and abandon country places to quacks.

The answer is easily given. And first, to arrive at a profession, promising at once ease, glory, and as much independence as is desirable from any other, without running risk to property or honour, assuring to all its members a good position in society, and, finally, an existence at least tolerable, is there really too great a sacrifice in four or five years of study and eleven hundred francs of expense? At a period when a numerous youth encumbers every career, when fortunes, rendered equal by the division of lands, by giving to all fathers of families the power of making economies, have inspired the taste, are we justified in fearing that medicine will want aspirants, and that the so moderate exigencies of the law obstruct too closely its entrance? Where is the profession placed as high in the social scale, which has need of fewer aspirants? We find every where the time of probation, under different names, the supernumerary period, the clerkship, &c. Let us take, for example, that celebrated school, by having been a pupil of which one deems oneself honoured, the *Ecole Polytechnique*, and compare it with medicine, under the double aspect of sacrifices and advantages. After the preliminary studies common to all liberal professions, the aspirant to the *Ecole Polytechnique* is obliged to dedicate two or three years to special studies, in order to prepare himself for the *concours*. The *concours* arrived, scarcely do they reckon upon one in five candidates being admitted as a pupil; such is the terrific chance, which may in a moment ruin the hopes of the other four. The pupil enters to the school, and is obliged to pass two years there. Now, who does not know what efforts

he will have to make during these two years solely to maintain himself in the ranks? Finally, the two years expired, he must now pass into the special schools, schools of engineering, of artillery, of naval instruction, and after these six or seven years of special studies, they are finally named to a place of lieutenant of the engineers, with salaries of fifteen hundred to three thousand francs, and with the prospect of an advancement always very remote and uncertain.

We impose too great expenses! In truth this is laughable. But in the other professions, the outlays, the caution money, the purchases of practices of lawyers, and of merchandise, are there not advances far otherwise considerable? And then, moreover, it is easy still to reduce these expenses; multiply the places of instruction; let the young people find nearer their families the instruction they are obliged to seek at such great distances.

For our part, what we alone wish, what is important to us, are guarantees; and on that account we call for more rigorous and more difficult examinations than at present exist, and do not fear, in proportion as the trials shall be more severe, that the candidates will be disgusted, and their number diminish; the rigour of the examinations of the Polytechnic school, by augmenting the consideration, reflected upon the candidates admitted, has only increased the emulation and the number of aspirants.

But, further, to remove such an objection, are our Faculties more deserted? Never was the influx so considerable. Will a complaint perchance be made of a want of medical men? With more justice is their too great number complained of. It is moreover said, that the rural parishes (*communes*) possess, generally, too little wealth, and instruction, and even distinction, to satisfy the intelligence and emulation of a doctor of medicine. What then! will it be said that the *officiers de santé* are less sensible than the doctors to all these advantages? The proof of the contrary is every day before our eyes; *officiers de santé* have quitted country places for towns; they practise in them on an equality with the doctors; they take great care to have themselves equally remunerated.

One of the wants of medicine in the present day is, beyond contradiction, a more equal distribution of medical men relative to the population, and, at the same time, with a more equal distribution of instruction among the profession. Medicine is not only an art, it is also an occupation, that should yield for each service rendered have its reward. Doubtless it would be desirable to arrive at this end, to enrich the poor, and people the desert parts of the country; but if these ameliorations can only be effected after a long lapse of time, there are yet certain prudent measures which may, to a certain extent, supply their place. Thus the number of doctors will be on the increase in country places when they shall no longer fear being confounded with the *officiers*

*de santé*; when each of them, penetrated with the dignity of his profession, shall no longer see arising near him an ignoble rivalry, and the science offered at a lower price. It must be confessed, indeed, that the greater part of the *officiers de santé* not having for their guide the recollection of a good education, do not always follow, in their private conduct, the most honourable course; and as to their science, far from augmenting the little knowledge they may have acquired, the isolation in which they live makes them frequently forget it too speedily. Hence a justly founded repugnance on the part of the doctors to mingle with such men. Put an end to this cause of their absence, and be sure that the country places will not remain long without medical men.

Another motive contributes to call them back to it. In an age in which the whole social problem resolves itself into the main thing necessary — medicine, which procures health, is one of the primary wants. The inhabitants of the country places do not seem to have as yet well comprehended this truth; and it may be truly said, that if any of them remain deprived of the aid of art, it is because they will not pay for it; and on this point, between doctors and *officiers de santé*, they make no difference. When instruction shall be more spread, the people will arrive at a better knowledge of the value of time, and consequently of the price of health; and the inconvenience we point out will much diminish, although never, perhaps, can we hope to see it entirely disappear.

Finally; it is said that the law has furnished a remedy for the presumed ignorance of the *officiers de santé*, by determining the cases in which they should be obliged to call in a doctor. But this problem of limits, which has been incapable of being resolved, even in theory, is far more difficult to resolve in practice, particularly for the serious cases, which the law has not been able to indicate. Thus, sometimes it is the *officier de santé* who will not call for a doctor, and sometimes it is the family, who fear having to pay two medical men; and thus, in the most threatening diseases, the *officier de santé* alone decides upon life or death. This is a fact renewed every day, the seriousness of which cannot be dissimulated. It is remarkable, that almost all the speakers who discussed, in the legislative body, the law of the organisation of medicine, were struck with the fear of this institution of *officiers de santé* spreading throughout France a mass of ignorant practitioners, which fears are but too much realised.

What must, however, be done to assure to the country places the requisite number of medical men?

Before the revolution, eighteen faculties had the right of admitting doctors in medicine; it is true that one blushed to belong to the half of them. At a later period, when there was a question of reorganising instruction, Condorcet

proposed the creation of nine colleges, to each of which should be attached a faculty. In the present day, we count no more than three faculties in France; but by erecting three others, as was proposed in the Chamber of Peers in 1826, namely, one at Lyons, one at Rennes or at Nantes, the third at Toulouse or at Bourdeaux, there would be a total of six faculties, which would supply every want. A complete system of education would be found in every point of the kingdom; the pupils, less removed from their families, will lose less the memory of their native place; the congregation of pupils, without being too numerous, would be sufficiently so to keep up emulation; we should have every advantage desirable.

But to draw from these establishments all the advantage we have a right to hope, the first thing to be done would be to assure to the professors a complete independence; their number, fixed by an article of law, must not be liable to change but by another law. The doctors admitted in the districts would soon naturally distribute themselves through them; moreover, advantages might be attached to certain admissions, by imposing upon the candidates the condition of establishing themselves in a rural commune (*parish*). Finally, the fee for practising in the country places should be much inferior to that required for populous towns.

Finally, as the most efficacious new measure for spreading upright and enlightened medical men in the country, we have to recommend the creation of cantonal medical men (*parish surgeons*).

Three great social interests demand the solicitude of the government; religious interests, moral and intellectual wants, material interests. It has long since provided for the first by the creation of curates (*curés*) in each village; a recent law, by multiplying the number of schoolmasters (*instituteurs*), has satisfied the second; the last still call for attention, and are not less worthy of being listened to.

To alleviate before hand the principal objections, let us hasten to say that the creation of these cantonal medical men will not be a measure of absolute necessity, or applicable to the whole of France. Numerous departments, more favoured than others by the richness of the soil and the beauty of the climate, attract a sufficient number of medical men for the wants of the population; those may already be excepted. Even in the poorest, it will not still be necessary to appoint them in all the cantons. We will say more, the want will only be felt in the smallest number. Take, for instance, L'Arriège, one of the departments to which this measure would be the most profitable; of twenty cantons, six at most will require cantonal medical men. In the Haut Rhin, where for ten years back this institution exists, and demonstrates its salutary influence, of twenty-one cantons, ten only have their special medical men. In the Bas Rhin the

same measure has produced equally happy results.

This may serve already to refute the objection which will be founded upon an enormous increase of expense. Follow now the project in its details. These cantonal medical men could only be named by the municipal councils, approved by the council of the arrondissements. The communes, the canton, the department, would contribute each its part to the salaries of these medical men; which would reduce the expense, by distributing it; and already it would be partly met by the funds destined for vaccination, with which the cantonal medical men would naturally be charged.

Add to this, that in proportion as the wealth of the country might increase, the number of cantonal medical men may be diminished, and the salaries be lower. Moreover, in the crowd of industrious establishments, arising upon all points of France, many employ a sufficient number of workmen to have need of having a medical man attached to the establishment. Wherever another medical man exists, a cantonal medical man becomes a superfluity. Finally, we may be permitted to look forward to a period, in which the recognised utility of this institution, will supersede the utility of hospitals in slightly populous towns. When this sentiment shall be fully entertained, will not the legacies, the donations, which in the present day are made to those hospitals, be naturally directed to the institution of the medical men of the canton, which will diminish by so much the expenses of the departments and of the communes?

Hitherto we have confined ourselves to reasoning and to general facts to prove the inconveniences of an inferior class of medical men and the possibility of satisfying all the wants of the public health by the doctors in medicine. Some statistical data will complete this demonstration.

In its memoir presented to the constituent assembly, the Royal Society of Medicine demanded, to ensure protection of the public health in France, a medical man for every four square leagues. In 1826, the commission, charged with making a report upon this subject to the Chamber of Peers, proposed to have a medical man for every square league;—this was falling into the opposite excess. We think that the real wants are largely satisfied when each circumference of two square leagues possesses its medical man; this is also the result given by the statistic of the departments in which the medical service is best supplied. From these calculations, France containing 30,000 square leagues, 15,000 medical men will be needed—(interruption). We would have wished to compute the number of patients to deduce thence the number of medical men necessary; but too much uncertainty is attached to the bases of such a calculation to lead us to dwell upon it. Indeed, certain populations are more frequently ill than others, where the mortality is not proportionably

greater; this is particularly observable in establishments of work gilders, painters, persons who work in lead, &c. The frequency of the diseases attacking them is such, that a society of mutual aid, established among workmen in London, failed solely from having received among its members, some individuals belonging to one or other of these trades. We shall content ourselves then with the number above-mentioned, 15,000 medical men; and by adding another thousand for the medical men who, given up to labours of the closet, are lost to practice, we shall arrive at a total number of 16,000 medical men. Can we then hope to have and to maintain complete this number of 16,000 doctors of medicine?

In 16,000 medical men, supposing them to commence practice at 24 years of age, death will carry off 362 in a year, according to the tables of mortality of the *Annuaire des Longitudes*. Now for several years back, the mean number of doctors of medicine admitted in the three faculties of France is 390. Thus the actual number of the admissions for the doctorship will already furnish enough, and more than enough for all the wants of the service; and further, it is demonstrated that the number of these admissions is continually on the increase from year to year. Add to this that many officiers de santé, and of sons of officiers de santé intend to become doctors, while the sons of doctors never content themselves with the title of officier de santé.

If, however, the necessity of destroying the institution of officiers de santé should appear to some minds less evident than to us, yet at least there must be a change of this title of officier de santé, which trails after a want of consideration too justly merited. We do not mean by this to make allusion to the officiers de santé of the present day; but the manner in which were received into this body all sorts of individuals after the disturbances of the revolution, and the disorders that have thence followed, have not conciliated the public either in favour of their delicacy, or in regard to their knowledge.

Still the commission persists in thinking that the institution in itself would not thence have fewer inconveniences. Let the medical juries be suppressed, it is said; we would have more severe examinations; but then why make them an inferior class, and why, while requiring from them the same instruction, give them any other title than doctors?

Whether they be named, however, officiers de santé or licentiates, the dangers remain the same. It will always be recognised as a principle to limit their right of practice, to interdict them in the treatment of the most severe diseases, and the practice of certain operations, to limit them to a portion of the soil beyond which their diploma will be without value. But who does not know that this limitation as to diseases altogether impossible in practice? And as to the demarcation of the territory, can we conceive the absurd results it would bring



about, if it were maintained in its rigour? Must a family, by changing its commune upon the confines of two departments, be obliged to renounce its medical attendant, whatever confidence in other respects they may have in his intelligence? This class of medical men would then in some measure be reduced to the condition of Helots, and attached to the soil as formerly a serf to the farm he cultivated. Each step made in this path brings before us new obstacles.

Consequently, and particularly because this institution is injurious to the interests of society and of humanity, the commission, with an unanimous assent, concludes for the suppression of the *officiers de santé*.

As to the medical juries, the reprobation they have aroused is unanimous. It is known how they were instituted originally, to regularise, by means of a phantom of an examination, the right of practice, accorded, without right or reason, to a crowd of ignorant men and quacks. At least they confined themselves to conferring the diploma on medical men already practising; but, since that time, the law of Ventosean II. has invested them with the exorbitant right of receiving *officiers de santé*, who present not even the proofs of studies in the schools, at the same time that their interests and their duty are put in collision by making the examiners be paid by those they examine.

Their abrogation ought to be immediate; and this necessity generally admitted is a new objection against the institution of the *officiers de santé*.

Before arriving at this severe judgment, the commission has long meditated this question, has examined it under all its aspects, and collected all the reasons for and against, and it repeats that the abolition of the *officiers de santé* is the expression of its unanimous and irrevocable determination.

(To be continued.)

## French Medicine.

*Of the Frequency of the Pulse in Insane Persons, considered in respect to seasons, atmospheric temperature, changes of the moon, age, &c., with a refutation of the received opinion concerning the decrease of the frequency of Pulse in old men.*

TRANSLATED FROM THE FRENCH OF MM. LEURET AND METIVIER.

### SECTION II.

*The frequency of the pulse is not always in accordance with the atmospheric heat. Has the moon any influence over this frequency?*

WHAT could have caused so marked a decrease in the frequency of the pulse? On the 6th,

towards eight o'clock in the morning, there was a new moon. Had this any decided influence over insane persons? Is the popular belief, which gives so great an influence to this planet over the human body, a truth?

Many philosophers of antiquity thought that matter, and by matter they mean a terrestrial substance, when abandoned to itself, was only disorder and confusion; that it was necessary in order that it should present regular phenomena, that it should receive its principle and direction from the influence of celestial bodies. Galen explains this theory, which he considers incontestible, in his work entitled, *A Treatise on the Decretory Days*. The moon, according to this author, has a very powerful action on the commencement, the continuation, and the crisis of diseases; her light, when exposed to it for a long time, occasions paleness and headach.

Many centuries after Galen, the belief of the action of the stars began to be weakened; it was confined to a small number of diseases, to those which were least known, the nervous diseases, and among these last insanity, being that which offered the most vagueness and incertitude, it was continued to be attributed to the moon. Persons afflicted with this disease were called lunatics; the words lunacy and insanity have become synonymous.

It has been reasoned, *à priori* on, this matter which belongs exclusively to experience, consequently nothing certain has been established. There have certainly been instances found in favour of this opinion, and which appear to prove its justness; but have there not likewise been met with facts contrary to this opinion, and of which account has not been taken?

It is necessary to come as low as 1792 to find an author who has examined with attention whether the moon has any influence over insane persons.

"For four years," says Daquin, "that I have been physician to the hospital of insane persons (at Chambéry), curious to discover whether they were subject to the power of the moon, I profited by all the resources which an assemblage of these unfortunate beings in a similar place offered. I kept a journal of ten insane persons only, whom I saw and visited assiduously without any interruption, each new moon, each first quarter, each full moon, and each last quarter; I only paid atten-

tion to these four principal points. From the observations recorded in my journal, it is very certain and well proved that insanity is a disease over which the moon exercises a constant and real influence. The new moon and the last quarter are the periods which have the most powerful influence. The first quarter and the full moon exercise the least influence over the access of insanity, and I feel convinced that frequently, if I may be allowed to express myself so, it was only a negative influence, that is to say that the insane at this period were more calm and tranquil.

"The whole of my observations relative to the influence of the moon on insanity, were always made on the precise day of each lunar change; this exactitude enabled me to perceive that there was constantly a greater influence on these days than the intermediate ones; this influence was even perceptible the evening before the day on which the lunar change took place, and was even strongly marked the day after the change."

We therefore perceive that, according to Daquin, insane persons have an increase of agitation during the new moon, and likewise during the last quarter: they have a calm during the first quarter and the full moon.

This proposition, founded upon an observation of four years, and to all appearance so well proved, is nevertheless inexact, and Daquin himself refutes it in the second edition of his work. The full moon is no longer a negative point, it has become an affirmative one, it agitates the insane. There remains no doubt of this on the mind of the author, who adds, as a last proof, "I this day, 20 germinal an xii, made a general visit of all the insane of the hospital, and I perceived that something exerted a great influence over their minds; the moon was this day new, as likewise in peregrée; but I never saw, since the time I have studied them, a degree of exaltation so fully pronounced as at this time, without one exception, whatever might be the kind of alienation with which the patients were afflicted.

A similar fact, continues the author, has been the effect of all the observations I have hitherto made; it is an incontestable fact, appears decisive, and of great weight."

Our numbers have been of great use to us in appreciating the value of the opinion of Daquin. In an agitated insane person the pulse acquires frequency; this cannot be

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doubted, and our daily observations have proved it. A person whose pulse was 144 in a minute in an agitated state, was not more than 58 when it came to its calm condition. If a powerful and general cause exerted its influence over our patients, if this cause had arrived at the point named, it would not undoubtedly have escaped our observation, for it would have necessarily accelerated the pulse, and we counted each pulsation.

Instead of an augmentation, we had, on the contrary, a considerable diminution on the days of a new moon, and this notwithstanding an elevation of temperature; for the full moon we had a decrease of temperature corresponding with a diminution in the number of individuals whose pulse was frequent.

Daquin must therefore be mistaken. We can only attribute his error to his having made his observations on ten persons only; to his not having employed any proper method by which he might be able to note with precision the degree of agitation of his patients; to his not having made his visits daily; and, in fine, to his not having taken into account the state of the temperature. This observation, made on the 20 *germinal*, and which appears to him so decisive, proves absolutely nothing, as this day corresponds to the 9th of April, the heat of spring being sufficiently high, especially at Turin, to agitate insane persons.

M. Esquirol, who has examined with the greatest attention how far the moon exercises an influence over lunatics, declares that such an influence, as stated by Daquin, is altogether false; he (Esquirol) does not acknowledge any other influence than the light of this planet, which, by exciting these persons, keeps them awake and causes illusions of their senses.

The following is a report with regard to the changes of the moon, with the number of pulsations, and the number of individuals whose pulse were more frequent on these days.

*Changes of the moon.*

*Frequency of the pulse.*

Last quarter	New moon	First quarter	Full moon
85.67	81.62	80.55	79.80

Individuals having their pulse more frequent (calculated upon 100).

57.12	34.72	34.72	23.52
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If our observations had stopped at these

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four lunar points, we might be induced to conclude that the last quarter of the moon agitated lunatics; the new moon agitated them, but in a less degree; in fine, that the first quarter and the full moon occasioned a calm: this conclusion would be erroneous, for this would be attributing to the moon what appertains to the temperature.

Does not this explain the decrease in the frequency of the pulse which Daquin found took place on the eve of a new moon and on the day itself?

#### OXFORD MEDICAL DEGREES.

We condense the substance of a code of regulations relating to degrees in medicine, just issued by the University of Oxford, by which our readers will perceive, that the spirit of intolerance is as violent as ever, and the whole regulations are eminently calculated to diminish the number of graduates, to drive the great majority of Englishmen to the Scottish Universities, and to prevent dissenters, and all who refuse, on conscientious grounds, to take the oath of supremacy, from acquiring the degrees of Bachelor or Doctor in Medicine. It has long been a standing maxim with the Universities, to keep medicine as an heir-loom in families of the aristocracy, a piece of wisdom as strenuously and as absurdly maintained by the London College of Physicians. These bodies cannot change with the times, but stand still, while all the rest of the scientific world is in rapid motion. We feel convinced, however, that the time is at hand, when Parliament, and not the Government, will open the eyes, not only of the College of Physicians, but also of the Universities. Now for our condensation of the regulations.

The heads of the University admit the exercises for degrees in medicine are not suited to the times, and therefore they abrogate them, and decree that

I. Candidates for the degree of Bachelor in Medicine shall submit to the public examination required for a degree in Arts and in Civil Law, and after this examination, spend three whole years in the study of medicine.

Masters of Arts and Bachelors of Civil Law, provided they submit to the examination hereafter mentioned, and have passed twenty-eight terms from the time of matriculation, may take the degree of Bachelor in Medicine.

II. That the Examiners for Bachelor in Medicine be the Regius Professor of Medicine and two other doctors of the University, to be named by the Vice Chancellor, and approved of by the House of Convocation.

That in the absence of the Regius Professor a substitute be appointed by the Vice Chancellor.

That the Faculty of Examiners, before the examination, be sworn to act impartially.

III. That the examination take place the second week in Trinity Term, at a place to be appointed by the Vice Chancellor.

That the examination comprise Theory and Practice of Medicine, Anatomy, Physiology, Pathology, Materia Medica, Chemistry, and Botany; and that the candidates be examined in the works of Hippocrates, Aretæus, Galen, or Celsus.

The whole examination is to be made on one day, and may be in Latin or English.

The Examiners to give a testimonial.

Masters and Bachelors of Arts, &c., may be present.

The candidate shall place in the hands of the Regius Professor, fourteen days before the day of examination, certificates on the above subjects, and for hospital attendance, which must be approved by a majority of the Examiners.

IV. Fees to Examiners.—The candidate to deposit six pounds for the two Doctors: the Professor to be remunerated as formerly.

V. That candidates for the degree of doctor shall be bachelors, and have studied three years more.

VI. That candidates shall write and read a thesis before the Faculty or Examiners.

VII. That Doctors, &c. of other universities, desiring to be incorporated, must have answered for the degree of Bachelor of Arts in their respective academies, and then undergo the examinations, &c. required by this statute.

VIII. That doctors may practise every branch of medicine within the precincts of the University; no other person, unless authorised by the Vice-Chancellor. That surgeons be authorised by the same.

That doctors, after having taken the oath of supremacy, receive a licence to practise in all parts of England.

That these regulations commence before Trinity Term, 1834.

These, like the regulations, of all our medical incorporations, are selfish and obscure. It is not clearly stated whether a candidate for the degree of M. B. is to be a graduate in arts, or whether he must have matriculated at the university. Neither is it clear what lecturers are recognised, nor is it evident whether the lectures delivered in the metropolitan or provincial schools are sufficient. Previous to these regulations, the lectures delivered at Cambridge and at Trinity College, Dublin only, were received.

Upon the whole, these regulations exclude nine-tenths of medical students, and compel them to resort to other universities for advantages that ought to be afforded them in their own. The idea of granting a doctor's degree on the presentation of a thesis, is preposterous, as every one knows that such an essay may be composed by any individual for the candidate. There is no examination for the degree; and a Fellow of the College of Physicians, on presenting himself a few years since for that testimonial, was left to read a novel, while the examiner was occupied in filling up his degree. Nevertheless, such men as these are placed over the graduates of all other universities in the world, and it is considered ultra-radical for the great body of physicians in London and elsewhere to denounce such a system.

UNIVERSITY OF ST. ANDREW'S.

*Regulations for granting Medical Degrees by the Senatus Academicus of the University of St. Andrew's.*

UPON a motion, made at a previous meeting, the Senatus Academicus took a-new under their serious consideration, the mode of conferring Degrees in Medicine and Surgery; and, with the view of requiring from candidates for that honourable distinction, a course of study calculated to prepare for the full and enlightened discharge of their professional duties, and of affording to the public the most ample security that no degree will be conferred until it has been ascertained, by a minute and scrupulous examination, conducted by the Professor of Medicine, in conjunction with other distinguished members of the medical profession, being resident Fellows of the Royal Colleges of Physicians or Surgeons in

London, Edinburgh, Glasgow, Aberdeen, or Dublin, that the candidates have suitably profited by attending the prescribed classes and hospitals, and are in every respect qualified to practise with advantage to the community, adopted the following regulations, which they agreed to publish in all the Medical Journals of Great Britain, and to communicate to the highest medical authorities:—

I. No candidate shall be admitted to examination till he has subscribed a declaration that he is twenty-one years of age, and has produced satisfactory evidence that he is of unexceptionable moral character.

II. The candidate, if he be not in possession of the degree of A.M., must produce certificates of his having had a liberal and classical education, and be ready to undergo an examination as to his proficiency in the Latin language.

III. The candidate must produce certificates that he has regularly attended lectures, delivered by Professors in some University, or by resident Fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, Glasgow, Aberdeen, or Dublin, for, at least *four complete sessions, during four years, on the following branches:—*

1. Anatomy.
2. Practical Anatomy.
3. Chemistry.
4. Theory of Physic, or Physiology.
5. Materia Medica and Pharmacy.
6. Principles of Pathology and Practice of Physic.
7. Surgery.—(Each of the above courses to be of six months' duration.)
8. Practical Chemistry.
9. Midwifery and Diseases of Women and Children.—(Each to be of three months' duration.)
10. An apprenticeship, or six months' attendance in the shop of an apothecary, or in the laboratory of a public hospital or dispensary.
11. Attendance at a public hospital, containing not less than eighty beds, for, at least, twelve months.

For degrees in medicine—clinical medicine.

For degrees in surgery—clinical surgery.

Two three months' courses of either to be considered equivalent to one six months' course.

These regulations will be invariably ob-

served, except when the candidates are possessed of a surgeon's diploma from London, Edinburgh, Glasgow, Aberdeen, or Dublin; have been in regular practice previous to the year 1830, or have served as medical officers in his Majesty's Army, Navy, or East India Company's Service, in which cases three years' attendance on the above courses will be sustained.

The Senatus Academicus have, in the meantime, appointed as conjunct Examinators with the Professor of Medicine:—

Robert Liston, Esq., Fellow of the Royal College of Surgeons, Edinburgh, Surgeon to the Royal Infirmary, and Lecturer on Surgery.

J. A. Robertson, M.D., Fellow of the Royal College of Surgeons, Edinburgh, and Lecturer on Surgery and Materia Medica.

J. Mackintosh, M.D., Fellow of the Royal College of Surgeons, Edinburgh, and Lecturer on Midwifery and Practice of Medicine.

Alexander Lizars, Esq., Fellow of the Royal College of Surgeons, Edinburgh, and Lecturer on Anatomy.

William Gregory, M.D., Fellow of the Royal College of Physicians, Edinburgh, and Lecturer on Chemistry.

Any three of whom, along the Professor of Medicine in this University, to be a quorum.

It is resolved, that there shall be three periods during the year for graduation, viz. the last Tuesday in April, the first Tuesday in August, and the last Tuesday in December.

Every candidate for these degrees must communicate with the Professor of Medicine, personally, or by letter, and furnish him with a list of the Certificates he intends to produce, fourteen days before the stated period of examination, to prevent disappointment, delay, and expense. Each candidate, after he shall have afforded sufficient evidence to the University, as to his course of study, and paid the fee of graduation, will be informed of the time and place of his examination, which must be conducted before the Senatus Academicus, or a Committee of that body.

The whole proceedings shall be submitted to the consideration of the Senatus Academicus by the examiners. Should the University be satisfied, the degree will be conferred on the candidate by the rector in the hall of the public library of the University, and the diploma will be signed by the members of the University and the examiners. Should any

candidate be found unqualified, he will be re-mitted to his studies till the next period for conferring degrees; and when he again presents himself, he will be required to produce satisfactory evidence that he has been diligently engaged, during the interval, in improving himself, and, if possible, attending additional lectures. In the event of being re-mitted to his studies, he shall forfeit one-third of the deposit money, which, however will be accounted for to him, when he passes his examinations successfully at a subsequent trial. *St. Andrew's, Dec. 9th, 1833.*

*Comments on the above.*

The degree of M.D. has always been looked upon as the highest honour in medicine, and to obtain it hitherto, it was necessary that the student should present certificates of attendance upon the lectures of professors in universities. No other qualification was admitted. The operation of this law has in many respects tended to the disadvantage of medical science, and to the public injury. Can any one for a moment suppose that the lectures delivered by Sir A. Cooper or Mr. Abernethy, were not as likely to benefit the student, to make him fit to practise his profession, as those delivered by any professor whatever, and yet attendance upon the lectures of these gentlemen formed no qualification for receiving the highest medical honours.

Again, the patrons of universities have not always been the best judges of the requisites to make a professor. Hence, they have sometimes appointed to chairs men perhaps of high talent and celebrity, but who proved incompetent teachers; and thus the best interests of science, universities, and of the public, have been unintentionally sacrificed.

Again, the appointments of professors are for life. Age will creep on, and with it our faculties and powers will fail; but although a professor may become incompetent, still his class must be attended, and thus the cause of science and the public good must suffer.

Now, the professors, if good teachers, will, from the honourable situation they hold— from the other advantages connected with their office, command a large class, even if the field of competition were open, although with inferior or incompetent teachers the case might be otherwise.

The University of St. Andrew's has, with great judgment and propriety, admitted, as qualification for degrees, the attendance upon those classes which are admitted by the Colleges of Surgeons of London, Glasgow, Dublin, &c.; and these are placed upon the same footing as the lectures within the walls of universities. This is a great boon to students, to the public, and to the cause of medical science. Its operation will not rest here, it must extend to the other universities. In self defence they must make their regulations more liberal than they are at present. That the degree will be valued, the presence of the Senatus of St. Andrew's at the examination of the candidate, and the high character of the examiners they have appointed, will be a sufficient guarantee. These gentlemen must be responsible to the public for the strictness of the examination which the candidate must undergo. X.

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**THE APOTHECARIES' ACT.**  
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*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN,—As the period is now fast approaching at which Parliament will assemble, and as it is allowed by most practitioners, that inquiry ought to be made into the existing state of the profession in all its branches, I am desirous, through the medium of your respectable Journal, of calling the attention of my professional brethren to the 3rd Clause of the Apothecaries' Act, by which the Master and Wardens, for the time being, or their Assistants, are authorised to do and perform very disagreeable duties \* \* \* \*

Now, whatever necessity might have existed, from the enactment of this clause, in the reign of King James the First, when grocers were allowed to sell drugs, it appears clear to me, and I think must be allowed to be so by every unbiassed mind, that Parliament did not consider such necessity to exist in the year 1815, for, towards the conclusion of the act, (see clause xviii.) we find that druggists are excepted, a fact so strong and conclusive, that it is wonderful the Company should not have abandoned the right as regards the private practitioner; but let us inquire into the intention of the act itself, and a question will naturally present itself; for whose benefit did the legislature confer this power on the said society? for the benefit of the public certainly,

and not the society. When bad or improper drugs are sold, or when drugs are improperly administered, who are the suffering parties? the public; then this power was intended as a protection to the public. I think, therefore, it must appear evident to every candid and reasoning mind, that this inquisitorial power (whether rightly placed I shall not stop to inquire) has been grossly misdirected; the inquiry ought merely to be made of the retail dealer in drugs, not the legally qualified practitioner of medicine, who, for the most part, neither retails drugs nor dispenses any prescription, except when he is in attendance to watch its operation, and however strongly the Master and Wardens may express their desire to exalt the character of the profession, I submit that this mode of proceeding appears not well calculated to attain that object; it is at variance with the principles of sound morality, and hangs by the profession as a brand and a stigma; to honest men it is unnecessary, to honourable men it is a dishonour and a degradation; moreover, be it remembered that the persons who execute this odious right, are men whom you cross in your daily practice, and without directing my observations to any one personally, I may be allowed to observe that it affords an envious man an opportunity of gratifying private pique, by making frivolous objections against his neighbour's establishment. But this is not all, the master, wardens, and assistants, it must be borne in mind are members of a trading company whose interest it is to extend the sale of drugs. By asking to be shown a variety of preparations, they can cause the private practitioner to keep a much larger stock than his practice requires, and it is evidently their interest to find fault with drugs supplied by any establishment save their own; if this surveillance is to be continued, surely it would be but fair to place it in the hands of those who are in no way connected with pharmacy. This language may by some be considered too strong, and therefore I again disclaim anything approaching to personality, but when we see the retail druggist, an uneducated man, in every street in the metropolis, not only selling drugs and dispensing prescriptions without controul, but also prescribing in all cases, as well medical as surgical, frequently practising midwifery, not to mention the minor operations of bleeding, cupping, and so on, I think a little allowance ought to be made for one who feels that

he is visited for the sins of others. It really appears singular that the eyes of legislators should not yet have been opened as to the glaring defects of this extraordinary act on the one hand, and its unnecessary and unconstitutional severity on the other. These evils ought to be remedied, and I hope the great body of general practitioners will shortly enter into some means of making their voice heard in parliament on the above subjects, as also all others connected with the welfare of the profession.

I am, Gentlemen,  
Your obedient servant,  
MEDICINÆ EXERCITATOR.

Nov. 29th, 1833.

#### OBSERVATIONS ON PERICARDITIS.

BY A STETHOSCOPIST.

I LATELY read, in your publication, an account of two cases of pericarditis that had occurred in the Middlesex Hospital. The writer has also prefaced these valuable pathological facts with some remarks on the physical as well as stethoscopic indications of the above disease. My object in addressing you is chiefly to put your correspondent in possession of a few additional facts, recently observed in the progress of this insidious and fatal malady; and if, in return the writer can afford an explanation of the morbid sound of the heart on the principles of attrition, which he seems disposed to credit, I shall be thankful to receive them.

A patient was admitted on the 5th of Nov. into the Middlesex Hospital with acute rheumatism of the fibrous form; no morbid action was detected in the heart. On the 12th, she was observed to be somewhat haggard in countenance, though complaining now of slight pain only in the wrists, and none in the chest. On listening to the heart, a distinct "bellows sound" was heard to attend its systole; she was immediately put under a strict course of mercury, and lost blood by cupping to the chest. On the 22nd, the pulse was intermitting, the morbid sound still heard; but, added to this, there was noticed the following singular change. The patient being on her back, and the stethoscope being placed over a spot corresponding to the junction of the third and fourth rib with the sternum, a duplex sound was distinctly heard, consisting of the above-mentioned "puff," and a rough grating

sound, similar to a carpenter's plane: the latter could only be heard in the above spot, whilst the bellows sound was evident in every part of the præcordial region. The stethoscope was kept over the sternum, and the patient made to lie on her right side, then on her left, and lastly the trunk was placed upright; in neither of these postures was the rough sound heard, but only the other; it was also heard over the first dorsal vertebra of the spine.

I must here remark, that during the whole progress of this attack of the pericardium she has never, to this day, once complained of pain, nor has she allowed that any was caused by pressure in the præcordial region or epigastrium. Her rest has never been disturbed; her posture is indifferent; and the usual symptoms of pain from the shoulder to the elbow is absent. She is now (Nov. 30th) walking about the ward in good health, as she expresses it; the two sounds are quite as distinct as when they were first noticed; the heart is still intermitting; her features are sharp and haggard. Though this patient may be apparently cured to an inexperienced stethoscopist, we cannot be morally certain in this, or any other case of pericarditis, that the cure is complete until the patient is capable of resuming the usual avocations of health without distress to her chest.

Before proceeding to comment on the above facts, I beg to state that this patient, and the man alluded to by your correspondent, are not the only two cases of this disease in which I have been unable to trace the slightest general signs of pericarditis. Rheumatism has been greatly prevalent during the last six weeks, and so indeed has metastasis to the heart; but so far from the usual symptoms of pericarditis having been well developed, there has been with few exceptions scarcely a case in which those signs noted by authors as common to the disease have presented themselves.

It is on the stethoscope that we must principally rely for information in this obscure disease; and every experienced practitioner will allow that this morbid sound is never absent in acute pericarditis.

On the first occurrence of the "bruit de soufflet," in the above-mentioned case, the pericardium was undoubtedly inflamed; the remedies employed controlled this inflammation, and on the 22nd day we could speak pretty accurately as to the condition of the

membrane, viz.—that it was partially adherent; being so, it would not suffer that friction of the opposite surfaces which must, according to the writer's views, have caused the fresh sound now heard; had it done so, surely one of the postures in which she was placed must have aided the friction, and therefore have increased the grating noise; but no,—it removes it altogether.

It is an invariable law operating in the progress of inflammation and its results, that where lymph is effused for the purpose of adhesion, a mechanical obstacle exists to prevent such a desirable end taking place, there being a simultaneous effusion of serum, which tends to keep the opposite surfaces apart, and render that very occurrence which your correspondent is disposed to view as productive of the morbid sound almost impossible; for I would ask him, how is it to be explained in the case of Scott? The bag of the pericardium was distended with citrine-coloured serum,—could any attrition there take place? In the second case the sound never left the heart after its first establishment, and never altered in character to her death, and here the pericardium was universally and firmly adherent;—how was motion over the heart's surface to take place here?

Had the writer been desirous of explaining the cause of this valuable diagnostic sign on the principle of attrition, he could not have selected two cases more illustrative of the futility of his argument than the above. Why they are ill chosen, I will leave your readers to decide. Concerning the case treated successfully by Dr. Watson, the writer adds the following interesting fact:—"that there were three feeble contractions with a loud grating sound, followed by three others, stronger in impulse, and devoid of morbid sound;" for an explanation of which phenomenon, he adduces the following,—"that as the heart struck feebly against the chest, the opposite surfaces were better able to come into such contact, that a mere rubbing together could ensue; whilst, when the impulse was strong, it so displaced the lymph, that attrition could not result." Now, I first ask him,—Why did the excitement of the patient remove the "bruit" so instantaneously? 2ndly, Did the heart simultaneously with the disappearance of the sound become accelerated?—The latter question I can safely answer in the negative, though your correspondent has failed to notice the circum-

stance at all, if he recollects this fact, which I am sure he must if he listened attentively to its action, how can he explain the first point upon the principle of attrition, seeing no sensible alteration was caused in the systole of the ventricle? The point of the præcordial region, at which the greatest impulse is given, corresponds to a spot from three-quarters of an inch to one inch below the mamma; the above sound was heard midway between the sternum and nipple, somewhere near the base of the organ;—let me ask then, how the impulse of the heart at the fifth rib could possibly influence a sound produced at the base of the organ. Again, presuming the lymph was sufficiently firm in texture to cause this rasping by its attrition, can we readily assent to the idea of instantaneous displacement of such lymph, which must necessarily be endowed with the properties of firmness and adhesiveness, without involving ourselves in a most abstruse mode of reasoning, the absurdity of which will be apparent to every one who reflects calmly on such an explanation.

It is too true that lymph may be spread over the whole pericardium, and be mammillated in structure; it may exist in greater quantity over that spot where the morbid is heard; but at the same time it must be shown that the lymph is not separated from the two surfaces by serum, and is also so immovably adherent, that a rough sound could be produced by its friction; for if it were so, that most essential process which nature sets about establishing as her first step towards tentative reparation would be annihilated. If there exists lymph on the pericardium, and neither adhesion or complete absorption of such rapidly ensues, the surface of the membrane becomes endowed with the property of secretion; this fluid, according to Dr. Latham, may be thin and scanty, and of the palest yellow colour, by degrees becoming more consistent and copious; whilst this process is going on around a vital organ, reparation by adhesion cannot possibly ensue, more and more accumulates, the heart becomes troubled in its action, the disturbance to the vascular system is too great to be long endured, nature's processes are perplexed and overthrown, and before one set of vessels can remove the serum and another set organise the lymph, the heart's action is suddenly arrested, and death instantaneously ensues.



If nature is enabled to effect adhesion between the opposite surfaces, it rarely happens that firm and general adhesion is the result; on the contrary, long slender bands of lymph are thrown out from one surface to the other, or the layers may be a mere reticulated membrane, as thin as a cobweb, such, indeed, that it would never convey the notion of its being the cause of the harsh grating sound noticed by your correspondent.

I had an opportunity of examining the heart of a young man who died from recent pericarditis a few days ago. The medical gentleman who attended him is a practical stethoscopist; and he informs us that so late as in June last, there was a harsh grating sound attending the systole of the ventricle, and a bellows murmur besides; and that there were other evidences of hypertrophy of the organ. The patient was constantly livid in countenance, and greatly distressed in his breathing: he died anasarctous. The whole pericardium was adhering feebly to the heart by a series of firm bands of lymph; in some parts the membrane was of a deep scarlet colour, and over the right auricle the shreds of vermilion-coloured lymph gave the appearance of loose tapestry; but the most important point remains to be described,—the valves of the pulmonary artery had become firmly adherent, so as to form one thick membrane, with a central opening capable of admitting a small pea; the foramen ovale was also patulous, and the aorta remarkably small in calibre. In this instance, then, the harsh sound noticed in June last must have been caused by the peculiar condition of the sigmoid valves.

What then is the immediate cause of these preternatural sounds, and the mechanism by which they are produced? I conceive the explanation must be afforded by morbid processes going on within the heart. There does appear to be in all cases of pericarditis a co-existing inflammation of the internal lining of the organ; and the pathology of acute and chronic diseases of the pericarditis shows this fact.

An individual is attacked with inflammation of the serous covering of the heart, he is actively treated, and the disease is arrested in time to allow nature to remove all those productions of inflammation; he is apparently cured; but let him return to the habits and exertions of health, and a recurrence of his

palpitation and dyspnoea will bespeak the certainty of disease still within the heart.

Inflammation of the internal lining is usually limited to those portions which are reflected upon themselves, and constitute the valves, whilst the membrane covering the fleshy walls becomes involved in the disease only as a consequence of the other. We may readily conceive that these membranes will become stiff, lose their elastic character, and intumescence ensue, which will give rise to constriction of the valvular apparatus on every attack of inflammation.

Now this inelastic and puckered state of the valves or internal lining of the heart does most assuredly produce a rough grating sound, even though all the cavities bear a due proportion to one another.

Some time since a patient in the Middlesex Hospital, under Dr. Watson, was afflicted with paralysis of the portio dura, and subsequently died of apoplexy: in his case the systole of the heart was attended with a sound analogous to the rubbing of two pieces of silk together, nothing could be harsher than the noise: it was found to have been produced by a thickened state of the membrane of the left ventricle, just as it is reflected off the muscular wall to form the semilunar valves; so that when the ventricle was closed, a distinct sharp ridge could be felt around the mouth of the aorta; every other part of the organ was perfectly healthy.

From these facts then do I argue that there is caused by pericarditis an alteration in the capacities of the orifices of the heart, the circumference of the opening will be more or less circumscribed, and the correspondence between the cavity of the ventricle and its mouth being changed by such inflammation, the blood in its flow onward passes, by the increased impulse of the ventricle, through a narrower opening, thus causing a sound modified in degree and intensity by the previous healthy or thickened condition of the valvular apparatus.

I have now to apologise for having trespassed on your pages; but I have done so more from a desire to elicit any further remarks from your readers on this interesting point, than with a view of laying any novel theory before them, which might only tend to perplex instead of unravelling the intricate chain of symptoms attending this serious, and too often fatal, disease.

THE  
London Medical & Surgical Journal

Saturday, December 28, 1833.

MEDICAL REFORM. — DR. JOHNSON  
AND THE EDITOR OF THE MEDICAL  
GAZETTE.

WE have uniformly advocated the necessity of waiting for the result of a Parliamentary inquiry into the condition of medical education and practice, before the profession, or any influential portion of it, should be called upon to propound a scheme of Medical Reform. Under the apprehension of that inevitable scrutiny, the whole body corporate of medicine is at present in a state of fever; and local inflammations, which are rapidly disorganising the ancient tissue, are in active operation on the surface, and in the centre,—at St. Andrew's and at Oxford.

What may, then, be the actual state of the profession a month hence, at least in its future prospects, it is very hazardous to pronounce. Much of the present evil is, we fear, beyond the reach of instant reformation; and where rights of practice have been already conceded to an education, now, on all hands, confessed to be inadequate, we must wait for a generation to pass away, before the evil can be totally extinguished, and console ourselves, meantime, with studying the bills of mortality: still, with regard to the future, the medical corporations have it in their undoubted power, even without the interference of Parliament, to innovate an improved curriculum of education. But waving the despotic constitution of those governing bodies, and those evils, which are far beyond the reach of their mending hand, the evils arising from the conflicting legal rights and dis-

abilities of the several classes of practitioners, willing as we are to applaud good intentions however tardy, we cannot regard such changes as have been lately made and are likely to be imitated, as any satisfaction of the general demand for a uniform systematic course of education throughout the United Kingdom, with an abolition of all rivalry but that of accomplished professors. If we may be allowed the metaphor, the tattered garb of patches, with which the profession is now clad, "in variety of wretchedness," may be exchanged for a coat of many colours, but still the simple and just taste of the age will object that there is "nothing of a piece about it\*."

To return to the discussion of the Westminster Medical Society, we must observe, that the ruse of that able tactician, Dr. Gregory, signally failed: every independent member of the profession, whether at the first full meeting, when his proposition was advanced and scouted, or at the second when it was lost by a ballot, (presuming the proceeding legal,) discountenanced his scheme as utterly intolerable. On this point there was, there could be, no difference of opinion. Dr. Somerville's scheme was considered by many eminent members of the Society, not sufficiently developed to warrant its adoption even by those who favoured the principle; whilst others looked upon the proposal of any specific measure, in addition to a prayer of general inquiry, as premature, if not inconsistent. Our quarry is too high to allow us to stoop upon the vulgar cabal, which is alleged to have interfered with and stifled the deliberate opinion of the Society: there certainly was much noise and intemperance in the decision of the affair; but we cannot, in conscience, impugn that de-

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\* Otway's Orphan.

cision. A petition to parliament, detailing the grievances of the profession in precise and strong but temperate language, and praying an inquiry into their causes, and redress of this national evil, from the grand inquest of the nation, is *datum* sufficient for the solution of the problem: grant but inquiry, and the good cause is secure.

This proposition of a single Faculty for the whole kingdom, has led to a reckless imputation upon the consistency of a most honourable member of the profession, which calls for a word or two. Dr. Johnson, who proposed the resolution, although he deprecated the notion of dictating to parliament what course it should pursue prior to any inquiry, exposed, with a happy combination of humour and reasoning, the absurdities of the ordinary distinction in the education of physicians and surgeons; and, as a necessary consequence, of any classification between them, other than what the tastes or habits of individual practitioners, in a large and condensed society, will necessarily lead to. If upon so plain a position any still entertain a doubt, we refer them; with no ordinary satisfaction, to one of the most philosophical introductory lectures that was ever delivered upon the objects, history, and prospects of medicine, which enriches the pages of our last week's *Journal* (No. 99); and we hail the dawn of brighter days in that statement of Dr. Stokes, that every day is tending to produce a fusion of the profession, in the spirited institutions of the Sister Isle.

These opinions were not new to Dr. Johnson; and in the 6th volume of the *Medico-Chirurgical Review*, he republished an admirable article, which he had written and published long before, for the purpose of comparing it with Mr. Lawrence's famous speech on the same subject. Dr. Johnson's published opinions,

then, must have been well known to the hackneyed Editor of the *Medical Gazette*. The very same volume of the *Doctors Journal*, contains that Editor's circular upon the Treasury Minute touching Hunter's Museum, from which, by the by, it appeared the Lords of the Treasury were not aware of the existence of such a degraded body as Licentiates of the College of Physicians. But it fortunately happened, for the purposes of malice, that the same volume contained an ultra-tory anonymous review of Mr. Lawrence's speech, which it suited the short-sighted policy of the Editor of our contemporary to attribute to Dr. Johnson, and, thus propped, to assail one of the most consistent and manly reformers in the profession, as a truckler and time-serving partisan! It is well known that the review in question was the production of the late Dr. Dill, a gentleman of talent, whose abilities were unfortunately checquered with an inordinate zeal, which often led him to support party opinions, and express them with a warmth, which upon reflection he regretted:—who does not remember the alarming article upon Cholera in the *Quarterly Review*? and yet this same writer, who did his worst to convulse the nation, ultimately joined the anti-contagionists. But it is unnecessary to expose, at greater length, the futility of these puny efforts at detraction.

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#### LUNATIC ASYLUMS IN IRELAND.

OUR attention has been called to the management of the District Lunatic Asylum for Paupers, which have lately been established by Government in Ireland, by the perusal of a very sensible and well-timed pamphlet, from the pen of Dr. Jacob, of Maryborough, the physician appointed by Government to one of these establishments in his native

town\*. This gentleman has shown talents and industry, and seems to be actuated by a sense of duty to his afflicted patients and the cause of medical science, which prove him worthy to succeed to his father's more than provincial reputation as an able physician of the past age. We have read, with great interest, the result of his examination of different Lunatic Asylums, and highly approve of the regulations he proposes to adopt in that over which he has, or ought to have, control. There is no doubt, these establishments, under the care of intelligent physicians, will afford an opportunity of adding much to our information of the occult forms of insanity, an inflexion to which the healing art has been but latterly deemed universally applicable. To medical readers it is unnecessary to insist, that derangement of the mental powers is, in general, a consequence of some lesion of the corporeal frame:—but, we fear, the public, and more especially the Irish gentry, who have considerable influence over these national institutions, are not fully aware of the fact. In the words of Dr. Uwins †, “Madhouses ought to be divested of their peculiar character; instead of ‘Mausolea of mind,’ they are merely receptacles for that kind of bodily sickness, which prevents the proper exercise of the mind.”

We collect from Dr. Jacob's pamphlet, that there is, in each of these institutions, an officer, called a *manager*, who, without any other education than a little familiarity with madness in the large establishment in Dublin, sets himself up as a *moral governor*, and, like the Irish Tutor, has,

\* Observations and Suggestions on the Management of Maryborough District Lunatic Asylum, submitted to the Consideration of the Governors. By John Jacob, M.D., Physician to the Institution, &c. Dublin, 1833.

† On Medical Disorders. London, 1838.

each of them, *his system* for treating insanity; and considers the physician as an almost useless appendage, to be consulted as occasionally as in a parish workhouse. These things must not be: higher interests than the respectability of the profession are at stake; and if the Irish gentry are not enlightened enough to know that it is the peculiar province of the physician to prescribe the treatment, moral or physical, of mental diseases,—we think a memorial to the Government would set the matter right.

#### ST. GEORGE'S HOSPITAL REPORTS.

We regret that our friend at St. George's was led into error in stating, that the former medical attendant had most shamefully mismanaged the case of sloughing of the penis. We have heard the particulars of the treatment, and nothing could have been better. No member of the profession could have treated the case more judiciously. A physician and surgeon had attended, and advised the man, who had no relatives, to go to the hospital.

#### WOUNDS IN THE TRACHEA.—PHYSIOLOGY OF DEGLUTITION.

BY W. DU HEAUME, ESQ.

From experiments it appears to me, that an important circumstance has been omitted in the physiological account of deglutition. My limited reading may, however, have readily led me into error. During swallowing an expiration is made, and the air escaping through the rima glottides at the time the substance passes over it, is, instantly after the substance has passed, made sensible at the opening of the nares. This, I conceive, is one use among several others of the large quantity of air left in the lungs, after an ordinary expiration, so much of which can be expelled by a voluntary effort. If this be correct, it will explain why substances, taken into the mouth, pass out of a wound in the trachea, situated below the rima; and I do not know how this can be satisfactorily explained otherwise. How often this occurs is well known. Dr. Colles, of Dublin, in his lectures last winter, related the

case of a man, who had a small wound of the anterior thyro-hyoid ligament, through which the fluids, taken into the mouth, escaped. The man died in eight months. The treatment this view of the subject would suggest, is the total prevention, if possible, of the escape of air through the wound, during the taking of food or drink.

Glasgow, 14th December, 1833.

### Reports of Societies.

#### WESTMINSTER MEDICAL SOCIETY.

Saturday, December 21, 1833.

MR. PETTIGREW in the Chair.

*The Medical Gazette, its misrepresentation—Dysphagia—Dr. Gregory's Ballot.*

The minutes of the last meeting having been read and confirmed,

Dr. James Johnson rose, and said, "as it is usual in the House of Lords and Commons to take notice of the reports of speeches, I trust that this Society will allow a zealous but humble member, the privilege of commenting on strictures passed upon his speech at a late meeting. A medical Journalist in his publication of this day, (he alluded to the Editor of the Medical Gazette) has accused me of tergiversation, and of having contradicted myself, in declaring opinions on medical reform, which were contradicted in the Medico-Chirurgical Review, of which I am the Editor. Though my accuser is well aware of the fact, that, in that work, there are articles furnished by different individuals, he most erroneously considers that I am the author of every thing that appears. There is nothing more common than difference of opinion entertained by different writers on the same subject; more especially on such a question as the difficult one of medical reform. Illustrations of this fact are constantly afforded in our ablest political reviews,—as the Quarterly and Edinburgh. The article attributed to me was not written by me, but by the late Dr. Dill, of the Fever Hospital; and in the same volume is one by myself, infinitely more radical than any thing I have stated in this Society (*hear, hear*), and diametrically opposed to that referred to (*hear, hear*). The Editor did not choose to notice this, as it did not suit his purpose; but I shall republish it within a week, and leave the profession to judge of my con-

sistency as a medical reformer (*hear, hear*). In fact, it appeared in 1817, was republished in 1827, and shall re-appear in a few days, and behold the proof of my inconsistency! Some years since there was a great hostility between the Lancet and the Medico-Chirurgical Review, which I deeply regretted, as injurious to the fame of the profession. I discontinued it, and from that moment I have been assailed by the Medical Gazette, though I am utterly unconscious of ever having given the editor the slightest cause of offence. Even on a late occasion, he solicited my vote as candidate for the office of Physician to St. George's Hospital: I gave it him cheerfully, and his strictures of this day show his gratitude.

The Chairman observed that he felt sure the society entertained the highest respect for the opinions of Dr. Johnson on every occasion, and the manner in which he had acquitted himself at the last meeting elicited well merited applause from the numerous meeting—(*hear, hear and applause*). He regretted the absence of the Secretary, for were he present, he (Mr. P.) would complain of the short notes of the proceedings of the last meeting, because some interesting facts were mentioned, well worthy of a place in the society's records. He alluded to the change of the hair after the small-pox.

Dr. Gregory said that Dr. Copland and himself had seen the case related by the Chairman and bore his testimony to its accuracy.

Dr. Johnson then called the attention of the society to three cases of dysphagia, in two of which the patients complained of pain at the cardiac orifice of the stomach, though the stricture was high up in the oesophagus. One eminent surgeon was afraid to pass a bougie, and the other did so, and greatly relieved the sufferer.

Mr. Dermott explained the cause of the pain at the cardiac orifice by reminding the meeting of the muscularity of the oesophagus at that part, and of the strong sympathy between all parts of that tube.

Mr. Hunt thought it of primary importance to keep the state of the constitution in view before passing the instrument, as he had known cases in which death followed in the course of two or three weeks afterwards. He wished to ask Dr. Johnson whether he did not consider that spasmodic dysphagia was of more frequent

occurrence than that caused by change of structure.

Dr. Johnson replied in the affirmative, and added that hysterical and dyspeptic women were very subject to it. One of the diagnostics of permanent stricture was a copious discharge of ropy mucus.

Mr. King was of opinion, that the introduction of a bougie was not so dangerous, as had been imagined. He had repeatedly employed the instrument without any bad result.

Mr. Bevor related a case in which a bougie was sometimes passed to the cardiac orifice, but never into the stomach; and at other times it could not be introduced. The patient died, and on examination a large ulceration was discovered.

Mr. Pettigrew stated that he had seen a preparation, brought from the country by Mr. Langstaff, in which the stricture was at the edge of the epiglottis, and nearly closed the œsophagus. It had fallen to his lot to have seen several cases in which strong coffee was swallowed with more ease than any thing else.

Mr. Quain detailed a singular case of a gentleman, who had constantly witnessed the sufferings of a friend afflicted with stricture. So great was the impression on his mind, that after some time he experienced great difficulty of deglutition, and died of spasmodic dysphagia.

Mr. Dermott referred to the anatomy and physiology of the œsophagus, and explained the nervous sensibility of this part. He was inclined to believe, that permanent stricture was more likely to take place at the narrowest part of the canal, namely, its commencement.

Dr. Johnson agreed with the last speaker, and said that he had no doubt but one of the cases he related arose from spasm only.

A gentleman mentioned a case of an intemperate man, in which inflammation of the mucous lining of the canal was the cause of death.

Several other cases were described, in which the patients experienced great difficulty, in swallowing certain kinds of food.

Dr. Epps then proposed the following resolution, which was seconded by Dr. Johnson, and after some opposition from Dr. Gregory, was carried.

“That the sense of the Society be taken upon the question, whether it be con-

sistent with the regulations of this Society, that a ballot be taken upon a resolution upon an evening succeeding to the declared passing of the said resolution, more particularly as another resolution was discussed and passed on the same evening after the resolution referred to was declared passed by the Chairman.”

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MEDICAL SOCIETY OF LONDON.

Monday, December 23, 1833.

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MR. KINGDON in the Chair.

*The Egg-cup case—Pathology of Typhus.*

THE whole evening was occupied in traversing the same ground as at the last meeting, with the exception of a few remarks on the pathology and proximate cause of typhus. The Society then adjourned until Jan. 13th, and the President gave notice that he should summon a meeting to be held on Tuesday the 7th of January, to receive and discuss the petition for medical reform.

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*Portuguese Hospital Reports.*

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(Continued from page 669.)

*Gun-shot wound of the Chest—Ball lodged.*

R. J., a young and healthy private soldier in the service of the Queen of Portugal, was wounded in the back, Nov. 17th. The ball (musket) entered through the middle of the left scapula and penetrated his chest, fracturing one of the ribs. The first few days the symptoms were those of high inflammation of the chest, great pain, cough, and fever, which symptoms were allayed considerably by large bleedings, the establishment of suppuration, &c. The discharge of matter from the wound became very abundant and continued so. Irritative fever came on, and in nine weeks he died.

I was not able to examine this patient with the stethoscope, from much the same circumstances as prevented my doing so in the last case.

*Autopsy ten hours after death.*—The cavity of the chest was quite full of purulent matter, and the lung collapsed to the size of one's fist. The lung did not appear to have been injured by any pieces of bone or the ball. The ball

was found within the chest, in some degree imbedded in an intercostal space, about two inches below where it had entered.

### Hospital Reports.

#### ST. GEORGE'S HOSPITAL.

##### *Concussion of the Brain—Fracture of the Cranium—Death.*

THOMAS CALLOW, a carpenter, was brought to the hospital, Dec. 12th, at 11 o'clock, A.M., having been struck a quarter of an hour previously on the vertex, by a heavy parapet stone. He fell from a height of five or six feet, and grazed the skin over the left temporal region by falling on another stone. He was taken into the accident ward (Oxford) and on examination by the house-surgeon, he presented the following series of symptoms. The pupils of both eyes were contracted; the breathing slightly stertorous, and there was general violent convulsive action of the muscles of the body, requiring several assistants to hold him. The head was found to be of a remarkable shape (which we understood to be natural), the frontal eminences and the convexities of the temporal bones protruding greatly, and giving a very unusual appearance to it, to those who remarked it for the first time. There was a slight graze over the left eye, and over the squamous portion of the left temporal bone; a puffy swelling could be felt beneath the cranial integuments, evidently resulting from effused blood, but no fracture or depression of bone could be detected either on that side or the opposite one corresponding to it, where the swelling beneath the integuments was less. A gentleman who was present believed that he could feel the ridge of a fracture or depression, but on this point we could not satisfy ourselves.

He was immediately bled from both arms, and  $\frac{3}{4}$ iv. of blood were abstracted, the blood presenting no remarkable appearance. Shortly after his admission the pupils of the eyes became widely dilated, the breathing very irregular, laboured, and stertorous, with general loss of muscular power, more particularly of the muscles of the left side of the body, the intercostal muscles of the right and left sides acting freely in respiration. Mr. Hawkins (whose accident week it was), was immediately sent for, and on his arrival found all the above symptoms manifestly increasing, the pupils becoming more widely dilated, the breathing more laboured and stertorous, and the paralysis of the upper and lower extremities increasing. He examined the patient's head very carefully, but could not detect any fracture or depression through the cranial integuments. Mr. Brodie and Mr. Babington being in the Hospital at the time, Mr. Hawkins requested their opinion on the case. On reviewing the symptoms, Mr. Brodie advised that an incision should be made down to the

bone, and the trephine applied to the right side of the head (the paralysis and loss of power being more evident on the left side of the body), which if it did not relieve the symptoms could not increase them. An incision was accordingly made over the posterior and superior edge of the squamous portion of the temporal bone when a fracture of the bone was discovered running downwards from the vertex, the trephine was applied, and on a portion of the bone being elevated, there was found a coagulum of blood lying between its inferior surface and the superior surface of the dura mater, and from the cerebral membrane being puffed up and giving no signs of pulsation, it was conjectured that some internal vessel of the brain was ruptured, and was constantly pouring out its blood upon it; a further portion of bone (near the anterior inferior angle of the right parietal), in the direction of the fracture, was removed with Hey's saw, and the same appearances as above stated presented themselves. The temporal artery, and a branch of arteria meningea media were divided and allowed to bleed for a short time before they were secured by a ligature. No relief whatever to the symptoms resulted from these operations, the patient, indeed, appeared evidently worse, and Mr. Hawkins was on the point of trephining the bone on the opposite side, when the attention of every one was drawn to the apparently dying state of the man, and Mr. Brodie and Mr. Babington gave it as their opinion that no possible good could result from it, and Mr. Hawkins therefore desisted from the further performance of an operation which every one foresaw would be of no service or utility whatever.

Mr. Hawkins remarked that it was very probable the fracture extended through the base of the skull, across the sella tunica of the sphenoid bone, and that the parietal bones were driven in and forced out the temporal ones. With respect to the application of the trephine over the course of the meningeal artery, many surgeons (Mr. Liston, Mr. Lawrence, and others) he knew were averse to it; there were others, however, who held an opposite opinion, and, for his own part, he thought it was an operation which might always be performed without incurring any risk or danger. The patient, when he did die, would die of suffocation, from the nerves of respiration ceasing to perform their functions. We saw the man again at 3 P.M., the respiration was slow, laboured, and stertorous, accompanied with a short catch, somewhat resembling hiccough. The muscles of the larynx acted with violent spasmodic action at each effort of inspiration, and the intercostal muscles had a tremulous convulsive action given to them. The impulse of the heart gave a thrilling sensation to the hand over the whole auricular region; the action of the ventricles was sharp, and the apex, especially, could be felt distinctly striking against the parietes of the chest; the pulse was thrilling.

He died at 5 P.M. About an hour before his death he brought up some blood and mucus from the throat.

*Autopsy twenty-one hours after death.*—On removing the cranial integuments the edges of the coronal suture were found separated to the extent of half an inch, and at the part where the blow was received, which was a little to the right of the median line of the cranium, and over the coronal suture, a depression was seen, and a fracture extending directly backwards from the suture into the right parietal bone, of from two inches and a half to three inches in length, was noticed. The squamous sutures of the temporal bones were somewhat separated by the blow, and causing a fracture which extended downwards on each side into the basis crani, and met in an even line in the sella turcica of the sphenoid bone, thus entirely dividing the anterior from the posterior portion of the skull all round, the fissure of the fracture was about half an inch wide. There was a considerable effusion of coagulated blood between the external integuments and the cranium, more particularly on the left side. The membranes of the brain were not torn, but there were large masses of coagulated blood over the lateral surface of each hemisphere (more particularly the left), between it and the dura mater, and at these parts the external convolutions of the cerebrum were more or less blackened and broken down. The lateral ventricles contained each a small portion of serum. The exterior and inferior surface of the cerebellum was broken down and engorged by the violence of the *contrecoup*, and the arbor vitæ was pale in appearance, and flabby in consistence. A large portion of coagulum was found in the occipital basis of the cranium. The commencement of the spinal marrow, pons varolii, pons olivæ, &c. did not present any particular abnormal appearances.

#### WESTMINSTER HOSPITAL.

##### *Cancer of the Breast.—Amputation by Mr. Lynn.—Cure.*

MARIA MEEK, æt. 50, of robust habit and dark complexion, applied to Mr. Lynn for advice about the commencement of last September, under the following circumstances. She has been married about twenty years, but has had no children. About twenty months previous to her application, she received a very violent blow from a door, which was suddenly driven open, and the key of which came in violent contact with her right breast. Some time after, her attention was arrested by a slight swelling in the situation where she had received the injury; but the swelling progressed very slowly until about eight or nine weeks ago, when it increased alarmingly in dimensions, and by the advice of her friends she applied to Mr. Lynn for his opinion as to the means most likely to afford her relief.

Mr. Lynn, after a careful examination of the diseased breast, pronounced amputation as the sole chance of relief. Sir Anthony Carlisle completely disapproved of such a measure, and mentioned the case of a woman who had cancer of the breast, and lived upwards of thirty years after the cancer had first set in, ultimately dying, not of the disease, but of old age.

Mr. White, on seeing the case, gave his opinion decidedly in favour of the operation. He stated his reasons for such an opinion to be, the quickness of its growth, and, secondly, the fact of the surrounding parts being free from disease. These he considered as circumstances which perfectly warranted an operation. Accordingly, on the 14th of September Mr. Lynn proceeded to perform the operation of removing the diseased breast. On examining the breast a short time previous to the operation, we found a tumour about the size of a melon; it was exceedingly hard, and entirely free from connexion with the surrounding parts. It was exquisitely sensitive, and appeared to be in a state of ulceration. There was some enlargement of the veins; she complained of darting pains.

Mr. Lynn having made two semicircular incisions, detached the cancerous breast in a very few minutes. Three or four arteries were taken up, and the edges of the wound approximated by means of long slips of adhesive plaster, which were brought round the neck.

It was generally understood that the present was the last operation which Mr. Lynn intended ever to perform in public, and as such excited some interest. The steady, intrepid, and rapid manner of operation which Mr. Lynn (who is very closely bordering on ninety years of age) exhibited, was not a little astonishing to the persons present.

On the night of the operation, the patient was tolerably easy, but she complained of the bandages being rather tight. Her bowels were costive, and she was ordered some saline aperient medicine.

September 18th. Bowels regular; pulse scarcely perceptible. Wound dressed yesterday; adhesions commencing. Some cordial medicines were administered by the house-surgeon, and with good effect. Mr. Lynn, however, entirely disapproves of the exhibition of stimulants soon after an operation. He also took occasion to warn the pupils against giving patients animal food after operations; he had frequently seen the very worst consequences ensue on such injudicious treatment.

The patient now rapidly recovered her strength, and at her own wish left the hospital on the 25th of September in a very favourable condition.

On the 23rd November, she came to the hospital to show herself, and by her own statement was in perfect health. As might be expected, she was somewhat in a weak state,



but in every other particular she was completely at ease. Her countenance was cheerful, and she seemed deeply grateful for the cure which had been performed on her.

#### ST. BARTHOLOMEW'S HOSPITAL.

##### *Porrigo Lupinosa.*

A YOUNG lad, about fifteen years of age, was admitted under Mr. Lawrence with an extensive scabby eruption on the head. These scabs were of a circular form, and of a slightly yellowish colour, their edges somewhat elevated, and they bore a strong resemblance to the seeds of lupines, from whence they derive their name. The size of each did not exceed that of a shilling.

The treatment consisted in shaving the head and in constantly washing the scabs with soap and water. The eruption has been touched with the *argentum nitratum*, and purgatives administered. Under this treatment the patient is now convalescent.

#### NUMBER OF STUDENTS AT THE LONDON UNIVERSITY AND KING'S COLLEGE.

	University.	K. College.
Anatomy . . .	224	132
Demonstrations . . .	213	130
Chemistry . . .	171	140
Midwifery . . .	49	98
Medical Jurisprudence	45	63

The numbers attending Practice of Medicine, *Materia Medica*, and Botany, are not given, but we believe the classes at the University are much more numerous.

#### APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, December 19th.

Thomas Abraham . . .	Grundisburgh.
Henry Clapton Barnard . . .	Hereford.
William Henry Bellot . . .	Stockport.
Thomas Ebbage . . .	Bungay.
Cornelius Garman . . .	London.
Edgar Henry Longstaff . . .	Lincoln.
John Lindley . . .	Derby.
Jas. Morrell Coventry Primus . . .	Powys.
John William Potter . . .	Ongar, Essex.
Charles Jacob Hare Ray . . .	Woburn Place.
Edward Rigge . . .	Kendall.
Charles Thomson . . .	Croydon.
Edward Wilson Turner . . .	Lewes, Sussex.

#### LITERARY INTELLIGENCE.

Dr. Epps has in the press a Case of Epilepsy of twenty years' standing cured, with the Treatment and Remarks thereon.

Preparing for publication, the Study of Osteology, or History of the Bones of the Human

Body. Illustrated by Five Imperial Folio Plates, from Albinus and Cheselden. By J. CASTLE, F.D.S., Trin. Coll. Camb., &c.

#### BOOKS.

CASES Illustrative of and Confirming the Remedial Power of the Inhalation of Iodine and Conium in Phthisis and various disordered states of the Lungs and Air-passages. By SIR CHARLES SCUDAMORE, M.D., F.R.S., Honorary Doctor of Medicine of the University of Dublin, &c. &c. 2nd edit. 8vo. pp. 227. Longman and Co., London. 1834.

An Essay on the Physiology of the Iris, with a different view of its Relations and Sympathies from the one usually received, and an attempt to establish a New Theory of the Action of Light upon the Eye. (Read before the Literary and Philosophical Society of Manchester. November, 1833.) By JOHN WALKER, Assistant to the Manchester Eye Institution, &c. 8vo. pp. 16 Webb and Sims, Manchester; Wrightson and Webb, Birmingham; Simpkin and Marshall, Renshaw and Rush, and John Churchill, London. 1833.

Anatomical Plates, by GEORGE DARRY DERMOTT, Esq., Lecturer on Anatomy and Surgery. *Reference to the Dissection of the Front of the Thigh*, Plates 1, 2, 3.

These Plates have a large sale, and well deserve it.

Illustrations of all the most celebrated Medical and Surgical Works, comprising a complete System of Morbid and Descriptive Anatomy, with separate title pages. Six Plates Weekly. Dulau and Co.

The cheapest, and as accurate plates, as any ever offered to the medical profession.

#### CORRESPONDENTS.

*Dr. Stokes's Lectures.*—We shall commence the year with the truly scientific and practical lectures of Dr. Stokes, and insert one every week until the course is completed.

*Mr. Holmes's case* next week.

*Dr. Thomson's paper* on the Apothecaries of Great Britain has been received.

*Mr. Swift.*—Dr. —'s lectures have not reached us as yet, Dec. 26th, though delivered some weeks since.

The Surgeon-General's fourth and fifth lectures have been received.

Mr. Dermott's communication is under consideration.

*A Member of the Westminster Medical Society.*—The comment is too caustic,—it is more potent than St. John Long's lotion.

Mr. Pickford's communication is received.

Dr. Ryan has removed his residence to No. 4, Great Queen-street, St. James's Park, Westminster.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publishers, 356, Strand, near King's College.

THE

# London Medical and Surgical Journal.

No. 101.

SATURDAY, JANUARY 4, 1834.

Vol. IV.

LECTURES  
ON THE  
**PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,**  
BY PROFESSOR SAMUEL COOPER.  
*Delivered at the University of London,*  
*Session 1832—1833.*

LECTURE LXX., DELIVERED MARCH 18, 1833.

GENTLEMEN,—Although mercury may not be absolutely essential to the cure of the venereal disease, yet as long as it shall continue to be a remedy of greater power for the prevention of secondary symptoms than any other known medicine, its reputation, as a means of curing this disorder, will always stand high. Mercury is used either *topically*, that is, as a direct application to sores, nodes, and other local affections, or *constitutionally*, being introduced into the system either through the medium of the stomach or the skin.

Amongst *topical* mercurial preparations, the *black wash* is in very common use for venereal sores, both primary and secondary. It should vary in strength according to circumstances; when I was a student the proportion of the ingredients was a drachm of calomel to a pint of lime water; but now it is frequently made stronger, and sometimes as much as ten or fifteen grains of calomel are put into each ounce of lime water. With regard to the manner of using it:—if the sore, or sores, are on the outside of the prepuce, a piece of lint is dipped in the lotion and applied to them, but if the sores are under the prepuce, the introduction of lint into that situation would create too much irritation, and the lotion may therefore be occasionally injected under the prepuce with a small syringe. The *yellow wash*, used in the same manner, contains two grains of the oxymercurate of mercury in each ounce of lime water.

*Mercurial ointments* are not in general very good applications for venereal sores of any description; certainly they are not equal, in point of efficacy, to many other applications. Sometimes, however, the *unguentum hydrar-*

*gyri nitratis*, blended with the unguentum cetaceum, or with zinc ointment, in various proportions, may be usefully employed.

Another manner of using mercury topically is that of *fumigation*. For this purpose, we employ an apparatus that is furnished with an iron heater, and a copper tube, by which the fumes can be conveniently directed to the part affected. And in order to be able to do this better, we have both a straight tube and a curved one, the latter being particularly convenient for ulcers in the throat. The mercurial fumigating preparation in general use is *cinnabar*, or the *red sulphuret of mercury*, from which when it is placed on the heater, a subtile grey powder is sublimed, which lodging on the sore, is found in many instances to produce a very beneficial effect upon it. I have seen sore-throats, chancres, and other ulcerations, which had resisted every plan that could be devised for weeks and months, assume a healthy appearance, and heal up rapidly, after fumigation had been tried a few times. To know this truth is important; much more so than to be able to say exactly how far the specific power of mercury is here concerned in the production of the good; certainly the fumigation of a sore of moderate size is not likely to have any effect on the constitution; I should suppose that the method cannot generally operate on this principle. Perhaps, with the exception of fumigation, I may say, as a general remark, that topical mercurial applications are not considered at all more useful than others which contain no mercury. The black, or calomel wash, is frequently made use of; but I do not know, that it possesses more efficacy than several other astringent lotions, which have not a particle of mercury in them.

With respect to the introduction of mercury into the system from the surface of the body; this can be accomplished either by rubbing mercurial ointment into the skin, or by mercurial fumigation of an extensive portion of the surface of the body. Friction with the ointment, the ordinary method, the most generally adopted as requiring no machine for the purpose, is practised by the patient himself, who rubs some part of his body, which is fre-

quently the inside of the thigh, for a quarter of an hour or twenty minutes before the fire, sometimes once a day and sometimes twice, with half a drachm or a drachm of the ointment. The quantity of ointment employed, however, varies in different cases, according to circumstances. Sometimes a scruple, sometimes half a drachm, and in other instances double this quantity, or even more, may be employed at a time. This is termed *rubbing in*, because a portion of the ointment seems as if it had been made to enter the pores of the skin by the friction, so as to be absorbed; but, except where the patient is very easily affected, what remains on the surface of the skin should not be wiped away, the patient putting on a pair of flannel, or other drawers over it. I ought to mention however, that sometimes friction and the rancidity of the ointment together (for you will seldom meet with mercurial ointment perfectly free from rancidity), will bring out numerous pimples, and even erysipelatous inflammation, and then he should be directed to repeat the friction on another part, and not to leave any of the ointment on the skin. Friction with mercurial ointment has commonly been preferred in this country to all other plans of treating the venereal disease; first, because it has been conceived to be the most efficient mode of treatment, and the mercury in the ointment being combined with a very small proportion of oxygen, has usually been given as one reason for the alleged fact; secondly, it causes less risk of disturbing the stomach and bowels than internal preparations; thirdly, it is frequently considered to be the only certain way of getting a sufficient quantity of mercury into the system; this is the common opinion. Preparations of mercury, given by the mouth, are apt to disorder the stomach, and bring on diarrhoea. I have long suspected that the latter was the principal cause that rendered mercurial friction so favourite a practice; for while the doctrine prevailed, that it was necessary for the cure of syphilis to fill the patient with mercury, to saturate him with it from head to foot, and to salivate him unmercifully, the stomach and bowels often revolted against the scheme, which absolutely could not be carried into execution in every instance, by preparations designed for internal administration. It was then chiefly by means of mercurial friction, that the old fiercely salivating practitioners could get into the system as much mercury as they wished, not that they did not also give internal preparations as far as they could. I believe that the doctrine of the superior efficacy of mercurial friction is founded on prejudice, and that, unless the stomach and bowels be disordered, and the constitution cannot be affected with moderate doses of the blue pill, it is seldom indispensably necessary to have recourse to this uncleanly practice. In certain cases, you are indeed obliged to direct mercurial frictions, as when the stomach and bowels will not bear even a

small quantity of mercury, which occasionally happens, or when it is necessary to resort to more plans than one, in order to bring the system under the influence of the mineral. Under these, and perhaps a few other circumstances, you may be called upon to prescribe frictions as well as internal preparations.

*Fumigating the surface of the body* is not at present deemed so necessary and eligible a method of putting a patient under the influence of mercury, as some of its admirers once endeavoured to instil into the minds of the profession. It is attended with considerable trouble and inconvenience; it requires a particular machine, somewhat resembling a sedan-chair, in which the patient sits with his head out of an opening at the top of it. At the bottom of the machine is an iron heater, on which a preparation of mercury is thrown, which is sublimed and covers all the surface of the patient's body; of course, he sits naked in the machine. The preparation of mercury, employed for this purpose is the grey-oxide. Another mercurial powder, that was recommended and used by Mr. Abernethy, was calomel that had been put into liquor ammoniac, and then dried. After having undergone the process, the patient puts on his shirt or flannel-waistcoat, and goes to bed. The reasons formerly urged in favour of the practice, are that it is less fatiguing to a debilitated person, than mercurial frictions, and that the system can be more quickly brought under the influence of mercury than by any other way whatsoever. This seems to have been Mr. Abernethy's opinion, who was once very zealous for fumigations; but afterwards relinquished them. With regard to the reasons given for the use of fumigations, that mercury may thus be employed, when the patient is in the weakest state, and that he may be mercurialised without the fatigue of friction, or the risk of disordering his stomach and bowels with internal preparations; the argument, though plausible, has not really much weight; because, when the health is seriously impaired, we are seldom justified in giving mercury at all; and at all events, it should then never be introduced so rapidly into the system. But, gentlemen, if you feel inclined to try that plan, it may be useful to know, that it is not necessary for the patient to go into the machine at all; he may turn his flannel waistcoat and drawers inside out, and put them into the machine to be fumigated. They will become covered with the fine powder sublimed from the heater, and, and on being worn afterwards, will salivate the patient as well as if he had gone into the machine himself. This fact was ascertained, I believe, by the late Sir Charles Blicke of St. Bartholomew's Hospital.

Of the *internal preparations*, the *pilula hydrargyri*, or *common blue pill*, has the greatest reputation in this country; it is one of the mildest of all the internal preparations; you know that the common dose of it is five grains; but, frequently, you are called upon

to give a larger dose, and sometimes a smaller; from three to ten grains may be stated to be the ordinary average quantity proper to be given in the twenty-four hours. You may join it with other medicines, according to circumstances, as with the sulphate of quinine, the extract of conium, and various other medicines, especially opium. We often combine the blue pill with a small quantity of opium, in order to lessen its tendency to affect the bowels.

The *hydrargyri submuriatis*, or *calomel*, is not very extensively employed in England for the cure of syphilitic complaints, though it is a favourite medicine for this purpose abroad, especially in Germany. Even in England, in one form of the venereal disease, calomel is usually preferred, viz. in syphilitic iritis. This preparation, like the blue pill, may be joined with other medicines, as with guaiacum and the sulphuret of antimony, which we find is the case in the *compound calomel pill*, which is not unfrequently prescribed in venereal affections, but especially in those which demand merely slight alterative treatment.

The *oxymuriate of mercury*, or *corrosive sublimate*, is a very powerful medicine as you well know, and, if it be incautiously given, it may readily poison the individual. The dose is small, the average quantity, usually given, is one-eighth of a grain, twice or thrice a day. When mixed with distilled water, it dissolves more readily if a small proportion of the muriate of ammonia be added. There are instances, in which from half a grain to three quarters of a grain may be prescribed in divided doses to be taken in a day. The *liquor hydrargyri oxymuriatis* of the London Pharmacopœia, contains the eighth of a grain of the oxymuriate in two drachms. When you wish to give it with bark, you may dissolve one grain of it in an ounce of the tinctura cinchonæ, of which a teaspoonful is the proper dose.

The *hydrargyrum cum cretâ* is the mildest preparation of mercury ever employed in this country, and, on this account, it is preferred in cases, where we wish to exert a very slight mercurial influence on the constitution. It is deemed the best preparation of mercury for infants who are born with syphilis about them; examples in which it is found to prove equally safe and efficient.

One caution is necessary when you are giving patients mercury; namely, you should watch its effects very attentively; for it will act very differently on different individuals. Some will be violently salivated with a few grains of blue pill, as happened in a case which I am now attending; the patient, to whom I am alluding, only took ten grains of blue pill in divided doses, yet she is most violently salivated, and her mouth severely, almost dangerously, ulcerated. Some will be violently salivated by a scruple of blue ointment; while others will use from one to three drachms of it daily for months together, with no manifest effect on the function of the sali-

vary glands, bowels, or other organs. The doses of mercurial preparations must then be regulated by circumstances; indeed it is wholly impossible to give any precise rules on this head, on account of the different effects of the mineral on different individuals. I may say, however, that the safest plan is always to begin with small quantities of mercury, watching the effects of the medicine, and being guided by them.

The action of mercury on the animal economy is very powerful; the nervous, the absorbent, and the sanguiferous systems are all considerably affected by it; an universal irritability is excited; there is a quickness of the pulse, and a feverish state of the whole constitution brought on by it; the secretions are all increased, especially those of the skin, kidneys, and salivary glands. *Salivation*, or an increased secretion of saliva, and a soreness and swelling of the gums and mouth, are the effects, which surgeons have long been accustomed to observe with attention; for these are usually regarded as tests of the remedy having a sufficient influence on the system effectually to cure the complaint, for which it is given; not merely to cure the *primary symptoms*, but give the patient the best possible chance of escaping the *secondary ones*. In fact, this is the main object of giving mercury; we know that we can cure the primary symptoms without mercury; and were these alone abstractedly considered, perhaps, we should never be justified in salivating the patient at all. But the great and solid argument for mercurialisation is, that, without it, the patients will be more likely to be attacked by secondary symptoms. Well, this affection of the gums and mouth, and this increased action of the salivary glands, are generally regarded as tests of the constitution being sufficiently influenced by the remedy for the attainment of the grand indication in view, namely, not merely that of removing the primary complaints, but the still more important one of preventing the occurrence of secondary symptoms.

The first change perceived is a copper taste in the mouth; the breath acquires a peculiar fetid smell; sometimes letting out a secret which the individual may not always wish to be known, namely, that he is under a mercurial course; his watch and the money in his pocket will also, in consequence of the transpiration of the mercury from the surface of the body, become coated with mercury, so as to let out the same information to persons who are observant; and you know, that in every family there is always a vigilant party on the look out for such things, especially the women (*a laugh*). When mercury is given in ordinary doses, a swelling and sponginess of the gums are generally brought on—an inflammation and tenderness of them; an uneasiness, pain, and looseness of the teeth, and more or less inflammation of the mucous membrane of the mouth. When the constitution is remarkably susceptible of the action of

mercury, a very small quantity of it will sometimes throw the patient into a violent salivation, attended with ulceration and even sloughing of the parts in the mouth. The gums and mucous membrane of the mouth will ulcerate; the edges of the tongue will be in the same condition; and the tongue itself may swell to an enormous size, and be pressed against the teeth; in consequence of which deep ulcerated indentations will be formed in it; I have frequently seen the ulceration so severe as to extend through the cheek, and even produce extensive mortification of the parts, with necrosis of the jaw. It is this risk which should always induce you to begin with small doses of mercury, and to watch their effects. The quantity of saliva, discharged from a patient in a complete salivation, is sometimes very copious—from three to four pints may be poured out in the twenty-four hours. I never look upon a patient, in a state of violent salivation, without a feeling of disgust, for I know that it is a practice completely unnecessary—nay, it is highly prejudicial; and I should therefore say, it is a cruel mode of administering mercury, by no means justified by anything, which is made out respecting the true character of the venereal disease. I am happy to say, however, that such practice is not now common in London; but whoever had the opportunity of seeing the mercurial courses pursued in the foul wards of the London hospitals a few years ago, will never forget the horrid scenes there displayed. At that period an immense number of deaths were actually produced by the abuse of mercury. You must therefore, gentlemen, be cautious in your manner of giving this powerful mineral; for if it be introduced too quickly or copiously into the system, you will sometimes not be able to stop the salivation for a considerable time. Thus, the poor woman, whom I am now attending, was at first under a physician, who gave her ten grains of blue pill in divided doses: this quantity, as I have told you, produced a most violent salivation, with loss of all the teeth, and ulceration, and sloughing. Here no blame could attach to the practitioner; there must have been an idiosyncrasy concerned, or an extraordinary susceptibility of the action of mercury, such as could hardly have been contemplated. But, even in common constitutions, severe ulceration will sometimes come on before you are able to check the mercurial action; and, I may say, that we know of no means that will check a salivation so quickly as mercury will bring it on. The usual plans resorted to for this object are exposure to cold air, the exhibition of saline purgative medicines, and the use of gargles, especially those containing the chloride of soda. When there is ulceration, you may employ the same gargle, or one of muriatic acid.

There are, gentlemen, one or two interesting questions connected with this subject, namely, how far salivation is a right criterion of the influence of mercury on the constitution? and

how far it is a means of judging whether that influence is such as affords the patient the best chance of secondary symptoms being prevented, and the primary affection cured in the most expeditious and favourable manner? Perhaps I may say, as a general remark, that salivation is a good test for these purposes; but the remark is liable to exceptions; for some individuals cannot be salivated by any quantity of mercury, and yet their venereal complaints will get well with tolerable facility; while others may be salivated by a few grains of blue pill, and therefore long before any adequate mercurial impression can have been made on their disorder. But supposing salivation to be generally a good test of the proper influence of mercury on the system, then the question arises—to what degree are we to understand that salivation is to be carried? Certainly not so far as to bring on ulceration and sloughing of the mouth, or even to produce so profuse a discharge of saliva as to make it run out of the mouth in streams: this is not at all requisite as a test of the adequate influence of mercury. Neither, gentlemen, are you to imagine, that you are to give mercury in the same quantity during the whole time that the medicine may be proper: sometimes it may be necessary to suspend the use of the medicine in consequence of the gums getting too tender: and, under other circumstances, where the constitution is difficult to affect with mercury, you may be required to increase the quantity of it. Indeed, there is only one general rule which I can give you, and which was, I think, given by Mr. Hunter, namely, that you must be guided, in the administration of mercury, partly by its influence on the disease, and partly by its influence on the constitution;—you must watch its effects both on the disease and on the constitution.

Notwithstanding all the light that has been thrown on the venereal disease by the investigations, undertaken by the late Mr. Rose, and followed up most ably in several military hospitals, I believe that mercury is still rather more freely employed than it ought to be. I should say, that a moderate swelling and tenderness of the gums, a distinct copper taste in the mouth, and a gentle increase in the secretion of saliva, are the three conditions which we should aim at bringing about; a more violent mercurialisation is not only generally unnecessary, but decidedly injurious. As for the length of time that the salivation should be kept up, it is difficult, also, to lay down any precise rules on this point; sometimes all the specific characters of the ulcer will be removed before it will heal, and sometimes a chancre will heal so rapidly, that you have little opportunity to give mercury before it is well. When the complaint yields in this rapid manner, it is usual to continue the employment of mercury for ten days or a fortnight, and this is done to diminish the risk of secondary symptoms. In other instances, where the sore heals very tardily, perhaps when a bubo is

also present, the disease will not get well for months, though all the specific characters of venereal ulceration may be removed; then, of course, you would not think of continuing mercury till cicatrization had taken place.

Great judgment is required in the treatment of syphilitic complaints, and it is impossible to give any but general rules for your guidance, so numerous are the peculiarities of different cases, and so remarkable the differences of susceptibility of different constitutions, with regard both to the effects of the disease and the remedies for it.

Gentlemen, I will now make a few remarks on the diet and regimen to be observed during a mercurial course. This subject is important, because if you give a patient mercury, and allow him to continue his usual diet, and to follow his common occupations, you will generally be disappointed in the results of your treatment. If you allow a patient to take wine and a full diet, to walk about the streets, to expose himself to all weathers, and even to ride on horseback, as some are disposed to do, I think you will observe, that secondary symptoms will be more likely to come on, and even affections of the periosteum and bones will be more frequently produced. I always recommend my patients to clothe themselves more warmly than usual, and to confine themselves at home; but there are many who will not submit to this, they say they are obliged to go to their offices, or counting-houses, and that they have no choice; I then say, that, if this be the case, any unfavourable circumstances, which may occur, must be imputed not to my having omitted to give them good advice, but to their not following it.

As mercury produces a quickness of the pulse, and a feverish state of the system, it is advisable not to let the patient have a full meat diet; it is better for him to live on light farinaceous food, such as milk, sago, arrow-root, &c. This practice is consistent with medical science on another account; for, in many venereal cases, there is a good deal of inflammation present; perhaps in the groin there may be severe inflammation, or a similar state of the throat may exist. Under these circumstances, letting the patient have a full diet would be contrary to all the rules, which influence both physicians and surgeons in their treatment of disease in general. When the patient is in so reduced and weak a state, that it is necessary to let him have plenty of animal food, I should say, that mercury can then rarely do him any good. It is especially necessary, also, during a mercurial course, to recommend abstinence from all acid drinks and acid fruits, for mercury has often a tendency to produce diarrhoea, and even mercurial friction will sometimes act more on the bowels than on the salivary glands. When diarrhoea has been induced by the use of mercury, the condition of the patient is much the same as if he had dysentery; a slimy matter is discharged from his bowels, and frequently blood.

Under such circumstances, I need scarcely say, you must discontinue the mercury, for the further administration of it would not only do no good to the venereal complaint, but put the patient's health into a most dangerous state. Let the mercury, then, be left off, and have recourse to opium and rhubarb, or the chalk mixture.

Sometimes mercury has a peculiar effect on the skin, for, in some constitutions, you will find, that it brings out a specific eruption, which is named the *mercurial erythema*, or *exséma*. The cause of this eruptive affection was not at all understood till about five and twenty or thirty years ago, when its nature was made out by some of the practitioners of Dublin. Previously to the date, which I have mentioned, the case was supposed to be a syphilitic eruption; but it is now known that it depends entirely on the action of mercury in particular constitutions. It is generally preceded by an increased heat of the surface, accelerated pulse, difficulty of respiration, and more or less fever. On the first or second day after the feverish attack, the erythematic affection makes its appearance, sometimes bearing a considerable resemblance to urticaria, or nettle-rash, and when it assumes this form, you will always find the disorder very slight; but, in other instances, large red patches appear on the surface, crowded with vesicles, which, uniting altogether, may cover the greater part of the body. After a time they burst and form incrustations in the skin, and the patient, from the extent of surface affected, is really in a very distressing condition. Under wrong treatment this is actually a dangerous complaint; and, in former times, when the disease was supposed to be syphilitic, the quantity of mercury used to be increased, and the patient destroyed.

Former practitioners were confirmed in their suspicions that this was a syphilitic eruption by the fact, that eruptions are rarely the consequence of mercury, but very frequently the consequence of the venereal disease; therefore the cutaneous affection was ascribed to the latter disorder, and treated as such by pushing the mercury in greater quantities, according to old maxims and firmly rooted prejudices. As the mercurial erythema sometimes comes on, when only a small quantity of mercury has been exhibited; it is supposed, that it can occur only when there is a particular idiosyncrasy in the individual: it is asserted that it never takes place, except when the patient has been exposing himself to cold damp air. Here, then, is another reason, why the kind of regimen, which I have recommended, should be attended to. Sometimes the eruption begins on the part where the patient has been rubbing in mercury, as on the thigh or leg; but, in many instances, it comes on, though the mercury has been given only internally; so that the friction is not essential to its production. The treatment consists in fomenting the parts well with a decoction of poppy-heads or chamomile flowers:

you discontinue the mercury, as a matter of course, and administer small doses of antimonial powder and saline purgatives, or castor oil, to which some practitioners are very partial. When the inflammation has abated, and there is merely a discharge from the surface, then sarsaparilla may be given, or bark with diluted sulphuric acid, care being taken that the patient may have a light nutritious diet. The warm bath will also be a means of affording great relief. If the part be excoriated, it will be necessary to apply the zinc ointment.

Mercury acts upon some individuals like a poison: they are seized with palpitations of the heart, tremblings of the limbs, oppression of the breathing, and irregular pulse. When you observe such indisposition in a person employing mercury, you may conclude that this mineral is actually producing a deleterious impression on the system. It was noticed by the late Mr. Pearson, of the Lock Hospital, that every year, when it was the custom to salivate freely, a certain number of individuals in that institution died suddenly during a mercurial course; they were first affected, as I have described, and, on attempting to make the slightest effort, they suddenly dropped down dead. These cases were not taken particular notice of, till Mr. Pearson pointed them out to the profession, and explained the cause of them. He learned, indeed, from experience, that they arose from the deleterious action of mercury on the constitution. The dangerous affection, which I am speaking of, is called the *mercurial erythimus*. I need hardly say, that the treatment consists in suspending the use of mercury altogether, letting the patient be exposed to a pure, cool, dry air, administering tonics, especially sarsaparilla, or, as some practitioners prefer, ammonia in camphor mixture.

## LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

BY WILLIAM STOKES, M.D.,

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### LECTURE II.

#### *General Remarks on Local Diseases.*

GENTLEMEN,—I commence the course by entering at once on the subject of particular diseases. I am aware that the common practice is to occupy the early part of a course on the theory and practice of medicine with preliminary discussions on general pathological subjects. To this I have strong objections. Every man who assumes to himself the office of a teacher, no matter what the fact may be, should presume that his auditors are ignorant of the subject he is about to teach; if he does not he must be unjust to his class. Some of the class must be ignorant of the information he wishes to convey, and he should take it for granted that all are so. To commence with

the consideration of general disease would argue that the whole class was acquainted with the subject in all its bearings, and capable of understanding its principles without any previous illustration. I think this is beginning at the wrong end. My plan is first to teach the facts, and then the general principles and conclusions to which these facts lead. It is of the deepest importance in the study of medicine to be able to form a collection of laws or fixed principles. In your professional career, nothing will give you so much satisfaction as having in your minds a number of established facts and fixed rules to bear on every case which comes under your cognisance. We commonly hear of the uncertainty of medicine and the instability of its practice, it is said to have as many phases as the moon, and as many changes as the tide; but after all, I think this expression is more general among those who know little than among those who know much. Those who have successfully laboured in treasuring up a store of deep and extensive knowledge are firmly convinced, that though some cases are involved in doubt and obscurity, the general certainty of medicine is at present increased far beyond what it was in former times. No man, except one in full and extensive practice, earned by industry and capacity, can be aware of the vast improvements of modern practical medicine, and of the number of lives which are saved by the judicious treatment which the rapidly progressive improvement of medical science has introduced. Medicine is much more certain now than it was in past times. There are two reasons for this, one of which is, that at the present period diagnosis, the guide and master key to sound treatment, is more certain. Here, gentlemen, is a great source of certainty in the practice of medicine. You will find in the course of a few years, that the old saying of "doctors differ," will become less frequently applicable, because as the education and acquirements of medical men become more extended, diagnosis will be reduced to fixed rules and difference of opinion will be very seldom observed. A vast number of local diseases, formerly wrapt in obscurity, are now detected with the most unerring certainty, and this certainty of diagnosis must bear on fixed principles of treatment and similarity of practice. Another vast source of increased certainty is the fact, now extensively established, that the element of a great number of diseases is the same. This is an important law, because the deduction from it is, that the principles of treatment are the same in these cases. The principles of treatment in a case of hydrocephalus and in a case of vomiting from gastritis may be, and often are, completely identical, because in many cases both are reducible to a common action. In the one case we have to deal with inflammatory action in the stomach, in the other we have to treat an inflammation of the membranes of the brain. The principle in

both cases is to deplete the suffering organ and to diminish or remove every thing that keeps up irritation. Pathological anatomy, too, has effected a vast deal for medicine by the improvements in diagnosis which it has introduced, and by reducing to one class a vast number of affections formerly supposed to be unanalogous and distinct.

Before I commence entering on the consideration of the pathology and treatment of diseases of the digestive system, it is necessary that I should mention another peculiarity of the mode of teaching the theory and practice of medicine adopted in this school. The ordinary way of lecturing medicine in the schools is this: the teacher begins by going over at great length the whole subject of fevers, and then proceeds to the consideration of the signs, symptoms, and treatment of local diseases. We reverse this mode here; we begin by teaching the pathology and treatment of local diseases, or affections of particular organs, and having studied these with care and attention, we then proceed to the consideration of fevers. In point of fact, we are thoroughly impressed with the truth of this splendid conclusion in medicine, that local diseases may be considered, as it were, the alphabet of fevers, and that to have a distinct and accurate conception of the whole subject of fever, it is essentially necessary that we should be acquainted with all kinds of local disease. To commence with a class which the teacher presumes, or should presume to be ignorant of the phenomena of local diseases, unacquainted with the rules on which their diagnosis depends, and unacquainted with the principles which should regulate their treatment; to begin with such a class by entering at once on the subject of fever would in my opinion be extremely wrong. You will read in books and hear teachers speak of bilious fevers, of nervous fevers, of catarrhal fevers, of gastric fevers, and of simple fevers. These expressions are founded on the fact of the complication or non-complication of fever with local disease in various parts of the system. If simple fever was the rule, and its complication the exception, then, indeed, there would be some reason for pursuing the ordinary track of medical instruction, and we might commence by teaching the subject of fever independent of local inflammation. But the truth is, that fever in the simple form is the exception, and its complication the rule, and that to have a correct idea of fever, in the general acceptation of the term, we must previously possess an intimate knowledge of the affections of particular organs. The progress of medicine has established by the most unquestionable evidence, that simple fever is a matter of extremely rare occurrence, so rare, in fact, that you might pass through the practice of a fever hospital for years without meeting with a single case which you could say was, through its whole course, a case of pure, essential fever. Sooner or later its character is changed, and the complication

with visceral disease comes on; you may take this with you as a well-proved fact. You will have at some period a complication with local disease in the head, or local disease in the chest, or in the belly, or in the circulating system, or perhaps all the great viscera in the body will be simultaneously affected. My experience on this point, after having attended the fever wards of the Meath Hospital many years, is this, that among all the cases which were admitted under such circumstances, there were very few indeed in which I could not say that the patient had something more than fever. Many were admitted who presented no indication of disease in the head, chest, or digestive tube; all that could be said of them at the period of their admission was, that they had fever; but my experience of them is that in a vast majority, there was during their progress unequivocal evidence of the supervention of visceral disease. I do not go as far as the disciples of Broussais have gone, nor do I mean to say, that all fevers are symptomatic; all I assert is that at some period, most fevers are complicated with local disease. I admit that there is a vast number of symptomatic fevers, but I believe there are two which are essentially simple, typhus and intermittent. The progress of medicine has shown that these may exist in the simple form, and that their complications may be secondary; this I believe to be the fact, but the almost invariable liability to complication is a point of the highest importance. We scarcely ever see typhus accompanied by symptoms of local disease; and with respect to intermittent, in ninety-nine cases out of a hundred, visceral disease of the head, or chest, or belly may, and will, supervene.

Another great fact bearing on this subject, and which pathological anatomy has established beyond the possibility of a doubt, is, that in the great majority of cases having a fatal termination, death is caused by disease of some particular organ or organs. The old notion of the cause of death was, that the patient died of debility or exhaustion. In cholera, in tetanus, in hydrophobia, we cannot, to be sure demonstrate any appreciable lesion of structure, and we may say, if we like, that the patient died of debility; but this does not hold good in cases of fever, for on dissection you will generally find disease sufficient to account for death, even though there had been no fever at all. From these circumstances it follows that in the management of fevers, the attention of the physician must be directed to the local affections, or, at all events, that to understand fever well and treat it successfully, he must be acquainted with the nature and treatment of every form of visceral disease. It will be sufficient for me to call your attention to this fact that there is not a single acute local disease which may not occur during the progress of a fever. This is a broad and general proposition. If you look to the nervous system you will find in patients



who have died of fever, traces of lesion in almost every part of it, inflammation or congestion in the cerebrum, in the cerebellum, and in the spinal cord. If you go to the respiratory system, you will see all kinds of shades, and varieties of inflammatory action, thickening and ulceration of the bronchial membrane, hepatisation, congestion, and destruction of the parenchymatous tissue, effusions of lymph, serum, or pus into the pleural cavities. As you proceed in your examination you will discover new lesions; you may see the whole lung filled with lately formed tubercular matter, you will meet with the destructive ravages of phthisis. You will find the pulmonary tissue converted into a dark and foetid mass by gangrene. You may see carditis, hypertrophy, inflammation of the external or internal coverings of the heart, inflammation of the lining membrane of the arteries, phlebitis (a common occurrence in typhus fever), and passing on to the lymphatic system, you will often find evident traces of inflammation in its glands and vessels, an occurrence which I shall be able to demonstrate to you when treating on the subject of gastric fever. If we go to the digestive system we find that disease has here taken a wider range; congestions and ulcerations of the stomach and intestines, morbid states of the liver, congestion and inflammation of the spleen or kidneys evidence the fatal extent of local inflammation. I think I might safely challenge any one to point out any one single organ which may not become diseased during the progress of a typhus fever. I do not wish you to suppose that typhus is a symptomatic affection. I think we may define it, in general terms, as a diseased state of the whole system, in which various local diseases arise, modify the character of the original complaint, give it an additional intensity, and are generally the cause of death. Go round the wards of an hospital during the prevalence of an epidemic fever, examine every patient in succession, and bring this principle to the test. You will see one labouring under the morbid excitement of high delirium; his face injected, his eyes sparkling, his carotids throbbing with intensity. Come next day, and you will find him in a state of profound coma, perfectly insensible to every thing around him:—two or three days afterwards he is dead. You follow his body to the dissecting room and open his brain; unequivocal marks of excessive congestion, inflammation of the substance of the brain or of its membranes sufficiently indicate the cause of the fatal termination. Here is a case of inflammation of the brain; you find another with cold skin, his face of a dirty hue faintly tinged with red, his breathing quick and hurried, and the spitting-vessel by his bedside filled with adhesive mucus tinged with blood; you percuss his chest and find dulness over the whole surface of one lung; you apply the stethoscope and discover intense bronchitis, hepatisation, or suppurative pneumonia. Farther on you see another in a state of deep pro-

stration, with a sunken countenance, constant hiccup, and low delirium. Take down his bed-clothes, and you find his belly swelled, tympanitic, and tender on pressure; then his tongue, lips, and gums, are parched and encrusted with dusky sordes; his thirst is insatiable; he vomits, and has an emaciating diarrhoea. After death you find traces of an extensive and fatal gastro-enteritis; in others you will find exemplified the very climax of inflammation, and all the three great cavities are simultaneously affected.

But these, you will say, are cases in which the complications are evident, and where an ordinary knowledge of the phenomena of local disease will be quite a sufficient guide. Well, here is another case. You will meet with instances of fever without any apparent local symptoms, where the patient lies in what you would consider a quiet state, and free from danger: nothing seems to be the matter with him, except that he is very weak; he perhaps does not sleep at night, and his tongue is a little foul; he complains, in fact, of nothing but weakness and some thirst, and you think his fever is going on very well. Some morning or other, on coming to the hospital, you are astonished to see the change which has been wrought in him since the day before; his countenance is altered, his pulse can hardly be felt, and life is fast ebbing away. You ask the nurse about him, and she tells you that, during the night, he suddenly complained of violent pain in his belly. On examining him, you find distinct evidence of intense peritonitis, and, after death, dissection reveals the existence of a perforating ulcer of the intestines, of which there was apparently no sign during life, except fever and the unexpected occurrence of peritonitis. The frequency of the complication of local disease with fever, its insidious latency, and the fact, that death, in the majority of fever cases, is caused by visceral inflammations, all clearly point out the necessity of being intimately acquainted with every modification of local disease before you proceed to the study of fevers.

Gentlemen, I commence with the digestive system. I am anxious to do this for several reasons, but for none more than this—that to the improvements made in the pathology of the digestive system we owe much of the rapid advancement of modern practical medicine. Before our time the pathology of the digestive system was very little known, and if not quite a *terra incognita* in medicine, there existed respecting it a great deal of misconception. The schools were deeply tainted with the doctrines of the Humoralists and the Brownists; and this had the effect of giving rise to irrational theories and false notions of the true state of the system in disease. The humoral pathologists, who sought for disease in an alteration of the fluids alone, neglected the study of visceral lesions; and when they turned their attention to the digestive system, they only considered it, its secretions,

and not its actual condition or the state of its sympathies. The liver, with them, was an organ of the highest importance, and the secretion of bile claimed a vast share of their attention. To it they gave a paramount influence, and to an alteration in its quantity and quality they attributed most of the changes which occur, not only in the digestive tube, but also in the whole system; and hence the great object of their practice was to attempt to restore its healthy condition, convinced that if this were once accomplished every thing would go on favourably. From this, too, arose the purgative plan of treatment in various forms of intestinal disease, a plan too often rashly pursued, even where there was unequivocal proof of inflammation in the digestive tube. Their sole purpose was to evacuate *sordes*, to produce a flow of healthy bile, and to eliminate depraved secretions; and they did this without possessing any knowledge of local inflammation, or of the effects of disease of the digestive system on other organs. The followers of Brown, on the other hand, only admitted disease of the digestive system in a state of intense, manifest violence, as for instance, *ileus*, or violent enteritis; but, in the great majority of cases, they did not recognise intestinal inflammations, because their prominent symptom was prostration, or, to use their own terms, an asthenic condition of the whole system. They saw nothing but prostration; they prescribed for nothing but debility; they gave wine instead of iced water; ordered bark instead of local depletion. They exasperated the disease by stimulants; and then, thinking they had not gone far enough, they heightened the stimulant and doubled the debility.

Another cause of the low state of pathology in former times was the general neglect of dissection. The fact is, that in fever there were no post mortem examinations made, until very lately. Morgagni, who did so much for pathological anatomy on almost every other subject, did little for fever, because he was afraid to dissect the bodies of persons who had died of a contagious disease. This was the idea which prevailed among the older pathologists; and hence this source of knowledge was avoided, and for many successive centuries the state of the viscera in fever was a matter of speculation, doubt, and uncertainty. Even at the present day it is only done by the ardent pathologist, who cares not about filth and stench, and who had rather encounter the miasm of contagion than remain in the mists of error. Nothing is more common, I regret to say, even at the present time, than this:—A person says he has dissected cases of fever, and when asked whether he had examined the intestinal canal, he says that the intestines appeared healthy, but he did not make any particular inspection of them; he only opened the belly, and, finding no trace of inflammation in the peritoneum, he went no farther. Now nothing can be more useless than such an examination. If we compare the information

afforded by an inspection of the serous membranes of the three great cavities, we shall find that the least is given by an examination of that of the abdomen. Disease of the substance of the brain is rare without affections of its investing membrane, disease of the substance of the lung is exceedingly rare without the occurrence of disease of the pleura, but you may have most extensive and fatal disease of the intestinal canal without the slightest lesion of the peritoneum. In this point, therefore, it differs from the pleura, and from the arachnoid membrane. The fact of the rarity of disease of the peritoneum in cases of disease affecting the parts beneath, was noticed by Dr. Graves and myself, in our report of the Meath Hospital, and also by Mr. Annesley, in his account of the diseases of India. You will see cases of hepatic abscess, which present a distinct tumour externally, and where you can detect a perceptible fluctuation; and yet, if you examine these cases after death, you may not find any adhesions of the peritoneum, even in the situation of the abscess. You will find the mucous and muscular coats of the colon extensively destroyed, you will see the stomach all but perforated, you will meet with cases where the whole ileum is one extensive sheet of ulcerations, with no disease in the adjacent peritoneum.

In entering on the consideration of diseases of the digestive system, we shall begin first with the mucous expansion of the stomach and intestines, and then proceed to the affections of the solid viscera connected with them. The mucous surface of the stomach and intestines is of enormous extent and extraordinary sensibility, possessed of innumerable and powerful sympathies; its influence is felt by almost every organ in the body, formed for receiving and elaborating every thing destined for nutrition; its conditions, both in health and disease, are entitled to the deepest and most attentive consideration. To facilitate the study of its affections, and for the sake of some practical arrangement, we shall divide its diseases into five classes, beginning with the œsophagus, or that portion of the digestive tube which is above the diaphragm, and then proceeding to the stomach, duodenum, ileum, colon, and rectum. But in order to give you a clear idea of diseases of the intestinal canal, I shall commence with diseases of the stomach; because, if you consider the whole range of animal life, you will find that its functions are the most important, the stomach constituting, as it were, the source and fountain of life, which is nutrition, and giving by its existence a character to all the upper classes of animals. No organ possesses such remarkable sympathies as the stomach, whether we look upon them as sympathies of organic or of animal life, none possesses such remarkable power and influence in modifying the conditions of every part of the system. But, putting aside physiological reasons, let us come to practical matters. The success of

almost every form of medical treatment, all the advantages to be derived from the administration of internal medicine depend upon the stomach; in fact, in whatever point of view we consider it, we must look upon a knowledge of the state of the stomach as the great key to sound and successful practice.

It is a most useful reflection to consider the extraordinary frequency of disease in some portion of the digestive tube. It is now admitted by every person possessed of experience in the causes of mortality, that more human beings die with acute or chronic diseases of the digestive tube than with diseases of any other part of the system. This has been established by numerous investigations, and is admitted by the best pathologists; and, indeed, I think it can be easily accounted for, when we call to mind how many persons die of some form of fever or other, when we look to the ravages of remittent and yellow fever, to the hundreds of thousands who annually perish by the various classes of fevers. Now in almost every one of these cases, disease of the digestive system forms one of the most prominent pathological characters. Recollect, besides, all that die of dysentery, whether sporadic or simple, and here is inflammation of the colon; see, too, how many die with diarrhoea,—here, too, there is intestinal disease; remember how many die of the malignant intermittent of the West Indies, in which unequivocal proofs of disease of the stomach and intestines have been found. Observe what a close connexion there is between *tabes mesenterica*, and inflammation of the mucous membrane and surface of the intestines; think what a vast number of persons fall victims to the harassing effects of constipation and dyspepsia; and recollect that there is a host of diseases in which the train of morbid phenomena commences in the digestive system, and then exhibits itself by functional alteration or organic disease of other parts.

Gentlemen, we recognise the presence of disease in the digestive tube, first by the local phenomena and the lesion of the digestive function, and next by the sympathetic relations of other parts, by the sympathies of the respiratory system, of the circulation of the skin and of the nervous system. I shall enumerate the local phenomena and functional lesions: vomiting, anorexia, thirst, jaundice, pain, tenderness on pressure, tympanitis, changes in the character and quality of the discharges, constipation. Here are a set of functional lesions and local phenomena; let us now consider the sympathetic relations; these are fever, heat of skin, suppression of the cutaneous secretion, suppression of the secretion of urine, morbid states of the tongue and pulse, pains in the chest and cough, hurried breathing, and palpitations of the heart. In the next place, we may have prostration of strength, delirium, coma, convulsions, tetanic spasms, and other symptoms of functional disease of the brain;

these are all sympathies of relation. Now, in the first place, I have to remark, that there is a great deal of variety in the combination of these symptoms. On what does this depend? on a variety of circumstances; sometimes on the intensity or extent of the inflammation; sometimes on the situation of the disease; sometimes on the complication of the affection; sometimes on the various modes and degrees of susceptibility of the individual. All these causes tend to produce a great variety in the disease, and an extensive modification of the sympathetic relations. For instance, in some cases, inflammation of the stomach and intestines is so slight that the patient is not prevented from going about and pursuing his ordinary avocations; in others, on the contrary, the patients are struck down at once by the violence of the disease, and are carried off by the fever which accompanies it before the inflammation is completely developed. It varies also according to situation; there is a difference between gastritis and dysentery, in the former we have an inactive state of the great intestine, and consequent constipation in the latter, the colon is thrown into violent action, and there are frequent dejections. Disease of the duodenum is attended with a very remarkable peculiarity, being very frequently complicated with jaundice; here is a modification produced by situation. Again, inflammation of the ileum is attended with a very curious peculiarity, namely, the absence of pain. The patient states, that he feels unwell, he has obscure symptoms of intestinal disease, but it is neither dysentery nor gastritis; you investigate it with care and find that the ileum is in a state of inflammation. Yet the patient does not complain of any pain, and this is another peculiarity depending on situation.

But in considering the differences which depend upon intensity, extent, and situation of disease of the intestinal canal, we must not omit those which depend upon tissue. If disease be confined to the mucous membrane of the intestines alone, we may have an extremely diffused and extensive inflammation sufficient to destroy life, without any pain being complained of by the patient, it is a painless though fatal disease. Recollect this, extensive and fatal inflammation without pain. In former times the ideas of pain and inflammation were inseparable. Thanks to the light which pathology has shed upon modern medical science we are now acquainted with this seeming anomaly, and can conceive the existence of extensive disease of mucous surfaces unaccompanied by pain. But let the inflammation seize on the muscular tissue, the character of the disease is instantly changed, and the pain is dreadful. Here is a case in which difference of tissue is to be taken into consideration.

The phenomena and sympathetic relations of intestinal disease may vary also according to its complication, and here we come to in-

investigate one of the most beautiful laws of the human economy, namely, that the more complicated a disease is the more latent will be any local lesion. This is a point that should never be forgotten. For instance, enteritis by itself is much more easily recognised than when complicated with pneumonia, or with irritation of the brain, and gastritis is but too often completely masked by being combined with irritation of the bronchial mucous membrane. Lastly, we have the varieties which depend on different degrees of susceptibility. In one person we may have only slight cerebral irritation, in another high excitement, in a third delirium and extraordinary convulsions. The variety, then, in the modifications of disease, and the combination of sympathies is very great, and is referable to the extent and the intensity of the inflammation, difference of situation, complication of disease, difference of tissue, and different degrees of susceptibility. I shall give examples of these at my next lecture, and then proceed to the pathology and treatment of gastritis.

### CLINICAL LECTURES

DELIVERED BY

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LECTURE VIII.

On the Anatomy and Diseases of the Bladder and Urethra.

GENTLEMEN,—In supporting the opinions of Sir C. Bell, Mr. Shaw, and others, with respect to the urethra being elastic, in opposition to those maintained by Mr. Hunter, Sir E. Home, Mr. Wilson, and those anatomists who have considered it to be muscular, I am forced to confess my dissatisfaction at the explanation they give of the manner, in which the various changes take place, constituting disease. It appears to me, and I admit my great liability to err in understanding the opinions of others, that these changes cannot occur from *inorganic elasticity* only, or the same kind of property which is found in Indian rubber; and that it is necessary something should be added, to enable us clearly to understand the subject matter before us. I am led therefore to make a distinction between the common elasticity residing in a spring, or in Indian rubber, and the *vital elasticity* which exists in all the elastic parts of the human body, and by means of which the various changes that take place may be more easily comprehended. The first principal change to be noticed, and which bears particularly on this point, is the state of contraction of the canal impeding or even preventing the passage of the urine, and which has been divided into *spasmodic* and *permanent*.

Mr. Hunter assuming the fact, that the

urethra was muscular, supposed that the first derangement leading to, or causing contraction, arose from a spasmodic action, producing a degree of contraction beyond the natural, and which he called a spasm, and the complaint a spasmodic stricture.

When the part, thus contracted, became incapable of falling back into a state of complete relaxation, and the canal remained always narrower at that part, we considered it to be both a permanent and spasmodic stricture. So far permanent that it is always narrower than the rest of the canal, and so far spasmodic that it is liable to contract occasionally in a still greater degree, and he supposed both the spasmodic and permanent state to be caused by a contraction of the transverse fibres of the membrane which forms the canal.

Sir E. Home, in consequence of the microscopical observations of M. Bauer, was led to take nearly a similar, although, in some respects, a different view. He supposes the urethra to be composed of two parts; a fine internal membrane, which is not fibrous, but which, when collapsed, is thrown into longitudinal folds, and an external muscular one, composed of very short fasciculi of longitudinal fibres, which appear to be interwoven together and to be connected by their origins and insertions with each other. The fasciculi being united to each other by an elastic substance of the consistence of mucus.

"A spasmodic stricture," he says, "is in reality a contraction of a small portion of the longitudinal muscular fibres, while the rest are relaxed, and as this may take place, either all round, or upon any side, it explains what is met with in practice, and which could not before be satisfactorily accounted for; the mark or impression of a stricture sometimes forming a circular depression upon the bougie, at others only on one side.

"A permanent stricture is that contraction of the canal, which takes place in consequence of coagulable lymph being exuded between the fasciculi of muscular fibres, and upon the internal membrane, in different quantities according to circumstances."

Sir Charles Bell, in denying the muscularity of the urethra, has however recourse to the agency of the neighbouring muscles, in order to explain the nature of the obstruction which has taken place, and considers that the spasm is not in the stricture itself, but in the muscles surrounding it and the urethra.

Since the period at which these gentlemen wrote, a change has gradually taken place in the opinions of surgeons on these points, if not in their language; and although the words spasm and spasmodic are constantly used to express a particular state of parts, they are not intended in general to convey a distinct idea of muscular contraction, with which understanding the sense is immediately obvious, but without which it is as confused as it is indefinite.

The only case of pure spasmodic action,

which has come under my observation, occurred in a gentleman, who has come to my house twice, in the course of several years, declaring he could not make his water, and desiring to have the catheter passed, which was each time done without the least difficulty. The first time he came he was quite aware of his situation; said it arose from anxiety of mind relating to family affairs, and that the passage of the instrument would immediately and effectually relieve him. If there was any obstacle, and I was by no means certain of there being any beyond a hesitation, it was at the commencement of the membranous part of the urethra, and arising, I suppose, from a spasmodic contraction of the compressor urethrae of Mr. Wilson, of which I have given a detailed description. As this gentleman suffered no kind of inconvenience at any other time, I am induced to believe, that there was no particular irritation in the urethra, and that it was, as the cause is unknown, what may be called accidentally spasmodic. I have read of a lawyer, a gentleman, but I do not recollect where I saw it, who often suffered in this way when engaged long in court in a difficult case, and who was always relieved in a similar manner; but here I should say it is more than probable the individual was labouring under some slight permanent irritation in the urethra, or that it was at least in an excitable state at some one part near the bulb. A healthy man, suffering from anxiety and alarm, often feels a desire to pass his water, which he cannot at all times restrain, and it flows whether he will or not; but if he has the power of restraining it for hours, then, indeed, the powerful contractions of the compressor urethrae may bring on irritation in the part, and spasm of the muscle; but this is the result of its own irregular and long-continued action, inducing inflammation and disease, and is of exceedingly rare occurrence; still it is not an instance of pure spasm, like the case I have related, in which the incapability was preceded by no uneasiness until the attempt at micturition was made.

The more common cases, which are usually considered spasmodic, are those of young men, who, when suffering from gleet or gonorrhoea imperfectly or only partially cured, are tempted to commit an excess in wine or punch. After sitting some time, they feel a desire to make water, which they repress, or perhaps indulge with some difficulty, but which increases, and is soon found to be irrelievable without assistance. The greater the effort, the more determined the straining, the greater is the agony, and the sufferer, with despair depicted in his countenance, entreats relief. According to the received rules of surgery, the proper practice in such cases is, to relieve, first, the spasm by sending him to bed, by fomenting the parts with hot anodyne fluids, and by giving him a dose of the pulv. ipecacuanhae comp., under the influence of which, in the course of a few hours of misery, it is not im-

probable but the urine may begin to flow. You then purge him with salts and senna, and it is likely that his urine will flow in a full stream, when the evil subsides or entirely goes away. This is the practice you are generally called upon to subscribe to, but I always declare it to be bad, and never to be followed unless you cannot do anything else. I was taught better many years ago by a Scotch friend of mine, a young man although an old soldier, who, after a debauch of this kind, which lasted half the night, found he could not make water when he awoke in the morning from his feverish dreams. He sent for me, begging I would bring a catheter with me. When I arrived, I proposed a warm bath, an opiate draught, enema, &c., his answer was peremptory enough,—“Damn your draughts, Doctor, pass the catheter, I have had it before.” As remonstrance was useless, I passed the instrument with some little difficulty, and drew off his water, upon which he jumped into bed, saying,—“God bless you, Doctor, but damn your physic.” In the afternoon when I saw him, he was nearly free from inconvenience. Since that time I have always made it a rule to try and pass a catheter in every case of retention of urine. If it passes, so much the better; if it does not, the patient submits more cheerfully to the longer course of treatment. I presume I need not caution you against using force, which in such cases is unnecessary. It is by lightness of hand, and dexterity in the use of your instrument, that you gain your point. If you fail, inject a large quantity or repeated quantities of hot water into the rectum, and when the bowel is clear, and the hot water has acted as a bath to the neck of the bladder, inject from 50 to 60 drops of laudanum in 2 ounces of warm water. This will remain, and by its sedative qualities often gives effectual relief. Leeches, bleeding, the warm bath, Dover's powder, or colomet, James's powder and opium will assist, and by a repetition of these means, even in the worst of cases a relaxation or subsidence of irritation will take place, and the water will begin to flow.

These are called cases of spasm, I call them cases of inflammation, and which induces a want of consent, as Sir C. Bell expresses it, between the muscles of the parts, so that when the bladder acts, the muscles surrounding the urethra will not act by yielding and dilating as they ought to do, but remain, or become more permanently contracted; the urine is forced against the inflamed and contracted part of the urethra, and by its irritation increases the mischief. When the water is drawn off the desire to pass it is removed, and the greatest irritation on the inflamed or irritable part of the urethra is taken away. Experience has also long pointed out to us, that when the patient can pass his water, the complaint is yielding, and the object is to get it to flow, and mechanical means in these cases

will always do more than general ones, although I by no means deny their use as auxiliaries. If the case be more advanced, and the catheter will not pass, or you are at a distance from home and have not one small enough at hand, take a common bougie, and soften the point by dipping it into warm water, but which is not warm enough to melt the material of which it is composed, pass it down to the obstruction, and press it steadily, but not painfully so, against it, and let it remain for several minutes. It will often be found to pass on, or the patient will find on withdrawing it that he can pass his water in small quantities. The mischief here is a slight degree of inflammation, aggravated by cold or intemperance, but without any permanent alteration in the structure of the urethra, yet I do not believe it is caused by spasm. Let us be more precise. The difference between a spasmodic and a permanent stricture is this:—The *spasmodic* is supposed to depend on some muscular contraction of a temporary nature in, or exterior to, the canal itself. The *permanent* upon some positive alteration of structure of the wall of the canal, which thickens, and at the same time deprives it of its capability of being dilated, with the same facility and to the same extent as in a state of health. This alteration of structure is produced by inflammation, although it is difficult to account for the various appearances which these altered parts assume from it alone. If the theory laid down by Mr. Hunter could be maintained, and the circular or the longitudinal muscular fibres described by Sir E. Home and Mr. Bauer could be satisfactorily demonstrated to be muscular, nothing could be more simple than the manner in which a stricture might be formed, and it is this simplicity which has won the belief of so many surgeons in that which they could not see, but which from its appearing so very satisfactory, they even wished to be the case. A temporary or spasmodic contraction of a muscular fibre is a very intelligible thing, and that after a time a continuation of this state should bring on inflammation and thickening is consistent with our general knowledge; and it is only to be regretted that it should not be an established fact, that a stricture is formed in this manner. A permanent stricture, which has offered during life considerable resistance to the passage of an instrument, may be found after death to have been formed by a mere line of irregular thickening, extending only for a third of an inch in an oblique direction along the canal. In most instances, it is more or less circular, generally affecting the under rather than the upper part. The best case of this kind I ever saw was in a journeyman baker, who came to me many years ago with a stricture, not exactly at the orifice of the urethra, but at so short a distance from it, that it could be distinctly seen passing across the canal, like a thin fold of membrane. The opening for the passage of the urine was on

the right side, and would not admit the end of a common probe, although a small one for the lachrymal duct could be passed into it. The temptation to divide this was irresistible; and after having dilated the opening a little, I cut through the septum, which resembled an opaque membrane drawn across the canal with a blunt pointed iris knife, and removed the disease, which appeared to be formed from the inner mucous membrane alone. The successful result of this case induced me to adopt a similar method of treatment in a stricture of the rectum about two inches from the verge of the anus, which occurred to me some time afterwards. The patient, a gentleman from Jamaica, came to me, able to pass only a urethra bougie No. 12, and which he had been doing, under the direction of his medical attendant, for some time, because a larger one could not be introduced. This situation was distressing, and demanding almost imperatively that some greater effort should be made for his relief. The very point of the fore finger ascertained most distinctly, that the opening was in the middle of a septum, extending in every direction from the circumference, and I did not hesitate, after several examinations, to introduce a guarded and blunt pointed bistoury through the opening, so that the blunt end just passed beyond it. I then turned the part of the edge near the blunt end, which was left unguarded, in four different directions in succession, and divided by each cut a small portion of the septum, when a bougie of twice the former size passed without difficulty. I was obliged to repeat this operation twice at proper intervals, when the largest sized rectum bougie in common use passed easily, and the gentleman returned to Jamaica cured, although with the direction to use the bougie from time to time. These two cases, in addition to others less observable or marked, but nearly as conclusive, satisfied me that a mucous membrane was capable of producing a particular septum-like contraction in its proper canal, without the participation of its muscular or of its elastic coat; for I cannot believe that the muscular coat of the bowel formed a part of the stricture in one instance, more than the elastic coat of the urethra did in the other; and it certainly did not appear to be implicated in the former. Repeated dissections have, however, proved to me, that in permanent stricture, the external or elastic coat is almost always more or less implicated; and that the degree of implication is usually in proportion to the obstinacy of the stricture. Thus, for example, a stricture two inches from the orifice will be the most obstinate and the most difficult of cure, in which the corpus spongiosum is found to be hard and unyielding to the touch. It is only to be exceeded in obstinacy of resistance and difficulty of cure, when this part is smaller and harder than natural, when it has, in fact, become impervious, or nearly so, to the blood by which, in its erectile state it, ought to be distended. A stricture of this

kind, which is without the reach of any external muscular fibres, is said to be also spasmodically affected, and thus a permanent stricture is also said to be spasmodic as well as permanent. I do not, however, think that spasm, properly speaking, has any influence in such cases, and more particularly unless muscular or contractile fibres of the wall of the canal are admitted. A gentleman presents himself with a stricture at two, three, four, or more inches in the canal, which, at the orifice, is capable of admitting a No. 13 or 14 solid bougie, but the stricture will only allow a No. 6 to pass. You dilate this slowly, until a No. 10 or 11 will pass easily, when, anxious to have his case completed, your patient presses you to increase the size, and yielding to his solicitations, or tempted by your own desires, you pass over the intermediate number, and take the 13 or 14 at once; you will often be able to succeed, with little uneasiness at the moment, but your patient, on wanting to make water, finds he cannot do it, he strains, but it comes only by drops. The desire increases to misery, and he sends for you. Now, what would you do? Theory teaches, put him in the warm bath, give him an opiate, bleed him if necessary, for the case is one of inflammation; but practical surgery says, do nothing of the kind, but take a small elastic gum bougie without a stilet, and draw off the water. Your patient will be immediately relieved, will wish you good night, if he is a wise man, and go to sleep; when he wakes, he will make his water without your assistance; but when you try to pass a bougie for him some six or eight days afterwards, you will find yourself very much where you were when you began, that is, able to introduce only a No. 6. The part has contracted as much as ever, although perhaps it may be more readily dilated. The necessity for great gentleness in all these cases cannot be more forcibly exemplified.

An instance of this kind occurred to me this week, in a very particular case, which I will relate. The gentleman, a half-pay officer, had been a patient of mine some fifteen years ago, when I cured him of a fistula in ano, and of strictures of the urethra. When we parted, I recommended him to pass a bougie from time to time to prevent their return. This advice he neglected, and some two years ago, finding great difficulty in micturition, he applied to a practitioner of eminence in the Netherlands, who, after a long continued trial, passed a sound for ten inches, and said it was in the bladder; but as the symptoms did not diminish, he fixed a gum elastic catheter in the urethra, and kept one there, changing it occasionally, for fourteen months. The patient did not discover that the water did not pass through it, but came by the side of it for many months; and as the symptoms still continued unabated the surgeon took to injecting warm water, and at last injected the rectum so full, that the patient discharged at once a pint

or more per anum before his face. He now thought it time to give up the catheter, and some months afterwards came to London. It was quite clear, after due examination, that the catheter had passed behind the prostate, although the opening into the rectum had closed. The false passage began just anterior to the membranous part of the urethra, and the natural opening, or canal of the urethra, was so small, and the false passage so large, that every thing took that road, and it was only after a great many trials, and after great attention and management, that a small gum elastic catheter could be got into the bladder. After a few days, this was increased in size, and as he was an old performer, he got others made to suit himself, and went on to No. 14. I now advised him not to increase the size, as some urine came through some old fistule in perineo, but to pass a smaller silver catheter every other day. He suffered no uneasiness from his No. 14, and used to walk the streets and dine at his club with it in the bladder, and without thinking about it. I pointed him out in Piccadilly, to Dr. Fergusson, of Windsor, who happened to be in the carriage with me one day, and he would scarcely believe it. Well, one Wednesday morning he left out his gum catheter, having his silver one ready, which he tried on the Thursday, but to his great surprise the attempt to pass it gave him excessive pain, and it would not proceed even for half an inch. He came to me directly, saying a horrible spasm had seized him, and nothing would pass. I tried a No. 8, and found it would not go half an inch without great pain, and a smaller one was perfectly stopped at three inches, by a spot which had heretofore shown little sign of disease.

In these cases there was really no spasm. The external elastic structure of the urethra was dilated, perhaps beyond what it could bear, and inflammation ensued. None, however, took place, as long as the dilatation was continued, but as soon as the pressure caused by it was removed, inflammation ensued, the sensibility became greatly augmented, and the part contracted by its vital elasticity; by which I understand something like that property possessed by the middle coat of an artery, a property very observable during life, but which is lost after death. These cases may be called instances of spasm affecting permanent strictures, but where the urethra is really diseased, and the outer elastic structure is implicated, it is not necessary to have recourse to the idea of spasm of any muscular structure external to it, for an explication of the mischief.

That a muscular coat or wall of a canal, when it exists, exert an especial and long continued, although transitory influence on the canal, I have had opportunities of seeing; and in one case in the oesophagus, in a very remarkable manner. The patient, a young lady, had suffered for years from repeated difficulties in swallowing, which at last became positive obstructions, preventing the passage of

either solids or fluids for days. The obstruction usually yielded almost suddenly, and the lady could then swallow liquids and small masses of food. A good sized œsophagus bougie could then be passed with little sense of opposition, although the stricture was distinct, when swallowing was impossible, about an inch below the situation of the cricoid cartilage, and no bougie could then be forced through it, although frequently attempted by several very able men. As the complaint continued, the impossibility of passing a particle of food became more frequent, and lasted for eighteen, twenty, and six and twenty days together, so that at last the lady became quite exhausted, and died from inanition, in the full possession of her senses, and with a Christian resignation of so perfect and admirable a nature, that it was impossible to look upon it but with the strongest feelings of gratitude to God for his goodness. On examination I found the œsophagus externally of its natural appearance, without the slightest sign of constriction. When slit open, it appeared of its usual thickness, and without any deviation from its ordinary state, with respect to the appearance of the muscular layers; but on the inside, and adhering firmly to the mucous coat, there was a false membrane, the upper edge of which appeared to have been separated, in consequence of the repeated application of the bougie, and a little turned inwards, so as to fill up, in part, the canal through which, however, any common sized bougie could after death be passed. The mucous membrane from this part onward to the stomach, which was not allowed to be examined, seemed to have lost its normal character, and to have taken on that of a serous one, on which a false membrane readily forms, but which rarely takes place on a mucous one, unless some great alteration has previously taken place in it. The difficulty which existed at all times, for several months, arose from this false membrane, which could be peeled off, and resembled chamois leather; whilst the permanent and insurmountable obstacle, which often existed for three weeks at a time, must have arisen in part, I conceive, from muscular contraction, although no trace of permanent stricture was observable after death.

I am led to infer from a due consideration of these and many other similar cases that the canal of the urethra might be perfectly closed for a considerable length of time by a spasmodic contraction of its muscular coat, of a transitory kind, provided such muscular coat were believed to exist; but as such belief is not commonly entertained, I prefer supposing that the obstruction takes place from inflammation of the internal mucous membrane, which alters its attractions and properties, assisted by an undue contraction of the elastic and outer wall of the canal, dependent on its vital elasticity or contractibility. I believe this to be the case in all instances except those alluded to in the commencement of these ob-

servations, in which an undue action of the compressor urethra muscle alone may have produced the effect.

When the outer elastic wall is only excited to contract, but is not thickened, the case is then one of those usually called a spasmodic or dilatable stricture; when the elastic coat is altered in structure it is then called a permanent stricture; and these may be divided into two or more kinds. Those which are completely curable, and those which are not; so that in whatever manner the latter are temporarily removed, they are prone to return, and will return without care is taken to prevent it.

The slightest alteration is a mere thickening or condensation of the elastic coat, and constitutes the first step or stage between the dilatable stricture or the curable permanent, and the incurable one; the extent, great obstinacy, or narrowness of obstruction being no proof, although it may be a presumption of the more incurable nature of the disease, inasmuch as some of the most permanent cures I have effected, and which have stood the test of years, have been made where the obstruction was great, and the obstacle nearly impassable by the smallest instrument.

It has been said, that strictures are formed by excrescences, caruncles, or tubercles, growing from the wall of the urethra. I have never seen, after death, any thing of the kind, or any irregularity of this nature, beyond very small projecting points on spots which appeared to be caused by the common inflammatory process. I by no means, however, intend to deny the possibility of such growths, because I have felt, on several occasions, a sort of soft obstruction, which always bled freely until removed, and which might have arisen from excrescences of this nature; and more particularly, because I have seen two cases in each of which an excrescence grew from the side of the urethra, about half an inch from the orifice. In both cases they resembled four or five granulations, adhering to and growing from each other. They were cured with some difficulty by pinching them with forceps, and applying caustic to the part from whence they grew. These cases would lead to the belief, for I know no reason to the contrary, that a similar disease may take place in other parts of the canal where it cannot be seen.

The urethra may be generally, although slightly, thickened for a certain extent, and the surface of the internal membrane changed in its appearance and altered in its function, without any positive obstruction to the passage of urine ever taking place, and without much prospect of a perfect cure being ever effected. A gentleman came under my care, sixteen years ago, with stricture five inches from the orifice of the urethra, through which a solid silver bougie could not be passed, although a similar sized soft one could, and this peculiarity remained until his death, which took place last year. Whenever the canal con-



tracted a little a solid bougie would not pass; whenever it was dilated, so as to admit a No. 10, it would then pass, although not so easily. This gentleman died of apoplexy, having been in the habit of passing a bougie twice a month or oftener, and of showing himself to me every year, or two years, and I had the opportunity of examining the urethra. For the extent of an inch the canal was altered in colour and appearance, being yellower and rougher than the remaining part, and the wall was a little thickened generally, but there was no particular thickening at any one part; so that the disease, in all probability, arose from inflammation attacking the urethra for the extent of an inch, and giving rise to a similar alteration for the same distance. The sensation communicated on passing a bougie was that of its going over a rough hardened surface for some extent, and the dissection proved the fact. The difficulty in introducing a solid sound arose from the length of the inelastic part, and from its being beyond five inches, and more firmly attached at and below the pubes at that part.

In the generality of stricture cases, the state of parts is exactly the reverse, and the obstruction which may have even proved fatal, does not exceed an eighth of an inch in thickness. When it is of greater extent, it is usually believed that two or more distant points of inflammation have each given rise to contraction, and, by frequent recurrences, implicating the intermediate parts, so as to cause an affection of the whole, and, at last, under repeated attacks of irritation, a large, hard, cartilaginous mass of disease is formed, not only of the urethra but of the surrounding parts, in which state it is almost incurable even by the knife.

The canal in front of a stricture does not seem to be affected by it, as far as regards its permeability or elasticity. It remains in its natural state, unless affected by inflammation, although the actual surface or anterior part of the stricture itself is often extremely irritable, bleeding not only as well as being very painful on the slightest touch. The part posterior to the stricture is usually considered to be dilated, and a practice of opening the urethra at that part is founded on the supposition, which practice cannot be correct, because the supposition is not always well founded. When the obstruction has been great and of long standing, the urethra behind the stricture is often found very much dilated, but not always so; and this dilatation may take place in every part of the canal. It more frequently occurs, or at all events, is more often observable, when the obstruction is a single one, and in the pendulous portion of the urethra. In order to give rise to it, the obstruction must have been considerable, and the coats of the bladder must have gained in thickness and in power, in proportion as the contractile property of the urethra has been diminished. The bladder, under constant action and straining, thickens, dimi-

nishes in size, and becomes irritable and impatient of its contents; while the urethra becomes dilated, and immediately behind the stricture more irritable than before it. Little is wanting, in such cases, to give rise to complete retention of urine, ulceration at the irritable spot, the effusion of urine into the surrounding parts, and the death of the patient, unless the science as well as the art of surgery are brought to his relief.

#### LITHOTRIPSY IN DUBLIN.

The operation of lithotripsy was performed in the Meath Hospital on Wednesday the 18th of December, by Mr. Crampton, the Surgeon-General, with complete success, so far as the first *séance* is concerned. Without meaning to forestall the details of the operation, which it is probable will be communicated by Mr. Crampton, we think it right to mention one or two particulars which will be read with interest by the profession.

From some peculiarity, connected either with the size of the stone or the condition of the bladder, there existed in this case a considerable difficulty in ascertaining the presence of the stone. The man had been sounded by several surgeons before he was admitted into the Meath Hospital, but no stone had been detected. On the first day that Mr. Crampton sounded him he succeeded in ascertaining the existence of a stone in the bladder, but, on two successive trials, it eluded the sound, although the examination was made by several persons, and among others by Dr. Colles and Mr. Cusack, the Surgeons to Stevens' Hospital. The operation for lithotripsy was therefore necessarily postponed on both these occasions. On the 18th, however, Mr. Crampton on visiting the hospital in the morning, proceeded to make another trial. The patient was laid on the ward table, in the same posture and on the very spot where Mr. C. had first detected the stone; and, after a patient examination of the bladder for some minutes he touched the stone, and the contact was audible to all who stood round the table. In a few seconds, the stone was seized by the instrument, and its dimensions, by the scale on the handle of the instrument, was found to be six-tenths of an inch; by two smart strokes of the hammer it was broken into pieces. One of the fragments, which measured four-tenths of an inch, was then seized and broken by a

single blow. The instrument was then withdrawn, and the patient returned to his bed in high spirits; some small portions of the calculus (which was composed of uric acid) were found between the teeth of the instrument, and a quantity of the detritus has since been passed with the urine.

20th Dec. The operation has not only been unattended by any subsequent increased uneasiness in the bladder, but the patient declares that he suffers less pain than he did previous to its being performed.

[We are happy to see that our hospital surgeons are disposed to practise lithotripsy, and we are glad that so excellent and dexterous an operator as the Surgeon-General should be the first to set the example. We sincerely hope the time is not distant when the dangerous operation of cystotomy will be as rarely performed as trephining is at present.—Eds.]

STATUTES OF THE UNIVERSITY OF EDINBURGH, RELATIVE TO THE DEGREE OF M.D.—1833.

SECT. I.—No one shall be admitted to the examinations for the degree of Doctor of Medicine who has not been engaged in medical study for four years, during at least six months of each, either in the University of Edinburgh, or in some other University where the degree of M.D. is given; unless, in addition to three *anni medici* in an University, he has attended, during at least six winter months, the medical or surgical practice of a general hospital, which accommodates at least eighty patients, and, during the same period, a course of Practical Anatomy; in which case three years of University study will be admitted.

SECT. II.—No one shall be admitted to the examinations for the degree of Doctor who has not given sufficient evidence,—

1. That he has studied, once at least, each of the following departments of medical science, under Professors of Medicine, in this or in some other University, as already defined, viz.:

Anatomy; Chemistry; *Materia Medica* and Pharmacy; Institutes of Medicine; Practice of Medicine; Surgery; Midwifery, and the Diseases peculiar to Women and Children; General Pathology; Practical Anatomy (unless it has been attended in

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the year of extra-academical study allowed by Sect. I.)—during courses of *six months*.

Clinical Medicine; that is, the treatment of patients in a public hospital, under a Professor of Medicine, by whom lectures on the cases are given—during courses of *six months*, or two courses of *three months*.

Clinical Surgery; Medical Jurisprudence; Botany; Natural History, including Zoology—during courses of at least *three months*.

2. That in each year of his academical studies in medicine, he has attended at least two of the six months' courses of lectures above specified, or one of these and two of the three months' courses.

3. That, besides the course of clinical medicine already prescribed, he has attended, for at least six months of another year, the medical and surgical practice of a general hospital, either at Edinburgh or elsewhere, which accommodates not fewer than eighty patients.

4. That he has attended for at least six months, by apprenticeship or otherwise, the art of compounding and dispensing drugs at the laboratory of an hospital, dispensary, member of a surgical College or Faculty, licentiate of the London or Dublin Society of Apothecaries, or a professional chemist and druggist.

5. That he has attended for at least six months, by apprenticeship or otherwise, the out-practice of an hospital, or the practice of a dispensary, or that of a physician, surgeon, or member of the London or Dublin Society of Apothecaries.

SECT. III.—No one shall obtain the degree of Doctor who has not studied, in the manner already prescribed, for at least one year previous to his graduation, in the University of Edinburgh.

SECT. IV.—Every candidate for the degree in medicine must deliver, before the 24th of March, of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine:—

*First*, A declaration, in his own handwriting, that he is twenty-one years of age, or will be so before the day of graduation; and that he will not be then under articles of apprenticeship to any surgeon or other master.

*Secondly*, A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates.

*Thirdly*, A medical dissertation composed by himself, in Latin or English; to be perused by a Professor, and subject to his approval.

SECT. V.—Before a candidate be examined in medicine, the medical Faculty shall ascertain, by examination, that he possesses a competent knowledge of the Latin language.

SECT. VI.—If the Faculty be satisfied on this point, they shall proceed to examine him, either *visd voce* or in writing; first, on Anatomy, Chemistry, Botany, Institutes of Medicine, and Natural History bearing chiefly on Zoology; and secondly, on *Materia Medica*, Pathology, Practice of Medicine, Surgery, Midwifery, and Medical Jurisprudence.

SECT. VII.—Students who profess themselves ready to submit to an examination on the first division of these subjects, at the end of the third year of their studies, shall be admitted to it at that time.

SECT. VIII.—If any one, at these private examinations, be found unqualified for the degree, he must study for another year two of the subjects prescribed in Section II., under professors of medicine, in this or in some other University, as above defined, before he can be admitted to another examination.

SECT. IX.—Should he be approved of, he will be allowed, but not required, to print his Thesis; and, if printed, forty copies of it must be delivered, before the 25th day of July, to the Dean of the Medical Faculty.

SECT. X.—If the candidate has satisfied the Medical Faculty, the Dean shall lay the proceedings before the *Senatus Academicus*, by whose authority the candidate shall be summoned, on the 31st of July, to defend his Thesis; and, finally, if the Senate think fit, he shall be admitted, on the first lawful day of August, to the degree of Doctor.

SECT. XI.—The *Senatus Academicus*, on the day appointed, shall assemble at ten o'clock A.M., for the purpose of conferring the degree; and no candidate, unless a sufficient reason be assigned, shall absent himself, on pain of being refused his degree for that year.

SECT. XII.—Candidates for graduation shall be required to produce evidence of their having conformed to those regulations which were in

force at the time they commenced their medical studies in a University\*.

JAMES SYME, *Prof. of Clinical Surg.*  
*Dean of Faculty of Medicine.*

WILLIAM HAMILTON, *Secretary to the Senatus Academicus.*

The general views with which alterations in the course of study for the degree of M.D. in this University have been at different times proposed in the University, and the difficulties attending the subject, have been repeatedly stated in this Journal (*Edin. Med. and Surg. Journal*), particularly in a long paper on Medical Education by the late Dr. Duncan, in vols. xxvii. and xxviii.

It was there distinctly pointed out, that, in a country where no general regulations for medical education are made by the state, and no monopoly of any kind of practice is granted to the possessors of the medical degree, changes of this kind, in order to become real improvements, must be cautiously and gradually introduced; that such an extension of the course of study as might deter many young men from aspiring to the degree, could neither be expected from the University, nor be bene-

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\* Candidates who commenced their University studies before 1825 will be exempted from the fourth year of attendance (Sect. I.), from the additional hospital attendance (Sect. II. art. 3.), from the necessity of a year's study in Edinburgh (Sect. III.), and from any attendance on Clinical Surgery, Medical Jurisprudence, Natural History, Military Surgery, Practical Anatomy, Pathology, and Surgery distinct from Anatomy.

Those who commenced between 1825 and 1831 will be exempted from attendance on General Pathology, and also on Surgery distinct from Anatomy.

Those who commenced between 1825 and 1833 will be required to attend only two of the following classes, viz. :—Clinical Surgery, Medical Jurisprudence, Natural History, Military Surgery, Practical Anatomy.

And those who commenced before 1833 will be exempted from the attendance specified in Sect. II. arts. 4 and 5.

*N.B.* The attendance on Midwifery in an University (Sect. II. art. 1.) is required of all candidates.

cial to the public,—because its effect would be to swell the numbers of medical men practising in the inferior degrees, and contenting themselves with an inferior education, and to lower, instead of raising, the average attainments of the profession; but that, on the other hand, in so far as additions to those attainments, which are useful and creditable to medical men, could be secured in the graduates without any material diminution of their numbers, a clear and important advantage would be obtained for the public; and that any University which neglects the means in its power for obtaining this advantage, neglects one of its obvious and important duties.

At the time of the alteration of the statutes in 1825, the Professors were convinced, that the course prescribed for the degree,—then comprising only three winters of medical study, hospital attendance during one of these, and attendance on seven classes,—might be safely and beneficially extended; and in proof of this it was observed, that “*the courses of study then prescribed were much short of the usual practices of the candidates*”;—that, therefore, to the great majority of these gentlemen, the possession of a degree, granted under such rules, did not mark, so strongly as it ought to do, the amount of time and labour which they had bestowed in qualifying themselves for it; and that to a certain number, fortunately comparatively small, who did not voluntarily make up for the deficiency in the prescribed course of study, an undue encouragement was held out, to aspire to the highest honours in medicine, without such a degree of preparation as, at the present day, ought to precede the acquisition of them;—that, in fairness to the students, therefore, as well as from regard to the character of the medical school, and the interests of the public, it seemed manifestly expedient, and was accordingly the decided wish of the profession, that the course of study required by the University should correspond more nearly to that which *the practice of the best informed students had shown to be necessary for a complete medical education.*”

That the Professors had judged correctly in their anticipation of the effect of the change then made, appears undeniably from this fact. The alterations then made comprehended, excepting in certain cases of rare occurrence, an additional year of study, and in all cases

attendance on three additional classes, and on an hospital for double the time formerly required. Now, after these regulations had come into full operation, the number of candidates for graduation was found, on an average of five years, to be almost exactly the same as in the last five years before they had been proposed.

Dr. Duncan announced, in the paper formerly quoted, that, if the results of the previous changes should prove as satisfactory as was expected, other improvements were contemplated by the Professors.

In the year 1831, another addition was made to the course of study, in consequence of the institution of two new Professorships (those of General Pathology and of Surgery) by the Crown, and of a subsequent act of the Town-Council. Of the propriety of requiring a full and separate course of the latter subject at least, after a distinct professorship of it existed in the University, no doubt could be entertained.

The alterations made by the statutes now published are, in fact, to a less extent than those made, either by the statutes published in 1825, or by the addition of new chairs to the faculty in 1831; but they complete the amount of medical attendance in universities which has been in contemplation; and they have been mainly grounded, like the changes in 1825, simply on the careful observation of the actual practice of the great majority of the successful candidates; and, therefore, in fact, enjoin no more than experience has already proved to be within their reach, and to be practically important to them.

By the first article of the new statutes, two of the exceptions to the four years of university medical study, formerly admitted, but very seldom claimed, are struck off; and the only exception to that rule now admitted is attendance during a winter, distinct from the years of university attendance, on a general hospital, and at the same time on a dissecting-room, not necessarily connected with a University. This provision limits the privilege of aiding the qualification for the degree to those hospitals where there are schools of medicine; but allows one *arsus medicus* to be constituted wherever the student has an opportunity of prosecuting those two essential branches of his education together.

By the second article, what has usually

been called the list of optional classes is abolished. Military Surgery (as is fitting in a time of profound peace) disappears from the statutes. Practical Anatomy in a University is made imperative on those who do not avail themselves of the permission to take this branch of their education in the year of extra academical study already allowed; and three months' courses of Clinical Surgery, of Medical Jurisprudence, and of Natural History, including, and of course chiefly consisting of Zoology, are made imperative. Thus, instead of being required to select two courses out of five, the candidate has four courses prescribed for him; and the addition consists of two three months' courses; but in the very common case, where a winter is spent in hospital attendance, with Practical Anatomy, in an extra academical school,—it consists of one, the three months' course only.

Of the three last-mentioned classes, the two first were previously required of that large portion of the Edinburgh graduates who take likewise the diploma of surgeon in Edinburgh. The addition of the Clinical Surgery was strongly urged on the Senatus by many most respectable members of the profession in 1825; and the chief reason then stated against it (the want of clinical surgical wards in the Infirmary) has since been removed by an act of the managers. Medical Jurisprudence has become so important a study, and is required by so many of the inferior boards of medical education, that its exclusion from the course of study, in a University where it is so well taught, would have been discreditable; and Zoology and Comparative Anatomy have now assumed such importance in general science, and are so generally admitted to form the only true foundation of a comprehensive system of physiology, that no course of medical education can be held to be complete or scientific, which does not comprehend at least an outline of those subjects. The full course of Natural History is already attended by a majority of the graduates.

The whole number of courses of study thus prescribed is fourteen; and the books of the faculty show, that the average number of courses which have been actually attended by each candidate for graduation of the two last years has been about twenty. This statement shows that the "members of the University are still aware of the advantages which

medical students derive from various extra-academical studies, and of the propriety of leaving room for them in the arrangement of the course they prescribe;" although, the addition to the number of medical chairs in the University has rendered it less necessary than formerly to make this allowance.

The 4th and 5th articles of the new statutes may be said to be a virtual recognition of apprenticeship, as assisting the qualification for the degree; and to those who have not been apprentices, (and who are at present only a minority of the graduates,) point out the means of attaining the most valuable parts of the information,—particularly as to the practice of pharmacy, and as to certain classes of diseases (such as those of children) rarely seen in hospitals,—which are to be learnt by means of apprenticeship. *These regulations only express in words the actual practice of the great majority of the late candidates for graduation.* Of 110 graduates this year, 103 had voluntarily acted up to the first of these and 8 to the second; and one great advantage of their enactment is, that it will enable the University to claim for all the graduates (it is hoped successfully) the privilege of acting as general practitioners in any part of the United Kingdom, where it may suit their interest to do so.

On the whole, it is particularly to be observed, that the propriety of these new regulations does not rest on merely speculative grounds, but may be said to have been already ascertained by the practice of all the best informed of the graduates for some years past; whose whole course of study and attainments have been under the careful observation of the Professors; and of whom it is but justice to say, that, if they are not eminently worthy of the confidence of the public, it must be very much the fault of their teachers; for their own zeal, diligence, and disposition to avail themselves of all opportunities of instruction, have certainly not been exceeded in any age, or in any school of medicine.

#### ACADEMIE DES SCIENCES.

December 9th, 1833.

#### *The Weight of Man at Different Ages.*

We extract from the last number of the *Journal de la Société des Sciences Physiques*, and which was presented to the Academy, the sub-

stances of an article by M. Quetelet, on the gravity of man at different ages.

There exists an inequality both in the weight and height of infants of both sexes; the average weight of the male being about six pounds and a half, that of the female four pounds and three-quarters, that of the former being 496 centimetres, that of the latter 493\*.

The weight of the infant slightly diminishes to about the third day after birth, and does not again commence to increase until after the first week.

At any given age man is more weighty than woman, except near the 12th year, when both average nearly the same.

At the time of puberty, or when the male and female become completely developed, they weigh almost exactly twenty times more than at the moment of birth, and their height is only about three times and a quarter that which it was at this epoch.

In old age the male and female lose from 12 to 14 pounds of their weight, and 7 centimetres of their height.

At about 40 man attains the maximum of his weight, the female at 50. The average weight of an individual, without reference to age or sex, is about 176 pounds, or as regards sex, for man about 188, woman about 170.

### Reviews.

*Surgical Essays, the result of Clinical Observations, made at Guy's Hospital.* By B. COOPER, F.R.S., Senior Surgeon of Guy's Hospital, Lecturer on Anatomy, &c., &c. 8vo. pp. 281. Four coloured plates. London: 1833. Longman and Co.

THE design of the author of this publication is to give a series of cases, systematically arranged, and the views that led to their treatment. He thinks it a great advantage to the profession that the surgeon should be the narrator of his own reports, as "his matter is not distorted by passing through another medium; and being himself only answerable for its authenticity." Such a report, in his opinion, resembles a course of clinical lectures. We cannot, however, agree with him, that a surgeon's reports of his own cases are so very

\* A metre is about three feet eleyen lines and a half of ancient measure.

advantageous, or so much more preferable to those given through another medium, we mean, of course, an impartial one, as he seems to imagine; because it does not always happen that such reports are fairly given, as we well know, from a long connexion with clinical surgery. In stating this, we by no means question the authenticity of the cases related in the work before us; but it some way or other often happens, that many of our hospital surgeons are bitterly opposed to the publication of clinical reports in the medical journals; and, by the way, none more so than the staff of Guy's Hospital. Favourable reports and successful results are very agreeable, but fatal or mismanaged cases may not see the light. We differ so much from Mr. Cooper on this head, that we have repeatedly declined to allow physicians and surgeons to appoint reporters. We have said to them, "your cases shall be fairly and impartially reported; our reporter, if you please, shall submit his notes to you for correction; but he shall be our, and not your reporter." It is only justice to declare, that a preponderating majority of the medical officers of the metropolitan hospitals have readily agreed to our terms; but some declined them, and caused our reporters to be excluded. We therefore argue that the position of our author is valid to a certain extent only.

He goes on to describe the advantages of hospitals to the poor, and to the medical students; to the latter, when there is a medical school, in which the principles of instruction are communicated, and an opportunity offered, at the same time, of seeing them verified in practice.

The contents of this volume are the following:—The Physiology of the Growth and Reparation of Bone—on Fractures in general, including those of most of the bones—Diseases of Joints—on Dislocations, comprising the various kinds—and on Wounds and Injuries of the Abdomen.

These subjects are very ably treated, and the latest information relating to them is communicated. The principles and practice inculcated, are those of our most eminent surgeons, and the success resulting from the treatment employed, proves the author to be exceedingly well acquainted with modern surgery. Each section of his work contains several cases, and as selections from these would be no fair specimen of the whole, and as our limits do not

allow us to make lengthened extracts, our readers must content themselves with the opinion we have already given of the execution of this work.

*Illustrations of the most celebrated Medical and Surgical Works; comprising a complete system of Morbid and Descriptive Anatomy. Part I. Six Plates. Dulau and Co.*

This is the first part of a weekly publication commenced at Brussels, and intended to comprise the plates of the most celebrated foreign writers, Bourgery, Jacob, Cloquet, Tiedemann, Blandin, Duvergie, Cruveilhier, Munz, Alibert, Velpeau, Breschet, Manec, Boivin, and Duges. There are six plates weekly with separate title-pages, so that those of a similar nature may be bound together, and form a complete work. The plates may be had separately, and the price is more moderate than of any similar production ever offered to the British public. The plates are executed with great fidelity, the descriptions concise, yet comprehensive, and the expense is so trifling, that every student and practitioner ought to possess this splendid and valuable work. We wish the enterprising publishers every success, and we think that in offering this, and most of the foreign works at a much lower price than they can be procured in general, they deserve the encouragement and patronage of the profession. The value of anatomical plates to students and practitioners is inestimable, especially to the majority of the latter, who have neither time nor opportunity of refreshing their memory by actual dissection. The practical surgeon very soon forgets minute anatomy, though the knowledge of it is rigidly exacted for examination at the Colleges, but his fame depends on his recollection of surgical and morbid anatomy, as these will guide him in the responsible duties of his profession. The plates before us illustrate descriptive, surgical, morbid, and obstetrical anatomy, and when we inform our readers that each plate, with a description, is published at three-pence, the cost of a bad cigar, we are inclined to think that our junior, as well as our practical friends, distressed as the profession is, cannot complain of the expense. Indeed looking at the various plates now in course of publication, we are really surprised at their excellence and cheapness; those of Quain and Dermott, for descriptive

and surgical anatomy, are admirable, those of Hope on morbid anatomy, are invaluable, but those of Carswell and Bourgery, have not been sent us, and, therefore, we shall give no opinion of them. As faithful journalists we are bound to state that both are much more expensive, though in our judgment, by no means so well executed, as the work that gave rise to these remarks.

*Surgical Observations on the Restoration of the Nose, and on the removal of Polypi and other Tumours from the Nostrils; from the German of Dr. Dieffenbach, of Berlin, with the History and Physiology of Rhinoplastic Operations, Notes, and Additional Cases.*  
By JOHN STEVENSON BUSHMAN, M.R.C.S. Ed., &c., &c. Twenty-two Plates. 8vo. pp. 155. London: 1833. Highley.

THE translator of this work is entitled to great praise, for the accuracy and fidelity with which he has given the researches of the celebrated German professor; and his history of the Rhinoplastic operations, with cures, proves him to be well acquainted with all that has been written on the subject. His appendix contains all that has been done in this country, so that his work may be fairly looked upon as the best in our language. The hospital surgeon, as well as he who practises exclusively in private life, ought to possess it, and the general reader, will find it a curious and interesting work.

Our author has since published "the history of a case in which animals (worms) were found in the blood drawn from the veins of a boy, with remarks."

Though we have fairly given Mr. Bushman just praise as a translator, and as a zealous cultivator of science, we cannot help advising him to be cautious in future as to the marvellous, and before he indulges in this department, to consider maturely, and reflect on what has been published on any subject, which he chooses to bring before the profession. We are ready to admit, and it is a pleasure to us to do so, that he is an industrious and hard-working young practitioner, and as such, we are ready to encourage him; at the same time we must give him a gentle hint, and hope he may profit by it, for it is well meant; let him avoid the rock upon which many young men split—avoid the marvellous.

## MEDICAL REFORM.

To the Editors of the *London Medical and Surgical Journal*.

GENTLEMEN,—You are fully aware that the plan of establishing one great College of Medicine, affording one degree in medicine to all, or *faculty*, as the medical fashionables term it, has been lately extensively discussed in various medical meetings.

The opponents to this plan have asserted that it will be a means of *levelling* our present institutions. That the establishment of one great school of medicine would build up monopoly upon a firmer basis, and have the effect, by its mere name and influence, of destroying the private schools, so as to do away with that degree of competition so necessary to the furtherance of knowledge. That it would be an attempt to establish an equality of rank in the profession which is improper, not only on account of medical men possessing individually different degrees of talent, and that for different branches of professional education, but also because various professional appointments, trusts, and offices require various grades of professional attainments, and consequently diplomas, as a test of those attainments.

With regard to the levelling of our present institutions, whether they may attempt to stigmatise us with the term levellers or not, I can only say, that the advantage would be on the public side if a better, or better ones, were established instead; and therefore there is no solid reason why these medical rotten boroughs should be saved, because some interested individuals happen to have a great veneration for them.

As to the fact of one great school of medicine having the effect of increasing medical monopoly, that will not depend upon the existence of one great school, because it is a great school, but it will be altogether dependent upon the system upon which things shall be conducted within the walls of that establishment. If a complete system of competition of talent, concours, were established in the election of professors, sub-teachers, and candidates of all sorts, unalloyed by government influence and private intrigue, then such an institution would be the meridian sun of science to Europe; but if the same system reigned in it as is redominant now in other

institutions, it would be one of the greatest fabrics of monopoly ever produced by the foolishness of man; and it would be at some future period, like the church; another great prop to a Castlereagh type of government.

Another thing necessary to prevent monopoly and favouritism in such a college would be to do away with the certificate system altogether, as so often and so ably insisted upon by Mr. Wakley. Let them examine their candidates, and pass them upon the strength of their medical knowledge and for no other account, disregarding from what quarter they procured their information; then no private or public lecturer could be afraid of being destroyed by the Leviathan, for if it did him no good, it could do him no harm.

The fees in this college ought also to be on a liberal plan; and I must also observe that only one college of medicine would by no means do for England, Ireland, and Scotland; the poorest students are generally the most talented and industrious; and if there were no golden bar of obstruction in their way, they would be the persons who would, as a general rule, rise to the greatest eminence in the profession; it can no longer be denied or concealed that knowledge is no longer confined to the monied persons and the aristocracy. The expense of travelling from Ireland or Scotland to London, as well as of living in the metropolis would be incompatible with the pockets of many; and thus, much talent would be shut out of the profession in those parts distant from London. It would therefore be absolutely necessary, for the purpose of adapting the system to the present age, and to the convenience and common rights of all, that at least three colleges for the "United Kingdom" should be established.

As to the fact of one diploma for all having a tendency to produce too great a degree of equality, and of underrating instances of extraordinary proficiency of talent, I must beg leave to deny it. Diplomas, as they stand now, are positively, with few exceptions, good for nothing,—are no test; and, save and except the useless jargon of Latin, the examination at the College of Physicians is much the same as that at Apothecaries' Hall; but, of the two, the latter, with regard to *materia medica*, chemistry, and practice of physic, has much the superiority. I may also instance the medical examinations at the Colleges of



Oxford and Cambridge being of the same type, while the foundation for a thinking mind to build upon, viz.—a thorough acquaintance with anatomy and physiology are thrown into the back ground; and it is also well known that many men who now figure as M.D.'s, after having been general practitioners, were dubbed Doctors by purchase in Scotland, without undergoing any extra medical education or examination, and even without visiting the last-named country at all. Although a diploma common for all, in connexion with a good public examination, would be a test of the person possessing such a proportion of knowledge as to be safely intrusted with the lives of his fellow beings, it does not follow but that superior attainments in certain branches should be necessary for public professional appointments, and the obtaining of the latter should be conducted by *concours*. With regard to the election of candidates for professional appointments on account of their professional proficiencies and knowledge alone, such a case, I think, I may safely say, never occurs at the present day; but this is effected by the intrigues of interest and money; and a desirable alteration in the state of these things cannot exist without the adoption of *concours*. Those two monsters now oppressing and mortally murdering society,—the influence of money and aristocratic interest, must be laid low before talent and industry, as angels of light, shall preside over the world. It is a mistaken notion to suppose that if a more liberal state of society existed, and if talent and industry were not crippled and bound by the chains of money and aristocratic influence, that all men would or could aspire to be on the same level.—No: all men would find their proper station in society, by exercising what degree of talent they possessed, as different men possess different degrees of that; so some would rise into the higher walks of life, and others would sink into the humbler and more mechanical occupations in society. Society would then be a perfect harmonious whole, and a system of co-operation, or what is nearly the same thing, fair competition established by just laws, would be the cause of a future millennium of knowledge, which must, I think, precede, or go hand in hand with, a religious millennium.

Your obedient servant,

G. D. DERMOTT.

#### TREPINE IN TOOTHACH.

To the Editors of the London Medical and Surgical Journal.

GENTLEMEN,—As the object of your work is to elicit truth on all medical topics, you cannot, of course, be held responsible for the opinions of your correspondents; it is enough that you give them a fair field for the display of their theories, well assured that the discussion, even of an absurd doctrine, may lead to valuable results.

In No. 98 of your Journal is an article "On the Use of the Trepan in Toothach." In this agreeable communication M. Fattori proposes to relieve the toothach by perforating the tooth with a trepan, and dividing the nerve, or as I would say the pulp, which fills up the dental cavity. But of what avail will this remedy be when the toothach arises, as it most frequently does, from inflammation of the periosteum and not from the pulp? Here, at all events, the operation must be useless. But I go further; I say that in no case can it be advisable, and the proof of the assertion lies in a very narrow compass. If the pulp be in a state of active inflammation, the torture, occasioned by dividing it, would be too much for any one to endure, and might produce epilepsy or tetanus, or even death, according to the greater or less degree of constitutional irritability in the patient; the pain of extraction, in its severest form, would be nothing to it, for the portion of the nerve, rent in that operation, is thinned down almost to a filament, instead of its being, as it is in the body of the tooth, a mass of the highest sensibility. If, on the other hand, suppuration have succeeded, this trepanning would be useless, for either the pus would be taken up by the absorbents, or, as all matter tends invariably towards the surface, it would find a way out for itself in the thinnest part of the socket, where there is the least opposition, and be discharged through the medium of a gum-boil.

This pretended remedy was however tried some years ago, and found worse than useless. The late Mr. Joseph Fox was, I believe, the first that suggested it; at all events he carried it into practice, but finding its utter worthlessness he at once abandoned it, and stated so much, both in his lectures and in his printed

essay, with the spirit and candour of one who knew that his talents and integrity were alike unimpeachable.

I remain, Gentlemen,  
Your very obedient servant,  
J. N.

CASE OF CYRANCHE LARYNGEA.

To the Editors of the London Medical and Surgical Journal.

GENTLEMEN,—I here forward you an account of a case of that uncommon disease, cynanche laryngea, which fell under my observation, and which was successfully treated by mercury and venesection.

I have the honour to be,  
Gentlemen,  
Your obedient humble servant,  
G. G. HOLMES.

Mary Belton, aged 22, was taken ill with pain on inspiration, which afterwards increased to so great a degree, that respiration was carried on only by the most violent efforts attended with great pain, total loss of voice, and impossibility of deglutition. Pulse 120, with pain increased by pressure on the thyroid cartilage.

Dec. 12. Venesection ad  $\frac{3}{4}$  xx.  
Hirudines xvj. gutturi.  
Hyd. submur. gr. xxiv.  
Pulv. antim. gr. xij.

Fiat pulv. vj. capt. j. 3tiâ horâ.

Vespere. Was much relieved by the bleeding; breathing easier; can articulate faintly; pulse 80; bowels confined.

Haust. cathart.  
Hyd. submur. gr. xij.  
Pulv. antim. gr. vj.

Fiat pulv. vj. Capiat ut antea.

13. Has had several fainting fits on the previous night; pulse 70; salivation produced; bowels have been well opened; breathing much better; can speak with more distinctness; pain not so great on pressure.

Potass. nit.  $\mathcal{D}$  ij.  
Vin. ipecac. 3 ij.  
Mist. camph.  $\frac{3}{4}$  vij.

Capiat coch. ij. amp. 3tiâ horâ.

14. Difficulty of breathing decreased; bowels confined; voice somewhat better; pulse 90.

Hirudines xij. gutturi.  
Pergat haustu et misturâ.

15. Breathing and voice still better; bowels open; pulse 70.

Emp. lyttæ gutturi. Pergat misturâ.

17. Was considerably better, but complains of pain in swallowing; pulse 80; bowels regular.

Pergat mistura, et adde tinct. benz. co. 3 ij.  
c. mucil. acaciæ.

19. Is almost recovered; pain on swallowing and breathing entirely gone; can take her meals pretty well; bowels confined.

Pergat. mist. et haust. cath.

20. Is now going on as well as could be wished.

THE

London Medical & Surgical Journal

Saturday, January 4, 1834.

ST. ANDREW'S, OXFORD, EDINBURGH,  
THE DEVIL, AND MEDICAL RE-  
FORM.

THAT the medical corporations would make no effort to avert the certain dissolution which awaited them in their inert state, was not to be expected. It matters not how much their present activity stultifies their past conduct: the smallest chance of success engenders hope; and certainly these learned bodies calculate but too justly on the infirmities of human nature, in daring to expect, that by sudden and violent exertions of their controlling power, hitherto abused by being suffered to lie dormant, and now put forth under the pressure of fear, they may disarm the friends of rational reform, and induce the superficial to believe, that there is no necessity for the interference of Parliament in medical politics.

We cannot begin the new year better than in warning the profession against these deceptive arts. We expect many imitations of the example of St. Andrew's. Oxford has taken the hint, and has boldly avowed, what hitherto it was treason to utter, that her medical department was

utterly unsuited to the times. How far this confession may affect the character of the gentry, who presume to lord it over their brethren on the strength of university qualifications, we beg to suggest as an excellent subject for Sir Henry Hallford's next essay at the College of Physicians. Our present number contains a new illustration of ultra-conservative tactics:—the University of Edinburgh having thrown up a straw, in the Scotch bill of last session, to see which way the wind blew, has declared itself for Reform, and has promulgated a new course of medical education, which our readers will find in this number. The Spanish proverb says, "Hell is paved with good intentions;" and it seems our Scottish neighbours have been Macadamising the infernal regions for these five years past. His Satanic Majesty may thank them, if he please, for their services; the profession owes them no thanks. Instead of aiming at promoting the dignity and advancement of the profession of medicine, we suspect that our friends, with their characteristic worldly wisdom, are merely striving to share the good things of England with the Apothecaries' Hall;—dealing in drugs is an excellent way for turning a penny.

When the whole dozen of Universities, Colleges, Faculties, and Warehouses shall have each announced its improved curriculum of education, what an agreeable diversity will be found in the arts of acquiring medical science; what grades of knowledge a discerning public will detect! One college will recommend itself by exacting six months' attention to pharmacy; too short cries a second, it is a twelvemonths' study at least; nay, you are below the mark, says a third, two years' is the minimum of pharmaceutical study; and then government, having naturally no confidence in the several plans

of medical education, will lay down its own standard of knowledge for those who are to be intrusted with the health of a common sailor or soldier.

But it is unnecessary to follow out these discrepancies. Supposing that there is nothing objectionable in the ranks of the profession, or in the legal rights of its members, or in the ordinary mode of practice and remuneration; granting that there is nothing in the governing bodies to be altered from without; let education alone be the question, and we put it confidently to any reasonable mind, whether the separate action and private interests of the medical corporations will not absolutely produce, by any miscalled reform emanating from themselves, that very diversity of elementary education, which, above all things, is absurd in medicine. In the last number of the *Medico-Chirurgical Review*, Dr. Johnson has entered into some explanations of the object of his much discussed motion in favour of ONE FACULTY; from which, it appears, that uniformity of education was, in truth, the principle to which the Dr. wished to pledge the Society. The legality of the proceedings, by which the motion was lost, is to be questioned on next Saturday. As Dr. Gregory, who penned the resolution, (so says Dr. J.) artfully insinuates, that by the establishment of One Faculty was meant the abolition of even the names of the existing medical corporations, we think it right to state, that the Doctor's motion was not intended to imply the annihilation of the present colleges or seminaries of education. The Doctor has declared, that if the motion be at all doubtful, he will introduce the principle to the Society in words too clear for doubt, "*that in the opinion of this Society, a more extended and uniform system of medical education than at present exists is highly desirable; and*

that the power of organising and regulating that system of education would be better vested in one body, or faculty, under the sanction of the legislature, than left to the option or caprice of various universities, colleges, corporations, and faculties, each of which enjoins its own peculiar course of study, whereby much confusion and discordance are produced, in a profession where the mode of elementary education ought to be the same for all its members." We consider this principle an excellent rallying point for the independent members of the profession against the intrigues of the corporators. Establish once uniformity of education, and where is the pretence for distinction of ranks? "Since," as Dr. Carrick well observed, "apothecaries and surgeons now act as physicians, the public has a right to expect they should have the physicians education;" and if they have the education, why not the title?

There is a subject, which we know is considered very delicate by general practitioners; the union of the *profession* and the *trade*, can be scarcely alluded to without alarming a host of prejudices. The *Medical Gazette*, in its labours to support and multiply factitious ranks, cares not how degraded the *second* class of the profession may be. The *Lancet* is silent. But we are happy to have the co-operation of Dr. Johnson in calling the attention of the profession to this all-important question. We have, on various occasions, stated our opinions upon it; and we have hopes, that our publication of the Report upon Medical Reform in France, will be of use in opening the eyes of the general practitioners to their real interests in this matter. Many of the most respectable members of the class of general practitioners have publicly, and still more have privately, expressed their annoyance at a system, which degrades

them as members of a liberal profession, to practise the petty arts of a little tradesman.

To accomplish these useful purposes, to raise the standard of education, and make that standard general, to co-operate in purifying medicine from the contamination of trade by wholesome regulations as to fees and professional ethics, are objects well worthy the attention of every independent member of the republic of medicine; and we earnestly call upon every practitioner, who is desirous to discharge that debt, which Lord Bacon says a man owes to his profession, to labour both in private and in those societies where the profession is congregated, for the dissemination and maintenance of these sentiments, as it is only by co-operation that the enemies of medical reform can be resisted.

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#### MEATH HOSPITAL, AND COUNTY OF DUBLIN INFIRMARY.

THIS morning (Dec. 31st) Mr. Crampton repeated the operation of lithotripsy on the patient on whom he operated on the 18th (see page 720 of the present Number). The man was laid, as before, on the ward table. About eight ounces of water were injected into the bladder, and the stone (or rather a fragment of the stone which had been broken in the former operation) was seized at the first effort. It measured, by the scale, a quarter of an inch. Two smart blows of the hammer reduced it to fragments, one of which was seized as quickly and reduced in the same manner. Mr. Crampton then moved the instrument about the bladder, seizing several small fragments of stone between its jaws, and crushing them by the pressure of his hand on the moveable branch of the instrument. The noise produced by the crushing was audible to those who were close to the table. The operation was concluded in about four minutes, and was attended with no pain except what was caused by the introduction and withdrawal of the instrument. Some water was thrown into the bladder, and about twenty grains of the detritus were collected in the vessel, and in the jaws of the instrument. When Mr. Crampton

was about to inject the bladder, the man exclaimed, with true Hibernian humour,—“ Ah ! never mind doing that, your Honour ; sure if I wanted to catch fish, I'd drain the pool sooner than I'd flood it ! ”

### French Medicine.

#### *Peculiar Influence of different Vessels upon Milk.*

DR. BOUCHARDAT has found, from experiments, that one of the best ways of preserving milk is not to change it from one vessel to another. Thus, if milk be placed in a tin vessel, and then transferred into one either of glass or pewter, it will not keep good so long as it would if retained in one vessel ; a change is produced in it favourable to coagulation. Brimstone preserves milk a considerable time, but it becomes sensibly acid, and coagulates on boiling ; vessels also of zinc, antimony, bismuth, brass, copper, and iron preserve it well, but the harmlessness of the first is very doubtful, and one or two of the other metals communicate to it a very peculiar odour. For domestic purposes, therefore, we should keep it in tin receptacles, and avoid changing them. Cheese acquires an odour and taste differing according to the different vessels in which it is prepared, the kind of mouldiness which shows itself is also very different. After keeping fifteen days, ammoniacal products predominate in all the metals, and M. Bouchardat attributes the greater or less rapidity of chemical change in the milk to the electric force which shows itself from the contact of heterogeneous bodies.

#### *Fracture of the Humerus in a New Born Infant.*

M. DUBROCA, Surgeon of Barsac, found the left humerus fractured in an infant, born about two hours before ; this fracture was evidently caused by the manœuvres of the midwife, who had been too eager to disengage the shoulders, soon after the escape of the head ; by means of her finger she had given to the left arm a sort of see-saw motion, and had thus caused a fracture. A suitable apparatus was applied, and on the eighth day the fracture appeared united. M. Dubroca judged it prudent, however, not to remove the bandage until the 15th ; at this period there was so much callus, that the humerus was three times its natural size at the

place of the fracture. The tumefaction has since, however, completely disappeared.

#### *Créosote and its qualities.*

M. REICHENBACH has lately discovered in pyrolignic acid, and its pitch and tar, a peculiar oleaginous liquid, to which he gives the name of *créosote* ; it is colourless, transparent, and possesses a very peculiar odour, somewhat resembling castoreum ; its taste, also, is very caustic, and it is of the consistence of oil of almonds, having a specific gravity of 1.037. Amongst other curious properties, *créosote* possesses the following :—one drop of it poured upon an aqueous solution of the white of eggs causes coagulation ; if we place a piece of flesh in a solution of this liquid for half an hour it may afterwards be exposed to the heat of the sun without fear of putrefaction, and in eight days it becomes quite hard, has a reddish brown colour, and acquires the odour of smoked flesh. Fish may be preserved in the same way, and there cannot be a doubt but that the *créosote* possesses the same anti-putrescent qualities as the pyrolignic acid and tar water. The action of this oily fluid, on the animal economy is deleterious ; if placed on the tongue it causes a violent pain, and if applied to the skin it destroys the epidermis. Insects and fishes, placed in a solution of it, quickly perish, plants also will die if watered with it.

The results of some experiments, as to its remedial properties, are also given by M. Reichenbach, but further observation seems necessary to confirm its value as a therapeutical agent. In one case of burn, a rag wet with a solution of it was applied three or four times a-day with beneficial results, and the discoverer has found advantage from it in two cases of confirmed consumption. Cutaneous eruptions and carious ulcers, and bad suppurations also seem to have been improved by its external application ; finally, one drop applied to a carious tooth is considered to be a certain cure.—*Journal de Pharmacie.*

### French Hospital Reports.

#### LA PITIE.

#### *Partial Dilatation of the Heart.*

A ROBUST negro, *æt.* 53, was admitted for palpitation of the heart and dyspnoea ; he had difficulty in moving, and was unable to com-

Portuguese Hospital Reports.

(Concluded from page 702.)

*Two slight Wounds of the Head producing Death, and rendering active a dormant Disease of the Liver.*

tinue his employment; the beating was strong and tumultuous; pulse hard and firm; no œdema of the lower extremities. He had for some years been subject to similar attacks, which were relieved by bleeding and quiet, but returned on any exertion; and about twelve months before his admission he had enlarged testicles from gonorrhœa and buboes, for which he was salivated.

Blood was several times extracted from his arm, digitalis and diluents were prescribed, and he was ordered to keep perfectly quiet. By means of this treatment he slowly improved, till the end of February, when the palpitation and oppression in breathing returned; bleeding again somewhat relieved him; but on the third of March the symptoms were renewed, accompanied with dry cough, sharp pain behind the sternum, fever, and crepitating râle on each side of the chest. Leeches were applied to the side, and the pain had completely left him by the 8th; in the evening of the 10th, however, he was seized with a fit of suffocation and suddenly expired.

*Autopsy.*—Upon inspection the two ventricles of the heart were found much dilated, and the right one loaded with fat; from the apex of the left proceeded an aneurismal tumour, nearly equal in size to both ventricles; it was circumscribed at its origin by a circular band, and adhered to the pericardium and diaphragm for three-fourths of its extent, the remaining part being free; the walls were about a line in thickness, and were formed by a fleshy membrane, a continuation of the exterior muscular fibres of the left ventricle, and by the pericardium; the fleshy fibres were wanting in two places on the right side of the tumour, where two cavities, equal in size to the points of the finger, were found, separated from each other by the prolongation of one of the columns of the ventricle; the anterior of these was only covered in by the pericardium, the posterior by the pericardium and tendinous part of the diaphragm. The lining membrane of the heart appeared to terminate suddenly at a prominent border which separated the left ventricle from the aneurismal tumour. The stomach was slightly diseased, and in the caput coli near to the ileo-colic valve was found a small patch of ulceration; the remaining portion of the intestines was healthy.

M. K., a private in the service of the Queen Donna Maria, æt. 35, and of pretty good general health, was struck on the head in two places by an officer with the scabbard of his sword, who was punishing him for mutiny. This produced two wounds of the scalp, one on the left parietal bone and near its anterior superior angle, the other on the middle of the temporal arch. In the former wound a small artery was divided, which to suppress its bleeding required being tied. For the first nine days no symptom of an alarming kind showed itself; the wounds continued sluggish, with no tendency to heal; the patient complained only of little pain in his head, but was always very drowsy and absent in his mind. 6th of January, ten days after he was struck, he had considerable fever of the low kind, great pain in his head, much drowsiness and inattention. To be purged with calomel and jalap, head to be shaved, and cold water to be constantly applied to it.

7th. Has no sleep; is more feverish, drowsy, and absent; pain in his head more severe; bowels have been well purged. To have a saline draught ter in die; cold applications to be continued.

8th. Is worse to day in every respect; skin is a little tinged with yellow; some pain on pressure in the region of the liver, none in the shoulder. To continue the cold application and draughts, and to take every two hours pil. hydrarg. gr. ij.

9th. Is quite insensible; pupils rather contracted; skin quite yellow. Continue the medicine.

10th. He expired this morning nine A.M.

*Autopsy twelve hours after death.*—In both wounds the bone was denuded to a very slight extent. The membranes of the brain were inflamed nearly throughout their whole extent. Between the dura mater and the bone, and opposite both wounds of the scalp, was a small quantity of pus, and also along the course of the left arter. mening. med., where the dura mater was ulcerated. Opposite the wound on the middle of the temporal arch

there was matter contained between the dura and pia mater, and here the membrane was most highly diseased. The substance of the brain was healthy.

The liver was found greatly enlarged and inflamed. In its substance was a great number of tubercles, some of which were in a state of suppuration, others inflamed only, and a few to appearances were in a dormant state. The other viscera were in their natural condition.

## Hospital Reports.

### ST. BARTHOLOMEW'S HOSPITAL.

#### *Fracture of the Neck of the Thigh-Bone.*

A MAN of very large frame, and about eighty years of age, was conveyed to this hospital, having fallen down on his hip in the street, by which, as it appeared on examination, the neck of the femur was fractured.

At the moment of the fall the patient felt a very severe pain, which was succeeded by complete inability to walk. There was considerable shortening of the limb, and he suffered very great agony at any attempts at abduction. A crepitus was distinctly discovered. There was eversion of the toes, and all the characteristic symptoms of fracture of the neck of the femur were present.

Complete rest and quietude are the only circumstances at all likely to produce any good effects in this case. It has long been a matter of doubt and dispute, whether, in fractures of the neck of the femur, re-union by bone ever does ensue; and Sir Astley Cooper distinctly states, in his opinion on the subject, that ossific re-union never does take place after such an injury. In France, however, a contrary opinion prevails, and some cases which have occurred in that country prove, beyond all doubt, that such re-union does occasionally, but very rarely, follow. In fracture of the neck of the femur, occurring in young persons, the chances are in favour of union; but there is very little or no prospect of such a favourable result when the accident happens in individuals advanced in years. The most trifling violence will cause fracture of the neck of the femur in old persons, in consequence of the brittleness of the bone.

### WESTMINSTER HOSPITAL.

#### *Calculus of the Bladder—Lithotripsy by Baron Heurteloup.—Second Operation.*

IN the case of calculus which we reported in No 97 of this Journal, the patient has gone on most favourably since the first operation. He has voided a considerable quantity of pulverised stone in his urine. There was, however, a good deal of irritability of the bladder, and slight derangement of the system, which

obliged Baron Heurteloup to defer his second operation a week beyond the day he had originally intended to repeat the lithotripsy. The patient did not complain of any uneasy sensation for the last ten days, and seemed to have great confidence in the Baron's operation.

On Saturday, Dec. 7th, Baron Heurteloup proceeded to perform his second operation. The patient was placed in the usual manner on the couch (invented by the Baron), and the operation proceeded with in the same manner as before described.

On the removal of the patient, who, during the operation, appeared to suffer very little uneasiness, the Baron addressed the gentlemen present. In the course of his remarks, he brought forward a man who had been his patient, and on whom he had performed lithotripsy with apparently the most felicitous results. The patient appeared much emaciated, but completely free from any of the symptoms under which he had formerly suffered so much agony.

Baron Heurteloup displayed the pulverised calculus which he had taken from this patient. The quantity was very considerable, and afforded much satisfaction to all present. The Baron then made a few observations of very little general interest, at the conclusion of which he was very warmly applauded.

#### *Third Operation.*

Baron Heurteloup performed lithotripsy for the third time on his patient last Saturday (the 14th). The present case appears to be one of a very difficult description. There is a nucleus of stone in the bladder, which is of iron hardness, and, on the last operation, resisted all attempts at pulverisation. The Baron intends to adopt other measures, as the ordinary mode of operating will not, it is apprehended, be effectual in reducing the stone to powder.

The general health of the patient continues excellent, and he walks about the ward, and converses with confidence and certainty of his ultimate recovery. He passes his urine in a good stream, and suffers comparatively little or no pain. Indeed, there is every prospect of the case turning out very favourably. This case is more than unusually interesting, as being a difficult one. We shall not fail to give the result of it in a future number.

### MIDDLESEX HOSPITAL.

#### *Case of Fractured Spine—Middlesex Hospital Medical Society.*

THE following case is one of great interest and importance, and stands alone, as far as I have been enabled to learn, in the annals of surgery. If similar cases have occurred, the mode of giving this publicity will, no doubt, bring them to light; and thus many valuable facts connected with the physiology of the nervous system in particular, may be given to the profession.

John Neagle, *æt.* 36, a labouring man, was working in a sewer, and the earth fell in upon him. Several cart-loads were removed before he could be extricated. When he was conveyed to the Middlesex Hospital, it was found that the spine was fractured about the eleventh or twelfth dorsal vertebra, the several ribs were fractured, the left humerus dislocated, and the left tibia and fibula broken in several places, implicating the ankle joint.

Complete paraplegia from the anterior superior spinous processes. There is no sensation in the lower extremities from these points, and the broken leg gave not the slightest pain. The man was placed upon the usual bed for such fractures, the leg was attended to in the ordinary manner, and the humerus reduced. It appeared to be much easier to dislocate this bone again than to reduce it, for the joint felt as if so much disturbed. The house-surgeon states, that even by a single circular motion, the head of the bone, when in the axilla, could be brought into the glenoid cavity, and it required no force to slip it under the pectoral muscle. This fact is noticed in order to show that there was considerable laceration about the joint.

The patient lived in this miserable condition for eighteen days, during which time the following symptoms were noted. During the first few days there was constipation of the bowels; afterwards, and until his death, the *æscæ* came away unconsciously. The catheter was of necessity employed twice a day, for the first ten days, when the urine dribbled away from him, and became highly ammoniacal. Acute pleuritis supervened in consequence of the injury which the chest sustained. There was never any pain in the fractured leg, the temperature of which was equal to that of the other. The man complained but little, but the countenance always betokened anguish, and his nights were passed without much rest. At length the constitution being worn out by the accumulation of disease, he gradually became more exhausted, and died eighteen days from the time of admission.

*Post mortem inspection.*—The spine was found fractured transversely at the twelfth dorsal vertebra; the fractured portions were displaced; the spinal cord was pressed upon, and bruised. It was also considerably softened, and some clear fluid found in the cavity about this spot. The arterial system of the whole *medulla spinalis* was much injected. The shoulder joint had become natural, the breaches made by the dislocation being quite repaired. The ribs also, fourteen of which were broken, were involved in processes of union. Small points of osseous matter were deposited around the fractures imbedded in the periosteum. Upon examining the leg it was found that no union had commenced. The periosteum was not thickened, neither were the integuments, and even the effused blood was not absorbed. It was the unanimous opinion of those who inspected the parts accurately, that they pre-

sented all the appearances of a recent fracture, *viz.* one which might have occurred only about two or three days. The fracture was very extensive, the tibia and fibula being broken in seven or eight places, and, as was before stated, implicating the joint. Upon raising the leg vertically, the medullary matter oozed from the gaping fracture in a fluid state, and the lamellated structure of the bone at this part was partially deficient, it was softened, and readily broke down. The lungs were found much compressed by fluid, and the pleura was considerably thickened, giving evidence that the most active pleurisy had been going on. The bladder was contracted, and its lining membrane highly vascular and inflamed. The kidneys were large and flabby, exhaling a strong ammoniacal odour when incised.

The foregoing case excited considerable interest among the gentlemen connected with the hospital, as might be expected, and it was brought forward for discussion at the Medical Society of the institution by one of its intelligent members. The debate occupied two evenings, and was conducted in a spirited and talented manner. The majority of the members were of opinion that the want of union in the leg depended upon the absence of nervous influence. This conclusion was arrived at in consequence of reparation going on so perfectly in the upper half of the body, which was in a natural state, while the injury in the lower half, which was in an unnatural state, exhibited no signs of the healing process. The bladder certainly was inflamed, and that viscus was in the lower half of the body, but the bladder had an exciting, irritating, fluid within, which will readily account for inflammation. The question naturally suggested itself, *viz.* whether any change would have gone on in the leg if blisters had been applied. They might have effected some good result, but this is merely a point of discussion. It was evident that the want of union could not be referred to constitutional debility, because the system was enabled to repair other injuries, and to set up an active inflammation in the chest.

Mr. Mayo was not disposed to agree with the opinions of the Society. He conceived that neither secretion nor the reparation of bones was influenced by the nervous system, and imagined that fracture of the spine would not impede the union of fractured tibia and fibula; consequently he attributed the want of union, if want of union there was, of which he was sceptical, to other causes, *viz.* to the irritation excited by the coagulum around the bone.

In reply to these observations, it was stated that the effect of paralysis of the fifth pair of nerves was to render the conjunctiva and nostril dry, by suspending the natural secretions, and several cases of hemiplegia in the hospital were brought forward to show that if injuries or burns occur accidentally in the paralysed limbs, it takes months to repair them. One man with hemiplegia spilled some broth upon his arm,



it vesicated, and left an unhealthy tedious sore, which was cured with the greatest difficulty; and a girl, with the same disease, had the paralysed foot burnt with the "foot warmer." This also caused a sore which was slow and tedious in its reparation.

#### APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, December 26th.

Henry Brand . . . .	Settle, Yorks.
Matthew Cooper . . . .	Wymondham.
Charles Goddard . . . .	—
Louis James Lovekin . . . .	—
James Millard . . . .	{ Cheddar, Somerset.
John Mackinlay . . . .	{ —
Christopher R. Penfold . . . .	{ Steyning, Sussex.
Joseph Riste . . . .	{ Chard, Somerset.

#### CHRISTENINGS AND BURIALS WITHIN THE CITY OF LONDON AND BILLS OF MORTALITY, FROM DEC. 11, 1832, TO DEC. 10, 1833.

Christened . . . .	27,090
Buried . . . .	26,577
Of the number buried were	
Still-born . . . .	934
Under 2 years of age . . . .	6261
2 and under 5 . . . .	2805
5 - - - 10 . . . .	1145
10 - - - 20 . . . .	970
20 - - - 30 . . . .	1700
30 - - - 40 . . . .	2225
40 - - - 50 . . . .	2615
50 - - - 60 . . . .	2412
60 - - - 70 . . . .	2551
70 - - - 80 . . . .	2043
80 - - - 90 . . . .	802
90 - - - 100 . . . .	107
100 - - - . . . .	3
101, 102, 103, 104, each 1	

Decrease in the burials this year, 2029.

#### MISCELLANIES.

NEW MOXAS.—M. Ferrari steeps some cotton in a saturated solution of chlorate of potass, and then divides it into cones of various sizes. This is very active. Dr. Jacobsen of Copenhagen dips bands of paper in a solution of chromate of potass. These burn slowly, and are approved of by many eminent French surgeons.—*Journal de Pharmacie.*

M. Begin, one of the Editors of the *Journal Hebdomadaire*, is appointed Professor in the Straubourg University. The students will be greatly benefited by this appointment.

MEDICAL REFORM.—The Academy of Medicine has unanimously resolved to separate pharmacy from medicine, and agreed that every one, who undertakes the cure of diseases, must be a Doctor of Medicine and Surgery. The fees of physicians and surgeons to vary from one shilling upwards. The apothecaries to be confined to the preparations of medicines and compounding prescriptions.

#### BOOKS.

The Medico-Chirurgical Review, and Journal of Practical Medicine. Edited by JAMES JOHNSON, M.D., Physician Extraordinary to the King. Jan. 1834.

The Edinburgh Medical and Surgical Journal. Jan. 1834.

The Dublin Journal of Medical and Chemical Science, including the latest discoveries in Medicine, Surgery, Chemistry, and Collateral Sciences. Dublin: Jan. 1834.

A Lecture Introductory to a Course of Lectures on Anatomy, Physiology, and Surgery. Delivered at the School of Medicine and Surgery, Gerrard-street, Soho. By G. D. DUMMORT, Lecturer on Anatomy, Physiology, and Surgery.

#### CORRESPONDENTS.

SEVERAL correspondents have complained that they are not regularly supplied with this Journal. We beg to state, that ever since its first number it has been in the hands of our publisher every Friday at 12 o'clock.

Dr. Epps.—Several of our correspondents have furnished us with copies of the same circular. The writer, who insults the profession by offering a per-centage on prescriptions, cannot be, as he states, in extensive general practice.

It is Dr. Stoker, and not Dr. Stokes, who lectures at the Eccles-street Medical School; but our printers, being well acquainted with the name of the latter, inserted it, in acknowledging the Introductory Lecture of the former.

Dr. Ryan has removed his residence to No. 4, Great Queen-street, St. James's Park, Westminster.

Subscriptions received in aid of Dr. Ryan's law expenses . . . . £232 2 6

Dr. Reid Clanny, of Sunderland . . . . 1 1 0  
Dr. O'Reilly, of Cavan . . . . . 0 10 0

Errata.—In Dr. Crampton's last lecture, page 610, second column, near the bottom of the page, instead of "its under edge was turned outwards," read its "inner edge was turned upwards."

ALL Communications and Books for Review to be forwarded (free of expense) to the Publisher, 356, Strand, near King's College.

# London Medical and Surgical Journal.

No. 102.

SATURDAY, JANUARY 11, 1834.

VOL. IV.

## LECTURES ON THE PRINCIPLES, PRACTICE, & OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,**Session 1832—1833.*

LECTURE LXXI., DELIVERED MARCH 20, 1833.

GENTLEMEN,—In the last lecture, I was considering the various preparations of mercury employed in the treatment of venereal complaints, and endeavouring to explain to you some of the principles which should regulate the administration of them. I will now make a few remarks on other medicines which are often given in some stage or another of these disorders.

In estimating the anti-syphilitic power of any medicine, or plan of treatment, you should never forget the important truths established by the investigations of Mr. Rose, and other surgeons of the British army; and, in particular, you should remember, that mercury is not absolutely necessary for the cure of the generality of venereal complaints; for, as far as Mr. Rose's inquiry went, it appears that he never met with a case which he could not cure without mercury. Mercury is frequently useful in accelerating the cure, and still more importantly serviceable in lessening the frequency of secondary symptoms. Yet, let not these advantages render us blind to the fact, that mercury is not absolutely necessary for the cure of syphilis; and, in estimating the anti-syphilitic power of any medicine, this truth must never be lost sight of. Sometimes, indeed, mercury, so far from being indispensable to the cure, may have the effect, in particular states of the health, of retarding, or even preventing altogether, the patient's recovery. Frequently the general health becomes bad before a venereal complaint is cured, and then, on the mercury being discontinued, the health improves, and a cure of the syphilitic affection follows. This frequently occurs, and gives a kind of false credit to any medicine which may

have been prescribed after the discontinuance of mercury. It is chiefly, I believe, in this manner that sarsaparilla has acquired the reputation of having anti-venereal qualities:—the patient is taking mercury, and his health suffers; the mercury is left off, and then a favourable change takes place in the constitution, and chancres, buboes, sores, &c., yield, whether sarsaparilla be given or not. Yet, I by no means wish to insinuate that sarsaparilla is completely useless; probably it has a good effect in accelerating the cure, independently of the benefit derived from our stopping or moderating the mercurial course. Nothing can be more various than the opinions about the real efficacy of sarsaparilla:—Dr. Cullen believed that it has no power at all; and it is found, that if you give it to a person in health, it makes no sensible impression on the constitution; it does not affect the pulse; neither does it materially increase any of the secretions. Hence, it is presumed, that when given to a person in health, it possesses little or no power. Fordyce thought it useful in certain complaints that would not yield to mercury; and the late Mr. Pearson, surgeon to the Lock Hospital, who had immense opportunities of trying the effects of various medicines in syphilitic cases, came to the conclusion, that though sarsaparilla was, in a certain degree, useful in venereal complaints, it could not cure them without mercury. The latter part of this opinion we now know is erroneous. He also says, that sarsaparilla is particularly valuable as a means of obviating the pernicious effects produced on the system by a mercurial course; and, in his day, mercury was given copiously, and its action maintained for a considerable time. At the present day, sarsaparilla is commonly given at the end of a mercurial course; and, as far as I have seen, the practice is attended with beneficial effects, restoring the patient to health much sooner than if he did not take the medicine. It is also used as an alterative in various complaints reputed to be venereal, though not exactly possessing the characters of the disease described by Hunter, or those of the scaly venereal disease, as described by Mr. Carmichael. Many affections, arranged with venereal ones, undoubtedly yield

to sarsaparilla, and alterative plans of treatment, even better than to a full mercurial course. You will often find this benefit accrue from sarsaparilla, given either with small doses of the oxymuriate of mercury, or with nitric acid, or antimonial medicines; and numerous cases present themselves which are more served in the beginning, by this method of treatment, than by mercury; though, in a later stage, mercury may be administered with surprising effect. With respect to the compound decoction of sarsaparilla, and the mineral acids, I may observe, that they are all useful in particular stages of the disease, where the health is not in a favourable state for the action of mercury; but whether any of them really possess what is sometimes understood by an anti-syphilitic power is a question that resolves itself very much into the consideration, how far syphilis is capable of getting well without mercury, and how far it admits of a spontaneous cure. Certainly it is quite conceivable, that, although the cure of the disease may sometimes be promoted by the discontinuance of mercury, it may still admit of being expedited in a greater degree, when, with this change in the treatment, we join the administration of sarsaparilla, or other alterative medicines. There is another circumstance to which I must direct your attention: you should never forget, that venereal complaints are frequently complicated with common as well as with specific inflammation, and, consequently, that they often call for antiphlogistic treatment. The whole of the inflammation attending the effects of the venereal disease is not specific: a good deal of it is merely common inflammation, and may be benefited by the same means which are usually resorted to for checking inflammation in general:—bleeding, leeches, cold applications, poultices, low diet, quietude, &c.

From these general observations on the venereal disease and its treatment, I now proceed to consider more particularly each of the primary and secondary symptoms.

The term *chancre*, as conveying the idea of an ulcer that has a corroded appearance, is not exactly what ought to be employed; perhaps the expression *primary sore* is preferable. It is not every sore arising from sexual intercourse that is to be considered a chancre; there are many which are supposed to be produced by the irritating action of the secretions of the genital organs more or less changed. Sores, produced in this way, are not uncommonly classed with venereal ones, though not having the aspect which the meaning of the word *chancre* would convey; and for this and other reasons, the use of the term *primary sore* is, I think, more accurate. Primary sores are most frequently situated on the external parts of the organs of generation, and especially on those parts of them which are covered by a thin delicate membrane, as on the inside of the prepuce, and on the glans penis, or corona glandis, in the male subject, and on the labia,

nymphæ, &c., in the female. Primary sores are also sometimes met with in other situations about the genital organs, as on the outside of the penis, on the common integuments of this organ, or on the external skin of the labia pudendorum, and sometimes, as all surgeons now admit, actually within the orifice of the urethra or vagina, though less frequently in these situations than in the others which have been specified. At this present time I am attending a gentleman, whose urethra became so contracted at the orifice, that he was induced to have it divided; but before the cut was well, he got under the influence of wine, and had connexion with a woman, who gave him a chancre completely within the urethra. The formation of chancres on the outside of the labia, in the perineum, and on the common skin of the penis, seems to prove that the venereal matter may produce ulceration even in situations where a thick cuticle intervenes between it and the cutis, as far as those parts are concerned; for I ought to mention, with respect to the surface of the body in general, that we have no proof that the venereal poison will make any impression unless some excoriation, pimple, wound, or abrasion, happens to exist previously to the application of the matter. You will not find chancres form on the fingers, unless the person happens, at the time when venereal matter is applied, to have an abrasion or wound upon them; in such case, the chancre is produced by a true inoculation, just as has been the case with the gentleman who caught a chancre by having intercourse with an infected woman, while a cut at the orifice of the urethra was unhealed. I am not aware that there is any clear proof on record of a venereal primary sore having been produced on any common part of the general surface of the body, away from the genital organs, unless there had been a wound, ulcer, pimple, or some kind of breach existing in that situation at the period when the matter was applied. Yet, as I have stated, it is a fact, that we see chancres on the common skin of the penis, on the outside of the labia, and sometimes lower down towards the anus. The cases of chancre on the hand or fingers, in consequence of a previous abrasion, ought to induce the members of our profession to pay attention to the state of their hands in practice, and especially to be upon their guard when they have any slight scratch or pimple on these parts, in dressing chancres and venereal abscesses, and also in the practice of midwifery.

I was very recently consulted by a surgeon residing a few miles from town, for what appeared at first to be a most malignant ulceration of one of his fingers, which had annoyed him for several weeks; the part was not only very painful, and the seat of large fungous granulations, but it seemed to be twice its natural thickness, so as to look like a great knob, or ulcerated tumour on the last phalanx, involving it on every side. Now, after various

remedies had been tried for some time, and even the question of amputation had been more than once considered, pains in the limbs came on, followed by a scaly copper coloured eruption. This led to an inquiry into the condition of a woman to whom the gentleman had been officiating as accoucheur, just before his finger began to be bad, and it was then ascertained that she had chancres, sore throat, and eruptions herself. These circumstances made my medical friend recollect another circumstance, namely, that in putting his hand into his waistcoat pocket, a day or two before he delivered this female, he had accidentally pricked his finger with a toothpick, which happened to be there. We now had no longer any idea of amputation; mercury was given, and the cure speedily accomplished.

The period of the commencement of venereal ulceration, after the application of the virus, is very irregular; there is no constancy or uniformity in this respect; the time is different in different instances. Mr. Hunter has known chancres begin within twenty-four hours after exposure to contamination; then he has met with other cases, in which the sores did not make their appearance till six or eight weeks after coition. I should say, that you will seldom meet with a true primary venereal ulcer sooner than a week after the application of the poison.

Primary venereal sores, as I mentioned to you on a former evening, are of several kinds. The most remarkable one, is that which was so well described by Mr. Hunter, and is called accordingly the *Hunterian chancre*. It is characterised by a tendency to assume a circular form, by its excavated surface, by the tenacious and adherent quality of the matter produced on it, and lastly, and above all, by its hard cartilaginous base and margin. This indurated base and margin terminate in an abrupt manner; the sore seems as if it were placed on a very hard solid mass. This kind of primary sore generally begins as a pimple, or minute vesicle, which enlarges, and soon breaks and ulcerates; generally speaking, venereal ulceration does not extend itself with great rapidity; neither is it the common character of the Hunterian chancre to make quick progress. Nevertheless, exceptions to this statement do occur, and these seem to depend on the state of the health; for when this is in an unfavourable condition, or certain forms of constitutional disturbance and irritability prevail, the ulceration will spread with greater quickness than usual. When the sore is situated on the prepuce, or the frenum, there is usually more inflammation present than when it is situated on the glans, which is a less irritable part. When the ulcer is on the glans, which is also less sensible, it is less painful than when it is on the prepuce or frenum; but, on the other hand, a sore on the glans is more disposed to give rise to hæmorrhage, a circumstance you would be led to expect from the nature of its texture. What is

termed *phymosis*, is an inflammation, a thickening, and a contraction of the extremity of the prepuce, rendering it impossible to draw it back so as to uncover the glans: this case is less frequently a consequence of the Hunterian chancre, than of some other primary sores on the penis. My own experience does not incline me to adopt the opinion, that the hard cartilaginous base of the Hunterian chancre is essential to a sore, that is capable of imparting to the system such effects, or secondary symptoms, as are exclusively regarded as syphilitic. All surgeons know, that the Hunterian chancre may, and often does, give rise to secondary symptoms; but there are other kinds of primary sores, which will produce similar complaints, so similar that they cannot be discriminated. Therefore, I do not adopt the doctrine that none, but the true Hunterian chancre, will give rise to true venereal secondary symptoms.

Another kind of primary sore is that which is generally called the *superficial ulcer with raised edges*; it is not accompanied by induration, but its margin is very high; it is often seen on the outside of the prepuce; and frequently is not a single sore, but is accompanied by others of the same nature,—sometimes by two, three, four, or more. In many instances, you will see them surrounding the orifice of the prepuce, producing a thickening of it and phymosis, which may continue long after the cure of the sores. Sometimes you will notice some of these superficial ulcers on the corona glandis, and others under the prepuce, or around its orifice, or just on the outside of it. These sores are frequently very obstinate, and it may be long before you can make any impression upon them, whether you give mercury in full quantities, or merely in alterative doses. Sometimes in five or six weeks there will be very little change in them whatever you do, and what change does take place may be for the worse. I have seen thousands of them in my lifetime; but, I have observed, that, after five or six weeks, they generally yield to common treatment,—to mild alterative plans, namely, to small doses of mercury, aperient medicines, and antimonials, and sometimes to tonics, bark, sarsaparilla, and the mineral acids. At first, you will be discouraged by finding them resist all plans of treatment. One common situation for such a sore is just at the side of the frenum, and then the frenum is generally destroyed. The black or yellow wash, and lotions of the sulphate of copper, or zinc, are the best applications.

Another description of primary sore is the *phagedænic*, as it is termed, a corroding ulcer without granulations, corresponding to the description, given in a former lecture, of phagedænic sores in general. The primary phagedænic sore is also destitute of any remarkable degree of surrounding induration, but frequently its circumference is of a livid-red colour. This kind of sore is invariably rendered worse by mercury, a fact, which I deem

to be as well established as anything yet made out, with regard to the treatment of venereal complaints. At all events, I have never seen mercury answer in phagedænic ulceration. Sometimes in this form of disease, when the treatment is injudiciously conducted, the whole of the penis will be destroyed in a very short time. Sometimes considerable hæmorrhage takes place, and a useful hint is afforded by the circumstance; for, you will commonly observe, that, after an attack of hæmorrhage, the extension of the ravages of the disease stops, or is suspended for a time; and hence you may infer that venesection will frequently be useful in the early stages of the disease, a truth, confirmed by the experience of some of the most able observers.

Another primary sore is called the *sloughing ulcer*. It appears first as a black spot, which increases, and is thrown off, leaving exposed to view a corroded or phagedænic surface. After the slough has separated, an ulcer remains of a painful character, with a dark blue, or livid crimson margin. In this manner the disease will go on alternately sloughing and ulcerating, sometimes till nearly all the external parts of generation are destroyed. I adverted the other evening to the idea, expressed by Mr. Carmichael, that phagedænic primary sores had their origin from a specific poison, and I then mentioned to you some circumstances adverse to this doctrine; amongst other things, I told you, that this kind of sore is not always phagedænic from the beginning, which we should naturally suppose would be the case, if it arose from a specific poison. The causes of phagedænic ulceration may frequently be traced to the condition of the individual's health; to his having neglected to restrict himself to proper regimen; to his having been guilty of excess, or to his having neglected some other kind of primary sore in its commencement. The opinions I have delivered on primary phagedænic sores derive considerable support from the observations of Mr. Travers. In St. Thomas's Hospital it is known that phagedænic venereal ulcers, of a particularly severe character, are very common cases, and many of them are observed to be brought into that hospital from a particular district of the town, namely Swan Alley, near St. Katherine's Docks, in consequence of which the disease is familiarly known in the Borough hospitals by the name of the *Swan alley sore*. I have seen the same disease in St. Bartholomew's, brought, I believe, from other alleys. The genuine form of it, however, as described by my friend Mr. Travers, is usually seen in very young girls, who reside near St. Katherine's Docks, and have frequent connexion with sailors, Lascars, and other men of colour. It usually shows itself in the cleft of the nates, in the groin, or on one of the labia towards the perineum, and, as it enlarges, the surrounding skin puts on a crimson colour; its surface is generally covered with a deep ash-coloured slough; it often extends with alarming rapidity, producing great constitu-

tional disturbance and intense pain; the appetite is lost, and extreme prostration of strength attends the disease throughout the greater part of its course. It is observed in St. Thomas's Hospital, that this kind of sore is rarely or never followed by secondary symptoms; a fact, agreeing with my own observations, and confirming the view I have taken, that this sore does not depend on a specific poison, but is in a great measure accounted for by the state of the health at the time it is contracted. You will learn from Mr. Travers's statements, that most of the young creatures, who are brought from that genteel place, Swan Alley, afflicted with phagedænic ulceration, have had very little wholesome food; they are generally kept by Jews and Jewesses, who officiate as the bawds on these occasions, and who give their plenty of gin, but little proper nourishment. They are kept half starved, and more or less in a continual state of excitement and intoxication, and have connexion with Lascars, and other dirty foreign seamen, as many times in the day as there are hours (*a laugh*). I need not tell you, gentlemen, that their constitutions must be in a very disadvantageous state for the favourable progress of any disease whatever, and you cannot wonder that their impaired, imperfectly developed frames, their course of life, and uncleanness, should promote phagedænic ulceration, and give it an unusually severe character.

If proper treatment be not delayed too long, however, you will generally be able to stop the progress of the disease, but if the case be neglected, or wrongly treated at first, the ulceration will often make such havoc, as to destroy all the soft parts, closing the lower aperture of the pelvis. I have seen cases whose severity has been to this extent, and then of course the result has been fatal. I have already given you my opinion, that phagedænic ulceration does not necessarily depend on a specific poison; but, I would not wish you to imagine, that it is my meaning, that sores, originally excited by the venereal virus, are not convertible into phagedænic ones; on the contrary, I believe, that any sore may assume the phagedænic character in particular states of the health, or in consequence of bad treatment, and that in the greater number of phagedænic sores, there is no specific poison concerned at all in their production, and never essentially as a cause of them. With respect to primary venereal sores, you should be careful not to confound with them several common complaints which cannot even be suspected to be connected with, or to originate from, any kind of virus, as for example, the disease called *herpes preputii*, which begins with heat and itching of the foreskin; and, in one or two days is followed by red patches as large as a silver penny, on each of which you may remark five or six small vesicles, which lose their transparency in a few days, and become filled with pus. They then burst, and the fluid oozing out of them, and drying,

forms scabæ. If you recollect these circumstances, you will not confound herpes preputii with any truly venereal complaint. *Excoriations of the corona glandis* too, and of the prepuce, are common in individuals who are not cleanly; and who neglect to wash these parts occasionally. Under such circumstances, troublesome excoriations will be likely to be produced by the lodgment of the natural mucus, and its becoming acrid and irritating. These cases merely require cleanliness for their cure. Patients with such excoriations will often ask your advice, and, if you give them mercury, you will give it unnecessarily; nothing is required but a weak solution of the sulphate of zinc, or a lotion of rose water and subcarbonate of potash. You will also see cases in which there is a scaly appearance of the prepuce, a kind of *psoriasis*; but it is merely necessary to mention this, and the other complaints, to make you aware that such cases do occur, and to put you on your guard against confounding them with true venereal sores.

Gentlemen, I shall not dwell on the plan of removing a chancre by excision, a plan adopted by the old practitioners. Sometimes they cut the sore completely away; in other instances, they destroyed it by means of caustic. The latter practice is occasionally followed at the present day, when the chancre is of small size, and this is done in order to lessen the chance of secondary symptoms, but I do not believe that much good results from the method; for, generally, when caustic is used, practitioners, do not venture to omit mercury, and when the chancre possesses the venereal character, mercury is given just as if the caustic had not been employed at all. Whether it has any influence in diminishing the risk of secondary symptoms I cannot undertake to say. If the sore be small you may use it if you please, but you should not trust to it alone. I have already told you, that all chancres are not to be treated alike. In phagedænic ulceration mercury is improper; the right plan at first is the soothing one; antiphlogistic treatment will be proper, and, if the patient be not too far reduced, and manifest traces of inflammation be present, venesection, saline antimonial medicines, and anodynes, such as conium, hyoscyamus, or the acetate or muriate of morphia, with low diet, and plenty of ventilation, and strict cleanliness will form the best plan of treatment. Then to the ulcer itself, it will be useful to apply lotions, containing opium or hyoscyamus. Quietude in the recumbent position is of course an essential thing. But in that kind of phagedænic ulceration, which I have adverted to, as seen in St. Thomas's Hospital, and which is the worst form of the disease, you should begin by enforcing a particular diet: that which is found to answer best in St. Thomas's, according to Mr. Travers's account, consists of fresh eggs and milk; there is generally great debility present, and therefore the regimen must not be too low. You

begin, then, with putting the patient on a diet of eggs and milk, and when the stomach has acquired more power, the patient may be allowed a mutton-chop every day, and from ten to twelve ounces of wine. Poultices, made up with an aqueous solution of opium, will have a good effect, and sometimes, when the sloughs are particularly firm and adherent, the nitric acid may be applied every three or four days. In other instances a lotion, consisting of a pint of distilled water, three drachms of the chloride of sodium, and one drachm of caustic potass may be employed; this will be found to produce a cleaner surface, and to promote the separation of the sloughs.

With respect to the treatment of the primary sore, characterised by a cartilaginous hard base and margin, the Hunterian chancre as it is called, I have no doubt, gentlemen, that here the proper plan is the employment of mercury; all surgeons agree on this point; but there are differences of opinion as to the extent to which mercury should be carried. Some of those surgeons, who are decidedly against the free exhibition of mercury in other primary venereal sores, are strong advocates for it in the example now under consideration. Mr. Carmichael is one of this number, and, though he cannot be said to be an admirer of the copious administration of mercury generally, he recommends a full course of mercury for the Hunterian chancre. As far as my own experience enables me to judge, I should say, that mercury is certainly called for in this species of primary sore, the disease is cured by it sooner, and it lessens the chance of secondary symptoms more effectually than any other known plan. I would give it so as to affect the gums, and produce a mild degree of salivation, but would avoid bringing on a more violent action of the mineral on the system, such as would occasion severe derangement of the health, by which the cure would be more likely to be retarded than quickened. At all events, I advise you first to try what the moderate action of mercury will do, aided by a proper regimen, before you subject the patient to a violent and profuse salivation.

## LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

BY WILLIAM STOKES, M.D.,

Delivered at the Medical School, Park Street, Dublin.—Session 1833-34.

### LECTURE III.

#### *Pathology and Treatment of Diseases of the Digestive System.*

GENTLEMEN,—The consideration of the pathology and treatment of diseases of the digestive system shall occupy our attention to-day. I shall commence with the study of gastritis, and to this subject I would entreat your undivided attention; not that I have any thing very new to communicate, but because I

believe that many of the statements, which are connected with this disease, will be found to rest on the basis of fact and truth, many of them will be found useful in your future practice, and this subject I fear is not sufficiently considered in the schools of medicine of this and the sister countries.

The older authors described gastritis as occurring under two different forms, one of which they termed *phlegmonous*, and the other *erysipelatous*. The advanced students know the meaning of these terms, and that they are admitted as significant of different modifications of the inflammatory process, but to those, who are not advanced, I shall state, that it is very difficult to give an accurate idea of these terms, so far as they are applicable to cases of internal disease. But we may attempt a general definition by saying, that phlegmonous inflammation occurs in a good constitution, and under favourable circumstances, that it is an inflammation of a bold and distinct character, requiring and admitting of depletion, and, like that on the external parts, terminating in healthy suppuration, or adhesion. Erysipelatous inflammation is, (described to be,) a disease of a different kind, occurring in bad and debilitated constitutions, and under such circumstances that the same treatment, employed in the phlegmonous form, is more or less inadmissible; and when stimulants are necessary, if not in the commencement, at least at a very early period of the disease. It is quite impossible to find any system of pathology on this division into phlegmonous and erysipelatous; we are, however, sometimes obliged to make use of it for want of a better. The terms themselves are highly calculated to mislead. *Healthy inflammation*, which is all but a contradiction in terms, may occur in a debilitated constitution, and *erysipelatous* in a strong one. The latter of these, too, is particularly erroneous, as we now know that erysipelas may occur under opposite circumstances. In the one case, requiring the lancet and leeches, and purgation; in the other, demanding a stimulant and tonic treatment. In speaking of gastritis I do not intend to adopt this division, because it would be likely to embarrass you, and, in truth, it is unnecessary, as there is no difference in the (principles of) treatment, whatever may be the form of this inflammation. The proper way to consider gastritis is to look upon it as a disease, presenting, on the one hand, symptoms of extreme violence and urgent danger; on the other, feebly shadowed out by the phenomena of ordinary and slight indigestion. Between these there are many shades and numberless gradations. The phlegmonous gastritis of the old authors implied a violent and extensive inflammation, in which all the coats of the stomach were implicated, but in treating of the subject of gastritis in these lectures, I shall only allude to inflammation of the mucous membrane and glandular apparatus of the stomach. The other tissues are sometimes

engaged, but the mucous membrane, constituting the most important of these tissues, and forming an exquisitely delicate vasculo-nervous expansion, is, in the great majority of cases, the principal seat of inflammation, and to this I would direct your particular attention.

The true pathology of gastritis was but very imperfectly understood by the ancients. They knew enteritis and gastritis as intense inflammations of the coats of the stomach and intestinal canal, accompanied by violent pain and fever, but they had no conception of their various shades and modifications. For a knowledge of the true nature of gastritis and of its numerous varieties, we are indebted to modern pathology, and it is the boast of pathological anatomy to say that, in this instance, its labours have shed a broad and vivid light on a class of diseases previously involved in deep obscurity.

It has been stated, that it is impossible to separate the symptoms of gastritis from those which characterise enteritis, and the reason given for this is, that the two affections frequently co-exist. This is a proposition of vast importance. It is said, that in cases where you have gastritis, the chances are that there is more or less of enteritis, but according to this doctrine, if a man has gastritis the probability is, that he has inflammation of some other portion of the intestinal canal. Brown says, in the 136th proposition, makes the following observations;—"Inflammation of the stomach, or as it is called gastritis, is never found except in conjunction with disease of the small intestine. It is better, therefore, to give it the name of gastro-enteritis; and even in those cases, in which we have enteritis, we have gastritis as the irritative." Now if this proposition is true, it is one of very great importance, and entitled to a large share of our attention, in studying the phenomena and treatment of inflammation, affecting the digestive tube. Pathology, however, has proved that these inflammations are not always found in connexion. Andral gives many cases, in which disease existed separately in one or other portion of the intestinal canal; when it was found in the stomach and not in the duodenum or ileum, and when it was found in the ileum, but not in the duodenum or stomach. I myself have seen many examples of gastritis without disease of any other part of the digestive tube, and disease of various parts of the digestive tube without the co-existence of gastric inflammation. But I believe the proposition is generally true, particularly in cases of fever, in which you have secondary inflammation of the digestive tube during the course of the disease. When inflammation attacks the intestinal mucous surface during the progress of a fever, you will, in most cases, have these two diseases combined; the patient generally presenting symptoms of gastritis, and, at the same time, symptoms of enteritis affecting the lower third of the ileum.

Let us now proceed to investigate the phle-

nomena which characterise acute gastritis. Here I must remark, that as an idiopathic disease, acute gastritis is extremely rare. This is a very curious circumstance. When we compare the stomach with other viscera, we shall find that one of the most remarkable differences between it and other organs is, that it is much less liable to be attacked by violent inflammation, as an idiopathic affection. This is an interesting fact. So rare, indeed, is the violent form of gastritis, that our knowledge of the symptoms which indicate intense gastric inflammation is principally drawn from the study of cases of acute gastritis caused by swallowing corrosive poisons. We very seldom meet with an inflammation of the stomach, presenting those decided characters so frequently witnessed in similar affections of other organs. We may attempt to explain this fact, by considering what the functions of the stomach are, and by recollecting, that it is the organ of the body, whose functions require that it should be most frequently in a state of great vascular excitement. Every one is aware, that the vascularity of the stomach is amazingly increased during the act of digestion; but it is to be remembered, that this is a physiological and not a pathological condition. If the stomach were as liable to inflammation as other organs, it could no longer carry on its functions with safety; every meal would prove a stimulus sufficient to excite inflammation—every digestion would be followed by gastritis. Nature has provided against such accidents.

Let us take a brief review of the symptoms of acute gastritis:—intolerable thirst, desire for cold and acidulated drinks, constant nausea and vomiting, pain and burning sensation of heat about the stomach, and fever—these are the symptoms of a violent gastritis. It has been stated, that in gastritis the fever is at first inflammatory and afterwards typhoid. If authors mean by this, that the patient rapidly falls into a low typhoid state, the observation is true. There is no form of inflammation, except that which accompanies severe peritonitis, in which the typhoid state comes on so rapidly. Inflammations of the digestive tube differ, in general, from similar affections of other organs, chiefly in this—prostration rapidly supersedes excitement. A patient labouring under inflammation of the brain will exhibit, for a long time, decided symptoms of high excitement, and of what has been termed the *phlogistic diathesis*; acute pneumonia and inflammatory affections of other parts will go on for days, without prostration, and require the tre of the lancet; but gastritis is a disease in which the inflammatory symptoms, as they are called, last but for a very short time. In violent cases, the irritation of the stomach is excessive, and every thing is rejected. I have seen cold water thrown up almost immediately; I have seen efferevacing draughts rejected the moment they were swallowed; and make the patient evidently worse. The epigastric region and the left hypochondrium are exquisitely

tender on pressure, and the tenderness differs from that of peritonitis in this, that it is almost always localised. The patient screams with agony when you touch the epigastrium, but will bear pressure freely on the lower part of the abdomen.

Now, with respect to the sympathetic relations of gastritis, I have to remark, that they are very numerous. First, as to respiration—it is extremely quick and hurried; the heart, also, is violently excited; and hence gastritis has sometimes been mistaken for pneumonia and pericarditis. Sometimes we have bronchitic cough; the patient is restless, gets no sleep, and is extremely uneasy; his skin is hot, his bowels confined, his pulse rapid and small. In the second stage, he is beginning to sink, his features become contracted, his skin cold and pale, his extremities sunk below the natural temperature; he now bears pressure; the vomiting is changed for regurgitation of every thing he swallows; low delirium supervenes, and he dies.

It is of the greatest importance to attend to the sympathetic relations of gastritis, for this reason, that, in many cases, the local symptoms are all but wanting, and the disease is only to be known by its sympathetic relations. Before I enter on this subject I shall make one or two remarks on some symptoms, which have not been attended to by many practitioners. One of these is an incapability of swallowing, sometimes so great, that all ingesta, whether fluid or solid, are rejected. This will sometimes arise from spasmodic stricture of the œsophagus or cardiac orifice of the stomach; and, as there has been no other cause revealed, by dissection, in several cases in which this symptom was present, we must admit this as one of the causes of the dysphagia, which, on some occasions, attends gastritis. This symptom is most commonly accompanied by tightness, and oppression about the præcordia. The patient, feeling a load of weight, as he expresses it, in this situation, thinks it would be relieved by vomiting, and begs his medical attendant to give him an emetic, which is sometimes administered, and produces very bad effects. There is only one case in which an emetic can be given in gastritis, and that is, where indigestible or irritating substances in the stomach give rise to irritation, and when we cannot expect a favourable termination, until we effect their removal.

There is another most disagreeable and distressing symptom, generally occurring in cases in which there is inflammation about the cardiac orifice of the stomach,—I mean hiccup. Hiccup is a most harassing symptom; it does not allow the patient a moment's rest; in his brief and uneasy slumbers he is conscious of it, and is constantly awakened by it. Now, this is also one of the results of gastritis, with inflammation about the cardiac orifice. I say this, because I have seen it in many cases, in which there was distinct evidence of inflamma-



tion about the cardiac orifice of the stomach; and, in three instances, I have verified it by dissection. I do not mean to say, that every case of hiccup is indicative of disease of the cardiac orifice, but I believe it is a very frequent accompaniment. The case of a celebrated professor of languages was a remarkable example. A short time previous to his death, he came from Liverpool in one of the steam packets. He was always subject to sea sickness; but on this occasion, he was extremely ill, and vomited during the entire passage or sea-voyage. He complained of his stomach for some time, and then got hiccup, which resisted every kind of treatment, and continued without any abatement up to the time of his death. On opening the stomach, this organ was found in a state of intense inflammation, particularly about the cardiac orifice. You can see the stomach (of which a very good preparation has been made by Dr. Houston) in the museum of the College of Surgeons. There was another very remarkable case in the Meath Hospital. A patient was admitted who had laboured under acute pneumonia, for which he was treated with tartar emetic, and the symptoms rapidly declined, but vomiting and hiccup came on, and the latter symptom continued until death. We opened the body eighteen hours after his demise, and found the lung quite healthy; but the stomach, and the cardiac orifice in particular, were, as in the case I have just mentioned, in a state of intense inflammation. When hiccup is the result of inflammation of the cardiac orifice, you will also frequently observe, that the patient complains of pain in the lower part of the chest, along the course of the diaphragm. These are some of the relations of gastritis, their connexion with which is proved by their being relieved by draughts of cold water, leeching, and every other means calculated to remove inflammation of the stomach.

We come now to consider the state of the tongue. A vast deal of error and misconception prevails among British practitioners on this subject. Nothing is more common, than from the condition of the tongue, to form an opinion as to the state of the alimentary canal. For instance, whether it is in a state of inflammation, whether there are sordes present or not, and whether it requires this or that medicine. All this is behind the actual state of medicine, and it is melancholy to think, what a vast quantity of mischief is done by those practitioners who take the tongue as the index of an inflammatory or non-inflammatory condition of the intestinal canal. The schools of Abernethy and Broussais are wrong in stating that the tongue will point out the state of the digestive tube. The connexion between the state of the tongue and that of the stomach, has been lately made the subject of extensive clinical investigation by M. Andral; listen to his sentiments on this point. From the experience of a vast number of cases, he declares, "that there is no constant relation between the

state of the tongue and that of 'the stomach.' In the next place he states, "that there is no modification of the one corresponding with any special modification of the other." "Thirdly, the stomach may be found in a certain state after death, with various conditions of the tongue during life." "Fourthly, we may have a diseased stomach with a healthful condition of the tongue, and diseased appearance of the tongue, with a healthful state of the stomach." These are facts of the greatest importance. Let us now refer to Louis. In giving an account of the gastritis which accompanies fever, he states, that in many of the worst cases the appearance of the tongue was natural, in fact, that there was not the slightest relation between the tongue and the stomach. It is fair, however, to observe here, that both these pathologists drew their information only from cases of gastritis, occurring in fever. But it has also been frequently observed, that even in idiopathic cases, there is a want of correspondence, between the condition of the tongue and stomach, and we have seen several instances of this in the Meath Hospital. I believe we should be wrong in taking the tongue alone, as our guide, in the treatment of intestinal derangement, whether existing in the stomach or any other portion of the tube, and this I state, as the conclusion which I have drawn from my own experience, in gastric and enteric inflammation. Yet how many will you see taking the tongue as the unerring index of various conditions of the digestive tube! hundreds and thousands. It is unquestionably true that in certain cases of gastritis, particular morbid appearances, as redness, dryness, pointing, and a tremulous state of the tongue, are observed, but what I wish to impress on you is, that it is necessary that these phenomena should coincide with other symptoms. I do not wish you to believe, that the inspection of the tongue, or the knowledge derived from its appearances, is useless, particularly in cases of fever: the state of the tongue is never to be overlooked, but you should understand on what principle it is to be examined. You should examine the tongue not so much as a guide to the knowledge of local disease, but as an index of the condition of the general system. For instance, if during the course of a fever, the appearance of this organ changes and becomes more favourable, it is a sign that the whole disease has taken a favourable turn, and vice versa. This is the proper way to look at the tongue in fever, not as reflecting any particular state of the intestinal canal, but as being indicative of some modification of the whole economy.

Let us now consider the sympathetic relations of the nervous and respiratory systems in gastritis. This is a very curious and interesting point in the study of gastric disease. I may mention here, that these relations are subject to considerable variety, and differ according to the peculiar predisposition of the individual. If a person of nervous habit gets

gastritis, he will be very liable to have sympathetic affections of some part of the nervous system; but if he is a person with unsound lungs, the irritation will be transferred to the respiratory apparatus. Can we define these irritations? I believe the best definition we can give of them is, that they are affections of some organ, which are the result of sympathy; and that they are at first functional, but afterwards become organic. A person of nervous habit, labouring under gastritis, will frequently have his head sympathetically affected; he will complain of headach, more or less intense; toss about and get no sleep; still he has no actual disease of the brain. But let the cerebral irritation go on, let the pain and uneasiness and watchfulness continue, and he will finally get arachnitis. So, too, with respect to the lung; the patient has hurried breathing and cough, without any of the stethoscopic signs of pulmonary disease; but if these symptoms continue for any length of time, or if the irritation be severe, he will get pneumonia or bronchitis. Observe the importance of this law with reference to treatment, because it shows you that you cannot always expect to remove sympathetic affections by attacking the original source of disease; for if functional derangement, produced by sympathetic irritation, has gone so far as to become organic; you must direct your attention to parts which have been secondarily engaged, as well as to those which are primarily affected. Every one is aware of the effects of particular states of the stomach on the brain, and of the influence which the brain exercises over the stomach. Most individuals know, that by grief or strong mental emotion the appetite is completely removed; and that after a surfeit, or from taking bad and indigestible food, a person will get sick headach. If this happens every day under ordinary circumstances, and where the original affection is so slight that it does not interfere with the usual avocations of the patient, you can readily conceive how intense the sympathetic irritations may be in a case of violent gastritis. The headach is frequently intense, the patient is extremely restless, there is considerable intolerance of light, delirium, tetanic spasms, and other symptoms characteristic of inflammation of the brain. There are numerous cases on record in which these symptoms were particularly noticed, and it was supposed that the brain was in a state of inflammation, but on dissection there was no disease found, except in the mucous membrane of the stomach. There are many cases, too, in which medical men, not aware of the extent of these relations, looked upon the disease as a pure cerebral affection, and directed their whole attention to the brain. They certainly succeeded in modifying the apparent disease, but as they took no steps to remove its cause, the patients generally sunk from an unsuspected gastritis. There is one important law with respect to inflammation of the stomach, which perhaps

may be fairly applied to all inflammatory affections of the digestive tube. When inflammation of the stomach or any other portion of the intestinal canal has continued for some time, and when the disease has attained a certain degree of violence, the local symptoms may subside, and the gastritis or enteritis will be represented by disease of some other organ, by symptoms of an affection of the brain or its investments, or by symptoms of disease of the lining membrane or parenchymatous tissue of the lung. I shall endeavour to explain this. Here is a case taken from the *Clinique Médicale* of Andral.

“A middle aged man, four days before his entrance into the hospital, was seized with bilious vomiting, epigastric pain, and fever. (Here is a certain case of gastritis.) In about twenty-four hours after the invasion of these symptoms, he first perceived a difficulty in depressing the lower jaw, and a violent trismus was established, which continued for the two following days, at the end of this time, he entered the hospital in the following state:—trismus, the head drawn backwards and forcibly retained in this position by the muscles which are inserted into the occipital region; rigidity of all the extremities; abdomen hard as a board; intellect perfect. Notwithstanding the trismus, the patient could articulate with sufficient distinctness to give the above account of his case. *From the time when the first tetanic symptoms appeared the vomiting and epigastric pain ceased.* He died on the evening of his admission. On dissection no appreciable alteration of structure was found in the brain or spinal marrow; the meninges of the brain were very slightly vascular, but those of the spinal marrow pale. The whole surface of the stomach presented an intense red colour, which was at first concealed by a thick layer of mucosities. The remainder of the digestive tube was perfectly healthy, and the thoracic organs were natural.” This may be called a case of tetanus; and it is a curious fact, that when the tetanic spasms came on, the vomiting and other symptoms of gastritis subsided. Now this is what I wish to direct your attention to. A man dies with symptoms of an affection of the brain, the head is opened after death, there is no trace of cerebral disease found, but the whole surface of the stomach is discovered to be in a state of intense inflammation. That the stomach was inflamed is proved by the vomiting and epigastric pain which existed during life, as well as by the vascularity which was revealed by dissection; and there can be no doubt that this condition was the result of an intense inflammation, as there was no other cause to produce it.

Last year, a patient was admitted into the Meath Hospital, labouring under violent maniacal excitement, his eyes blood-shot, and his aspect ferocious. He had thirst, a dry fissured tongue, a quick weak pulse, and constipated bowels. There was no epigastric tenderness,

no vomiting, in fact, none of the prominent symptoms of gastritis complained of. On the third day, the belly was slightly tender and tympanitic. The cerebral symptoms increased so as to require the use of the strait waistcoat, and continued with violence until a short time before death, which occurred on the eighth day. On dissection there was no appearance of inflammation found in the brain or its membranes, but there was a vast extent of disease in the digestive tube. The splenic extremity of the stomach presented several patches of vascularity, and its mucous coat was softened; the lower half of the ileum, the cæcum, and part of the ascending colon were in a state of intense inflammation, and dotted all over with numberless ulcerations.

You observe of what importance the knowledge of these facts will be to you in practice, and how much it should become the object of your study, since you will thereby be able to make the diagnosis of gastritis from the sympathetic relations, though the usual symptoms are more or less absent. Even in cases of this kind, in which the symptoms have subsided on the appearance of these sympathetic irritations, the judicious practitioner will not be diverted from directing his attention to the source of the original mischief; nor will he, because the local symptoms have disappeared, conclude that the disease has therefore been removed from the stomach. Many examples of this *apparent* transition of disease are to be seen in cases of children, in which an inflammation of the upper part of the digestive tube frequently simulates hydrocephalus, and where the headach, delirium, and intolerance of light are completely removed by the application of leeches to the epigastrium. I have seen this occur many times, and would entreat your particular attention to it. I believe many children are lost from the want of correct notions on this subject on the part of their medical attendants. The phenomena present in such cases are certainly those which characterise hydrocephalus; but you should always investigate them with care, and ascertain whether the disease has commenced with symptoms of inflammation of the mucous membrane, of the stomach, or bowels; and if you find that it has originated in this way, and that the cerebral symptoms have not gone too far, direct your treatment in the first place to the digestive tube. It is extraordinary how rapidly all the symptoms of apparent cerebral disease subside under this plan of treatment. I must mention here to you a very remarkable case of enteritis, which simulated local disease of the substance of the brain. A girl who had received an injury was admitted into the Meath Hospital; she was treated with purgative medicine, and was "*discharged cured*." In a few days afterwards she was re-admitted with pain in the head, and violent spasmodic contractions of the fore-arm, by which the fingers were bent so forcibly that the nails were driven into the

*Acad.* There was no thirst, vomiting, or abdominal tenderness. She died a few days after her admission; and on dissection the brain was found perfectly healthy, the viscera of the thorax were in the normal state, the stomach presented nothing remarkable, but the ileum was almost one sheet of deep and recent ulcers. The result of this case is important also in another point of view. You know that spasmodic contractions of the upper extremity are believed by certain pathologists to point out an inflammatory softening of the optic thalamus, and its prolongations. Here we had the symptom, at all events, without the corresponding lesion.

I shall reserve the subject of sympathetic irritations of the respiratory system until Wednesday, when I expect to be able to finish the pathology and treatment of gastritis.

## CLINICAL LECTURES

DELIVERED

*At the Meath Hospital, or County of Dublin Infirmary, Session 1833-34.*

BY PHILIP CRAWFORD, M.D., F.R.S.,  
*Senior Surgeon to the Meath Hospital, Surgeon-General to the Forces in Ireland, &c.*

LECTURE IV.

*Treatment of Compound Fractures of the Extremities.*

GENTLEMEN,—In treating so large a subject as compound fractures of the extremities, it will be convenient to adopt something at least approaching to a classification of these injuries; I shall accordingly divide compound fractures of the extremities into two classes; the first will include those injuries which may from the nature or extent of the lesion be considered as incurable, and which consequently require the sacrifice of the wounded limb in order to afford the best chance of preserving life. The second will include those injuries which are deemed curable, and which consequently are proper subjects for a methodical treatment. This, it is obvious, is a very imperfect classification, as it is grounded on our knowledge of the resources of nature, which must always be imperfect, and our confidence in the resources of art, which is often misplaced. Accordingly every day furnishes us with instances of limbs which have been condemned to amputation having been perfectly restored by the mere powers of the constitution, unaided, or (it may be) obstructed by the interference of art; and on the other hand we have but too often to deplore the error of judgment which determined us to attempt to preserve a limb, which the result has proved should have been sacrificed. In this uncertain state of the art, all that can be done in the way of arrangement is to place in one group all those injuries, which in the judgment of the most experienced surgeons are thought to be incurable, and in another all those which, however dangerous, are considered as proper subjects for surgical

treatment. The great question of amputation (as it is called) turns on this classification.

It is true, however, that this question must be often determined by other than purely surgical considerations. There is, for instance, infinitely more danger to life in conveying a man with compound fracture ten or fifteen miles, for several successive days, in a rough carriage, than in amputating the limb; hence in military practice it is often advisable to amputate limbs which in civil practice would be considered as curable. The lesions, however, which even under the most favourable circumstances, may be considered as incurable, and which consequently require the amputation of the injured limb, are,

First, when a part of the limb is shot away; here amputation above the shattered bone, or generally above the articulation connected with the truncated limb is indispensable. Secondly, where the soft parts are extensively lacerated, and the bone broken into small fragments; as when the limb has been crushed by machinery, or by the passing of a heavy carriage over it. Here, at the best, you must expect profuse suppuration, tedious exfoliations, and hectic fever, which will ultimately run the patient down, even if he should escape the gangrene which usually attacks limbs under such circumstances within the first few days. In the third place, where, in addition to the injury done to the bone, the soft parts are crushed and their texture destroyed, even though the skin should be unbroken. A spent cannon shot, brushing against a limb obliquely, will often fracture the bone, and reduce the soft parts to a black, pulpy, disorganised mass, without wounding the integuments. Fourthly, where a large portion of the soft parts has been carried away, and the principal nerves and blood-vessels divided. When a large piece of the leg or thigh, for instance, is shot or torn away, and the nerves and blood-vessels injured, it is not only useless, but in the highest degree dangerous, even to attempt to preserve the limb. Fifthly, when the artery and vein are cut across by a ball, even though the bone should have escaped. Sixthly, when the bone is fractured with division of the principal artery; provided, however, that the wound be inflicted by gun-shot, for if it be done by a cutting instrument, or be the result of a punctured or even lacerated wound, the limb may be saved by tying the artery. Thus a man falling from a height on spikes may get his thigh broken, one of the spikes entering the flesh, may open a large artery, yet this may not be a case for amputation. Seventhly, when a musket-ball enters or lays open a large joint, tearing the ligaments and fracturing the head of one or both of the bones, this is a clear case requiring amputation. But if the fracture be an oblique one, about two or three inches from the joint, even though it should involve the head of the bone, it is not necessary to remove the limb, *if the injury be not inflicted by a musket-ball*. I have seen many instances

of this kind do well, and there is a case at present in Meath Hospital of compound fracture passing into the elbow joint, which in all probability will terminate favourably. A fracture through the head of the bone, with a wound communicating with the joint, made with a clean cutting instrument, is not a case for amputation; for you are aware that the operation of cutting into the knee-joint, for the extraction of loose cartilaginous bodies, is frequently performed with success, and wounds of the ankle-joint, made with a sharp instrument (as with a scythe) often do perfectly well. The first case which I saw of a penetrating wound of the ankle joint was a very remarkable one. The subject of it was a young man of the name of Stephens, a chandler, who lived at that time in Bride Street, at the corner of Bull Alley. When cutting a cake of greaves with an adze, he missed his blow, and sent the edge of the instrument directly through the ankle joint, cutting off the extremities of the tibia and fibula, which form the inner and outer ankle. The heel drawn upwards by the flexors exposed the joint completely. The anterior tibial artery bled freely, but the bleeding had been in some degree suppressed by the pressure which the young man made on the wound with his hand. I accompanied my late lamented friend and master, Mr. Richards, to visit the case, and here received my first and best lesson in surgery. The artery being secured at both ends with a single silk thread, the wound was brought into perfect apposition, and the skin was kept together by three points of the interrupted suture. Pledgets of lint, dipped in a kind of paste, formed of white of egg and flour, were laid over the wound. The limb was kept securely in a proper position by lateral splints and a foot piece, a strict diet was enjoined, and the dressings were not touched for three weeks. At the expiration of that period the splints and bandages were removed, and it was found that the wound was completely united. The accident occurred in the year 1798, and I had the pleasure of meeting the subject of it very lately walking stoutly along the Rathfarnham-road. He lives in the village of Rathfarnham, on the left hand side of the road, and follows at present the occupation of a brewer; he told me he would be happy to show his foot to any one desirous of seeing it. I am thus particular in authenticating this case, not only because it is a most instructive one, but because I wish to have it on record, that five and thirty years ago the principle of treating compound fracture, or wound of a great articulation, was as well understood in Dublin as elsewhere, and that in this particular at least we cannot pretend to depreciate the skill of those who immediately preceded us.

Gun-shot wounds of the thigh with fracture of the bone are in the highest degree dangerous, and the generality of surgeons, British and foreign, recommend immediate amputation in such cases. There are, however, many

exceptions to this rule, and in my own case I confess that I should prefer taking my chance without an operation, if the ball only entered the thigh and fractured the bone without splintering its extremity (without wounding the femoral artery or popliteal nerve), and above all, at such a distance from either of its extremities, as to make it probable that the articulation was not implicated in the wound. I do not mean to say, that by not submitting to amputation I should increase my chance of preserving my life; on the contrary, I believe I should very much increase the probability of death, but I would willingly put my life to a great risk to preserve a lower extremity.

I remember a very striking instance of a favourable termination of a wound of this kind, which occurred during the campaign in Holland, in the person of Colonel Gordon, of the 92nd Highlanders. He was an extremely fine looking man, six feet five inches in height, of a powerful frame and robust constitution. He received a shot through the thigh, nearly in the direction of the femoral artery, which fractured the bone about two inches below Poupert's ligament. In his fall the extremity of the bone was driven nearly two inches through the integuments, and the leg was drawn up by violent spasms from the irritation of the muscles. The colonel, who was a determined and sensible man, immediately raised himself into a sitting posture, and pressing the heart of the sound foot against the heel of the wounded limb, and applying his hands to the bone, he brought the thigh into a straight position, and thus endeavoured to replace the protruded bone as well as he could. The spasms, however, continuing to make the bone protrude, he took off his sash, and having adjusted the fracture as well as circumstances permitted, he tied the sash tightly round the thigh, and though some persons seeing him on the ground offered to raise him up, he refused their assistance, and remained there quietly until a surgeon came, who applying a firm splint from the heel to the hip, had him carried to his quarters. I saw him constantly during his convalescence, which took place without the occurrence of a single bad symptom. He lived many years afterwards, and was killed at Waterloo by a shot through the forehead, while leading a charge at the head of his regiment.

Such cases, however, must be considered as exceptions to the general rule. With respect to fractures of the thigh by gun-shot, individual cases (particularly where the bone is fractured at its lower third, and where it is not extensively splintered,) will occasionally recover; but the concurrent experience of all practical surgeons seems to establish the surgical principle, that in compound fracture of the thigh by gun-shot, immediate amputation affords the best chance of preserving life. It is a question for serious consideration, whether life should not be risked, and to a

very great extent, for the chance of preserving a lower extremity, especially as in such cases secondary amputation may be looked to with a reasonable prospect of success; but on this point I would refer you to the works of the military surgeons, and particularly to those of Baron Larrey, Mr. Guthrie, Mr. Hennes, Mr. Hutchinson, and Sir James Ballingall.

Gun-shot wounds with injury of the bones have a tendency to run into gangrene. A very few years since it was considered as against the canons of surgery to amputate in such cases, until a line of separation had been formed between the dead and living parts, and this doctrine was supported in some of the schools in this city until a very late period. The first place in which amputation was performed in spreading traumatic gangrene in this country, occurred about twelve years since in Jervis-street Hospital. The operation was performed by Mr. Wilmot, (who at that time was, as well as myself, a surgeon to that institution,) and the man recovered perfectly. It was a case of gangrene from compound fracture with comminuted bone. The operation has since been several times performed with success in this hospital, lately in a very remarkable and most unpromising case. The patient's name was West, and I had operated on him for popliteal aneurism about two or three months before. He was re-admitted with inflammation of the periosteum of the tibia, which was accompanied with high sympathetic fever, and terminated in suppuration. He then suffered from suppuration of the ankle-joint, and finally the foot was attacked with gangrene, which, in the space of two or three days, extended to the lower third of the leg. The pain now became so excruciating, that he intreated of me to amputate the limb, and said that he was willing to undergo the operation even for the sake of a few hours' respite from his sufferings. I performed the operation, and the man's recovery was rapid and complete. He is at present a wine-cooper in the employment of Mr. Kinahan, of the Carlisle Buildings.

It is exceedingly difficult to lay down any specific rules with respect to circumstances under which amputation may be performed in spreading gangrene, nor is this a proper occasion for entering on so wide a field of discussion. I would merely observe, that the chances of success in such cases are directly in proportion to the degree in which the affection seems to be local, that is to the degree in which the constitution does not participate in the injury. When the pulse, countenance, and spirits are good, you may amputate with a reasonable prospect of success, but if the powers of life are sinking rapidly, as indicated by the collapsed features, cold perspiration, weak and faltering pulse, and, above all, by an aberration of mind, the operation will inevitably only hasten the fatal result. On this subject I should wish you to consult Mr. Guthrie's valuable work on Gun Shot Wounds, and particularly Mr. Porter's most instructive paper

on Amputation in the Eleventh Number of the Dublin Medical Journal.

In determining the great question of amputation in any given case, a number of extraneous circumstances must be taken into account, which will exercise a material influence on your decision. If, for instance, a man were to suffer a compound fracture of the leg by gun-shot, under circumstances which made it necessary that he should be conveyed for several miles, on a rough carriage, before he could be laid in bed, (a case which must often occur in military practice,) it would be far better to perform amputation on the spot than to make any attempt to preserve the limb. In military practice, therefore, the question of amputation is often decided by other considerations than the mere severity, or complication of the injury.

Now, with respect to the treatment of compound fracture when curable, the indications are first, to get the bones as nearly as possible into a state of proper apposition, and if the case admits of it, to bring about union of the external wound. In order to effect the latter, you must put in practice diligently every means of keeping down inflammation. To accomplish this you must endeavour to remove the exciting causes. These are principally the irritation of spiculae of bone, and what the French writers call the strangulation of the wound. There is nothing which so completely prevents the occurrence of active inflammation as giving free scope to parts confined and rendered tense by the swelling which accompanies active inflammation. If, therefore, you meet with a case of compound fracture, where you endeavour to reduce the projecting spicula, and find that you cannot accomplish it without employing force, in all such cases, the simple course is to pass a probe-pointed bistoury under the confining skin, and make an incision sufficiently extensive to admit of the reduction of the bone. Then make extension in the manner I have already mentioned, and you will be able to accomplish the reduction with ease. There is much more mischief done by attempting to drag the projecting portion of bone into its proper place, than by making a simple incised wound in the skin, which can be easily healed. You will, therefore, when you meet with a compound fracture of the leg, under such circumstances, first try what you can do by slitting up the skin, and when you find that you cannot reduce it in this way, you may then saw off the projecting portion of bone.

You will meet with cases in which there is a portion of bone broken off, which lies between the soft parts and the fractured extremities, preventing their proper coaptation. Here you must give plenty of room for the reduction of the fracture, and extract the loose portion of bone with your finger, or with the forceps. Then, if the tibia projects after reduction, place the leg on one of these back splints; or on the double inclined plane, which

will keep the limb in a flexed position, and prevent disturbance. Your next consideration is the dressings, and here I must say that to put even a moderately tight bandage over a limb so circumstanced is the worst thing you can possibly do. In the space of a few hours the bandage becomes tight from the swelling of the limb, and gives the patient exquisite torture. In such cases, lay the limb in the easiest possible posture; do not cover it with bandages, but place over the wound a pledget dipped in the fresh blood from the wound, or in a mixture of flour and white of egg, and apply leeches in relays of twenty or thirty at a time, followed by the spirit-wash. Keep the limb steady by a suitable apparatus; the enlargement of the wound, in case of inflammation of the fascia, is frequently very useful; you saw the great advantages which resulted from it in the case of Hogan, a woman in the accident ward, who has compound fracture of the tibia about two inches above the ankle-joint. She, I am sure, would have had gangrene of the limb if she had not been treated in the manner you have witnessed. The inflammation was allayed by repeated applications of leeches, and the tension of the parts was relieved by making an incision through the fascia.

One of the principal things which it is necessary to attend to in the management of fractures of the leg, is to prevent the motion of the foot, and, consequently, of the lower fragment. The mode in which this is effected in the French hospitals is liable to objection. It is a common practice there to fix the foot, by a cross tape extending from the foot, to each side of the bed. But if you fix the foot in this way, as often as the patient turns or moves himself, the upper portion of the bone rotates to a certain degree, while the lower portion remains fixed. To avoid this, you must confine the leg and foot together, resting on the heel on an inclined plane, or on one side with the aid of proper splints, and support it on each side by pillows, varying the position from the straight to the flexed, according to the circumstances of the case; keeping it straight when the tibia has a tendency to protrude forwards, and flexed when there is no such tendency.

I need not caution you against the use of poultices, for we seldom employ them here, because they have a tendency to increase suppuration. The only thing we use in cases of compound fracture is the spirit wash, or a weak solution of chloride of lime. During the progress of the cure, the patient's strength is to be kept up by a mild, nutritious diet, avoiding any thing which may stimulate or produce constipation. The surgeon acquainted with the nature and course of compound fracture, will always look forward to a long confinement; and hence he will never take away a large quantity of blood from the system, whatever may be the degree of inflammation. For the last twenty years I have never drawn

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blood from the system in a case of compound fracture. I know very well that a young and vigorous man might not be the worse for losing a little blood, but I believe that in these cases every good purpose may be answered by the repeated application of leeches. In the advanced stage, where there is no febrile excitement in the system, and the patient is much run down, there is a great advantage derived from the use of bark and the mineral acids. You will also effect a great deal of good by sending your patient, if possible, into the country.

There is another and a most important point in the treatment of compound fractures, viz., to make your patient comfortable in bed, a consideration essentially necessary in this as well as in all other cases requiring long confinement. By making a man comfortable, you dispose him to be quiet, and enable him to enjoy repose. The great object is, to shift him and make his bed comfortable without disturbing the fracture. If you employ the back splint I have shown you, you can raise the patient up and place him on another bed, or keep him sitting on a chair with his limb supported until his bed is adjusted: but still this mode is liable to many objections. There is more or less risk of disturbing the fracture, and sometimes the patient is so weak and nervous, that the attempt to raise him excites the utmost terror and agitation. There is a very cheap and convenient apparatus, which I have for a long time used in such cases with the greatest advantage, and which is remarkable for its simplicity. There is a great number of contrivances, of a complex nature, invented for similar purposes, of which you will find descriptions in the French Dictionary of Practical Medicine and Surgery. That which I am about to describe is a simplification of the complicated machine used at the Hôtel Dieu, and may be procured at the expense of a few shillings. Get a frame of wood of an oblong shape, six feet three inches by three feet six, and firm enough to support the weight of a man. The side pieces of the frame should project beyond it to the extent of six or eight inches. You then take a strong sheet and cut it into strips, each about eight or ten inches wide: these slips are made fast to one side of the frame from top to bottom, but at the other side they are free; and to each corner of these slips, at their free extremity, there is a strap attached, by means of which they may be made fast to the buckles fixed to the other side of the frame. To the free extremity of each of these strips there is also a pocket attached, by means of which, with the assistance of a long and slender piece of steel, somewhat like an apothecary's spatula, but broader, you can easily pass the strips under your patient when you want to change him. This machine is laid over the patient's bed, and he lies within it, like a picture in its frame. When you want to have him moved for the purpose of emptying his bowels or arranging his bed, you make

fast the strips by means of the buckles, lift him out of bed, frame and all, and having placed the machine on a proper support until the bed is arranged, you can replace him on his bed, unbuckle the straps, withdraw the pieces of linen one by one, and remove the frame without the slightest disturbance of the fractured limb. I will bring one of these machines to the hospital and show you its mode of application and use. Dr. Arnott's hydrostatic bed, however, supersedes the necessity of all other contrivances for making a sick bed comfortable; and I consider it as one of the greatest boons which science has ever conferred on suffering humanity. You have an opportunity of observing the advantages which may be derived from this admirable contrivance, in the case of the old man with the compound fracture of the elbow-joint; he had not been on the water-bed for three days when the sloughing sores on the back put on a healthy aspect, and they are now nearly healed; the wounds about the joint, too, have ceased to discharge, and I now can pronounce the man convalescent.

I have alluded before to the manner in which persons who have received fractures of the extremities should be carried home; before I conclude I shall make one more remark on this subject. The common way is to have the man taken under the arms by two persons, while a third person holds his feet, the effect of which is frequently to force the bone out through the skin, and convert a simple into a compound fracture. One of the simplest and easiest modes of carrying a person is to get a long corn sack, and two poles, or pitchforks (which may be procured anywhere), then pass the ends of the poles through two holes in the bottom of the sack, and having laid your patient on this, you can have him carried home comfortably and without danger. It will be necessary, however, that the persons who carry him should "keep the step," to avoid any inconvenient joggling motion. You may see at the Royal Infirmary, in the Phoenix Park, a machine which I had constructed for carrying wounded soldiers. It is merely a cot suspended from a frame by means of straps, which are attached to two tubery springs, one at each end, resting on a firm piece of wood, which is supported by the cross piece of the frame. This machine may be carried by men, or it may be placed altogether in a large cart or float. The motion of the men or of the vehicle is not communicated to the cot, which is suspended from springs; and, whenever it can be procured, it will be found to be an excellent apparatus for the purpose, and fully capable of obviating those dangers which but too frequently result from an improper mode of carrying patients with fractured limbs. On the following day Mr. Crampton exhibited the machine, a drawing of which will be given in our next number.

When the lecture was concluded, a man

about 50 years of age, and of a most muscular frame, was brought into the theatre with a dislocation of the left humerus, which he stated had been caused by a fall in the street on the preceding Saturday, so that the humerus had been dislocated thirty-eight hours. Some ineffectual attempts had been made elsewhere to reduce the bone, and some blood had been taken from the right arm this morning. Mr. Crampton placed the man sitting on the floor, and having made a surgeon's knot on a silk handkerchief, he passed the patient's hand through the middle noose, and embraced the wrist in it tightly, by drawing the ends firmly parallel to each other, one on the ulnar, and the other on the radial, side of the hand. Mr. Crampton then stood on a chair, which was placed close to the patient's left side, and raised the arm slowly upwards and a little forwards, *i. e.* towards the patient's face, until he nearly, but not quite, raised him from the ground; in less than half a minute Mr. Porter, who kept his hands pressed into the axillæ, exclaimed,—“It is moving—it is in.” The arm was then brought down slowly to the patient's side, and Mr. Crampton desired him to lay his hand on his forehead, which he did with perfect ease, and, making a good-humoured salute to the class, he withdrew.

**A CASE OF PHTHISIS SUCCESSFULLY TREATED**

BY E. C. WARING, SURGEON.

IN presenting to the public the following particulars of a case of phthisis, successfully treated, I need, I imagine, only briefly advert to those circumstances which render this disease an object of so great importance to the medical practitioner,—I mean its very great prevalence, and, in the confirmed stage, its almost uniform fatality.

Sydenham computed that two-ninths of all fatal cases were cases of phthisis, and if my opinion were asked, as to the correctness of this observation, I should say it was rather below than over the truth.

In reference to the latter circumstance, namely, its almost uniform fatality, I may leave it to the candour of any person, who has had even limited opportunities of observing the disease, how rare instances of recovery are, under the usual palliative mode of treatment.

A short time previously to the occurrence of the following case, my attention was directed to the plan proposed by Dr. Senter, as quoted in one of the early volumes of the

Medical and Chirurgical Review\*, which, from the evidence there adduced in its favour, I thought well worthy an early trial.

John Wood, about 35 years of age, naturally of a spare habit and phthisical conformation, had been under the care of the parish surgeon for several weeks without deriving any benefit, who, at length, declared his case hopeless, and declined to administer any more medicines. It was under these circumstances that, on Dec. 5, 1832, I was requested to visit him, not with any expectation that I should be able to afford permanent benefit, but merely to relieve his sufferings, which were said to be very great.

I found him much emaciated, labouring under profuse purulent expectoration, which, I was informed, was occasionally streaked with blood; a tickling cough, pain of chest, increased on inspiration; with constant hectic exacerbations at night with drenching perspiration. He complained of troublesome dyspnoea upon using the least exertion, and that he had for several weeks continued growing much weaker and worse.

These circumstances, the hectic flush on his cheeks, and his very unfavourable general appearance, seemed to indicate that his disease would not be long in arriving at the usual termination.

*Detrahuntur sanguinis uncias octo saltem; pleno rivo ad dolorem lateris mitigandum.*

*R. Mucil. acacis, ℥ iij.*

*Tinct. Digitalis, ℥ j.*

*Acid. hydrocyani, ℥ xij.*

*Extract. papav. alb. ℥ j.*

*Mist. camphoræ, q. s. ut fiat mistura, ℥vj.*

*Oxymellis scillæ, ℥ iij.*

*Sumat cochl. unum magn., urgente tussi.*

With a view of relieving the colliquative sweating. I also prescribed—

*Pulveris Doveri, gr. vj.*

*Hydr. subm. gr. iss. h.s.s.*

6th. Pain of side, which had totally disappeared after the bleeding, has returned. Cough a little alleviated by the linctus. Night sweating unrelieved.

*Repetantur pulvis. h.s.s. Pergat in usu linctus, nunc in promptu.*

\* Published originally in the “Transactions of the College of Philadelphia,” and reviewed in the work referred to in the text.



752 *Fatal Hemorrhage between the Envelopes of the Embryo.*

7th. Has had a bad night. Pain of side much worse, owing to the almost incessant coughing. All the other symptoms remain in statu quo.

Admoveatur empl. cantharid. parti lateris dolenti. Repetantur pulvis et linctus ut antea.

On the 7th, 8th, and 9th, with a continuance of the same medicines, he remained also unrelieved. The blister had but slightly relieved the pain in his side, and the night sweating continued unabated, as also the purulent expectoration and the dyspnoea, and his cough was as troublesome as ever, unless he continued constantly using the linctus. I therefore fell myself justified, on the morning of the 13th, in adopting a totally different plan of treatment,—the plan which I have before alluded to as being that proposed by Dr. Senter.

℞ Cupri sulphatis, gr. vj.

Pulv. ipecacuanhæ, gr. xv.

M. et divide in pilulas quinque, sint pro dose unâ, stomacho jejuno sumendâ.

℞. Mist. ferri comp. ʒj. ter die sumat.

Pergat in usu linctus. p. r. n.

I visited him after the operation of the emetic. It had operated, but not violently, three or four times, about half an hour after being taken. He was, as might be expected, rather hurried and overcome by the action of the medicine, but expressed himself very grateful for the removal of a sense of weight, which he had all along felt behind the sternum. The pain on inspiration also was quite gone. The matter ejected by vomit had been retained at my request. The supernatant fluid consisted of the warm water, which he had drank to assist the operation of the medicine, tinged of a bluish-green colour by the sulphate of copper, but at the bottom of the vessel was a large quantity of tough purulent mucus, together with what little food the stomach had contained: Breathes more easily and lightly; pulse frequent, as before, but more full and strong.

11th.—Much improved to-day. Cough and pain of side quite gone; no heavy expectoration or night sweat, but continues weak. Pulse much reduced in frequency (now about 90), more regular than before and moderately firm.

From this period until the 28th, it was found requisite to repeat the emetic four times, owing

to a return of the sensation of weight behind the sternum, and the other unfavourable symptoms. The character of the ejected matter improved each time, with a correspondent improvement in the state of the patient.

The cough, which had disappeared upon the administration of the first emetic, returned with each re-accumulation of pus in the lungs; at which time, also, the pulse increased much in frequency, and became contracted and rather hard, both which unfavourable symptoms were immediately removed by the action of vomiting.

His pulse continued to lower in frequency and improve in strength after the administration of each successive emetic. His appetite, bodily strength, and general appearance rapidly improved under the use of the Mist. ferri comp., the dose of which had been gradually increased, until he took twelve ounces in the twenty-four hours, which quantity he continued to take for several weeks, when he was enabled to resume his very laborious occupation, that of hand-loom weaving, and was discharged cured.

I should not omit to state, that upon the administration of the second emetic, a repetition of the dose was found necessary before it would operate; and each time afterwards, twice the quantity first prescribed was requisite.

The results of my future trials, whether successful or otherwise, shall be faithfully communicated to you.

*Charles-street, Wrexham,  
Dec. 23rd, 1833.*

**FATAL HEMORRHAGE BETWEEN THE ENVELOPES OF THE EMBRYO.**

BY J. T. INGLEBY, LECTURER ON MIDWIFERY AT THE SCHOOL OF MEDICINE, BIRMINGHAM.

*Case of Laceration of the Chorion and effusion of Blood within the Decidua Uteri, as seen on inspection of the Body of a Woman who died suddenly near the third month of Pregnancy.*

A WOMAN, æt. 36, the mother of six children, and in whom the last menstruation ceased on the 31st of August, expired very suddenly on the 14th of November, being about ten or eleven weeks advanced in pregnancy, under circumstances unusually mysterious. As re-

spects her history, I learn that she was subject to a slight degree of giddiness upon exertion, her general health being otherwise good. At two o'clock P.M. her husband left her perfectly well, and she was observed soon afterwards by the neighbours walking in the yard, apparently quite cheerful. She then went up stairs with the intention of making the bed, and, after shaking it, finding herself unable to proceed, came down stairs, looking exceedingly pale, and on seating herself in a chair, directed her little girl to tell one of the neighbours that she was poorly. They both returned immediately to her assistance, but on their arrival found she had expired. The case thus became the subject of juridical investigation.

On the clothes being removed, the covering next her person was found stained with wet florid blood and watery discharge. After a careful inspection by very competent individuals, the head and body were found perfectly healthy in all their parts. The stomach was distended with undigested food. The uterus was very minutely examined: it measured six inches in length, four and a quarter in breadth, and two in depth. An incision being made the whole length of its anterior surface, the decidua was seen beautifully developed, terminating abruptly just above the commencement of the cervix. On dividing it, the uterine cavity was fully exposed. The placenta appeared in course of formation on the posterior surface of the fundus. The embryo contained within the membranes was unnaturally forced to the summit of the organ by a large and firm clot of blood, which partially concealed the ovum, and occupied two-thirds of the cavity from the fundus to the neck. This coagulum was outside the chorion, but every where enclosed by the decidua. It measured three inches and a quarter in length, and one and a quarter in depth. The smooth part of the chorion was very distinctly lacerated in its centre, and around the edges of the laceration was detached from the amnion for some extent by an extravasation of blood. The effusion could only have proceeded from the vessels connecting the amnios with the chorion, every other part of the ovum being perfectly natural. The os internum was nearly closed by mucus, and the effusion was walled in at the cervix by the deciduous membrane, excepting a small aperture in its centre, through which the fluid blood seen on the linen had escaped.

*Observations.*—Haemorrhages from the uterus, at an early period of utero-gestation, occasioned by the detachment of the external coverings of the ovum, and the subsequent exposure of the uterine vessels, very rarely prove fatal. A fatal effusion, proceeding from the membranes only, has scarcely been supposed. Very minute vessels may undoubtedly yield a copious effusion\*. But to what is this woman's sudden dissolution attributable? In the absence of all unnatural appearances elsewhere, how far is it referable to the uterine effusion and its attendant circumstances? Neither the amount of blood nor its mode of escape (assuming the effusion to have occurred very suddenly) can be regarded as a perfectly satisfactory explanation. It is true, that an injury of a very trifling kind—a blow on the stomach, for instance—has been known to prove suddenly fatal. Lacerations, also, of a trifling extent, have rapidly terminated in death, under the collapse consequent upon the injury. In a laceration which was situated at the cervix uteri, and detected soon after delivery, I found barely 3j. of blood effused in the abdomen;—death arose from collapse. But here we find no injury done to the mother's system;—merely a clot of blood præternaturally distending the uterus, and confining the greater part of the ovum to the superior part of the cavity. Allowing for the great sympathy subsisting between the uterus and

\* In proof of this, I may allude to the case of a girl, who died recently in this town under excessive menstruation. But, in this instance, there was a remarkable idiosyncrasy, or hæmorrhagic tendency; a slight scratch invariably occasioned violent bleeding; and whenever the bowels were confined during the period of menstruation, the discharge was always excessive. She died under a menstrual effusion, attended with constipation, and not a vestige of disease was found, excepting a slight ovarian enlargement. Unfortunately, the plug was not resorted to. To the ovarian enlargement the excessive effusion was, I conceive, in a great measure attributable. Uterine flooding, according to M. Lisfranc, is almost constantly connected with uterine disease; but, in this particular instance, the effusion was menstruation in excess, and not flooding, properly so called, with coagulation of the blood.

the system generally during the embryo-formative process, still, to account for so fatal an impression, we must necessarily pre-suppose a habit peculiarly feeble, and the nervous system susceptible of impressions from causes totally inadequate to affect an unimpaired constitution.

M. Deneux is the only author who is known to me as having described hæmorrhages of this character, a circumstance I was not aware of when I published my treatise on Uterine Hæmorrhage. In his paper on the subject, M. Deneux comprises "any accumulation, extravasation, or infiltration of the blood into some part of the organs of generation, or of the envelopes of the fœtus\*." Cases are then described of sanguineous effusion between the placenta and uterus; between the uterus placenta and the external membrane of the ovum (the decidua, I presume, is here alluded to); between the epichorion and the chorion (an effusion peculiar to the first two months); between the amnion and the umbilical vessels; and lastly, cases are given of several kinds of effusion co-existing in the same patient. It will be seen, by this reference, that M. Deneux does not describe a distinct laceration of the chorion together with its detachment from the amnion, and the consequent escape and extravasation of blood within the external membrane; nor do I find any case exactly parallel, either in Dr. Granville's "Graphic Illustrations of Absorption," or elsewhere.

I have recorded this case, not on account of its singularity and interest only, but under the impression, that by directing general attention to it, a better explanation may be given of its nature than it is in my power to offer. I trust the subject will be noticed by some of the numerous correspondents of the Medical and Surgical Journal.

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**ON THE FUNGATING VENEREAL  
ULCER.**

BY JOHN HART, M.D.

The following observations are extracted from the Dublin Journal, and are well worthy of attention.

"This form of disease commences in one or more vesicles, seated on the outer or inner surface of the prepuce, on the cervix, more

rarely on the glans, or corona glandis. In females it mostly occurs in the recess between the labia and nymphæ, on the inner surface of the latter, at the posterior commissure, and sometimes at the verge of the anus. Each vesicle, after a few days, is succeeded by an ulcer, which presents the following characters:—a well defined sharp edge, with an elevated border; when on the prepuce, the surface of the ulcer is generally concave, and covered with a yellow, or greenish yellow coating of tenacious pus; often there is a profuse discharge of pus, more especially if the ulcer be on the inner surface of the prepuce, or at the cervix; the pus, in this case, is mostly cream-coloured, and of uniform consistence. This form of ulcer is not so frequently solitary as the Hunterian chancre, but generally occurs in a crop consisting of two or more.

"There is generally a good deal of pain accompanying this affection. The inguinal glands sometimes become tender and enlarged, but scarcely ever suppurate.

"When this ulcer is neglected or improperly treated, an exuberant granulation sprouts from its surface, which is hard and firm when its seat is the glans, and softer when it occurs on the prepuce. I have seen this excrescence generally larger, softer, and of a paler colour, on the genitals of females than on those of males.

"When the fungus is allowed to continue for any length of time, it acquires a greater degree of hardness, and is more difficult of removal; it often expands, so as that its edge overlaps the skin around the margin of the ulcer.

"I have not known a single instance where this ulcer was followed by secondary symptoms, and I therefore consider it to be a purely local affection. I have had frequent opportunities of ascertaining that it was contagious. Men under my treatment for this affection frequently communicated it to their wives, in whom it invariably exhibited exactly the same appearances as those above described."

This ulcer is not affected by mercury, and is cured with escharotics, nitrate of silver, equal parts of savin and muriate of ammonia, sulphate of copper, or strong acetic; and Dr. Hart does not agree with Dr. Wallace in the opinion that mercury is necessary in this form of disease.

\* Journ. Gén. de Méd., tom. 68.

## ON CLINICAL MEDICINE.

BY C. J. ALDIS, A.B., M.B.

THEY who have given themselves up entirely to the systems, with which medical writings abound, to the neglect of clinical instruction and observation, will find that they have deviated from the right path. A fervent imagination is apt to be captivated by some particular system, but the strong evidence of facts will ultimately eradicate any false hypothesis, which the mind has imbibed. Though ingenious systems may excite admiration, still they are of little importance in medical practice. Many writers, whose superiority consisted in accurately describing the phenomena of disease, and determining the effects of remedies, prove that the extensive science of medicine cannot be confined by a systematic boundary. Such writers inculcate the necessity of observation, and defend us from obscure hypotheses. In them observation and reason are united, the one is not alloyed by preconceived opinions, the other is modified by an attention to facts. Although many systematic writers are remembered with the greatest respect, it does not appear to be on account of the numerous hypotheses which they have constructed, but for the observations intermingled with them. It is not our wish to maintain that hypotheses have thrown no light on the phenomena of disease; many have contributed to the elucidation of disease, and we should collect from each whatever good is to be derived. There are, also, frequently discussed theories with which it is necessary to be acquainted. After such considerations, the following question naturally occurs to us; Whence is our knowledge of disease to be obtained? The daily occurrences in any large hospital will easily supply an answer. From the observation and experience of well instructed medical men in the lecture room and at the bed-side. Having determined the source from whence our information is to be obtained, let us inquire into the advantages arising from clinical medicine. We learn our profession by examples. A person entirely ignorant of the practice of physic can here become acquainted with the phenomena of disease. These, certainly, are contained in books; it is not, however, a mere outline of a complaint with which we are to furnish ourselves, but the successive order of

the symptoms, paying regard to the causes, and to the effects of remedies, which can only be acquired by observation, or, in the words of Rostan, "to know a malady we must see it, observe it, follow it up with attention in the different periods during life, and the traces after death \*." At the same time he appreciates the exact description of authors, but remarks on the great difference between the man, who says he has seen a disease, and the man who has read of it. The first is the man of the cabinet, who knows the earth only by esteemed writings, the second is the voyager, who has traversed all countries; the one is doubtful, the other is certain; the reader is obliged to believe, the voyager can judge of the description. This branch, therefore, is to be learnt by making constant observations on the appearance of diseases. In the next place, it will be necessary to ascertain the doses, the method of exhibiting remedies, and the effects produced by them. Diagnosis also will demand our attention. We shall be induced to collect facts, to deduce profitable results, and to observe nature without prejudice. There is also another important subject for consideration, that the symptoms, which usually accompany disease, are occasionally absent, or, in other words, disease is not always portrayed by symptoms. In the writings of Bichat, though not on clinical medicine, we find a zealous disposition for observation, every part of his work teems with facts applicable to the science of medicine, but in his own words, "we are still far distant from those days when the science will be nothing but a succession of facts strictly deduced from each other †." Clinical observations will correct errors, will teach us to observe diseases attentively, and to cultivate with advantage the soil which has been worked upon by our predecessors. In this department nature will form an instructive book.

*Old Burlington-street,*

*Jan. 4th, 1834.*

## LIGATURE OF THE COMMON ILIAC ARTERY OF THE RIGHT SIDE.

THE lady, a private patient, 45 years of age, the mother of three children, after suffering

\* Cours de Médecine Clinique.

† General Anatomy.

## 756 *Leeching in Nephralgia.—Remuneration of Physicians.*

pain in the right hip and leg, which she considered rheumatic, for several months, struck the right buttock against the corner of the table, and soon after observed a swelling, which, at the end of 16 months, became so large as to prevent her lying on her side or back, or walking, and gave her pain. It was evidently a gluteal aneurism of great size, although the pulsation was very indistinct. On the 24th August, at the consultation with Sir A. Cooper, Mr. Thomas, and Mr. Keate, the operation of tying the common iliac was performed in their presence.

The lady left town Saturday 21st December, being in good health and spirits at the time.

Mr. Guthrie means to publish the particulars.

### LEECHING IN NEPHRALGIA.

BY ROBERT EMINSON, M.R.C.S., S.A.

*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN,—I beg to transmit you two cases of nephralgia, in which the application of leeches gave instant relief, and after potent doses of opium had failed in even mitigating the excruciating sufferings of the patients.

I am aware that opium is regarded as the chief remedy in such cases, and that general and local bleedings are considered as but secondary constituents in the treatment of apyrexious nephralgia. But from its frequent and complete failure, and the instantaneous relief which has invariably followed topical bleedings, either by cupping or leeches, have induced me in my practice to reverse this plan of treatment, and to look upon the application of leeches to the lumbar region as a point of the first importance and necessity. The speedy easement from acute suffering which they afford is striking, as instances of which the two cases here subjoined may be adduced.

—, æt. 50, was in July, 1833, suddenly attacked with excessively acute pain, commencing in the right lumbar region, and extending from thence half way across to the umbilicus, and once or twice darting to the testicle of the same side, which was slightly retracted. There was nausea, and the urine deeply imbued with blood. Complete apyrexia. Two grains of the extract and one drachm of the tincture of opium were adminis-

tered in a short space of time, but with no other effects than disturbing the head and constipating the bowels. I now ordered a dozen leeches to be applied *parti dolenti*, and the moment they commenced biting, the patient was completely relieved; the pain returned, however, the next day, and the leeches were again applied with the same result, only the relief was permanent.

Another individual, about the same age, and of an uric acid diathesis, was similarly seized with agonising pain in the left lumbar region, darting across the abdomen, and attended with partial suppression of urine, but no feverish symptoms. Opium was in this case also freely administered, but with very inconsiderable relief, and I therefore applied fifteen leeches to the part from whence the pain proceeded, which was about a couple of inches left of the last dorsal vertebræ, with the effect of a complete and permanent cure. The next day this patient voided per urethram an uric acid calculus, equalling in dimensions a full-sized wheat corn.

*Scotter, near Gainsborough,  
Lincolnshire.*

### REMUNERATION OF PHYSICIANS IN IRELAND.

*To the Editors of the London Medical and Surgical Journal.*

GENTLEMEN,—Now that there is a prospect of a speedy reform in all the branches of the medical profession, may I beg (through the medium of your valuable and widely circulating Journal) to call the attention of the physicians of this country, to one of the many grievances under which they labour. The apothecary can legally recover a remuneration for his attendance, the surgeon can recover, but the physician, who has expended a great deal of time and money in acquiring a knowledge of his profession, and who pays a large tax to the government, (for the stamp on which a medical degree is granted costs ten pounds,) cannot legally recover his fee. I have had an attendance on the son of a rich farmer for 18 days, whilst labouring under a severe case of acute rheumatism; after my attendance he offered me the large fee of two pounds for thirty-six visits.

Now, Gentlemen, I am sure that you and the medical profession will agree with me,

that we ought to have some legal protection for the recovery of our fees.

I have the honour, Gentlemen,  
to remain your faithful servant,  
AN M. D.

Boyle, Jan. 3rd, 1834.

DR. JOHNSON AND THE MEDICAL  
GAZETTE.

To the Editors of the London Medical and  
Surgical Journal.

GENTLEMEN,—In the last number of the Medical Gazette there is a heading in the table of Contents, which stands thus:—"Combination against the Medical Gazette;" and in the body of the leading article I am made to say, in the Westminster Medical Society, that I "had entered into an arrangement with the *Lancet*," evidently with the view of supporting the charge of "combination." The Editor goes on to state, that "in the account which has been published of this, a good deal of dressing has been had recourse to, and the distinct avowal that overtures had been made and rejected is glossed over." I appeal to more than one hundred witnesses in the Westminster Medical Society, including yourselves, whether I ever uttered a syllable about entering into an arrangement with the *Lancet*. The whole is a gross fabrication, and contains not one word of truth. The allegation contained in the above statement is as false as the statement itself. I have entered into no combination of the kind, or of any kind, with the *Lancet*, or with any other Journal. My time, I hope, is better occupied than in forming leagues, coalitions, or cabals against the Medical Gazette. The statement which I made in the Westminster Medical Society is correctly given, and not *dressed*, in the different Journals; and I am astonished that an Editor of a public Journal should condescend to employ such a palpable misrepresentation, with the hope of injuring a contemporary journalist, and making it appear that a combination was formed against himself. I am sorry that, in his laborious researches through the volumes of the Medico-Chirurgical Review, he has selected matters so little useful to his readers. If all the charges of inconsistencies were brought home to my door, they would not amount to any crime, and they are shared by

me with many men of greater note than even the Editor of the Medical Gazette himself.

I am, Gentlemen,  
Your most obedient servant,  
JAMES JOHNSON.

January 7th, 1834.

P.S.—As I never yet have done or said any thing which I am afraid or ashamed to avow, so I have no hesitation in acknowledging that I may have been mistaken as to Dr. Dill. It is well known, that about the period in question I suffered a severe and protracted illness, during which I was often absent from town, and unable even to correct the proofs. I am yet ignorant of the names of many contributors at that period. The Editor of the Gazette lays great stress on the style, and makes a quotation, which he thinks I cannot parry, as Dr. Dill was dead at the time. It is at page 536, beginning thus—"Turn which way we may," &c. This quotation, if written by me, would certainly prove me inconsistent; but the Gazette had not been published twenty-four hours before the author of the paper came to me, and offered to communicate his name to the Editor of the Gazette. This he will do in the course of the week. He is well known to my contemporary, who will not doubt his authority.—J. J.

Reviews.

*A Lecture Introductory to a Course of Lectures on Anatomy, Physiology, and Surgery, delivered at the School of Medicine and Surgery, Gerrard-street, Soho. By G. D. DERMOTT, Lecturer on Anatomy, Physiology, and Surgery. 8vo. pp. 24. London: 1833. Fellowes.*

THIS lecture has attracted our attention in consequence of the mysterious subjects which the author has endeavoured to elucidate, and also on account of his views on the polity of the medical profession in this country. He divides his subject into two parts.

"Part I.—(Physiology), treats of the varieties of structure—the properties of Vital Principle—the materiality of the Mind, and its compatibility with the Doctrine of the Christian Religion.

"Part II.—(Medical Politics), contains Observations on the real state of the Profession—Aldergate-street Dispensary—cause of the

evils, the threefold despotism of Money, influence of hereditary Aristocracy, and private interest contaminating our National Institutions and Charities, and oppressing Talent and Industry—the Remedy, and the good effects which would be produced by it.—The Anatomy Bill—its deficiencies—its Abuse and the evils that have been produced thereby—the requisite Amendments.”

After having given his views on the various tissues, he next considers the vital principle, a subject that has eluded the grasp of the ablest physiologists of ancient and modern times. We shall allow the lecturer to detail his opinions.

“The blood is the grand circulating magazine of vitality for the purpose of supplying all parts of the body with life—all the phenomena of life conspire to prove this:—increase the circulation (to the acmé compatible with health) and you increase animal power—diminish it and you diminish animal power—abstract the whole of the blood and you destroy life.”—p. 7.

“The vital principle I believe to be an invisible material substance existing in the blood, and by its peculiar stimulus, stimulating the arteries into action, and thus life, as it were, develops itself, which action of the arteries may be a means of secreting it or throwing it out of the blood, whereby it becomes developed by its effects or properties in different structures; besides this principle being separated from the blood by the living agency of the extremities of arteries, I believe that this principle, like heat, permeates through living structure, and is communicable from one living substance to another. This must be the case, or the coats of the minutest vasa vasorum could not possess vitality; but the substance to receive vitality must be in a state of predisposition to do so, and must I think be in contact with the substance from which it is to receive it.

“For instance coagulable lymph, separated from the blood and no longer in contact with the living surface which produces it, or with any other living surface, coagulates—and this coagulation is an action of life, but is the dying action of the lymph. On the contrary, keep this coagulable lymph in contact with the living surface, and it not only coagulates, but continues to have communicated to it a supply of vitality from the producing surface—

vessels are created in the coagulum, by the act of vitality within it—then this coagulum beginning to have a vehicle of vitality of its own—such an affinity of life is created between the two, as to produce an union of vascularity between the coagulum and the contiguous surface of the membrane. This affinity and communication of life is well seen between two contiguous cut surfaces, producing an union of vascularity—for there must be a reciprocity,—an unity of action,—to produce an unity of substance.

“It is this affinity of life between two living parts which occasions the sympathy of contiguity described by John Hunter.

“As the blood or the vital principle circulates into the various structures, it is of course distinguished by other properties than the general one of exciting organic action throughout the frame, these properties are those living properties distinguishing these various structures, functionally, as living structures, for instance, the vital principle in muscular fibre is known by the contractibility of muscular fibre, in the nerves it is displayed by the properties of sensibility in some, volition in others, and respiratory action in others, the vital principle circulating into the base of the brain, is developed by the same properties of animal vitality as in the nerves; and this part is probably the seat of the various animal propensities excited into action by the various sensations created in parts, and with which it is continuous through the medium of the nerves. But the vital principle ascending into the superior part of the cerebrum, so abundant in man, is there developed by the higher range of vital powers, namely, perception, (the action of the nervous sensibility of the brain) thought, memory, and volition, by the just exercise of which man reaches to God and Heaven, as well as attains all necessary earthly knowledge.”—pp. 9, 10.

We shall comment on our author's doctrine of the materiality of the mind in our next.

### Reports of Societies.

WESTMINSTER MEDICAL SOCIETY.

Saturday, January 4th, 1834.

Dr. GREGORY in the Chair.

The minutes of the last meeting having been read and confirmed, Mr. King rose for the

purpose of laying before the Society one or two points connected with the scarlet fever, which had so lately raged in this metropolis; he alluded to the great debility which attended upon the complaint, and the swollen state of the tonsils, in which none of the usual anti-phlogistic means were found of avail; the condition of the patient thus became very distressing, for in consequence of this tumefied state of the glands, it was impossible to close the mouth; in some of these cases delirium was produced, and great difficulty of breathing, proceeding even to suffocation. He had found that free incision with a long pointed bistoury, carried from before backwards completely through the amygdala, afforded great and immediate relief; and still farther good ensued from the use of gargles of hot water, which caused the blood to flow freely from the divided parts.

Mr. Hunt thought Mr. King's communication one of great importance; with regard to the treatment of the debility in this disease, great variation had taken place within the last twenty years; for in former times brandy, and other means which tended rather to increase than to check this symptom, were used, but now he was happy to say that the treatment employed was very different, and much more successful. He wished to know whether the glands were at all enlarged previous to the disease, and whether in the cases in which incisions had been practised, the ulcerative process had been averted or not.

Mr. King said the glands were slightly enlarged, but that after the use of the bistoury, they gradually became absorbed.

Mr. Preston had attended several cases in which the swelling had occurred, whilst the other symptoms were slight. He had noticed in this disease a peculiar degree of tenderness in the lumbar region, an excited state of the pulse, and a dry state of the skin. The remedies which had proved most beneficial, were purgatives, inducing a great secretion of water, and sometimes even bleeding to a considerable extent; in one case he had taken blood from the jugular vein with decided benefit.

Mr. Greenwood and Mr. Hunt made some farther remarks upon the complaint, after which the meeting proceeded to discuss the motion proposed by Dr. Epps at the last meeting.

The resolution having been read, Dr. Epps

said that this matter had occasioned considerable discussion in the public prints; he had not communicated with any one upon the subject, nor was it through any party feeling that this motion had been brought forward. After three nights of discussion, all the resolutions up to the 8th had been passed, when Dr. Gregory, a gentleman they were all glad to see in the chair, came forward, and proposed an amendment to this resolution, and the most extraordinary part of the affair was, that the ballot on the amendment was demanded for the succeeding evening. No chairman had a right, in his opinion, to postpone a ballot upon a question to a following day, when there was abundant time for it to take place on the same evening. This practice of the chairman taking upon himself the question of delaying the ballot, had lodged the Society in an absurdity. Dr. Gregory himself had moved the 9th resolution, although the 8th was banished the meeting; if the Society had not proceeded to the 9th resolution until the 8th had been settled, it would have borne some show of consistency; but as the proceedings had been so strange, he thought himself bound to take the sense of the Society upon the question.

Mr. Hunt, after seconding Dr. Epps's motion, said he felt sure that one word of explanation from Dr. Gregory, the first father of medical reform, would set the matter right, and he trusted that this gentleman would not hesitate to afford to the meeting such explanation.

Dr. Ferguson expressed his regret at the want of unanimity of the Society on this subject. The question, in his opinion, resolved itself into a very simple form, merely whether there was a by-law existing or not on this question; he believed that no by-law did exist, and if not, it became necessary to look for a precedent.

Mr. Burnett said that the onus had been moved from their own shoulders on to his, he had therefore to refer to the meeting of the 7th. He thought the members were greatly in favour of the 8th resolution; there certainly were voices calling out for the ballot, amongst which he had heard that of Dr. Gregory; he had, however, considered these expressions merely as ebullitions of feeling, and that the ballot was an appeal from the president; he thought that it was very irregular for a member



to come forward on a succeeding evening, for the purpose of doing away with the proceedings of that night.

Mr. Hunt, Dr. Copland, Dr. Johnson, Mr. Chinnock, and one or two other gentlemen, joined in the discussion, after which an objection, raised by Mr. Chinnock, as to the time for balloting, having been overruled, the vote by ballot upon the question was taken, the numbers were, for Dr. Epps's motion 45, against it 18.

Dr. Epps then proposed the following resolution.

"That the proceedings of the meeting of the 14th, so far as refers to the ballot taken upon the amendment of the 8th resolution, and upon the original 8th resolution, be rescinded."

Upon a show of hands, there appeared to be a large majority in favour of the motion. Notice was then given, that on the succeeding Saturday Mr. Johnson would give some observations on venereal sores, after which the meeting separated.

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THE

London Medical & Surgical Journal  
Saturday, January 11, 1834.

MEDICAL REFORM.

OUR readers will find in another part of this Number, a full report of the proceedings at the Westminster Medical Society, on Saturday last, upon Dr. Epps's motion, to review the course which the Society was led to adopt upon Dr. Gregory's celebrated amendment. The ballot upon the amendment, which it will be recollected, took place the evening subsequent to the discussion, was declared irregular; and, as the irregular proceedings have been erased from the minutes, the eighth resolution, in favour of the One Faculty to preside over the whole profession in the United Kingdom, stands as the recorded sense of the Society. But if resolutions, like oaths, are to be taken in the sense of the proposer, it is evident, from the observations we made in our last Number, that it was very far from

the thoughts of Dr. Johnson, the mover, and of the Society, to vote for the total annihilation of the existing corporations by means of the establishment of this One Faculty. At the same time, it is perfectly evident, that some of the Members of the Society, in voting for the resolution, have assigned to it a construction, which we cannot say is unnatural and forced, but which certainly far exceeds the limits Dr. Johnson has assigned to his scheme of Reform: and it was, by seizing adroitly upon this play of words, that Dr. Gregory was enabled to achieve that egregious piece of duplicity, if report says true, for which we must accord him a sad pre-eminence. It is difficult to give a consistent account of the motives of persons, who place themselves in suspicious positions. Whether Dr. G. penned the resolution originally with the thought preposse of the uses to which this ambiguity might be turned for the moment, or whether the happy idea of making him bastardise the offspring of his brain, was owing to others who worked the puppet, and who, in the pursuit of their object to sow dissension, overcame his respect for his own consistency, we know not; but clear it is, that, as long as the imputation, broadly asserted, of his authorship of the resolution remains uncontradicted, so long will abide a stain upon his reputation for plain dealing. We would willingly discredit the story; but, alas, his silence has left us no room for charity. But, waiving these reflections, and returning to the opinions of one of the large parties, who supported the eighth resolution, we repeat, it cannot be denied, that some zealous members of the profession go far beyond the declared intentions of Dr. Johnson, with respect to the existing medical corporations. A great law-giver, who seemed to have had a sheet of white paper for his reforms, when

he was questioned upon the propriety of some of his new institutions, is said to have answered, that he gave the people such laws as they could bear, and not such as were good in themselves. The plain necessity, that every reform should be practicable, is, however, often overlooked. In estimating what is practicable, great regard must be paid to the prejudices, which are found existing in the bosom of society,—let reason say what she will to the contrary,—names are things with the bulk of mankind. In speculating, therefore, upon the remodelling of our medical institutions, it has occurred to us, to consider by what means we might imitate the gradual progress of our political constitution towards perfection, and at the same time avoid the shock of prejudice. We are not advocates for any sudden exertions of the *formative* effort.

Let us review, for a moment, the medical institutions which are at present in existence, and see whether a few simple changes may not accomplish all the good which can be expected from a total revolution in the republic of medicine—names and all. The capital of each of the three branches of the United Kingdom has its College of Physicians and College of Surgeons. These Colleges were not unsuited to the times when they were established; and there is attached to some, if not to all of them, the prejudice of age. The several Colleges of Physicians have, in general, their exclusive jurisdiction limited to the respective capitals. The surgeons have scarcely any legal rights at all. If, now, the authority of the College of Physicians was extended over the whole kingdom, so that none should practise physic but such as were members of that corporation; and if it were required of every practitioner in physic that he should be a member of the College of Physicians, and *vice versa*, then, in the first place,

there would of necessity be a uniformity in elementary education amongst all the members of the united professions; and, in the next place, that jealousy which at present divides the physician from the surgeon would cease, when each practitioner was a member of the conjoint corporations. In short, it appears to us, that without aiming at the destruction of either of these bodies in the respective capitals, it is possible, by a due extension of their powers, and by a liberal and searching reform of their governments, to make them the natural and legitimate heads of the conjoint professions of medicine and surgery; which would then have no other separation than as the talents of individuals might lead them ultimately, in the course of their professional careers, to devote themselves more exclusively to the one branch or the other. It may be said, that this, after all, is but three faculties under another name. So far as it proceeds upon identifying the now distinct education of physicians and surgeons, we admit the similitude: but so far as it respects the already existing corporations of physic and surgery, and seeks to unite their interests and extend their influence, we see a broad and intelligible diversity.

All bodies, other than these several corporations, should be treated as mere schools of medicine, whose character should depend upon the education with which they furnished their students. In this country, the apothecary and the surgeon now join trades; the University of Edinburgh is labouring hard to open the market to her doctors; we desire the union of the surgeon and physician; and, as to the trade, that shall be the apothecaries' exclusive care. But any change must respect the vested rights of individuals. We shall return to the subject in our next.

DR. JOHNSON AND THE MEDICAL  
GAZETTE.

In a preceding page will be found Dr. Johnson's rejoinder to our contemporary, of the *Medical Gazette*, which exposes the real motives of that consistent character. In an article of nearly ten pages, he endeavours to show the inconsistencies of our valued and respected contemporary, the *Medico-Chirurgical Review*; and ascribes every article, that appears in that work, to Dr. Johnson, as Editor, though he well knows that many writers contribute to that Review. He argues, that Dr. Johnson, as Editor, is personally responsible for every thing which appears in his journal. It would be as reasonable to hold the Editors of the *Times* or *Herald* personally accountable for every thing inserted in the papers which they conduct. How often does it happen, that we read opinions and doctrines in *Medical Journals*, to which the Editors do not subscribe, and on which they would not act in treating their patients; but, according to Macleod's logic, the Editors must adopt every thing. Ridiculous as is the charge against a staunch reformer, who has consistently advocated the suppression of medical abuses for the last twenty years, and has earned the fame of the hatred of the College of Physicians for his manly conduct in the cause, our contemporary has not hesitated to make it. It was necessary to say something,—and the triumph of circulating the attack for a week, without the danger of contradiction, was great in the eyes of a party, who have nothing on all sides but defeat to expect. In making these observations, we beg to state, that we have not spoken a single word to Dr. Johnson about Reform. As to our having entered into a combination against such a thing as

the *Gazette*, it is false and preposterous. Gentle readers! only think of "Wakley, Johnson, and Ryan" combining against Macleod. The idea has not only excited our contempt but also our risible faculties to such a degree, as to endanger the safety of our sides. This imbecile reminds us of the frog and the ox in the fable; he assumes an air of importance which the profession will treat with scorn. Seeing reform is certain, he is almost mad, that his bowing and scraping to the magnates of the College of Physicians are at an end, that his longing after a Fellowship is not likely to be gratified, and that his patrons must put their tottering house in order; for a reformed Parliament is not to be cajoled by monopolists, who neglected to use the power conferred upon them for the benefit of society and the profession at large. We have been repeatedly asked the reason why we oppose a College to which we belong; and our answer invariably was, because, in its present state, it is an impediment to the advancement of medical science, it is tyrannical, unjust to its members, and it is no protection to the public health. It has also been remarked, that we pledged our honour to support its interests; and so we did, so far as these are based on equity and justice, and are conducive to the advancement of science. But we refused to promise our support to some of its laws, which were concealed from us, and which we sincerely believe to be corrupt.

Nevertheless, we do not wish to see it destroyed, but reformed, and suited to the age in which we live. We publicly declared at the Westminster Medical Society, in the presence of at least two hundred members of the profession, that we were not levellers; and yet our venacious contemporary designates us such.

**CLOTS OF BLOOD IN THE HEART, ORGANISED OR TRANSVERSED BY NUMEROUS VESSELS COMING FROM THE SURFACE OF THE VENTRICLES AND AURICLES, AND INJECTED FROM THE BRONCHIAL ARTERIES.**

BY ALEXANDER THOMSON, M.D.

On the 5th of October, 1833, I found the body of a woman, in which there were general and recent adhesions of the greater portion of the abdominal to the intestinal peritoneum, both of the intestines and of the other abdominal viscera, as well as universal adhesions of the costal, pericardial, mediastinal, and diaphragmatic pleuræ, with the pulmonary pleura. There were other morbid appearances, of which no note was taken; but the upper lobe of both lungs was in the yellow granular stage of hepatisation, and the parenchyme of the remainder of the lungs was in the first stage of inflammation. In either lung there was in the upper edge a cavity of at least three-fourth of an inch in diameter, of an irregular rounded form, having a distinct lining membrane, from which proceeded several irregular pedicles, varying in form, length, and thickness, and supporting, free from the sides, except by these pedicular continuations, a mingled mass of condensed cellular tissue, and matter of a condensed, hard, gritty, greyish, and yellowish-white appearance, resembling a bony deposit. Between these masses and the walls of the cysts, there was a greasy greyish-white mass, resembling muscular substance that has been long standing under water, or buried in moist earth, but no liquid whatever. As far as could be traced, there was no direct communication of these cysts with the bronchial tubes or with the pulmonary parenchyme. The centre of this substance in the right side was one solid mass, resembling the dense bone of an old and compact cranium. I injected the bronchial arteries carefully with size, coloured with vermilion, and then, after leaving the parts for a sufficient length of time for the size to set, washed the piece well with cold water, and proceeded to the examination. During the injection, the fluid returned into the aorta through the orifices of the œsophageal arteries in considerable quantity, thus proving the anastomoses of the bronchial with the œsophageal arteries. The injection was found

to have penetrated the muscular and cellular coat of the œsophagus, and to have minutely injected in a stellular manner the cellular tissue subjacent to the mucous in the whole length of that tube, from a level with the upper edge of the sternum to the radiating termination at the cardiac orifice of the stomach, and in the membrane of the stomach for three or four inches' distance, all round the cardiac orifice, to have universally injected the sub-mucous cellular tissue of that part of the trachea below the level of the upper edge of the sternum, and of all its traceable branches, yet in this case without producing any effusion into these tubes. It is worthy of remark, that the injection was far less traceable in the more solid than in the recently inflamed parts of the lungs, but was not, as in the tuberculous lung injected with Mr. Fisher, to be found not only not more defined, but not at all in the walls of the cysts of the bony substances. Yet in the centre of one of these masses there was a roundish cavity, filled with pulpy, translucent, yellowish-grey matter, in which there was a fine mesh of vessels filled with the vermilion injection, proceeding from a point in one of the pedicles, yet the vessel traversing the pedicle could not be traced. For the injection, however, to have reached the pulpy central mass, surrounded with the bony concretion, without having been effused into the cavity or being traceable in its enveloping cyst, it must have traversed one of the pedicles, and that by a vascular entrance, thus proving these masses to be at least in part organised. The injection was traced into all the bronchial glands, the cellular tissue of the mediastina universally, the greater part of the adhesive bands, uniting the two pleuræ, and passing from them into the costal pleura. And here I may be allowed to reason as follows: these adhesive bands when organised are admitted to resemble in all their characters cellular tissue, and therefore to be serous, yet, as they contain vessels, and these vessels of new formation, yet conducting themselves in their anastomoses and inoculations as vessels belonging to other serous membranes, and as they contain no subjacent cellular wall between their laminæ, they give an instance of the serous membrane being capable of receiving blood, and thus controvert the notion that injection of the vessels in serous inflammation is in the subjacent serous cellular tissue, and not in the serous membrane itself. I have not

doubt of this fact from actual dissection of the pleura, and from a preparation preserved in my museum; but it is useful to point out any accessory proofs of this fact as drawn from analogical deduction. The injection was also traced into the coats of all the great thoracic vessels, of the aorta, ascending and descending vena cava, pulmonary artery, and veins, into the substance of the heart, of all its valves, and into the serous linings, though in these much more profusely in the lining membrane of the pulmonary auricle and ventricle, than in the remainder. In the descending thoracic aorta even, several patches of ramified injected vessels were met with, in patches of the size of a linseed in the lining membrane, and removed with that membrane. A few, also, were found in the same membrane of the pulmonary artery, and numerous ramifications in both the second and third coats of these two arteries. Numerous ramifications were also found in the whole of the fibrous parts, and in the upper portion of the serous part of both the capsular and cardiac portion of the pericardium. But the most important and interesting facts are still to come. All the branches, both great and small, of the pulmonary arteries and veins that could be traced, contained injection mingled with the semi-fluid blood, thus clearly proving the numerous anastomoses of both with the bronchial arteries. But still more, the semi-fluid blood in all the cavities of the heart was mingled with the same, although none of the injected vessels on the inner surfaces of those cavities could be traced to have been ruptured; thus proving the great extent of the anastomotic communications already deduced of all the vessels of the lungs with the bronchial arteries. Previously to the injection, in opening the aorta to find the orifice of the bronchial arteries, I withdrew numerous solid, indurated, yellowish white clots, elastic, dense, moulded into the form of the arch of the aorta, of its valves, of the innominate, carotid, and subclavian arteries, and of which a portion remained in the systemic ventricle. This mass had all the appearance of boiled ligamentum nuchæ, and was of a yellowish white hue, and opaque; a similar mass in every respect was found in the pulmonary ventricle and artery, and its branches terminating in them gradually, in a softer clot of a black colour, yet adherent, and mingled with white, opaque, long masses; similar masses were also found in both the auricles.

These masses being in all the cavities surrounded with a black semi-fluid, mingled with softer and translucent greyish-white and yellowish white clots, were interlaced with the columnæ caruæ, and adhered very strongly to them. In all the hard masses of dense white clot, thus adherent after the coloured part of the blood had been carefully washed away in a pailful of clean water, and with somewhat rough handling, we were surprised to find numerous branching, slender, longitudinal vessels, dividing, anastomosing, and inosculating in their proceeding, and traceable all over their surfaces, particularly presenting orifices when the clots were cut across, these vessels being much more numerous in the softer parts of these masses than in the more indurated ones, and gradually diminishing in number towards the more solid and indurated parts. Those parts of the clots in the pulmonary ventricle and auricle were more injected than the others, and had more numerous vessels connecting them to the walls of the ventricle.

Such are the important facts resulting from this experiment, from which the following consequences may be drawn:—

Numerous anastomoses between the bronchial and the pulmonary artery and vein, and also the œsophageal arteries.

Injections of the mediastinæ, of the costal, pulmonary, and pericardial pleuræ, of the substance of the heart, of all the walls of the great thoracic vessels, of the fibrous part of the pericardium, of the bronchial glands, of the adhesive bands of the pleuræ, of the centre of the ossific deposits in the lungs through the bronchial arteries.

Organisation of clots in every cavity of the heart, in various stages, and consequent formation of these clots some time previously to death, without any trace of inflammation or ulceration of the surfaces of these cavities.

Organisation of the ossific deposits in the lungs, as proved by their injection.

Injection of the serous membranes themselves, as proved by the injection of the adhesive bands, of the lining membrane of the heart, aorta, and pulmonary artery and vein.

These facts regarding the heart and its lining membrane and substance, and also those regarding the injection of the clots, were moreover seen and verified by Dr. Ricord, at the Hôpital des Vénéériens; by M. Marrotte, his interne; and by M. Rattier, his pro-

sector; by MM. Louis, Boyer, and Velpeau, medical men of La Pitié; by MM. F. Pelletier, Isodore Boudin, Ph. Gachet, Dupré, and Viget, and several others, internes of La Pitié; by Messrs. H. Bowditch, T. Stewardson, O. W. Holmes, English medical pupils; by Mr. John Stanton and Mr. Charles Linton, surgeons of London; by Dr. Rogers, Dr. Armstrong, and Mr. Wilkinson, surgeon; and by M. Berjat, who is preparing a work on the diseases of the arteries, and in whose museum the preparation is to be preserved.

The whole of the facts were seen and carefully examined by Messrs. N. Welsh, R. C. Bateman, James Sheehan, and Thomas Keene, and several other medical pupils.

### French Medicine.

#### *New Method of treating Circocele, by M. Breschet.*

SINCE the extirpation of the spermatic and scrotal veins, whose varicose dilatations constitutes circocele, has been tried without success; nearly all modern surgeons have regarded this complaint as incurable; they therefore have contented themselves with prescribing palliative remedies. M. Breschet has, however, effected a cure in two instances, at the Hôtel Dieu, by using pressure with a small pair of forceps, something like those invented by Assalini for aneurism. The vein is separated from the other component parts of the cord, and the forceps are applied to it, the pressure being gradually increased by means of a screw, which retains the two plates of the instrument in contact. The question has been asked,—Whether it be possible to compress between the instrument the spermatic vein, without also exposing to pressure the other parts of the cord? Upon this subject Bichat has remarked, that in the healthy state it is easy to separate the spermatic vein from the cord; and that in the dilated state of the veins in this complaint, it becomes still more simple. In the operation practised by M. Breschet, only the principal trunks are obliterated, so that the circulation, after the cure, is still carried on with facility.

#### *Arsenic, and its Properties.*

M. Carles and M. Bielt have shown, that the most common physiological effects of arsenic are an increase of heat throughout the

whole body, a slight burning sensation in the throat, extending even to the stomach, a very remarkable increase of appetite, great thirst and diarrhoea, an augmentation of the secretion of urine, of the perspiration, and of the saliva; although diarrhoea is generally caused by the use of it, it is not a constant symptom; for sometimes constipation to a great extent takes place. As a therapeutical agent, according to M. Cazenave, arsenic possesses very remarkable virtues; its apyrexial qualities are indisputable, and its resolvent action is very powerful; it constitutes one of the most efficacious means of combating intermittent fevers, and as a remedy in some of the diseases of the skin it is invaluable. In eczema and chronic impetigo it has been found very serviceable, but in the papulous affections it is of less benefit, and in nearly all the different forms of porrigo, acné, and sycosis it totally fails. In elephantiasis existing in scrofulous constitutions, the use of it has been attended with considerable advantage. The preparations preferred by the author are Fowler's solution, that of Pearson, and the one of the arseniate of ammonia.

#### *Structure of the Lymphatic Vessels.*

Professor Mojon says that the appearance in the lymphatics, which anatomists have described as valves, are in reality true sphincters; these sphincters are formed by circular fibres, which, diminishing in certain parts the calibre of the lymphatic tube, occasion the appearance of the nodosities which are seen on the surface. These contractions are still more visible when the lymphatics are injected with any liquid; it may also be observed when this system is in a state almost varicose, as in a subject with anasarca. If the two ends of one of these varicose lymphatics be pulled upon the nodosities disappear, and the pretended internal valves are no longer visible. The fibrous membrane, of which Mascagni speaks, appears to the author to consist of longitudinal and oblique fibrils crossing each other, the longitudinal being attached to the transverse bands which constitute the sphincters; thus, the longitudinal fibres, by contracting, draw one sphincter towards the other, whilst the oblique ones diminish the diameter of the tube: by means of this mechanism, the fluid which penetrates into a lymphatic, irritates the portion of the vessel which it fills;

it contracts upon itself, diminishes its cavity, and the fluid is thus propelled along: this peristaltic action is synchronous with that of the intestines, and may be observed in the lymphatics, which traverse the mesentery, by opening the abdomen of an animal two or three hours after a good meal.

Professor Magon says that by admitting this organisation, he can explain the retrograde movement of liquids in the absorbent system, spoken of by Darwin and others, and which is incompatible with the idea of valves.

#### *Novel Mode of Applying Leeches.*

Dr. Mojon, of Genoa, recommends the following method of applying leeches. He places them in cupping-glasses, and, having exhausted the air by means of a small lighted match, applies the glass to the part from which he wishes to extract blood; the leeches, thus deprived of air, more quickly fasten upon the distended skin. He considers that this very simple and facile method of applying leeches possesses the following advantages over the common method:—by forming a vacuum the necessity for holding the glass upon the place is done away with; the tense state of the skin, caused by the cupping-glass, not only puts it in a more favourable state for the bite of the leech, but the sensibility being somewhat destroyed, the pain is much diminished, the blood continues to flow into the glass after the leeches have fallen, and thus almost any quantity may be obtained.

### **French Hospital Reports.**

#### **MAISON DE SANTE A CHAILLOT.**

*Diseased Erectile Tissue.—Tumours of the same nature found in the Brain.*

M. FARCY, a bachelor, set. 25, contracted syphilitic ulcers on the glans penis, blennorrhagia, and pustules; the usual remedies overcame these symptoms, but about twelve months afterwards he began to feel trifling pains in the right testicle, which became slightly enlarged; many different plans of treatment were resorted to, but in vain, as the tumour gradually increased in volume. At the end of four years, Professor Majolin recommended the removal of the diseased growth, as the patient's health had become much disordered from the pain and inconvenience, oc-

casioned by the enormous distension of the scrotum. On the 19th of July he underwent the operation, from which he rapidly recovered. The tumour was of an oval form, ten inches in its greatest diameter, eight in the smaller one; it was of a spongy areolar substance, divided in many places by septa, and enclosed in a fibrous cyst, from one to three lines in thickness; a large quantity of blood escaped from it, which, however, did not appear to come from any particular vessel, but from the surface in general. Its inferior part was of a hard elastic texture, perforated by numerous canals communicating with one another, and by means of which the blood freely escaped. This portion of the tumour was boiled for a considerable time in distilled water, and exhibited the following appearances:—it became much hardened, and lost three quarters of its weight; the evaporated fluid gave gelatine; that which could not be dissolved, consisted of albumen and coagulated fibrin. The portion contained in the upper part of the cyst was of a softer texture, somewhat resembling a clot of blood in appearance; the right testicle could not be found.

For some months afterwards this gentleman lived very freely and enjoyed good health. On the 1st of October he complained of slight itching in the right arm; this symptom soon disappeared, but on the 5th he was seized, whilst in a café, with numbness and loss of power in his right hand; his arm then became violently agitated with spasmodic contractions, and to these symptoms succeeded a severe epileptic fit. He then entered the Maison de Santé à Chaillot, when he had paralysis of the right hand, cephalalgia, and frequent returns of the epileptic fits. The attacks became more severe, and on the 1st of November he died.

*Autopsy.*—On opening the cranium twenty-four hours after death, a violet-coloured spot was found in the left hemisphere, near the junction of the posterior with the two anterior thirds of the cerebrum, and immediately beneath the posterior part of the left lateral ventricle; this proved to be the projection of a tumour in the substance of the brain, as large as a horse chestnut; near to it was found another, smaller in size; and between two of the convolutions was situated a third, of the diameter of a hazel nut; two tumours of the same kind were found in the right hemisphere, but more towards the back part of the ven-

tricle; the substance of the brain round them was in a state of ramollissement, the remaining part being, however, perfectly healthy.

These tumours had no cysts, and were very freely supplied with blood; in their interior was found a structure similar to the diseased erectile tissue which existed in the scrotum; a sanguinous spongy substance from two to five lines in thickness surrounded this.

#### HÔPITAL DE LA CHARITÉ.

*Poisoning from Nitric Acid—Death three months afterwards—Autopsy—Scirrhus of the Pylorus, and commencement of the Duodenum, with enormous dilatation of the Stomach.*

ALPHONSE LECLERC, *etat.* 34, of a melancholy temperament, drank some nitric acid eight days before his admission into the hospital. He had taken a considerable quantity, but immediately afterwards rejected the greatest portion of it. Magnesia was immediately given to him, but for the first two days, he was tormented with vomiting, and complained of ardent thirst, great pain in his throat, with difficulty in swallowing; leeches were applied to the neck and epigastrium, and emollients of all kinds were used. At the time of his admission, eight days after this event, evident traces of the action of the poison existed, the inside of the lips, the uvula, the arch of the palate, and the back part of the throat were entirely covered with ulcerations, and scabs of a greyish colour; the parts thus injured were swollen, painful, and gave a very offensive fœtid odour. From the hoarseness of the voice, and pain in the course of the œsophagus, increased during deglutition, it was supposed that the superior part of the larynx, and œsophagus was the seat of lesions similar to the preceding. The gastric symptoms, such as nausea, vomiting, and pain, had much diminished at this time, the pulse was small, varying 92 to 96, and there was no febrile heat of skin. Leeches were applied, demulcent drinks, and a diet at first low, but afterwards consisting of milk, were prescribed with so much advantage to the patient, that at the end of twenty-one days he left the hospital.

Strict injunctions were given to him respecting his diet, but he did not pay any attention to them, for three weeks after his departure he again presented himself for admission; he

stated that the pains in the region of the œsophagus and stomach had returned, and that he had frequent attacks of nausea and vomiting, accompanied with colic pains, and constipation; he had become very thin; his pulse was frequent and small; tongue pale and dry, and breath very fœtid; there was apparent fluctuation in the abdomen and pain on pressure; he complained much of wind, and all the medicines which were given to him were instantly rejected; he continued to grow worse, and, on the 21st of September, he expired.

On making an examination of the body 36 hours after death, the stomach was found enormously distended; at the fundus the mucous membrane was in many places totally destroyed; the pyloric end was of a deep red colour, and about this part there were the remains of two large ulcerations in which the cicatrization had already far advanced. The pyloric orifice was so small that a small sound was with difficulty passed through it; the walls of the stomach in its neighbourhood, and the duodenum for an inch and a half, were very much thickened and indurated; the valve itself was from four to five lines in thickness, and on being cut into, exhibited all the symptoms of confirmed scirrhus; the rest of the alimentary canal did not present any appearance of disease, nor was there found any fluid in the abdominal cavity; in the œsophagus traces of ulceration, similar to those in the stomach, existed.

*Tumour weighing four pounds a half situated in the Neck—Estirpation.*

PIERARD, *etat.* 47, was admitted into the hospital for an enormous tumour, situated on the left side of the neck. About six years ago, he perceived a slight enlargement, which was perfectly moveable; for four years this did not increase, but since that time it has acquired the size of a man's head. It extends from the sternal portion of the clavicle upwards to the lobe of the ear, and backwards to within an inch and a half of the cervical spinous processes; it is hard, lobulated, and moveable, and shaped like a pear, its base lying on the clavicle. As the man's health was not much deranged M. Roux on the 3rd of August proceeded to operate. He made two semi-elliptical incisions over the tumour, and then having carefully dissected to the base,



commenced separating it from the attachments; it did not adhere very closely to the fasciæ of the neck, nor was it connected with the thyroid gland, or larynx; it was, however, loosely attached to the common carotid artery and internal jugular vein, by cellular tissue; but between it and the external carotid, the union was so intimate that it became necessary to use the bistoury. Several arteries were tied, and the operator was compelled to place two ligatures on the external jugular vein, which was then cut between them; in the course of the operation the superior laryngeal nerve, and one or two branches of the hypoglossal, were divided, a slight spasmodic action of the larynx was then perceived, but this soon subsided. The wound united by the first intention, and the patient became rapidly convalescent.

#### MISCELLANIES.

The Municipal Council of Paris has resolved to make considerable improvements in the hospitals of the capital, and more particularly as to that in the Faubourg St. Jacques, and that for sick children in the Rue de Sèvres. The first, though it contains 570 beds, is insufficient for the number of patients brought for admission; there is a want of water for baths, and the sexes and different classes of the inmates are not so divided as they ought to be. It is proposed to appropriate the House of Refuge in the Rue de l'Oursine, now vacant, as an additional receptacle. The hospital for children is so crowded that it is most unhealthy, and as a relief it is intended to place 700 beds in the Hospice des Orphelins, which is capable of holding so many, though there are at present only 180. It is further in contemplation to enlarge the Hospice Necker. The Municipal Council has appropriated a sum of 350,000 francs for the expenses of these improvements out of the 600,000 francs allotted to the extraordinary expenses of the hospitals for 1834.

#### APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, January 2nd.

Henry Bird . . . .	Swansea.
Henry Hayman . . . .	Axminster.
James Whittaker . . . .	Bacop, near Rochdale.
John Wynne . . . .	St. Asaph.

#### LITERARY INTELLIGENCE.

Dr. Wilson Philip will publish a work on the Effects of Minute Doses of Mercury in Combination with the appropriate Treatment of various Diseases in restoring the Functions of Health.

#### BOOKS.

The Medical Quarterly Review, No. II., Jan. 1834.

We have not received the American Journal of the Medical Sciences, or the American Cyclopaedia, though both were forwarded according to the letters of the Editors. There is the greatest irregularity in the delivery of the American journals, they do not reach us for months after publication.

#### CORRESPONDENTS.

*Dr. Grant's Lectures.*—We read a note from Dr. Grant in another Journal, disavowing his having sanctioned any one to announce the publication of his lectures on Comparative Anatomy, and the Journal, alluded to, copied the announcement from us, of course, without acknowledgment. Dr. Grant's memory must be very treacherous, as we copied the intelligence from the list of intended publications of Mr. Taylor, bookseller to the London University, and we think it a little strange that he should make the announcement without authority. We owe this acknowledgment to ourselves, and also to the *Lancet*, for though we are formidable rivals to that publication, we should not use any unfair mode of warfare towards it. And now let the other parties concerned to breakfast with what appetite they may.

*Professor Davis's Lectures on Midwifery, at the London University.*—We copied the lists of students at the University and King's College from the *Athenæum*, and the misrepresentation was made by a correspondent in that excellent journal. It was most unfair to state that the number of students attending Dr. Davis's class was 49, when it really was 98. So much for the veracity of correspondents.

*Gracchus.*—The Westminster Medical Society has redeemed its character, by rescinding the stultifying proceedings at the late meetings. The *Gazette* will be in ecstasies.

*A Member of the Medical Society of London.*—We did not insert the copy of the petition on Medical Reform, because the Society cannot sanction it.

*A Staunch Reformer.* The remarks are well deserved, but too caustic.

Dr. Ryan has removed his residence to No. 4, Great Queen-street, St. James's Park, Westminster.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publisher, 356, Strand, near King's College.

## London Medical and Surgical Journal.

No. 103.

SATURDAY, JANUARY 18, 1834.

VOL. IV.

## LECTURES

ON THE

## PRINCIPLES, PRACTICE, &amp; OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,**Session 1832—1833.*

## LECTURE LXXII., DELIVERED MARCH 21, 1833.

GENTLEMEN,—When a sore is situated under the prepuce, and the latter is so swollen that it cannot be drawn back, and the sore examined, you should always be careful to wash the matter away, which is apt to collect under the fore-skin. For this purpose employ a solution of the acetate of lead or sulphate of zinc;—indeed, by attending to cleanliness in cases of this kind, you are doing a great deal towards the cure; and now that the plan of giving mercury in moderate quantities is generally preferred to a violent and profuse salivation, you would do no material harm by employing the mineral in this mild manner, even though the concealed situation of the sore might not let you judge of its exact character. In such a case, I should consider the exhibition of mercury in moderate, or what is called *alterative* doses, perfectly justifiable. Formerly, when the ulcer could not be seen, and when it was the custom to salivate the patient profusely, the question as to whether mercury should be given or not was a very serious one—it was virtually a question, whether the patient should or should not undergo a long and violent salivation; whether his constitution should be subjected to severe impairment or not; but now the decision does not involve a consideration of this importance.

There is one kind of chancre which occurs on the lining of the prepuce, reflected over the corona glandis, leading to an accumulation of pus between the skin of the dorsum penis and the corpora cavernosa. If you do not make an outlet for the matter collected in this situation, it will sometimes spread up to the pubes; several small openings will take place; but they will be insufficient, and the matter

may extend as far as I have mentioned. Sometimes a considerable part of the skin of the dorsum penis will ultimately be destroyed; and I recommend you, with the view of preventing such mischief, to make an early opening.

Many good practical surgeons do not place implicit reliance on the doctrine of the invariable possibility of knowing whether a primary sore is venereal or not by its mere appearance; but, it may be the wisest maxim, when you are in doubt, always to give mercury in moderate quantities. Gentlemen, it is worth your while to remember one fact in this part of practice, namely, that the successful treatment of chancres in general materially depends on the kind of regimen observed by the patient; for if he neglect to keep himself quiet—if he expose himself to all weathers, and be guilty of excesses—he will be exposed to more severe consequences than other patients with similar complaints, who conduct themselves more prudently.

I need not enlarge upon the dressings proper for chancres in general; I observe, that astringent lotions usually answer better than greasy applications; and, when there is much inflammation around the sore, you should enjoin the recumbent position, which has a great effect in promoting the cure of sores on the genitals, whatever be their character. Experience will soon teach you that quietude has here vast influence, and that patients who avail themselves of it will get well in one-third of the time required for the cure of another patient who is constantly walking about, and going out in the damp cold air: he will also be much less likely to have secondary symptoms.

Gentlemen, let us next consider the subject of *buboes*. The venereal matter, or poison, in its passage through the inguinal glands, frequently gives rise to inflammation and enlargement of them, which, in many instances, is followed by suppuration and ulceration; the swelling, abscess, or sore, thus produced, is termed a *bubo*, a name derived from a Greek word signifying *the groin*; though, if the patient happened to have a primary venereal sore on one of his fingers, he might have a *bubo* just above the elbow, near the inner

edge of the biceps, or in the axilla, so that a bubo does not always imply a disease in the groin, as the etymology of the word would imply. But, gentlemen, the poison of syphilis may make its way into the system, without exciting any inflammation in the absorbent glands of the groin, or other region of the body; no bubo at all may intervene between the occurrence of the primary sore and the commencement of secondary symptoms. In other terms, the latter are not invariably preceded by a bubo. On the whole, buboes form more frequently after a chancre on the prepuce, than after one on the glands; but do not set down every inflammation of the glands of the groin as venereal, for these parts are subject to various enlargements from other causes. Mr. Hunter observed, that when the venereal poison affected one of the absorbent glands, the gland that inflamed was one of the nearest to the primary ulcer. Such, indeed, is the fact; and you will not find that the absorbent glands, situated in the course of the aorta or iliac vessels, are ever inflamed, and brought into the state of suppuration by the absorption of venereal matter. The glands of the groin, then, may inflame, suppurate, and ulcerate, but not those within the trunk. Mr. Hunter entertained a suspicion, that another criterion of a venereal bubo was the circumstance of its involving only one gland; but, at the present day, this test is not relied on by any man of experience. Frequently, in venereal cases, several glands inflame; and sometimes in glandular swellings from irritation, only one gland is concerned. Also in a bubo, arising from scrofula, there may be only one gland affected at first; so that the distinction suggested by Mr. Hunter cannot, I believe, be depended upon. Another character, assigned by Mr. Hunter to a venereal bubo, is the quickness with which it generally proceeds to suppuration, and the shortness of time which the matter requires to make its way to the surface. I am afraid that this test, also, is not of much practical importance, for there is great variety in venereal buboes in this respect; some are much more indolent than others; and it is far from being the invariable character of a venereal bubo to proceed rapidly to suppuration; for while some of them are very acute, corresponding more or less to Mr. Hunter's description, others are of a chronic character; and this frequently cannot be accounted for, either by the influence of scrofula or mercury; the two circumstances which Mr. Hunter believed would generally explain the greater slowness of certain varieties of bubo than of the generality of them. In particular, he thought that the slowness of suppuration in some venereal buboes might be ascribed to the disease having taken place in a person of scrofulous habit, or else to mercury having already had some effect on the disease.

Gentlemen, you will notice, in practice, that most buboes, not truly venereal, are preceded and accompanied by more or less disorder of

the health; and, under such circumstances, if there should be no chancre to account for the bubo, you would have ground for suspecting, that the state of the health had brought on the glandular enlargement. In relation to this subject, it is also my duty to apprise you, that when the patient will not admit that he has had a chancre, or you cannot discover any traces of one, it is a rule in practice, to inquire into the state of the nearest lower extremity, and to ascertain whether there is any inflammation, wound, boil, or sore about the foot, leg, thigh, or nates, any bunions on the great toe, any inflamed bursa, or painful corn; it is well known, that the inguinal glands are liable to inflammation and enlargement, in consequence of any of the causes which I have enumerated.

Gentlemen, in the treatment of a bubo, if it be a venereal one, you ought to be guided by the same principles, which I recommended to your attention when speaking of primary sores: the remarks I have delivered respecting the doctrine, that venereal primary sores may be cured without mercury, apply also to venereal primary abscesses and buboes. Although Mr. Hunter referred the efficacy of mercury to a specific action excited by it in the constitution, which action is represented as capable of subduing the venereal complaints; yet he entertained a particular opinion, with respect to the *modus operandi* of this mineral, in the case of a syphilitic bubo; for instance, he had a high opinion of the usefulness of getting the mercury to pass through the diseased gland, which usefulness, real or imaginary, must have been ascribed in part, at all events, to the direct influence of the mercury on the gland, in its passage through it; he believed, that in this way buboes were sooner cured than when mercury was differently exhibited; and it was therefore a great object with him to rub the mercury upon a surface, from which absorbents proceeded to the gland affected. This practice is, perhaps, not deemed so essential at the present day, and some very good surgeons even think, that the irritation of the mercury will sometimes actually bring on swellings of the absorbent glands, or aggravate them if they exist. At all events I may state, that the plan is not universally approved, especially when there is acute inflammation about the glands affected. When, however, the swelling is of a more indolent or chronic nature, the practice of making the mercury pass through, or to the gland, or even of applying it to the groin itself, is frequently adopted; and there can be no doubt, that such method has an influence in dispersing the swelling. On the contrary, if the gland should be very much inflamed, and highly painful, the value of the practice is extremely questionable, and, as I have said, you will occasionally meet with practitioners of judgment and experience, who are decidedly adverse to it.

How long the use of mercury ought to be

continued in the treatment of buboes, and what is the quantity requisite to be given? are questions to which different replies would be made by the surgeons of different schools: I consider myself to be of that party, which, while it admits the possibility of curing all the forms of syphilis without mercury, fully admits the general usefulness and superiority of this mineral as a means of checking and eradicating the disorder; that it is the best means of lessening the risk of secondary symptoms, and of quickening the cure of many forms of the disease. But, for this purpose, I should say, that long continued and full courses of mercury are hardly ever requisite. In former times, when buboes yielded with tolerable celerity, it was the common rule to continue the mercury for about six weeks, at the end of which time it was entirely left off, and bark, sarsaparilla, and other tonics given. Such was the general plan, when buboes yielded in a moderate time. But, when they subsided very rapidly, then the mercury was given for at least three weeks or a month after the healing of the bubo. But, gentlemen, you will often find, that buboes will not heal after mercury has been persevered in for a long time, and more especially when the health is much disordered by it; I should say then, that after you have reason to believe that all specific action has subsided, and when you have reason to suspect that the mercury itself is seriously impairing the health, so that no salutary process can go on in the system, then mercury, which has already been given too long and too freely, should be discontinued without delay. Here the discontinuance of the mercury is necessary, and such other medicines given as are likely to produce an improvement of the general health. Too long a perseverance with mercury will often retard the cure of a bubo, — nay, will sometimes so derange the constitution, that ulceration will spread from this cause alone, and assume a very dangerous condition.

Gentlemen, in scrofulous constitutions, either the influence of the mercury, or the derangement of the system, arising from the united effects of this mineral and of the disease together, will frequently give rise to scrofulous enlargements. When mercury is so employed for primary venereal sores, as to occasion a full saturation of the system, if there be a tendency to scrofula, this abuse of mercury will frequently act as an exciting cause of the latter disease, and its continuance be sure to render the patient's condition worse. Its further exhibition would change the scrofulous abscess into a foul spreading, ill-conditioned ulcer, or into a phagedenic sloughing disease, which might eventually prove fatal. Here the discontinuance of mercury is a *sine qua non* in any plan likely to be attended with benefit; and, instead of looking up to mercury for a cure, you should look to remedies of another description, namely, bark,

quinine, sarsaparilla, the diluted nitric or sulphuric acids, and narcotics, such as hyoscyamus, conium, opium, the acetate or muriate of morphia, &c. In some cases, also, it will be necessary to use such medicines as are considered to have a peculiar influence over scrofula, namely, iodine, or the carbonate of soda.

In the local treatment of a bubo, it is a good rule not to be in too great a hurry to open the swelling, unless you find the matter has a tendency to spread, and then the sooner it is opened the better. You will find, that the matter is not in the glands themselves, but in the surrounding cellular membrane. In common examples, the skin should be suffered to become thin before an opening is made, and then a puncture may be made with a lancet or double-edged bistoury, but if the skin should be much undermined by the matter, and separated from the subjacent parts, then some surgeons would prefer opening the abscess with caustic. In this manner, you might destroy some of the diseased skin, and leave a very free opening, well calculated for the ready outlet of the matter, and for obviating all risk of the formation of fistulæ and sinuses. One consideration in favour of not opening buboes too soon, is, that, after matter has collected within them, it may be absorbed again, as soon as the constitution becomes affected with mercury, and then no opening at all would be required. Gentlemen, when I was on the subject of suppuration, it was explained to you, that you would more frequently find the absorption of purulent matter illustrated in venereal buboes, than in any other kinds of abscesses. This fact, therefore, is a consideration in favour of not opening such abscesses too soon.

When the bubo is much inflamed, antiphlogistic treatment will be necessary, as well as mercury. Specific inflammations, if common only, you will find are not altogether out of the control of ordinary antiphlogistic remedies. You ought then to apply leeches, and cold evaporating lotions, as in common inflammations; or, if cold applications will not answer, use emollient ones, as poultices and fomentations. When a bubo becomes a sore, the local treatment must be regulated by the appearances, character, and condition, which the ulcer may exhibit. In relation to this subject, I have already given you general directions, when on the subject of ulcers, and I need not now revert to them. When all specific action has ceased in the bubo, the disease is of course only a common sore, or a sore of one of the characters which I have explained to you in a former lecture. Some buboes, when the patient has been taking a great quantity of mercury, will, after bursting, leave the skin in an undermined state, with callous and irregular edges. These are mostly obstinate cases, and will sometimes remain unhealed for months. So difficult is it to bring such ulcers into a favourable condition by common means, that some surgeons cut away the hard callous edges

of the skin, as a measure that at once removes one difficulty in making the parts heal. Instead of this plan, I prefer applying a strong solution of the nitrate of silver to the callous edges of the ulcer, or rubbing them freely with the nitrate itself. Then their hardness will gradually subside and disappear; but, in the event of the case resisting this mode of treatment, you will be justified in practising excision of the hardened and diseased edges of the ulcer. In this condition of a bubo, you will also find the liquor arsenicalis, given internally, useful. Change of air, and sea-bathing, will also frequently be of very essential service.

The next subject, gentlemen, is to the secondary symptoms of syphilis. Whoever pays close attention to this extraordinary disease, will generally remark, that, previously to the occurrence of secondary symptoms, the constitution is somewhat disordered, there is more or less fever present, accelerated pulse, headache, loss of appetite, pains in the shoulders, or other parts of the body, and inability to sleep; indeed almost all patients are particularly restless for two or three days before the appearance of any secondary symptom, before they complain of a sore throat, or perceive any traces of cutaneous disease about them. According to the Hunterian doctrines, when secondary symptoms take place (for as I have told you, it is uncertain whether they will take place or not, and a proportion of primary sores, considered to be venereal, are never followed by secondary symptoms) when, I say, the secondary symptoms come, Mr. Hunter observes, they are more disposed to occur in some parts of the body than in others. On this account, Mr. Hunter divides the parts affected into two orders, the first order containing those parts in which the secondary symptoms usually first show themselves, namely, the throat and skin; the second, including parts in which the disease produces its influence at a later period, as the periosteum and the bones, to which some surgeons now add a few other parts, the periosteum, and especially the testicle; for one form of diseased testicle occurs in patients, who have suffered severely from venereal complaints, and is considered a syphilitic affection. Then I should mention the iris, which ought perhaps to rank in the second order of parts. I believe that Mr. Hunter's opinion, respecting the throat and skin, agrees pretty well with general experience, and modern surgeons are inclined to accede to his doctrine in relation to them; however, you will find pains in the bones sometimes precede the sore throat and cutaneous eruption. I have seen nodes follow a primary sore as the first secondary symptom, and this has also been noticed by others. I once attended a medical gentleman, who had no sore throat, and no cutaneous eruption; yet he had nodes. It is generally considered that the average interval, between the primary and the secondary symptoms, varies from six to twelve weeks; but it may extend to several months, or according to some reports to one or

two years. Without undertaking to decide whether the last opinion be correct or not, I may safely say, that it admits of doubt, and that, generally speaking, the interval rarely exceeds three months. When we find that the same surgeons, who admit the possibility, and assert the occurrence, of an interval of two years, likewise admit the entrance of the poison into the system without the presence of any ulcer, or primary sore at all, we see in this circumstance a possible explanation of the late commencement of secondary symptoms in particular cases. These gentlemen suppose, that the virus may pass into the system without any ulcer at all, and this very assumption of course puts an end to the plausibility of the other opinion with regard to the possibility of so very late an occurrence of secondary symptoms. But, gentlemen, as I have already told you, in reference to primary sores, I may state, that the secondary symptoms rarely commence later than three months after the cure of the sore; sometimes they come on much earlier; nay even before the primary sore is healed. There are few surgeons who have not met with cases, in which there were at the same time an uncured chancre, an unhealed bubo, sore throat, iritis, and so forth, existing altogether.

The cutaneous eruption presents considerable varieties. A few years ago, it was considered that no eruption was venereal, unless it had a copper-coloured appearance, and was scaly. Mr. Hunter represents the skin as becoming mottled at first, and tells us that appearance will come out, and fade away again repeatedly. Now, this observation must have been overlooked by former surgeons, who endeavoured to prove that syphilitic symptoms invariably proceed from bad to worse; for here we find it stated, by their own great authority, that the eruption sometimes disappears and then returns; that the disease fluctuates; yet, the doctrine that Mr. Abernethy collected by his inquiries from all the most experienced surgeons in London, was, that the symptoms of syphilis are continually progressive; that when there is a sore, unless mercury be given, the sore would always become worse, and a true venereal eruption would never disappear. The true syphilitic eruption is said to be characterised by its being scaly, and of a copper or reddish-brown colour; small copper-coloured spots first showing themselves, and the cuticle then peeling off, desquamating, as the phrase is. Some of these blotches conjoin, so as to form extensive patches; but others of the same colour, and decidedly syphilitic, are, on account of their diminutive size and particular figure, sometimes termed the *lenticular* syphilitic lepra. The venereal eruption, according to Mr. Hunter, consists of copper-coloured spots on the skin, accompanied by desquamation, which leaves the subjacent cuticle thicker and thicker as this process goes on, and of the same colour as the cuticle

which peels off. If the disease advance further, scabs will form, supuration will take place under them, and the result may be a secondary venereal ulcer, which, when thus produced, affects principally such parts of the skin as are in contact with other portions of the cutis, like the fold of the nates, the angle between the scrotum and thigh, or in the armpit. In these situations, the eruption, instead of being scaly, has a raised surface, from which a whitish matter frequently oozes. These scaly eruptions first appear on the face, hands, and wrist, afterwards on the breast and the extremities, where they are generally remarked to be particularly numerous, and to assume the form of lepra, or psoriasis. There is another circumstance deserving of attention, namely, when the palm of the hand or the sole of the foot, where the cuticle is very thick, is affected, an appearance is produced, constituting what is often termed the *syphilitic lepra* and *psoriasis* of the hands and feet. Mr. Carmichael, like Mr. Hunter, regarded this scaly copper-coloured eruption, as characteristic of true syphilis, and though, says he, there are other eruptions, which are venereal, or the consequence of venereal complaints, yet they are not truly syphilitic. He notices pustular, tubercular, and papular eruptions; but he does not consider these as consequences of a true Hunterian chancre, but refers them to primary sores of other descriptions. The syphilitic eruption, according to Mr. Carmichael, always consists of scaly blotches, in the form either of lepra or psoriasis, and unattended with fever; or I should rather say, there is not so much fever present with these eruptions as with either of the others, namely, the papular, the tubercular, or pustular. You are aware, gentlemen, from what I have already explained, that Mr. Carmichael attaches so much importance to the form of the eruption, that he considers it possible to tell by the inspection of the cutaneous disease, what has been the character of the primary sore. In short, he divides the venereal disease into four species or varieties. The first of these is the *scaly venereal disease*, or that which is correspondent to the Hunterian description, the chancre having a hardened edge and base, and when the bones are affected, their shafts and harder parts chiefly suffering, the nodes being true ones, and the eruption scaly, in the form either of psoriasis or lepra. The second is the *papular*, so called from the character of its eruption, which may follow gonorrhœa, and what some surgeons call the *gonorrhœal ulcer* of the prepuce and corona glandis. The third is the *tubercular*, as being attended with an eruption of this character; and the fourth is the *pustular* variety of the venereal disease, so called also from the appearance of the cutaneous affection. But, as I have already informed you, this doctrine does not gain much ground in London, where the most experienced surgeons do not find sufficient

correspondence and uniformity between the primary and secondary symptoms of syphilis to admit of the views which I have been mentioning to you. In fact, Mr. Carmichael's doctrines suppose the existence and operation of a plurality of poisons; but, if such be partly the truth, we are scarcely yet prepared for its reception; nor will it account for many perplexing phenomena exemplified in venereal cases.

Secondary venereal ulceration is often preceded by an eruption, some part of which, after repeated desquamation and scabbing, is converted into sores; but in other instances, chronic inflammation of the skin takes place, independently of any eruption, and ulceration follows; and occasionally inflammation, supuration, and secondary venereal ulceration, will occur over nodes. Secondary venereal ulcers have not any regular and constant appearance; sometimes they are superficial, of a round shape, of a chronic character, and disposed to heal favourably; others evince the peculiarity of healing in the centre and extending at the circumference, the unhealed part being of a tawny colour, with sharp edges, and a foul bottom. An experienced surgeon, immediately he sees an ulcer of this kind, will be led to suspect its venereal character; its tawny appearance, its shape, and its situation, will induce him to entertain a suspicion, that it has been preceded by other venereal complaints. But you must not conclude, from the mere look of a sore, that it is certainly venereal; always take into consideration the history of the case, before you give a positive opinion.

Besides these secondary symptoms, I must not omit to specify the ragged ulcerated fissures and clefts seen on the nates, or about the anus, and especially in the fold at the lower part of the nates, and between the perineum and the thigh, or sometimes even about the roots of the finger nails. In the latter case, matter forms under the nail, which becomes detached; this case is called the *venereal whitlow*, the discharge from beneath the nails being remarkable for its strong, fetid, and peculiarly disagreeable smell.

I may also notice, as an accidental occurrence, the production of *warts*: in some works on the venereal disease, you will find a description of warts, which occur in the situations where there has been a previous sore. If my own judgment can be trusted, I never saw any warts which were really venereal, if the effect of mercury be taken as a test, which, to be sure, is a very fallacious one; at all events, I have never seen any warts which could not be cured either by excision, by ligature, by caustics, or by stimulating treatment, and no bad consequences ever followed, though mercury was not given. I am not surprised, therefore, to hear of surgeons renouncing all idea of any warts being of a venereal kind. Some warts, occurring in venereal patients, acquire a large size, especially in women, and

receive the name of *condylomata*. Formerly it was the practice to salivate patients for the cure of these excrescences, and this sometimes more profusely than for a sore throat or a chancre; and it must be acknowledged, that when the system was thus brought and kept under the influence of mercury, the warts generally diminished, and were ultimately cured; a circumstance that confirmed the idea entertained by the old surgeons, that they were truly venereal. It was exactly on the same principle that a decision was commonly made in former days about the character of many other symptoms; and when they yielded to mercury, they were pronounced to be venereal; yet it was known at least thirty years ago, that warts could be as permanently and certainly cured by the knife, ligature, escharotics, and stimulating applications, as by the employment of mercury; and what is still more to the point, it was known that the cure was radical. On what principle, then, could the severe measure of a long and profuse salivation be vindicated?

#### LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

BY WILLIAM STOKES, M.D.,

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#### LECTURE IV.

##### *Pathology and Treatment of Gastritis.*

GENTLEMEN,—You recollect that at our last meeting I endeavoured to lay before you some of the general facts connected with the pathology of gastritis, and showed you that the statement made by Broussais, that inflammation of the mucous membrane of the stomach is always accompanied by a similar affection of some part of the intestines, has not been confirmed by the investigations of more recent observers; but, on the contrary, that their experience goes to disprove, in various instances, the validity of this assertion. But, when I say that this statement has been disproved, it is only as taken in the general and extended sense. The fact of their frequent co-existence has been proved;—the statement that they are always associated has been found incorrect. Another thing connected with this, which has been also established by repeated observation, is, that the cases in which they are commonly combined are those in which a secondary affection of the mucous surface of the digestive tube comes on during the course of a fever; so that, if in fever a gastritis supervenes, you will commonly have enteritis; or if the fever be complicated with enteric inflammation, the mucous surface of the stomach will partake in the diseased action.

I have described some of the more prominent symptoms of gastritis, and directed your attention not only to the ordinary symptoms,

as mentioned in books, but also to others which have either been passed over, or slightly noticed, by authors; as for instance, dysphagia, oppression and sense of constriction about the precordia, globus, pains relieved by cold and acid drinks, &c., and that obstinate hiccup, which, in cases where there is reason to suspect gastritis, marks inflammation of the cardiac orifice of the stomach. I stated, that hiccup alone does not prove the existence of inflammation of the cardiac orifice of the stomach, unless where symptoms, indicative of gastric inflammation, prevail at the same time. I laid before you the actual state of the case with respect to the value and certainty of diagnosis, as derived from an inspection of the tongue; and showed you that no reliance can be placed on it, since it has been proved that we have the most opposite conditions of the digestive tube accompanied by a similar condition of the tongue; and that there is no peculiar modification of the one corresponding exactly and constantly with any peculiar modification of the other. The conclusion to be deduced from these facts is, that in the treatment of inflammatory affections of the digestive tube, we are not authorised, and would frequently err, in taking the tongue alone as our guide in practice; and you may lay down this as a rule, and an important one:—if we look through the whole range of the history of medicine, we shall scarcely be able to point out any symptom which, taken singly, is decidedly indicative of any one particular condition of an organ. You will find that this proposition is not only extensive in its scope and relations, but also of extreme value in its application. You will commonly hear persons saying, this is such a disease for this symptom is present, and that is such a disease for such a symptom is extremely well marked. But there is no single symptom which points out, with certainty, any peculiar condition; and to arrive at a just and well-grounded diagnosis, you must always take the whole group of existing phenomena, connect the lights which they collectively throw upon the case, and then make a cautious decision. It may be objected to this, that there are particular signs, as, for instance, the stethoscopic, which point out distinctly particular states of organs. It is said that *gargouillement* is decidedly indicative of a phthisical cavity, that *ergophony* points out a particular stage of pleuritic effusion, and that *metallic tinkling* is an unequivocal proof of pneumothorax. This, however, is not the fact; even in these cases you are not authorised to depend on any sign or symptom taken alone. If you ground your decision on any individual sign, you will very often fail in arriving at the truth.

I showed you that the sympathetic irritation of gastritis varied according to the peculiar character of the disease, and the habit and degree of susceptibility of the patient; that, generally speaking, the more intense the disease is the more numerous are its irritations,

but that, in all cases, they are considerably modified by predisposition (I use this term for want of a better), the sympathetic irritation being reflected on the lungs in cases where these organs are naturally unsound, and on the brain, where the patients have a tendency to disease of that organ. I endeavoured, also, to impress on you the fact, that these irritations are at first functional; but when long continued or marked by extreme severity, they are very apt to terminate in organic disease. I illustrated this point by several examples:— I shall give a few more of this kind before I enter on the treatment of gastritis.

If a patient labouring under acute gastritis has bad cough, if respiration be very much hurried, and the distress of the chest great, and that these symptoms are overlooked or neglected, you will find that the cough, which was at first only a result of functional disease, will at last point out an organic affection of the lung. Again; let a patient labouring under gastritis have severe headach, restlessness, and irritation; suffer these symptoms to go on and increase in violence, and the great probability is, that they will terminate in a pleuritis. The obvious deduction from these facts is, that when a sympathetic irritation has existed for some time in a state of considerable intensity, it is very probable that there is more or less of organic derangement produced, and we are not to expect to be able to remove it by merely attacking the original seat of the disease.

The last great rule which I endeavoured to impress upon you was, that where these sympathetic irritations, these affections of the nervous, respiratory, and circulating systems were extremely well marked, the ordinary local symptoms were more or less wanting, but that this does not by any means imply the subsidence of the original disease. This is a most important law in pathology.

In my last lecture I entered into a detail of the sympathetic irritations connected with the brain and other parts of the nervous system; to-day we shall consider the sympathetic relations, as connected with the viscera of the thorax. If you look to the cases of acute gastritis, mentioned in works on toxicology, you will find that in cases of gastritis, produced by swallowing corrosive poisons, the patient has often frequent hard cough, the breathing is at first hurried, then becomes protracted and laborious, and that death is generally ushered in by tracheal rattle. The same symptoms are observed in cases of acute idiopathic gastritis; hurried breathing, extraordinary hard and almost laryngeal cough, sometimes occurring in paroxysms, sometimes constant. For the first few days it is, generally speaking, dry; as it progresses, there is more or less expectoration. At first it is the result of sympathy, there is as yet no organic affection of the respiratory system, and the disease is purely functional; still it is of importance, and entitled to your particular attention, be-

cause in consequence of the apparent identity of the symptoms, it is often mistaken for disease of the substance of the lung or its mucous lining. The existence of a gastritis is frequently overlooked; the ordinary symptoms of pain in the region of the stomach, tenderness on pressure, and thirst, are overlooked, and the sympathetic relations alone are attended to. Observe what mischief may result from this error. The treatment of acute affections of the lining membrane, or parenchymatous tissue of the lung, is very different from the treatment of a gastritis. In the one case bleeding is necessary; in the other, its efficacy may be doubtful, or the practice even dangerous: in one, tartar emetic is one of the best and most expeditious means of effecting a cure; in the other, the use of antimonials has the worst effect. It will strike you that in such cases percussion and the stethoscope are of inestimable value. You are called to attend a patient in fever, you find he has cough, hurried breathing, and perhaps pain in the chest; from a consideration of the history of the case and the primary symptoms, you have reason to think the case is one of gastritis, and you wish to know whether the symptoms be purely sympathetic, or caused by organic disease of the lung. In such a case, a person without a knowledge of the stethoscope is completely helpless, and unable to decide the point. This, I assure you, gentlemen, is a very common case, and should be a strong inducement to the study of the stethoscope. What advantage does a knowledge of the stethoscope give? It leads to the formation of an accurate diagnosis; it points out either that there is no disease in the lung, or if there be, that it is not sufficient to account for the symptom, and therefore that you should look for its cause in some other situation. You find a person with laboured and rapid breathing, perhaps fifty or sixty in a minute; you are struck with the apparent lesion of the respiratory system, but on percussing the chest and using the stethoscope, you find the respiration perfectly clear, or perhaps a slight bronchitis, insufficient to account for such violent symptoms. Where such phenomena are observed, you will often find that they are connected with a gastritis, particularly where there is fever and the local signs of a gastric inflammation. I can tell you, from a most extensive experience, that in such cases you can inform the patient's friends, that the most sudden and decided relief will be experienced from the use of iced water, and the application of leeches to the epigastrium. You can have hardly an idea of the rapidity with which all the symptoms of pulmonary irritation are removed by this practice. Cases of this extraordinary sympathetic irritation are very common in children, but you will also frequently meet with them in adults.

I have been called to decide the question, whether a disease was pneumonia or gastritis, where there was a difference of opinion between two practitioners. Now, it is very



easy to come to a proper decision in such cases. There is one point which you should always hold in view, and that is, *the length of time the symptoms have lasted.* If symptoms of pulmonary disease have been going on for four or five days, and at the end of that time you find that there is no perceptible organic disease of the lung, you may be certain that it is gastric irritation; because if it were organic disease of the lung, it would have shown itself before that time, and could be detected by percussion or by the stethoscope. We have had many cases of these sympathetic irritations of the lungs in the Meath Hospital, which recovered under the treatment for gastritis, and where the patients, by some excess or error in diet, brought on the pulmonary symptoms again, and they were removed a second time by putting them on a low diet. Before I quit this subject, I wish to make one remark by way of caution. When you have discovered the existence of these sympathetic irritations, you should not be thrown off your guard, and consider them only as functional affections. You should examine the next day and the day after, for you may find that in a very short space of time actual disease of the lung has taken place. You should be therefore watchful, and never omit making a daily examination; for if the sympathetic irritation be severe, it is very apt to run into actual organic disease.

Gentlemen, we now come to speak of the treatment of simple acute gastritis. Here there are three principal indications. One of these is to remove inflammation as speedily as possible. You cannot, as under other circumstances, leave this disease to nature; the organ affected is one of the utmost importance to life; and if you do not cut it short at once, a typhoid state comes on, to which the ordinary and efficient means of antiphlogistic treatment are inapplicable. The first indication then is to cut short the inflammation as speedily as possible. The next thing is to prevent the introduction of any thing into the stomach which will excite the physiological action of that viscus. You are aware that while the stomach is engaged in the process of digestion, its vascularity is very much increased, and that this, which in health is merely a physiological condition, is unaccompanied by any kind of danger. But in a state of disease it proves a source of violent excitement, and superadds very much to the existing inflammation. You must, therefore, be extremely cautious with respect to what enters your patient's stomach, and carefully remove every thing capable of adding to the excitement which always attends gastritis. The third indication in the treatment is to modify and remove the sympathetic or secondary irritations.

Now I shall suppose that we have to treat a case of simple acute gastritis not produced by the swallowing of corrosive poison or indigestible food. Here we have a patient labouring under violent inflammation of one of the most important organs in the body; and the

question is, are you to adopt the ordinary and usual mode of stopping inflammation by opening a vein in the arm? I must here state, that we are very much in want of a series of well-established facts to guide our practice on this point, and to inform us how far general bleeding is useful in acute inflammation of the stomach. At the present period, the question is by no means settled, and the practice is uncertain. I believe, however, that when we are called in at an early period of the disease, where the patient is young and robust, the stomach previously healthy, the fever high, and the pain great, we may have recourse to general bleeding with advantage; bearing this in mind, however, that you are not to expect to cut short the inflammation by the use of the lancet. Inflammations of the mucous membrane of the stomach and bowels, and perhaps of the lungs, are not to be overcome at once by the lancet; the only cases in which you can expect to cut short an inflammatory attack are those in which the parenchymatous tissue of an organ, or its serous membrane, is affected. This is a general and important law. You will often be able to cut short a hepatitis or a pneumonia by a single bleeding, but you will not by the same means be able to repress a bronchitis or an inflammation of the mucous membrane of the intestines. If you bleed in gastritis, bleed at an early period; not too largely, or with the expectation of cutting short the inflammation, but in order to prepare your patient for the grand agent in effecting a cure—local bleeding. This is the principle on which you are to employ the lancet.

In the treatment of gastritis there is nothing more useful, nothing more decidedly efficacious, than the free and repeated application of leeches, whether the case be idiopathic, or produced by the swallowing of a corrosive poison. In this treatment of acute gastritis, you will frequently see, perhaps, the most striking instances of the rapid and decided utility of medical treatment; you will see the vomiting subside almost immediately, the epigastric pain and tenderness disappear, the cough and headach relieved, the fever subside, and the tongue change after the application of leeches. To remove the symptoms, the best and most effectual means are leeches; and these must be applied again and again, according to the duration and obstinacy of the symptoms. Here I wish to make one remark of importance. From an opinion very prevalent in former times, that pain and inflammation were inseparable, the older practitioners thought that when the pain ceased the inflammation also ceased; and hence many of our predecessors, and I fear some of our contemporaries, never think of re-applying leeches, no matter what the existing symptoms may be, if pain has been relieved by the first application. Nothing is more erroneous than this practice. It frequently happens that the pain and epigastric tenderness are removed by the first application of leeches, but the breathing

is still quick, the fever high, and the thirst ardent. So long as these symptoms remain, the inflammation of the stomach is still going on. The mere subsidence of pain or tenderness of the epigastrium should never prevent us from resorting to the application of leeches. In leeching the belly for inflammation of the stomach or bowels, it is a common practice to apply a poultice over the leech bites, with the view of getting away as much blood as possible. I am not inclined to approve of this practice. The weight of a poultice is frequently troublesome, and the heat produced by it disagreeable; the patients desire cold, and for this purpose they will often throw off their bed-clothes, feeling a degree of relief from exposing the epigastrium to a stream of cool air. Some practitioners have applied pounded ice over the stomach with good effects, as we see it frequently applied to the head with the same results in cases of ocephalitis. Again, the application of poultices causes an oozing hemorrhage, the amount of which it is impossible to calculate, which is often hard to be arrested, and which, in debilitated persons and children, has the effect of lessening the powers of life without removing the original disease. It is much better to leech again and again than to do this. Where there is not much epigastric tenderness you may apply a cupping-glass over the leech bites with advantage, as you can get away as much blood as you choose, and the tendency to after-hæmorrhage from the leech-bites is diminished by the application of the cupping-glass. In very young subjects the tendency to obstinate hæmorrhage from leech-bites is so great, that many practitioners are afraid to use leeches, and I believe some children have been sacrificed to this fear. The best mode of managing this is, if the leech-bites cannot be stopped by the ordinary means (and in very young children they seldom can), to stop them at once by the application of caustic. Do not lose time in trying to arrest the flow of blood with flour, or lint, or sticking plaster; wipe the blood off the bite with a piece of soft dry lint, plunge into it a piece of lunar caustic scraped to a point, give it a turn or two, and the whole thing is settled; and you can generally go away with the agreeable consciousness of having prevented all further danger, and without being uneasy lest your patient should bleed to death in your absence.

With respect to the management of the bowels in acute gastritis, a few observations will suffice. You will always have to obviate the effects of constipation; both in the acute and chronic form of the disease there is always more or less constipation; in fact, the same condition of the bowels is generally observed in both. Now, if you attempt to relieve this constipation in acute gastritis, by administering purgatives, you will most certainly do a vast deal of mischief. Nothing can exceed the irritability of the stomach in such cases; the mildest purgatives are instantly rejected, even cold water, or effervescent draughts are often

not retained, and a single pill or powder is frequently thrown up the moment it is swallowed. Under such circumstances, it is plain that the administration of purgative medicine is totally out of the question. Even though the stomach should retain the purgative, you purchase its operation at too dear a price; for it invariably proves a source of violent exacerbation, kindling fresh inflammation in an organ already too much excited. In this state of things the best thing you can employ to remove constipation is a purgative enema, repeating it according to the urgency or necessity of the case. Where there is no inflammation in the lower part of the intestinal canal, you may employ injections of a strong and stimulating nature, with the view not merely of opening the bowels, but also of exercising a powerful revulsive action. I shall mention here an interesting fact, proving that stimulant injections have a decided revulsive effect; and that their influence extends not only to other portions of the intestinal tube, but also to distant parts of the system. In South America, where, from the heat of the climate, and the prevalence of bilious affections, sick headach is a very common and distressing symptom, a common mode of cure is to throw up the rectum an extraordinary enema, composed of fresh capsicum, and other aromatic stimulants. The irritation which this produces acts as a very efficacious and speedy revulsive, causing the almost immediate removal of the cerebral symptoms.

In those cases of gastritis, where not only purgatives, but even the mildest substances are rejected, the plain common sense rule is to give nothing. Where cold water is borne by the stomach it may be taken in small quantities, as often as the patient requires it. Solid ice, too, may be given with decided benefit. There is a mistake which prevails with respect to the employment of ice in gastritis, which I wish to correct. Some persons object to its use, and reason in this way:—persons who have taken a quantity of cold water, or ice, when heated by exercise, have been frequently attacked with gastritis and fever, and consequently the use of these substances must be attended with danger in case of gastric inflammation. This, however, is false reasoning; you need not be afraid to order your patient ice ad libitum; depend upon it, there is no danger in employing either ice or cold water in gastritis. There is nothing so grateful to the patient as ice. Let a quantity of it be broken up into small pieces about the size of a walnut; let your patient take one of these pieces, and, having held it in his mouth for a few moments to soften down its angles, let him swallow it whole. The effect produced by this on the inflamed surface of the stomach is exceedingly grateful, and the patient has scarcely swallowed one portion when he calls for another with avidity. It will be no harm, gentlemen, if I should here mention to you a secret worth knowing. There are few things so good for

that miserable sickness of the stomach, which some of you may have felt after a night's jollification with a set of pleasant fellows, as a glass of ice; Byron's hock and soda-water are nothing to it.

After the first violent symptoms of the disease have been subdued, I believe the very best thing which can be given is cold chicken broth. The point which we are always to keep in view is to remove inflammation from the stomach, and this should regulate the use of every thing taken into the stomach. I believe we might derive much advantage from anodyne injections in gastritis. I cannot say that I have ever employed them in such cases; but if I were to reason from their utility in other forms of abdominal inflammation, I should be induced to look upon them as entitled to some consideration. There is another point to which I will briefly advert. In the treatment of acute gastritis, there is nothing more commonly used than effervescing draughts; yet I have frequently seen them produce distinct irritation of the stomach. In cases where gastric irritability is excessive, I would not advise you to give effervescing draughts, or if you do, watch their immediate effect; see how the first one has agreed with the stomach before you venture to give any more. Patients labouring under this disease should be kept extremely quiet, as frequently a slight motion brings back the vomiting. Every thing which is swallowed should be in small quantity; a large quantity of any substance frequently causes a return of the vomiting, by distending and irritating the stomach. One of the best things you can give, and the best way of giving it, is iced lemonade, giving a tablespoonful from time to time. The extremities, which are generally cold in cases of intestinal disease, should be swathed in warm flannel.

I shall mention here a rule which should be carefully observed in the after treatment. A patient has recovered from the violent symptoms of the disease; the fever, thirst, pain, epigastric tenderness, and sympathetic affections have subsided; but he still is confined to bed, and in a state of great debility. Some patients under these circumstances have been unfortunately lost by allowing them to sit up in bed, or on the night chair. The nurse will sometimes, through ignorance, suffer a patient, thus enfeebled, to risk his life by sitting up in bed; sometimes during the course of the night she is overcome by sleep; the patient has a call to empty his bowels; and not wishing to disturb her, attempts to get up, and is found in some time afterwards sitting on the night chair quite dead. This is an unfortunate termination for the physician as well as the patient. A German author, Hoffmann, has written a treatise on the danger of the erect position after acute diseases; and in the course of the work, which is a very interesting one, he cites numerous instances of its bad effects. Not very long

since, a patient was lost in the Meath Hospital by the nurse allowing him to sit up after a severe attack of enteritis. Such also was the melancholy cause of death in the case of the late Mr. Hewson, one of my best and earliest friends: He got a severe attack, which was subdued with difficulty, and his convalescence was doubtful and protracted. One night, in the absence of his attendant, he got up for the purpose of emptying his bowels, and was found some time afterwards on the night chair nearly dead. He was immediately brought back to bed, and the necessary means employed to relieve him, but without much benefit, for he never recovered the effect produced on his debilitated frame.

## CLINICAL LECTURES ON SURGERY,

DELIVERED

*At the Hôpital de la Pitié, Paris,*

BY M. LISFRANC,

*Principal Surgeon to that Hospital.*

TRANSLATED BY MR. H. RUSH,

*Late Clinical Clerk to Dr. Elliotson at St. Thomas's Hospital.*

### *Du Toucher, or Vaginal Examination.*

THE general rules for examination per vaginam are sufficiently understood. We know that, in general, it is performed by the index finger, lubricated either with lard or some other mucilaginous substance, applied along the perineum, and is passed into the orifice of the vagina, near its posterior commissure, in order to avoid coming into contact with the clitoris; the woman should be in the erect position, so as to allow a descent of the uterus from its own gravity, and clad so that you might not hurt her feelings of modesty. But there are numerous details which are still left in oblivion, which I shall endeavour to describe. Thus it is not indifferent to lubricate the finger with cerate, with oil, or with butter, particularly when the examination precedes the application of the speculum; the ointment conceals the parts; butter, unless it be previously melted forms lumps, which might be mistaken for some morbid secretion; oil, therefore, is preferable in all cases.

In some women the situation of the neck of the uterus is so high, that the finger can reach it with difficulty, which frequently results from the great size of the external labia in fat women; and in such a case it is important to place the woman in an inclined position (about 25 or 30 degrees), as for the operation of lithotomy, or at the edge of a bed, with the legs abducted, or separated, and the feet supported by two chairs; the operator must then place himself between the thighs, and separate with care the labia majora, so that his hand might immediately come to the orifice of the vagina, gaining thus nearly an inch.

It is in these cases especially that it is necessary to apply with precision the general rule, which prescribes to place the thumb, extended, in an abduct direction, or separated between the external labia, the middle ring and little fingers equally extended and abducted from the index finger, between the buttocks and against the perineum, which the middle finger can raise a little; at the same moment we request the patient to bear down, and, with the left hand placed against the hypogastrium, the operator endeavours to press the viscera upwards, and subsequently the uterus downwards. Sometimes it is also necessary to desire the woman to walk about an hour or two previous to the examination. I have contrived by this means to lower the position of the uterus in a patient, who was in the ward of Saint Augustin, who had a polypus at the neck of this organ, the pedicle of which the finger could not attain before I adopted this precaution. In cases still more difficult, it is advisable to introduce both the middle and index fingers together, and, in some cases, the entire hand may even be introduced. The vagina at other times, though the woman be pregnant, or near the time of parturition, is sufficiently distensible to allow of its admission; but then it is necessary to proceed with much caution and slowness, and also to follow closely the rules that are laid down for the introduction of the speculum; setting aside the difficulty of the introduction of the whole hand, this method is preferable to the examination with one or two fingers.

In the ordinary mode of examination you must, as the finger penetrates, examine the whole vagina attentively; and, in order to do this, you must proceed from below upwards, performing a half circle with the finger around the walls of the vagina. It is now six years ago, that, from having neglected this precaution, I was deceived in a woman from St. Germain's. I examined for a long time without discovering a polypus, about the size of a nut, which had implanted itself in the middle and posterior part of the vagina.

In scrofulous women, on pressing the finger backwards, and on the sides of the vagina, we sometimes feel a crepitation produced by some of the lymphatic ganglia either in a state of induration or inflammation, which gives rise to symptoms analogous to those of other diseases of the vagina and uterus; it is sufficient for me to warn you of this error, to prevent you from falling into it.

But it is especially the examination of the neck and body of the uterus that demands great dexterity, and a perfect knowledge of all parts of this organ. It is essential to perform the examination per vaginam with both hands, if it be necessary to examine the circumference of the uterine neck; in fact, the extremity of the finger introduced can touch readily the vagina and the neck of the uterine organ to the extent of half of its circumference, but, in order to examine its whole circumference, the

arm must make on itself a complete movement of rotation, a thing that is impossible; there would be then, if the surgeon examined only with one hand, half of the vagina and neck of the uterus in contact with the nail of the finger; thus it is evident that the exploration would be very incomplete.

The uterine neck presents an infinite number of varieties, not only differing in different women, but in the same woman at different periods; it presents different characters, and it is of great importance not to confound the normal conditions with the pathological ones. It would be impossible here for me to indicate them all;—extensive experience on the living, and examinations on the dead, will give you much better information than all the doctrines I can advance. At the menstrual epoch, and even some days afterwards, the uterine neck is softer and more voluminous than ordinary; it presents the same sensation to the finger as in the second month of pregnancy; it is in the same state after frequent sexual intercourse; during this epoch, and even a short time before and after menstruation, the mouth of the uterus is sufficiently dilated to admit the first phalanx of the finger, which, on introduction, comes into contact with a smooth tissue, like serous membrane. In all cases, then, we should be cautious in coming to a conclusion.

At all other times, dilatation of the neck of the uterine organ indicates a serious disease, either existing or impending. If the finger, on introduction, instead of feeling a smooth and polished membrane, receives the impression which would be given, for example, by the mucous membrane, there is certainly some disease. We find, again, the neck as greatly dilated in size, from hæmorrhage or from a polypus, but in these cases other symptoms present themselves to elucidate the diagnosis.

There are some women in whom the uterine neck naturally presents the form of an elongated cone, the summit of which is directed downwards, with a round orifice, as if made with a gimlet; its length varies from an inch to an inch and a half. Hence the indications adduced by certain accoucheurs on the obliterations of the neck of the womb, at different periods of pregnancy, are subject to numerous exceptions.

In like manner also it is necessary not to mistake for pathological conditions the cicatrices resulting from laceration of the uterine neck at the time of parturition. These are hard, linear, and give the sensation of a very thin small plate, on the edges of which the two lips of the wound have united.

Lastly, in old women the neck of the uterus becomes more atrophied and contracted, even still more than the uterus itself; the vagina contracts itself around the neck, and presents in its lower portion a cul de sac.

Finally, the neck frequently projects either forwards or backwards, without being in a morbid condition; the tumefaction and the sensibility alone give sufficient of symptoms

toms for a true diagnosis. Thus all women who have had frequent sexual intercourse, have the uterine neck thrown backwards, with a slight antversion of the womb, which arises from the circumstance, that in coition the glans penis is lodged in front of the neck, which it thrusts upwards, but more particularly backwards. It is well known, that when from obliquity the neck of this organ does not permit the operator to touch it conveniently, he may, by changing the position of the patient, bring the uterine neck to a more or less favourable direction.

Other precautions are necessary, in order to examine the body of this organ.

It has been the opinion of some anatomists, but certainly an incorrect one, that the width of the superior portion of the vagina is less than the inferior; M. Cruveilhier has shown the superior is much the widest. This fact is important for the description of examination. In fact, if we limit ourselves to explore the vagina from below upwards, it soon reaches the attachment of the vagina round the neck; the finger on arriving at this junction will be impeded, and the examination of the body will appear impossible; but the width of the vagina permits us to push up its parietes a sufficient height to examine in most cases the inferior half of the body of this organ.

We may subjoin here to the examination per vaginam, the exploration by the rectum and hypogastrium. The examination by the rectum requires considerable experience; the uterus can be felt here only through the recto-vaginal septum, and gives a sensation as if the organ was of an enormous volume, which it is necessary to know in order to appreciate its just value. Thus we can examine the inferior half of the body of the uterus; and the broad ligaments of this organ are very distinctly felt through the intestinal wall, and much more so than by examination per vaginam.

There exists still greater difficulty in the examination per hypogastrium; but it is scarcely of any use unless combined with the examination per vaginam, in order to balance the uterine organ and appreciate its volume. Nevertheless greater advantage may be obtained by the combination of both of the examinations.

The dimensions of the body of the uterus are as variable as those of the neck; we therefore readily conceive of what importance it is to judge correctly, when a slight difference of volume may counter-indicate an operation in all other respects necessary. In general, every irritation in the vicinity of the uterus determines the blood to this organ, and consequently augments more or less its volume; and the more so, if the neck of this organ be itself seriously attacked. Extra-uterine pregnancy causes in it an augmentation of nearly a third.

I have already stated that the uterus is atrophied in old age. If, therefore, the uterine neck should require an operation, at the same

time the organ itself appearing to be more developed than at the adult period, it is a sign of considerable tumefaction, and the operation must be postponed.

The position of the uterus also varies, and the cause of it frequently remains obscure. In women who have borne children, its situation is lower; and in those who have frequent intercourse, its place is more anterior, this circumstance coinciding with the deviation of the neck of this organ backwards; and as regards more considerable displacement, which many practitioners describe as a particular disease, I believe to be nothing more in general than a symptom of swelling or engorgement, at least I have hitherto found no fact to contradict this doctrine. Since the slightest extension may in the normal state cause the ligaments to yield and displace this organ, why should not those very same ligaments yield under the weight of the organ, augmented by engorgement? A word more is conclusion, upon the accidents subsequent to the examination per vaginam. There are women, principally from the country, whose genital organs, although healthy, are endowed with such a degree of sensibility, that the least contact determines a painful excitation, and occasionally even produces fits of hysteria and convulsions. Baths, narcotic glysters, and bleeding have succeeded in calming this irritability. When such extreme sensibility is produced after an examination, the same means must be resorted to.

#### *Introduction of the Speculum.*

When we wish only to judge of the volume, the consistence, or sensibility of the uterine neck, the finger alone is sufficient, without doubt; but to discover excoriations, miliarry eruptions, and the extent and nature of advanced ulcerations, it is necessary to have recourse to the speculum.

I prefer myself the one invented by M. Récamier, with a tin tube slightly conical, and furnished with a round-headed mandril by M. Méliér; but since the ordinary length (five inches) is not sufficient for all women, I have extended its dimensions to seven inches, and reject altogether either the curved or straight handle, which is no more than four or five inches in length, the utility of which is still to be discovered. The handle, fifteen lines in length, is more than sufficient for the action of the instrument, and makes it also more portable. There are besides these speculums of different diameters, designated by the numbers one, two, and three.

Before I describe to you the method of introduction, a few remarks on the surgical anatomy of these parts will not be unprofitable. The external orifice of the vagina, at least in women who have never borne children, is not in the same direction with the vagina itself; the posterior demi-circumference of this opening is formed by a transverse fold, situated from above downwards, which constitutes by

their reunion the skin and mucous membrane. This fold, which is called the fourchette, varies in different individuals; but the more considerable, as there is more space between the rectum and the vulva, and consequently leaves below, and a little posterior, a small sac formed by the inferior and posterior parts of the vagina. Therefore, if we present the speculum in the direction of the vagina, we tend to destroy this fold, and consequently have here an obstacle causing excruciating pain, without enabling us to succeed in its introduction. It is then necessary to commence by directing the instrument from before backwards, and slightly from below upwards, following a line which would lead from the vagina to the summit of the cervix; and when it comes in contact with the lower portion of this sac, the operator must raise the instrument, as if he wished to come in contact directly with the micro-lumbar articulation.

The dimensions of the external aperture of the vagina are likewise very variable. In virgins it is partly closed by the mucous membrane (hymen), which it is very necessary to respect, unless you have a positive indication of disease; besides, it is important that you should know, in young girls, the orifice of the vagina is exceedingly dilatible; much more so than in adults; after the cessation of the menses, the rigidity of this orifice continues to increase, so that in a very advanced age, instead of feeling a soft ring yielding under the fingers, we find it hard, and cracking at the least effort made to overcome its resistance; sometimes it admits with difficulty the little finger; and the vagina itself, instead of its customary wrinkles, offers smooth polished parietes, and a very narrow capacity. Hence it follows that in young girls, however narrow the orifice may appear, we may expect every thing from its dilatibility; but in adults we must rely less upon this, and make use of a speculum that is but a little larger than the apparent capacity of the orifice; and, finally, in old people, we must be more reserved in the employment of this instrument, and proceed slowly and cautiously, to avoid lacerations, which would cicatrise but with difficulty, and have recourse to very small speculums; in addition to this, I have sometimes been obliged to prepare the parts for eight or ten days, by gradually dilating them with the assistance of a sponge prepared for the purpose.

It is especially the external labia that contribute in producing the enlargement of the orifice, also to the passage of the vagina itself, as we see in parturition, when the head of the fœtus presents itself at the vulva, it must, therefore, yield in the same manner when any voluminous body is introduced into the vagina, as when extracted from it. The assistant, then, who is intrusted with the separation of the great labia at the time the speculum is introduced, must allow them to dilate as soon as the introduction be commenced, without which there would be excessive pain, and the vagina

would be deprived of the power of dilating itself, consequently giving a much less free passage to the instrument.

Hence, it is not difficult for you to understand this manual operation. The woman must be laid across the bed, and her sciatic tuberosities placed on a level with the edge of the bed; the feet also must be supported by two chairs, the thighs sufficiently separated to allow the surgeon to place himself between them; the head supported by a pillow, and another must be placed under the pelvis, in order to prevent it from sinking below the level of the edge of the bed, securing to the trunk an horizontal position; the instrument, too, must be oiled and warmed. If it be in winter, the metallic cold would act unfavourably upon the parts, in causing a contraction of the vagina, and even produce more serious consequences. I have seen cases in which, only from the action of the cold, the introduction of the speculum offering otherwise no contra-indication or difficulty, brought on severe colic, and sometimes even produced all the signs of severe peritonitis. We, however, must previously examine to ascertain the situation of the uterine neck, and we must seek for it in a precise manner. Without this previous examination, we run the risk of directing the instrument in a wrong direction, and afterwards we shall be obliged, in order to find the neck, to have recourse to unnecessary movements, directed on the uterus, which would tend to irritate this organ. Besides, we ascertain by this examination, for the most part, the alterations of the neck, and particularly its dimensions, seeing at once whether it is a proper case for its introduction.

With the left hand you must separate the hairs and labia, with the right take the speculum, embracing with the index and middle finger the concavity of its handle; place the thumb on the instrument at its insertion, and thus present it to the vagina, with the handle directed towards the mons Veneris; and to prevent any obstacle arising, the operation must be performed gradually; should the fourchette be extended from before backwards, it is necessary to avoid all pressure on the perineum, so as to prevent transverse fractions, which would still further stretch this membrane; but it would be advisable to draw the perineum backwards, so as to make the centre of the instrument correspond to the centre of the vagina, and direct it with a line, which would go from the centre of the vaginal orifice to the inferior extremity of the cervix; and thus, having penetrated about an inch, we must give to the instrument a slight movement, which would bring it in the direction of the sacro-vertebral angle.

As the speculum advances the woman makes involuntary efforts; the vagina resists, contracts on the speculum, and presents at the extremity of it a kind of reddish ring with an opening in the centre, the circumference of which is formed by the contracted walls of

the vagina. Thus the whole extent of the parietes of this canal present themselves in a perpendicular direction to the eye of the operator, in proportion as the speculum, penetrating, unfolds them. I have stated that this rounded fold, or ring, presents in the centre of it an orifice;—the same thing takes place when the neck itself occupies the centre of the vagina, but should it incline to the one side or the other, we find the orifice in general follows the same direction, and comes near the circumference of this rounded fold; so that the greatest section of the vagina is opposite to the side to which the neck deviates. This particularity might indicate to a certain extent, for want of previous exploration, what is the direction of the uterine neck. This fold of the vagina, bearing some resemblance to it, might lead into error; but the neck does not present rugæ, as does the vagina, and its colour also is not the same.

In case of inflammation the neck is browner than the vagina; but in the healthy state on the contrary,—the mucous membrane of the vagina is pallid, and that of the neck still more so. In order to dissipate all kind of doubt, it is sufficient to press back gently the part which presents itself with a small piece of wood having a rounded extremity; if it be the vagina, it suffers itself to be repulsed by the slightest effort. Lastly, when we perceive the uterine neck, we must embrace it with the extremity of the speculum; but sometimes the neck is inclined backwards to such a degree, that it is impossible to see it. In this case it is necessary to withdraw the speculum about an inch, and raise its handle upwards and forwards, in order to direct its other extremity between the posterior wall of the vagina and the neck, in such a manner as to raise the latter, and expose its posterior surface to the internal orifice of the speculum. Thus, when the neck is too voluminous to be perceived at once in its whole extent, we may turn its extremity to one side or to the other, in order to expose successively the whole of its surfaces, and for the explanation of its whole extent it is necessary to direct the instrument in different directions. Nevertheless, these manoeuvres require the existence of a complete state of insensibility of the neck, otherwise they could not be performed without danger.

When the speculum is conveniently applied, we can fix it in this situation still more by gentle pressure, and afterwards introduce into its anterior a small camel's hair pencil to cleanse the parts. The neck, even in its healthy state, is almost always lubricated with mucus, more or less thick, which would conceal the small ulcerations. Sometimes its softened, and hypertrophied labia, in exact opposition one with the other, conceal ulcerations situated at their internal surface: in these cases we must raise, with a female catheter, or blunt-pointed probe, the anterior lip; this is generally sufficient to discover

ulcerations, or even small tubercles, situated on the inside of the neck, and which are nothing more than vaculo-cellular polypi.

In order to make all these researches, if we make use of natural light, the patient must be seated opposite the window, and the operator must place himself a little to the right, to allow the rays of light to fall on the bottom of the instrument; if not, an assistant, placed on the left, illuminates with a candle every part of the vagina, in proportion as he advances.

Speculums, also, having two or more branches, are used, and must have their handles rather long to facilitate the opening of the branches. Some are closed; these present less bulk, and their introduction has been thought much easier, and their employment preferable in all cases; but I cannot coincide with this opinion: their introduction is easy no doubt; but the separation of the branches dilates the vagina, without allowing the external labia to concur in its enlargement, and hence arise those dragging pains of which I have previously spoken. Besides this, separation leaves an interval more or less extensive between the two branches, into which the vaginal walls protrude, and obstruct the sight, unless the dilatation be carried to an enormous extent. Lastly; in spite of all precautions, and the most consummate practice, it frequently happens, that we pinch the mucous membrane, and cause pain that might be avoided, by withdrawing the instrument open: this manoeuvre, however, is not very easily performed. To conclude: I should recommend the employment of this kind of instrument only in cases where the superior part of the vagina requires immense dilatation, for example, in order to seize its neck for amputation; and, as regards the still more complicated form of speculums, their use I never have recourse to.

Some circumstances contra-indicate, or render more difficult, the employment of this instrument; the hymen exists altogether or in part, and then, of course, is an obstacle for its introduction, causing, if attempted, a very painful resistance, so much so, that unless the case be one of great urgency, we are obliged to desist altogether from its introduction. Nevertheless, should there be extensive disease of the internal parts of generation, it would be preferable to make a crucial incision in this membrane, and amputate the flaps, or else the introduction of the speculum, or the penis, might irritate and cause them to degenerate; consequently, in these cases, it is necessary then to make use of the smallest speculums. This is also necessary in old women, in consequence of the rigidity of the vagina. Membranous bands are sometimes formed in this canal. I once met with a case, in which, at about an inch from the uterine neck, was a circular membrane—a sort of diaphragm—having an orifice in its centre, and at once opposed all attempts of introduction either of the hand or speculum.

The vagina is most frequently contracted in its superior third, and becomes conical, all the membranes contributing to its contraction. Above, the canal resumes its calibre, representing the appearance of an hour-glass. This disposition I have met with five or six times, and in one case I was obliged to cauterise the uterine neck, and to traverse this passage with a camel-hair pencil, filled with a solution of the acid of the proto-nitrate of mercury. Lastly; the vagina is sometimes the seat of small tumours, and which must be previously extirpated, if there is no chance of their allowing the instrument to glide over them.

I have already mentioned, in speaking of the touchée, cases in which there is such extreme sensibility of the vulva, that even the introduction of the finger will produce fits of hysteria; in such cases, it is very important to calm the irritation before the introduction of the speculum be attempted. An inflammation of these parts is a decisive objection to its use. The presence of deep ulcerations in the uterine neck or vagina will cause, easily, lacerations and serious hæmorrhages. I have witnessed a case of this kind, when the introduction of the speculum at an improper period produced extensive lacerations of the vagina, an unmanageable hæmorrhage, and the patient died two hours after the operation. When the neck is occupied with such voluminous vegetations that the speculum cannot embrace them, its employment is useless. Finally, it is important to defer the use of its application when there exists great hypertrophy of the uterus, accompanied with sub-inflammation. In short, since it is not possible to cauterise or to treat locally the superficial excoriations and ulcerations unless the tumefaction has nearly abated, the use of the speculum would be useless, and attended with some inconvenience.

#### CONTRIBUTIONS ON MIDWIFERY,

BY THOMAS RADFORD,

*Surgeon-Extraordinary to the Manchester Lying-In Hospital, &c., &c.*

NO. 1.

#### *Case of Protracted Labour from Malposition of the Fœtal Head at the Superior Aperture of the Pelvis, with Descent of the Funis; with Observations.*

ABOUT five o'clock in the morning, September 13, 1825, I was requested to visit Mrs. Carpenter, who was represented to be in severe labour of her second child. Mrs. Buckley, the midwife, informed me that she was called to this patient at eight o'clock the preceding night, and in consequence of not being able to ascertain the presentation, she ruptured the membranes. In the course of a short time, she was again examined, per vaginam, but a spot

no part of the child was accessible to the finger, but she found the funis protruding very considerably through the os uteri. After hearing this statement, I proceeded to investigate the real nature of the case. I found the os uteri dilated to about the size of half a crown, and situated very high, and very much backwards; it was also extremely rigid, and projected into the vagina. The head was so distant as to be with very great difficulty touched; so that it was impossible at this period to ascertain its exact relative position to the pelvis. The funis was very considerably prolapsed, and pulsated very strongly. The pains were very feeble, and the intervals between them long.

The os uteri being so rigid, a temporising practice was recommended; the funis was passed into the vagina, and retained by means of a napkin applied externally and a T bandage. The operation of version, or an attempt made to carry the funis upwards into the uterus, in order to save the child, would prove equally unsuccessful; whilst the forcible dilatation of the os uteri, and the unwarrantable introduction of the hand into the contracted uterus, the liquor amnii having been discharged eight hours, would have been a most formidable and dangerous operation.

At noon the funis had ceased to pulsate, but in other respects no great change was observed,—indeed, the descent of the head was so slow, that an advance was scarcely to be perceived the next day at 11 o'clock, A.M. In the afternoon of this day the pains became stronger, so that now the os uteri was rendered tense during their continuance, from the pressure produced upon it by the head. At this time the head lay over the superior aperture of the pelvis, and I was able, for the first time, to ascertain its precise relative situation to the pelvis. It was found entering in a very unfavourable position; the posterior fontanelle was placed behind and above the symphysis pubis, the sagittal suture in a direction from this point backwards to the promontory of the sacrum. The left parietal bone was more accessible to the touch than its fellow, in consequence of a slight obliquity of the head. The edge of this bone was very considerably raised, and offered through the os uteri a sharp edge, not unlike an ivory paper-folder. This change fully proves the great pressure sustained by the head in its



long diameter. During every pain the os uteri was most violently stretched upon this ridge; so much so, as to make the writer dread its laceration.

The difficulties produced by malpositions of the foetal head are fully appreciated by obstetricians. In none is the influence upon labour, for this want of relative adaptation, more conspicuous than in the case under consideration. The head enters the brim of the pelvis with its long diameter, which measures from four inches and a half to four inches and three-quarters, parallel to the short one of this cavity, which does not usually measure more than from three inches and half to four inches. It appears quite evident then from this statement, that a long time must elapse, and a considerable change in the figure of the cranium must take place, an alteration which is frequently fatal to the child, before it can get into the pelvis. In the present case the perforator was used; and as the child had been dead for some hours, and the time was at hand when some decided steps must be taken to protect the mother from danger, no compunction was felt in having recourse to this destructive instrument. As soon as an opening was made into the cranium, the brain was forcibly discharged through it, in consequence of its being so completely destroyed by the pressure it had previously sustained. Notwithstanding this, considerable time elapsed before the head passed through the os externum. This delay, doubtless, was caused by the position of the base of the cranium, which is an incompressible part, and consequently it is not influenced in any material degree by perforation. The ancients regarded this position of the foetal head as the most frequent and the most natural; but this opinion, as experience has proved, is entirely untrue; it cannot be doubted they judged this to be the case, from what they occasionally observed in the situation of the head, when it emerges from the inferior aperture of the pelvis.

Baudelocque, Gardien, Dubois, Flamant, Dewees, Desormeaux, Velpeau, James, and Madame Boivin, admit this variety of labour into their classification; but these writers consider that it is of rare occurrence. Naegele, Maygrier, Capuron, Duges, Dr. Burns, Dr. Campbell, and Dr. Rigby, deny in toto the possibility of its happening, which opinion the case now related, as also those of Dr.

Dewees and Madame Boivin, entirely disprove. Notwithstanding, my opinion is, that this position of the foetal head, at the brim of the pelvis, does occasionally happen; yet I must in some measure qualify this statement, by remarking, that I consider it to be the result of an undue interference on the part of the obstetrician at the commencement of labour. To the same unjustifiable conduct may be attributed the prolapsion of the funis, which is so frequently fatal to the child. When uterine pains take place, and no presentation can be felt, we have grounds for suspecting a preternatural position of the child; although this is presumptive, it is not positive evidence of such being the case, and does not warrant the practitioner to make any interference. It sometimes happens that this remote situation of the presenting part of the child depends upon the condition of the cervix uteri, this part not being obliterated or fully developed; or, in other words, the full period of gestation not being completed.

Previous to the commencement of natural labour, and subsequent to the complete development of the cervix uteri, the head of the child falls down upon this extended portion of the organ; and, as a next step in the process of labour, the uterus, and its contents also, sink down, so as to be supported by the margin of the superior aperture. Before these changes take place, the presenting part of the child is with great difficulty discovered, if the examination is made through the os uteri; but if the finger is applied to the cervix, behind the symphysis pubis, it is much more readily felt.

In many instances also, where the liquor amnii exists in large quantity, the presenting part will be obscurely felt, as it so readily recedes before the touch even when only slight pressure is made. The practice of rupturing the membranes, in all the cases now mentioned, in order to ascertain the presentation, is universally to be condemned, as highly detrimental to the welfare of both the mother and the child. When the head of the child is not in contact with the lower portion of the uterus at the time the liquor amnii is suddenly discharged, there is great danger of the funis falling down before the presenting part, and passing though the os uteri; the risk of such an occurrence is much greater if it happens that the cord is of an unusual length; this was the state of the cord in the case just related.

In breech presentations, there is a greater chance of prolapsion taking place, if the obstetrician adopts the practice which I have just been animadverting upon. If the membranes are ruptured before the uterus is prepared for action, the head will rarely enter the pelvis favourably; for previous to the sinking of the uterus and its contents, into the superior aperture of the pelvis, the child is easily moveable in the waters; this floating of the child may be readily ascertained, when it becomes necessary to make an examination per vaginam, before the completion of pregnancy. But when the uterus has undergone the preliminary changes, preparatory to active labour, the head of the child may be felt through the substance of the uterus, as a globular body, presenting considerable resistance to the finger. At this period it assumes its final position, in relation to the pelvis. These preparatory steps of adaptation are beautifully illustrated in the graphic delineations of Hunter and Smellie. When the membranes are ruptured prematurely, the head sinks down, as also the body of the child, embraced by the contracting uterus, and it is then prevented entering the pelvis in a favourable manner. From such interference the child generally falls a sacrifice, and all the evils of protracted labour are produced upon the mother.

We come now to speak of the treatment of those labours, in which the head is placed with its long diameter parallel with the short one of the pelvis, as happened in the case now detailed. The means which have been recommended are rectification, turning, and perforation. The operation of rectifying the position of the head must never be attempted if the os uteri is rigid and undilated. Those measures, which have a tendency to relax the soft parts, and protect the adjacent organs from injury, must be adopted. Bleeding, carried to the extent that the case demands, or the powers of the constitution admit, emollient enamatæ, the catheter, and the recumbent position must be prescribed. Two methods of operating are to be considered; one by the use of the hand alone, the other by the aid of the long forceps. If the first method be adopted, the head must be seized in such a manner that the thumb be placed on the posterior edge of the parietal bone, close upon the lambdoidal suture, whilst the fingers are to be

fixed upon the anterior edge of the parietal bone, or upon the coronal suture, of the opposite side of the cranium. Then, in the absence of the pains, the head must be slightly raised, and turned by a double action of the thumb and fingers, so as to place it in the oblique diameter of the brim of the pelvis.

The bulk of the foetal head offers a great obstacle to any attempt made to change the position by the hand alone. The difficulties are increased by the contracted uterus after the escape of the liquor amnii. These circumstances induce me to give a preference to the second method mentioned, or the application of the long forceps. The blades of these instruments must be placed on the sides of the pelvis, and over the lateral parts of the head. The first object must be, slightly to raise the head; afterwards a very limited rotatory movement must be made, only sufficient to place the face opposite to the sacro-iliac symphysis. When this is effected, the instrument must be withdrawn. If the energy of the uterus is impaired, then such means must be adopted as are known to excite the contractions of this organ, friction, secale cornutum, &c. If those means fail, the forceps must be re-applied over the face and occiput, and the delivery finished in the usual manner. The perforator must be used, if the child is dead. This is ascertained by the funis being prolapsed, and by the sensations of the woman.

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NOTICES OF WORKS ON THE PRACTICE OF PHYSIC, SURGERY, PATHOLOGY, AND PHYSIOLOGY, RECENTLY PUBLISHED IN GERMANY.

*From the Dublin Journal of Medical and Chemical Science, Jan. 1834.*

PROFESSOR GRAVES has enriched the pages of our contemporary by translations from recent German works, and few in this empire are so well acquainted with foreign medical literature. His important clinical lectures in our pages have elicited the highest praise in every part of the empire.

He informs us that one of the most interesting scientific periodicals in Germany is a weekly medical newspaper, published at Berlin, and edited by Dr. Hecker. All the hospital physicians and surgeons of the capital are contributors, and the work is also supported by provincial practitioners. In the number for

Jan. 30, 1833, Dr. Kluge has published some very valuable remarks.

*On Iodine in checking Mercurial Salivation.*

This writer states that Professor Knod Von Helmenstreit, in Aschaffenburg, was the first who recommended iodine in mercurial salivation.—*Hufeland's Journ.*, May, 1832. He gave it in seventeen cases, twelve of which were women, and five men. The following is the prescription:—iodine 5 grains, spirits of wine 2 drachms, cinnamon-water, and half an ounce of syrup. The dose—a tablespoonful four times a day. The quantity of iodine was increased in some cases to eight grains daily.

*Strychnine causing Salivation.*

A patient in the Meath Hospital and County of Dublin Infirmiry, under the care of Dr. Graves, labouring under painter's colic, after appropriate treatment, took one-twelfth of a grain of strychnine three times a day. When he had taken six doses he was salivated,—he had never taken a grain of mercury in his life.

We have given strychnine in such doses to a great number of patients at St. John's Hospital and Dispensary, as mentioned at a late meeting of the Medico-Botanical Society, and have never seen ptialism induced; neither has it been noticed by any of our colleagues.

*Iodine in Strictures of the Urethra.*

Dr. Trüsted, in the Berlin medical newspaper, has related a case of stricture of the urethra, enlargement of the prostate gland and testicle, with fistula in perineo, in which he ordered five drops of tincture of iodine three times a day, and a small portion of the ointment of the hydriodate of potass to be rubbed into the swollen parts morning and evening. The swelling of the prostate began to yield and diminish very considerably in eight weeks. Bougies were employed and gradually increased in size.

The treatment of this case commenced June 25th, 1832, and the patient left the hospital nearly cured Sept. 11th.

The narrator describes two other very obstinate cases of strictures relieved by the internal and external use of iodine with bougies.

Dr. Ryan proposed to use iodine in strictures of the urethra, and enlargement of the prostate gland, at the Medical and Medico-Botanical

Societies in 1832. He employed Mr. Cramp surgical instrument-maker, Castle-street, Leicester-square, to make him a wooden syringe for the purpose of injecting the ioduretted solution, proposed by Leydel, into the bladder and rectum in prostatic enlargement. He also requested his friend and colleague, Mr. Crump, to ascertain the influence of iodine, on the various kinds of bougies and metals, so as to ascertain the feasibility of applying it to strictures of the urethra. Mr. Crump informed him that iodine had scarcely any influence, at an ordinary temperature, on metallic bougies, and he, Dr. Ryan, has smeared bougies with the ointment of iodine with the best effects. He employed iodine, both internally and externally, in enlargement of the prostate, in a case at St. John's Hospital, which was known to Dr. Negri, Mr. Jenkins, and Mr. Nettlesford, with great benefit.

When the solution was injected into the rectum, the man was desired to take repose by lying on the anterior surface of the body; and the fluid was thrown into the bladder, as there was reason to suppose that the enlarged prostate projected into it, as minutely described by Mr. Brodie in his Clinical Lectures on Diseases of the Urinary Organs.

*Corrosive Sublimates Baths in Chronic Rheumatism.*

Dr. Ebel, in the paper already quoted, employed a bath composed of half an ounce, and finally an ounce, of the oxy muriate of mercury, with a sufficient quantity of water. The temperature at 94° or 95° Fah., and sweating was produced.

*Birth of an Infant after the death of the Mother.*

Dr. Trüsted relates a case, in which, an hour after death, a noise was heard, and an infant found between the limbs of the mother.

SURGEONS' HALL.

THESE having been submitted to the Royal College of Surgeons of Edinburgh, an authenticated copy of "Regulations for granting Medical Degrees, by the Senatus Academicus of the University of St. Andrew's," of date 9th December, 1833, it was resolved:—

1st. That the College experience much surprise in learning that an arrangement has

been entered into between the University of St. Andrew's and certain members of their own body, engaged in teaching different branches of medical science, in Edinburgh, for conferring, in the name of that University, degrees in surgery as well as in medicine.

2nd. That the College cannot but regard this novel assumption, on the part of the University of St. Andrew's, of a right to confer degrees in surgery, though not possessing in their own body a single professor in that branch of science, as being wholly uncalled for by any considerations of public expediency or utility, as a violation of the rights and privileges of this College, and as calculated, in as far as a smaller extent of education is demanded of candidates for that degree, than for the diploma of the College, to impede the exertions which this College have for many years been making, to raise the qualifications of those who receive their licence.

3rd. That in issuing at the present time a new code of regulations for conferring degrees in medicine and surgery, the Senatus Academicus of the University of St. Andrew's appear to have altogether overlooked the opinion so decidedly expressed by the late royal commissioners for visiting the Universities and Colleges of Scotland, viz.:—That the possession of this privilege by universities, circumstanced as theirs is, is "inconsistent with sound principle; and that the exercise of it, while it is directly opposed to the interest of the public, can be productive neither of credit nor legitimate benefit to those establishments."

4th. That the College, independently of the doubts they entertain as to the right of a University to delegate any part of its duties or privileges to persons unconnected with it, cannot but consider it as an unheard of and unwarrantable aggression in one university, to establish an examining board, chiefly constituted of persons residing at the seat of another, and to appoint to that board teachers necessarily engaged in rival competition with the professors of their sister institution.

5th. That the College cannot overlook the coincidence in time between the promulgation of this new code of regulations by the University of St. Andrew's, and the announcement of certain extension of the course of study required by the University of Edinburgh

from candidates for its medical degree; nor fail to perceive, in this instance, a practical exemplification of the difficulty which (in the want of any general system of medical legislation) must always attend the efforts of public boards, to extend and improve the education of those on whom they confer testimonials; viz. the possibility of the same titles and equal privileges being obtained from other boards on a smaller amount of qualifications.

6th. That the College feeling, as they necessarily do, a warm interest in the character of the University of Edinburgh, and in the respectability of its medical graduates, conceive themselves called on to express, upon the present occasion, the satisfaction they have derived from the progressive extension of the course of study prescribed by that University to candidates for its medical degree, so as to insure that its holders shall, in respect of education and acquirements, be worthy of the dignity, and of their connexion with the institution—measures that could not fail to be more agreeable to the College, from being so completely in unison with those which they have themselves pursued in framing regulations for candidates for their diploma.

7th. That it is to the College a source of much regret, that any members of their own body should have engaged in a scheme for conferring surgical degrees prejudicial to the rights, liberties, and privileges of the College, which, on admission into it, they bound themselves faithfully to maintain and defend—and which scheme, if it operate at all, must be injurious to those interests which they at the same time undertook to promote to the utmost of their power.

8th. That a dutiful and loyal address be presented to the King's Most Excellent Majesty, praying that, in the exercise of that power of superintendence over the Universities which the constitution has placed in the crown, he will be graciously pleased to interdict the University of St. Andrew's from all further proceedings in this matter, till the report, presented to his Majesty by the late Royal Commissioners for visiting the Universities and Colleges of Scotland, shall have been duly considered by his Majesty's advisers.

By order of the Royal College,  
JOHN CAMPBELL, M.D., President.  
*Edinburgh, 4th Jan., 1834.*

ROYAL COLLEGE OF SURGEONS,  
DUBLIN.

The Royal College of Surgeons held a meeting yesterday to elect officers for the present year. The following were duly elected;—President, J. Kirby; Vice-President, A. Read.

*Court of Censors.*—James Kerrin, Thomas Ramley, Maurice Collis, William Tagert, Robert Adams, Ephraim McDowel.

*Court of Assistants.*—Abraham Colles, Robert Harrison, Abraham Palmer, Edward Hutton, James W. Cusack, J. O. Beirne, W. Corbet, W. Hargrave, B. M'Namara, John Hart, Charles Benson, Andrew Ellis.

*Midwifery Court of Examiners.*—L. H. Halahan, Chairman; E. W. Whiteston, Deputy Chairman; Robert Shackleton, L. Armstrong, S. Cusack, J. Peebles, T. E. Beaty, H. H. Maunsell; J. W. Cusack, Secretary; R. Harrison, Assistant-Secretary.

CLAIMS TO THE EMPLOYMENT OF  
DEPLETION IN FEVER.

BY THOMAS SUTTON, M.D., GREENWICH.

I OBSERVE in No. 97, page 636, of your Medical and Surgical Journal, that you attribute to "the scrutinising mind of Broussais, and the active mind of Clutterbuck" the introduction of the depleting and antiphlogistic treatment of fevers, by attention, as you state, to some locale; likewise the relief from that panic, which had occupied the minds of medical practitioners, respecting the proneness of all fevers to run into a putrid and typhoid state, to be owing to their exertions.

On this subject I beg to observe, that it is probable that I had treated one thousand patients in fever on the depleting and antiphlogistic plan, in reference to local affections observed by post mortem examinations, before the gentlemen you mention ever thought on the subject. In the year 1794, this plan was adopted by me in Holland; and such was my confidence in it, that when I was taken ill of fever, I requested to be bled, which was done by the late Mr. Johnson, then a surgeon to the forces. In 1797, this treatment was adopted at Ashford, in Kent, in a fever prevailing at that time among the troops of that garrison, consisting of four regiments of militia. The practice was afterwards followed up under my direction for three years in

Deal General Military Hospital, commencing in the year 1798, and the morbid appearances diligently noted.

An abridged account of this practice, with the satisfactory results, was published by me in 1805. I must further remark, that this treatment, pursued under the eyes, and with the knowledge of many medical men, both regimental surgeons and such as belonged to the General Hospital, could not fail to find its way to the public, and to be disseminated in various directions.

Reports of Societies.

WESTMINSTER MEDICAL SOCIETY.

Monday, January 13th, 1834.

Professor BURNETT in the Chair.

*Pessaries—Imperforation of the Vagina—  
Secale Cornutum in Amenorrhœa—Iodine  
in Pulmonary Consumption.*

THE usual business having been transacted, and notice given that the paper on venereal sores, by Mr. H. Johnson, was unavoidably postponed,

Dr. Jewel exhibited to the Society a large box wood pessary, which had been extracted from the vagina of a woman aged 52, and which had remained in that situation for 15 years; extensive ulceration of the parts, and offensive discharge had been caused by its presence, and as it is of large size, being eleven inches and three quarters in circumference, considerable difficulty occurred in its removal.

Mr. Costello mentioned the case of a female in the country in whom there was obliteration of the vagina, which had existed for some months; at the time of the menstrual periods she had great pains, similar to those of labour, and there was a tumour in the situation of the rectum; about 12 months since the patient had been confined, and it was since that time that the vagina had become imperforate. A case somewhat similar, in which there was complete obliteration of the vagina, had occurred lately in Paris, in the practice of M. Amusat, who proceeded to tear through the obliterated parts with his finger; the whole of the operation was performed with the hand alone, and with perfect success; the lady, who was a German, shortly afterwards married a medical man. The gentleman, who was attending the case first alluded to, was doubtful

as regarded the treatment, and he should be glad to hear the opinion of Dr. Jewel, or any other member, as to the proper operation to be performed.

Dr. Jewel said it was not very unusual for the vagina to become obliterated after labour nor was it difficult to remedy it; he had seen cases in which there was great contraction, yet when labour came on, the vagina dilated, and the patients did well.

Mr. Greenwood suggested the dilator invented by Mr. Weiss, as an instrument likely to be of service where there was any opening, however small it might be.

Dr. Johnson thought that the slow use of caustic might effect a cure; he had no doubt that the tumour was a collection of the menstrual fluid, and he should not hesitate to use Weiss's dilator, for the purpose of seeing where the obstruction was situated, and then to puncture it with a trocar, and he did not think that there could be any possible danger attending such an operation.

Mr. Chinnock said he would not hesitate to treat such a case as one of imperforate vagina, and use the knife.

Mr. Beever had met with three cases in which the use of the knife had proved fatal; peritoneal inflammation had supervened, and notwithstanding the use of the lancet, and other antiphlogistic remedies, speedy death took place.

Mr. Costello had attended in Paris a groom who died after the introduction of a bougie; the cellular membrane between the bladder and peritoneum was found in this instance to join in the inflammation with the peritoneum.

Dr. Johnson said although peritonitis might occur, he did not think that such a termination ought to influence our practice, since it was very rare. Ague was a more common consequence of the introduction of a bougie, and he had seen great alarm excited by it in the minds of young practitioners.

Mr. Walker recommended a trial of Mr. Stafford's instrument in the case mentioned by Mr. Costello; he had seen a case of stricture in a man, in which the smallest bougie could not even be passed, terminate favourably under the use of Mr. Stafford's instrument.

Dr. Johnson mentioned some instances in which intense periodical pains in the breast of the female, without obvious cause, had led to

an examination, when scirrhus of the uterus was found to exist.

Some farther discussion having taken place on this subject,

Mr. Chinnock spoke of the beneficial effects of *secale cornutum* in amenorrhœa; he had seen in two cases half drachm doses of this medicine prove of decided benefit.

Dr. Jewel had never used it in such cases, but in leucorrhœa he had found its administration successful.

Dr. Epps then called the attention of the Society to the sympathy which existed between the lungs and the uterus; in pulmonary consumption where the patient only expectorated frothy mucus, he had frequently observed that at the time of the menstrual period, if the discharge did not take place, pus was ejected from the lungs, and that when the discharge could be produced, great benefit ensued.

Dr. Johnson considered this connexion very remarkable; it was not unusual for hæmorrhage, to a considerable extent from the lungs, to take place on the suppression of the catamenia, but in such instances the same degree of alarm was not created as in hæmorrhage from different causes.

Dr. Jewel had seen violent symptoms of croup usually preceding the catamenial period.

Several remarks upon the treatment of pulmonary consumption were then made by different members, and different plans of treatment were recommended, amongst others sulphate of zinc, with excess of sulphuric acid, prussic acid, iodine, *mist. cretæ comp.*, and small bleedings.

The time for discussion now having elapsed, the Society separated until next Saturday.

**MEDICAL SOCIETY OF LONDON.**

*Monday, January 13, 1834.*

MR. KINGDON in the Chair.

MR. ROBERTS related the case of a young gentleman, aged 24, whom he had attended for pains in the bowels, and tenderness, on pressure, in the left iliac region; pulse 110, hard and full; pain in the head, and cough; he was bled, and purgative medicines, followed by spermæti mixture, were prescribed; the medicine operated freely, and the pain in the head left him, but there was still a slight degree of pain in the abdomen; leeches were applied, and on the following day the tenderness had disappeared. Six days after this

time he was seized with excruciating pains in the bowels, his pulse became small and frequent; the extremities cold; and the countenance denoted anxiety; he grew worse, vomiting came on, and, at the end of 30 hours from the attack, he expired. No traces of disease were found in the head, but the intestines were slightly agglutinated, and a quantity of pus was found in them; they were also found to be perforated in two places, and there were other ulcerations, without elevated margins, and abrasion of the mucous membrane. He had considered this as a case of typhus fever.

Mr. Headland did not think that the present case bore any resemblance to any of those cases, mentioned by Dr. Armstrong, as cases of typhus; he alluded to the fact, that peritoneal inflammation might occur without the existence of pain: modern pathologists were in the practice of terming any increased redness of parts as inflammation, although no inflammatory symptoms had manifested themselves.

Dr. Uwins said it mattered not whether they called this case one of typhus or not; it appeared to him, that the symptoms, terminating in a changed state of the viscera, had especial reference to the condition of the nervous system.

Mr. Roberts did not think that peritoneal inflammation had taken place, until after the perforations of the intestine; it is probable that a sudden escape of fecal matter into the abdomen might have caused the sudden collapse which took place.

Mr. Field thought the more acute symptoms might have existed previous to the period mentioned by Mr. Roberts, since the intestines were found in a state of adhesion.

Mr. Kingdon said, that he had been called to a child, which had died suddenly, and was supposed to have been poisoned, in consequence of its having been in a state of good health the day before; the intestines were found lying in one mass of lymph, and agglutinated together. The discussion upon this subject having dropped,

Mr. Dendy rose to call the attention of the Society to the great sympathy now existing in some patients in London between the stomach and head. He had, at the present time, two cases under his care, in which the cerebral excitement was very great; the patients were

merchants, and probably the great anxiety, attending that occupation, might have aggravated the symptoms; purgatives, such as blue pill and castor oil, had given temporary relief, but the slightest constipation caused the return of the pains. He should be glad to hear the opinion of any member respecting the propriety of treating the cerebral, or gastric symptoms, and the use of purgatives, or depleting remedies.

Dr. Uwins was disposed to attribute this prevalent complaint to the sudden barometrical changes, which had occurred within the last six weeks. In the Peckham Lunatic Establishment he had traced these barometrical changes as influencing lunatics; he had been foiled in the treatment in some cases, for there was just enough cerebral irritation going on to show that there was something wrong in the brain, but not sufficient to justify depleting measures. He had found even the application of leeches injurious, but he thought that purgatives, acting on the lower bowels, were most beneficial; in treating the symptoms of gastrodynia he had found a combination of purgatives and subnitrate of bismuth very successful; leeches to the epigastrium had given temporary relief, but afterwards appeared rather to have aggravated the complaint.

Dr. Whiting said, that he had seen several patients, with insanity, within the last six weeks; indeed at one time he had four under his care; he could not, however, say that he had found these cases connected with the stomaclic symptoms, these latter would undoubtedly increase, or even cause cerebral disturbance, but probably distress and anxiety had more to do with the cases he alluded to: opium, used to a good large extent, had proved useful, but he found that if not given in sufficient doses it did more harm than good; this remedy had not however proved always successful, and probably in those cases, in which it was of service, the symptoms were caused by anxiety and want of sleep; from 60 to 80 drops of Battley's liquor opii sedativus had been the doses in which he had given this medicine, and he found that these large doses did not constipate, but rather tended to produce a contrary effect; a strict attention to the diet was also absolutely necessary, and he was surprised to hear that mentioned in so slight a way by speakers.

Mr. Clifton thought that abstraction of blood

was calculated to do harm in such cases as Mr. Deady's; the fact of attention to the stomach and bowels, relieving the head for a time, showed that the cerebral affection was only sympathetic. He thought a rigid attention to the stomach and bowels, by continued mild aperients, rather than drastic purgatives, most useful.

Dr. Uwins said, that he agreed with Dr. Whiting as to the propriety of administering opium, but he was accustomed to give it in much larger doses, even to the amount of from two to three grains of the powder; in the cases where opium could not be given, he had used the fox-glove with great benefit.

Mr. Moore related two cases, in one of which there was great excitement from want of sleep; pulse full; flushed countenance; confusion of manner; together with symptoms of dyspepsia; two grains of opium and three of calomel procured him several hours' sleep; digitalis and aloes were afterwards ordered him, and in a short time he was quite well. The other case was very similar, but the application of leeches to the temples was required here, by similar treatment to that of the other patient he did well.

Mr. Kingdon found that in treating the cases, where pain in the head and gastrodynia existed together, by giving ten grains of blue pill at night, and nothing else until the bowels had been opened several times, and then administering the decoction of aloes, he had been successful in several cases. Some years since he had opened several bodies with disease of the ileo-colic and colic portion of the intestines, and, from what he had seen, he felt certain, that drastic purgatives were more injurious than useful; and he, therefore, carefully abstained from their employment. He had used bismuth with extract of rhari in a case of dyspepsia, combined with melancholia, with perfect success.

The further discussion of this subject was adjourned until next Monday, as the time had expired.

THE HUMBLE PETITION OF THE  
PRESIDENT, VICE - PRESIDENT,  
AND FELLOWS OF THE MEDICAL  
SOCIETY OF LONDON,

Sheweth—That the Society to which your Petitioners belong has been established for a

period of sixty years, and consists of Physicians, Surgeons, and Apothecaries, who associate together for the promotion of medical science.

That your Petitioners have long experienced many and serious grievances affecting the various branches of the profession, and are anxious to submit the same to a Committee of your honourable House; and therefore implore that your honourable House will be pleased to institute an inquiry into the state of the Medical Profession, and into the Regulations of the different Colleges, Corporations, or Faculties, connected therewith; relying, with perfect confidence, that your honourable House will see the propriety of legislative interference, and will cause such enactments to be made as shall tend alike to the improvement of the profession, and the preservation of the public health; and your Petitioners will ever pray, &c.

MEDICAL COMMISSION IN FRANCE  
FOR REFORM.

The Minister of Public Instruction, in Paris, has appointed a Medical Commission, consisting of MM. Andral, Dubois, Orfila, Freville, Pauset, Vincens, Lafond, Lodebat, and Donne, to draw up a project of law for the education and regulation of the practice of medicine and surgery.

We have informed our readers, some weeks since, that the Academy of Medicine unanimously agreed—"That all men practising any branch of the healing art should be Bachelors of Letters," a degree like our B.A., and then acquire the degrees of Doctors in Medicine and Surgery. The Officers of Health or General Practitioners, to be suppressed, the Doctors to supply their place by receiving small fees; the Apothecaries to be confined to preparing all remedies ordered in the Pharmacopœia, and compound prescriptions, and prevented from practising medicine. Empirics to be put down, quack medicines to become patent, and every obstetric practitioner, male or female, to have been duly educated.

There can be no doubt but the Medical Commission will draw up a project of a law to this effect.



THE  
*London Medical & Surgical Journal*  
 Saturday, January 16, 1834.

PLAN OF MEDICAL REFORM.

WE are of opinion, after the amplest consideration, that the legislature would never consent to the annihilation of the medical Colleges in London, or of any of our Colleges; nor is it necessary, because one act or law could, without the slightest injury to either, compel every one who intended to practise medicine, surgery, and midwifery, to qualify before both, without interfering in the slightest degree with the interests of either or any. Are there not several Colleges at Oxford and Cambridge under the title of University of either place? And does not the public recognise at present, a faculty of medicine and surgery? Our sentiments on medical reform are, we believe, such as are least liable to objection. They are briefly alluded to in a former article. We should imitate the plan proposed by the faculty in France. The education, both general and medical, should be the same in all our Universities and medical schools. Every one about to commence the study of medicine, should have received a good education in classics, mathematics, and natural philosophy; and the courses of medical instruction should be the same in all our Universities and Medical Schools. Every medical practitioner should be a Doctor in Medicine and Surgery; should have learned practical pharmacy; and should study clinical medicine and surgery in an hospital, or dispensary for two years, previous to appearing before the respective Colleges of Physicians.

There should be scientific apothecaries; and the Companies of Apothecaries in London and Dublin ought not to be

scientific bodies and wholesale druggists together. There should be some persons to prepare medicines, and compound prescriptions accurately and scientifically.

Chemists and druggists should be confined to the sale of drugs by wholesale and retail; but not allowed to compound prescriptions or to practise medicine, as they now do without any kind of medical education; nor should they vend poisons indiscriminately. General practitioners should be entitled to fair remuneration for their visits, and ought not to supply medicines; but after a certain time, all students commencing attendance on lectures should be required to become doctors in medicine and surgery, with liberty to practise either branch of science.

The remuneration of doctors in medicine and surgery might be regulated by the profession or the legislature, as in France, and vary from five shillings to one, two, or five guineas, for each visit, according to the future eminence of the individual.

No person, male or female, should practise midwifery, unless properly instructed.

Quackery should be put down, and no apothecary allowed to vend patent medicines.

Certain penalties for the infringement of such act ought to be recoverable before a magistrate, as in France.

Every physician, surgeon, and apothecary, who distinguished himself by his writings, discoveries, or celebrity as a practitioner, should, after a certain age and a certain standing, be entitled to become a Fellow, Examiner, or Member of the Council in the respective Colleges of Physicians, Surgeons, and Companies of Apothecaries to which he belongs.

All professorships, lectureships, medical appointments to hospitals, dispen-

series, parishes, workhouses, prisons, lunatic asylums, should be made by the Colleges of Physicians, Surgeons, and Companies of Apothecaries.

There should be one or more physicians, surgeons, and apothecaries, or assistant-apothecaries, to every such public charity, and each should be fairly remunerated for his services.

The fees of physicians should be made recoverable, like those of surgeons.

Medical ethics should be rigidly enforced.

This is only a part of the plan of Medical Reform about to be adopted in France; and we see no reason why it should not be adopted in this country. It equalises the education, and secures the best medical advice to every class of society.

We cannot agree with those who strenuously purpose to institute a new Faculty in England, Ireland, and Scotland. The association of the Colleges of Physicians and Surgeons in each country, by an Act of Parliament, under the title of "Faculty of Medicine and Surgery," would answer every reasonable and useful purpose. If the Apothecaries' Companies cease to be tradesmen, let them be associated; but should they decline to do so, (and the London Company intimated as much during the last session of Parliament,) then let the College of Physicians examine in pharmacy and the College of Surgeons in midwifery.

We repeat our firm conviction, that the Legislature will not sanction three new Faculties, but will modify those now in existence. Let it be remembered, that Government refused to establish an Obstetric Board: the feeling of respect for existing institutions is much too strong to admit of their destruction. This was the feeling of the Westminster Medical Society, though grossly and shamefully

misrepresented by the Medical Gazette; and we call upon the profession in every town throughout the United Kingdom to meet and petition Parliament for a reform, based on just, equitable, and honest principles, such as we have proposed.

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MEDICAL REFORM.—UNIVERSITIES.

A strange harmonious inclination  
Of all degrees to Reformation.

The more they stir, the more they're tangled.  
*Hudibras.*

In commenting, on some late occasions, upon the new schemes of Medical Education, which have been lately issued by some of the great manufacturers and dealers in medical degrees, we called the attention of our readers to the necessary consequence of this sudden interference. Some transactions of the past week lead us to renew the subject; we are now furnished with a practical illustration of the justice of our comments;—we can now exhibit a specimen, not merely of the gross inequalities of the fabric, which is offered to the public in the shape of medical practitioners, but also of the jealousies, which the trading principle engenders amongst the rival manufacturers. In truth, it requires no great degree of penetration to foresee these effects. Whilst the medical corporations are attempting, by the exercise of their separate powers, to introduce some amelioration in their systems of education; they still leave untouched—they actually tend to produce—that very diversity of system, which is one of the greatest anomalies and evils in our whole medical constitution.

Let us, for a moment, confine our attention to the Universities. It is unnecessary to inquire into the origin of these establishments, and of the privilege which they claim, of conferring medical de-

gress\*. Suffice it to say, that the paltry University of St. Andrews claims and possesses as large a privilege of dubbing doctors as the great aristocratical establishments of Oxford or Cambridge, and that both the large and small have, in justice, an equal claim to this lucrative right, since neither have the slightest pretence to a medical school; whilst the Universities of Dublin and Edinburgh possess a complete establishment for medical tuition in the capitals of two great divisions of the United Kingdom.

Originally the first rudiments of the learned languages were taught in Universities. In that state of things it was not improper to require of students in physic, that they should have graduated in arts before the commencement of their medical studies. The English Universities still insist upon this preliminary, notwithstanding the altered course of education;—the University of Dublin pursues the same system: but the Scotch Universities have long since dispensed with the degree in arts, and consider a reasonable school education as a sufficient initiative to the study of medicine. From the excellence of the collegiate education in Dublin, which is obtainable at a very moderate expense by persons of all religious persuasions, there is nothing very unreasonable in requiring medical students for the degree of doctor, to pass at least a couple of years in the general university studies for the degree of arts, should the four years, at present requisite for that degree, be thought too large a sacrifice of time in the spring of life. But whether this arrangement is ad-

visable, or the Scotch are right in dispensing with any collegiate studies in general literature;—what justification can be urged for the system pursued at Oxford and Cambridge?

No person can presume to enter their sacred walls, unless under the banners of the thirty-nine articles, and at an expense of between two and three hundred a year. And then the orthodox monied believer is compelled to reside at the University for the greater part of four years, during which he is altogether precluded from all opportunities of studying his future profession. Were it not for the kindred exertions of the London College of Physicians, in giving university graduates a monopoly of its Fellowships, a Doctor of Medicine of Oxford or Cambridge would have been as great a curiosity as a Dodo.

Some few years ago medical degrees were sold at St. Andrew's; no very great quantity of the base coin got into circulation; the thing was too shameless: but what little did, generally escaped notice, and passed current with metal of a purer standard. The degrees at Oxford and Cambridge, which were mere matters of course to the graduates of these universities, and which differed, in that restriction only, from those of St. Andrew's, were never sought except as preliminaries to the honours of the College of Physicians.

Oxford and St. Andrew's have both been stirring in the field of Reform. However incongruous and inconsistent are the schemes of education, proposed by these bodies in their new-born zeal for Reform, they seem to us to have admitted some general principles as indisputable, which may be turned to considerable use hereafter, when the whole state of the profession shall be inquired into before a proper tribu-

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\* Those who wish to read a brief but comprehensive history of the Universities, and of their system of education, will find the whole subject admirably treated in the *Wealth of Nations*, Book v., c. i., Art. II.

not. It is a remarkable coincidence that both these Universities leave the student perfectly open to seek his medical education where he lists. The admission of this fundamental principle necessarily arises from their total want of medical schools. Whether, in fact, they should possess any control in the republic of medicine, is a point still to be decided.

In the outset we alluded to a recent transaction of some importance, in reference to the late reforms. There will be found in another page of this number a manifesto, issued by the College of Surgeons in Edinburgh, against the efforts of St. Andrew's to retrieve its character, and to induce applicants for a degree in surgery to visit its walls. The University had appointed some of the members of the College as co-examiners with its Professor; and these gentlemen, who have been censured by the College, have published a replication, which we shall insert in our next number. The College of Surgeons have resolved to address His Majesty on the subject. We fully agree with the College in considering the whole affair of Reform, as attempted at St. Andrew's and elsewhere, as "a practical exemplification of the difficulty which, IN THE ABSENCE OF ANY GREAT SYSTEM OF MEDICAL LEGISLATION, must always attend the effort of public boards to extend and improve the education of those on whom they confer testimonials, viz. the possibility of the same titles and equal privileges being obtained from other boards, on a smaller amount of qualification."

It is, by the by, a circumstance worth noting, that physicians, while they strenuously contend for the separate education and practice of physicians and surgeons, claim, at the same time, from the omnipotence of their University degrees, the right to practise surgery!

#### SURGEONS ENTITLED TO DISPENSE MEDICINES FOR DISEASES PURELY SURGICAL.

SIMPSON G. RALPH.

APPLICATION was made to the Court of Exchequer on Tuesday, to set aside a verdict claimed by a surgeon for medicine and attendance on a disease of the eye, palpitation of the heart, and cough, on the grounds that the plaintiff was a surgeon only, and not an apothecary, and had no right to compound medicines. Counsel for the plaintiff maintained that he had acted purely as a surgeon, and called some medical men to show that the complaints were surgical.

Baron Bayley did not see why the plaintiff should not be allowed to dispense such medicine as was incident to his practice as a surgeon. The mere fact of administering medicine did not make a man an apothecary, unless it was his chief business.—Rule refused.

#### French Medicine.

##### *White Oxide of Antimony in Acute Inflammations of the Chest.*

This medicine has been employed by Dr. Michel, of Semur, (Côte d'Or), with such remarkable success in several cases of peripneumonia; that for the inflammatory affections of the chest he considers it as a specific. Out of 15 cases, thus treated, one only died; this person, who was a bricklayer, and much addicted to drinking, had been labouring under a very severe attack of severe peripneumonia, five days before the antimony was administered; 30 grains were given to him on the first day, and on the second this dose was increased to 40; a rigorous diet was prescribed, and, under this plan of treatment, the symptoms diminished in intensity. From the ignorance of the attendants, however, the medicine was omitted, and hot wine substituted for it, and this so aggravated the disease, that on the succeeding day he died. Of the fourteen others, eight were men and six women, from 23 to 56 years of age: eight of them (three men and five women) had only one lung affected, the pleura participating in the inflammation only in a slight degree. The treatment of these cases

commenced on the third or fourth day, and consisted of the administration of from 15 to 40 grains of the white oxide daily, and a low diet for the first four or five days; the medicine was given with great regularity; and in the course of seven or eight days all the patients became convalescent. The six others had peripneumonia, accompanied by intense pleuritis; from eight to ten leeches were, in the first place, applied to the most painful part of the chest, and in each case with some amelioration; after which the oxide of antimony was immediately had recourse to.

The fact of the disappearance of the pain in peripneumonia after the evacuation of blood, is a common occurrence, but, in general, it manifests itself again, and requires a fresh application of leeches; in these cases the pain either did not return, or was very slight. These patients did not, however, become convalescent so rapidly as the preceding cases; but recovery took place more quickly than under the ordinary antiphlogistic plan of treatment. The malady re-appeared in one case after the cessation of the medicine, but on again resorting to it for two or three days, the unfavourable symptoms disappeared. Fifteen grains of this remedy were given during the course of twenty-four hours to a man who had been afflicted for the last day with wandering pains in the chest, cough, difficulty of respiration, sanguineous expectoration, and symptoms of fever. By the time he had taken fifteen grains his symptoms were much mitigated, and, by continuing the dose, gradually increasing its quantity, he rapidly got well.

#### *Experiments upon the Communication and Origin of Vaccine Virus.*

BY DR. FIARD.

Three opinions exist as to the origin of the vaccine virus. 1st. That of Jenner, who supposed that it proceeded from a malady in the horse, called *the Grease*, which was contagious, and gave to cows that form of complaint denominated *cow-pox*. 2nd. That of Dr. Robert of Marseilles, who thought that the vaccine virus was nothing less than the small-pox poison communicated to cows, and modified by the transition. 3rd. The opinion that this complaint is as natural to cows as the rot to sheep, the small-pox, measles, or scarlatina to man.

For the purpose of proving the truth of

these opinions, Dr. Fiard has made several experiments, of which the following is the result.

He inoculated, with the matter taken from the heel of a horse attacked with grease, four healthy cows; three punctures were made in each teat, but no satisfactory result ensued, for neither eruption nor pustule was caused. He afterwards inoculated four cows with matter taken from a person who had been suffering under confluent small-pox for eight days; the punctures made with this matter did not produce the slightest degree of inflammation. Seven cows were then very carefully inoculated with the matter of small-pox, taken at the seventh day from a young man aged 23. At the end of the fourth day, in three cows, the teats which were inoculated presented a slight red blush, but, by the 8th, this had entirely disappeared. In none of the other cows was there even this slight degree of inflammation produced.

After stating the result of these experiments, Dr. Fiard expresses, as his opinion, that the cow-pox is a malady peculiar to cows; that it is very rare in England, in these animals; and that, in France, there is no evidence to prove that it has ever been produced; but in that country cows are subject to a disease which very closely resemble cow-pox, and which has apparently led to the error.

### French Hospital Reports.

#### HÔTEL DIEU.

*Tubercles developed at the origin of the third, fifth, seventh, and eighth pairs of nerves; loss of hearing, of sight, and of smell; preservation of the taste and of the sensibility of the integuments of the face,*

BY M. NÉLATON.

A YOUNG woman, *ætat.* 21, was admitted into the Hôtel Dieu complaining of intense pain at the bottom of the head. The motionless state of her features, the eyes projecting and fixed, her inanimate attitude, and even her voice, all seemed to denote imbecility. She had suffered from pains in the head for six years, and from that time until now her sense of hearing had been gradually becoming less acute, and within the last three months she had completely lost her sense of smell; the sensibility of the skin was every where perfect, and the

voluntary motions were performed with their usual energy. At her first admission the voice was very weak, but after she had remained some time in the hospital it became completely lost. A probe, placed on the conjunctiva, did not provoke any signs of sensibility, although this membrane was evidently inflamed and dry, the lachrymal secretion being interrupted. A probe, introduced into the nasal fosse, could touch any part of the membrane without the knowledge of the patient; ammonia, placed under the nostrils, did not appear at first to produce any effect, but after some minutes it excited efforts to cough. The gustatory faculty of the tongue was, on the contrary, preserved, for the patient recognised salt placed in the mouth, the general sensibility of this organ was also untouched.

The patient died after being in the hospital nearly two months.

Upon examination, the olfactory and optic nerves did not present any lesion in all their course; the pathetic nerve, external motor oculi of the left side, glosso-pharyngeal, and hypoglossal, appeared free from disease.

All the other cerebral nerves were at least three times the healthy size; small spheroidal tumours, from two to three lines in diameter, were developed in the interior of the nerves or were attached to their sides; some of these tumours were circumscribed in shape, and destitute of cysts, whilst others were of an irregular form; the internal structure of all of them was similar, being of a thick yellow consistency. The two common motor oculi nerves were placed upon a tumour of this kind, and they were found also in the nerves of the fifth pair on both sides, but at different distances from their origin; the external motor oculi of the left side contained one half a line in diameter. The nerves of the seventh pair were found to be altered in structure, from their origin to the bottom of the internal auditory canal.

### Italian Hospital Reports.

#### HOPITAL DE MILAN.

##### *Encysted Abscess of the Brain.*

A SOLDIER was attacked at the age of 25, with inflammatory fever, accompanied by intense pains in the head, tumefaction of the left parotid gland, and insomnolency; these symptoms yielded to antiphlogistic treatment, but at the

time of his departure from the hospital he still had pain at the bottom of the left orbit, and tingling in the ear on the same side. Some days afterwards, the febrile symptoms returned, and a swelling was observed in the situation of the squamous portion of the temporal bone; leeches, bleeding, and a fortunate attack of epistaxis, arrested the symptoms, but still the pains in the head returned periodically, and with augmented violence; the tumour increased in size, and he became deaf. No remedies were of any avail, and in a short time he was seized with vomiting, his pulse became small and irregular, and he died.

*Autopsy.*—The sinuses of the brain were gorged with blood, the membranes and the substance of the brain were also injected, especially in the left hemisphere; the middle and lateral portions of the latter were much increased in volume, and did not present any traces of cerebral convolutions; there was an aperture in the dura mater corresponding to the opening in the left temporal bone; the right ventricle was diminished in size, and above it there was a cavity existing in the substance of the grey matter; the medullary substance in its neighbourhood was in a state of ramollissement and contained a cyst, as large as a hen's egg, filled with pus; this cyst had thick walls and a fibrous appearance; it exhibited in its interior the characters peculiar to inflammations of mucous membranes, and was a communication between it and the tumour situated upon the temporal bone.

### Egyptian Hospital Reports.

#### HOPITAL D'ABOU-ZABEL.

##### *Amputation of the Foot at the Tarso-Metatarsal Articulation.*

BY CLOT BEY.

MAROMET, *et.* 25, was admitted for a wound of the foot produced by a wheel passing over it. The accident occurred twelve months previous to his admission, but he had continued his employment until that time. On examining the foot, it was found to be in a state of gangrene, and there was so great a loss of substance that cicatrisation became impossible. Disease of the bones had commenced, and his health was so much injured, that Clot Bey determined to perform partial disarticulation. Accordingly, with a long knife he made an incision through the integuments

covering the tarso-metatarsal articulation; where the wound terminated; he then plunged the point of the instrument between the articulation of the bones of the tarsus and those of the metatarsus, divided rapidly the integuments and tendons, and then, by turning his knife horizontally, made a sufficient flap beneath the bones to cover the wound. At the end of two months the patient was well, with the exception of a small abscess on the internal side of the foot; this abscess was opened and soon disappeared.

## Hospital Reports.

### ST. GEORGE'S HOSPITAL.

#### *Hæmorrhoids.*

We noticed in a former number some clinical remarks made by Mr. Brodie upon the case of Marshall, a patient in Fitzwilliam Ward, who was admitted under his care for piles. These (three in number) were tied, but the operation was not followed by that quick and immediate relief to pain and suffering which it usually affords the patient. He complained for some time afterwards of great pain in the part, and of a heavy bearing down whenever he went to stool, and he also passed some blood at the same time. His countenance was sharp and anxious; tongue clean; bowels open; pulse natural.

℞. Confectionis Sennæ, ℥iiss;  
Sulphur Sublim. ℥iv., misc. Capiat  
coch. parv. bis in die.

Whilst examining this patient, a gentleman present asked Mr. Brodie whether he had used the balsam copaibæ in diseases and morbid affections of the rectum. Mr. Brodie answered in the affirmative, remarking that it was a very useful application, and acted in such cases as a stimulant to the parts, but that he did not consider it so useful a medicine in such cases as the confec. piperis nigri, which acted also as a stimulant, and when not taken by the mouth, might be introduced as a track or suppository into the rectum, when it became mixed with the fæces, and acted as a stimulant applied directly to the parts. The balsam copaibæ, Mr. Brodie remarked, was also a very good application in old obstinate gleets, when introduced on a bougie into the urethra. Mr. Brodie here alluded to a case of disease of the rectum which he had under his care, and which he believed to be carcinoma, and which he almost believed to be so still, and which had been materially benefited by the use of the balsam copaibæ and liquor potassæ combined together.

The patient complains of less pain, but had some blood come away with his stools a few days since, owing to the separation of one of the ligatures.

℞. Confec. Piperis Nigri. Sumat quatuor  
titat. uncis moschat. ter in die.

Cont. Electuarium ut antea præscript.

These remedies were ordered to be continued for some time, till the after symptoms of the operation were completely checked.

On next visiting him he complained of great pain at each fecal evacuation, and said that the piles came down as much as ever. He was ordered to continue the use of the confec. piperis nig.

Mr. Brodie remarked that for one case of hæmorrhoids in hospital practice he met with twenty cases in private practice; and that when they occurred in hospital practice, they were more troublesome to manage, having generally lasted for a long time, and being complicated with disease of the rectum, from the hæmorrhoids having been neglected.

Under the use of the confec. piperis nigri, the man improved very much, and he was, therefore, made an out-patient, and ordered to continue the use of the confection.

#### *Injuries to Cellular Membranes.*

A man was admitted who had received a kick from a horse on the leg, which had injured the cellular membrane, and caused it to slough away through an ulcerated opening in the skin. Mr. Brodie remarked that the cellular membrane possessed a less degree of vitality than the skin, and that a blow or an injury which affected not the latter, might still affect the former; which would inflame, ulcerate, and slough away, as it had done in this case. If such cases were attended to in time, the skin over the part receiving the blow might be saved by being freely incised, thereby giving vent to the slough of cellular membrane beneath. The latter argument received an apt elucidation in a case to which Mr. Brodie's attention was soon afterwards directed, in which there was a large unhealthy sloughing ulcer of the leg, and the surrounding parts were very red and tumefied, from diseased cellular membrane beneath, and in which Mr. Brodie freely incised the surface in every direction.

#### *Fractured Ribs—Injury of the Lungs.*

A man was admitted labouring under such an accident. Bleeding, rest, bandaging, and the other usual remedies in such cases, were adopted with benefit. Mr. Brodie remarked that there were two ways in which ribs were said to be fractured; one in which the fracture occurred at the part immediately where the bone was struck where the ends of the ribs were driven in; and the other where the sternum was pressed in, and the ribs snapped like a bow, from being over bent. In this case the former of these accidents had occurred, and not merely the pleura pulmonalis, but the pulmonary structure of the lungs themselves had been broken into, for the man had spat up blood, which proved that the injury had not been a superficial one, for the blood-

vessels were situated very deeply. With respect to bandaging in such cases, it was formerly only employed where no emphysema existed, and Sir William Blizard was the first surgeon who employed it in cases of this nature, where emphysema did exist. There had been some emphysema in this case, and the man had borne the bandaging tolerably well, taking all the circumstance of the case into consideration.

#### Gout.

This man, gentlemen, has got gout; he has had it in the foot, and now he has it in the elbow, and it has been arrested by a good dose of colchicum. He is a post-boy: now that is not a mode of life particularly predisposing to gout. He had, I believe, fracture of the leg some time since, and he had gout after that. Now you will frequently find, that, in persons predisposed to gout, an attack will come on after an accident, such as this; and I have known it to occur after an operation.

#### Condylomata.

Condylomata frequently are caused by dirt. There may be a slight eruption about the anus, the acrid discharge from which may irritate the parts, and induce condylomata. A woman with fluor albus may have condylomata,—any discharge or dirt will cause it. The case which called forth these remarks was cured by the unguent. hydrarg. præcip. alb.

#### Fracture of the Cervix Femoris.

There are at present three or four cases of this nature in the hospital, under the care of Messrs. Keate and Brodie. Rest, in the recumbent position, with splints or padding to the part, as the cases may seem to require, are the general methods of treatment adopted in such cases, with attention to the general state of the patient's health. There is nothing particularly worthy of comment or observation in either of them; and we shall, therefore, take the opportunity of appending some clinical observations on such cases, made on a former occasion by Mr. Brodie.

The true fracture of the cervix femoris is situated in that part of the bone between the head and body, or long shaft of the bone, and which is enclosed or surrounded by the capsular ligament of the joint. There are many accidents of the femur which may be confounded with this; as, for instance, where the fracture of the bone is situated between the trochanter and shaft of the bone, and where the neck of the bone is in consequence drawn up, or again, where the fracture is situated at the juncture of the little trochanter with the neck of the bone, the case may be mistaken. The present observations, however, which I shall make, allude to fracture of the neck of the bone within the capsular ligament.

Fracture of the neck of the femur may be distinguished from dislocation of the bone upwards and outwards on the dorsum of the ilium, with which it is sometimes confounded,

by the following diagnostic marks:—If there is dislocation, you will find a great projection of the trochanter, which is less in fracture of the neck of the bone; in fracture there is no shortening; in dislocation there is shortening of the limb from the beginning; in dislocation the toes are turned inwards, in fracture they are turned outwards,—it is very rare to find them turned inwards in such cases; in fracture of the neck of the bone you can rotate the limb, in dislocation you cannot; in dislocation the knee and thigh are thrown forwards to the opposite side, in fracture of the neck they are not; in fracture there is great pain felt on the upper and inner parts of the thigh if it be moved; the great trochanter also is in its natural situation; sometimes the limb is shortened and sometimes not; if it be shortened, the great trochanter appears less prominent; if not shortened, the broken ends of the bone are in apposition, and the great trochanter is consequently in its proper situation. Sometimes you may feel the ends of the bones grating against one another; if you feel this grating you may be assured that there is fracture; if the limb be shortened rotation will not produce grating; but if it be not shortened and rotated the grating will be felt; or even if shortened this will be also felt if the limb be rotated at the same time that it is extended, by which means the broken surfaces will be brought nearer together; in these persons you will feel on rotation that the great trochanter revolves in a smaller arc of a circle. You will find no extravasation in fracture of the neck of the femur; it generally occurs in elderly persons, and but seldom in the young; in old age the neck of the bone becomes brittle, and a slight blow will fracture it; the shaft of the bone is less so, and therefore this symptom will guide you. The diagnosis in such cases should not be made from one symptom but from many; they must be all combined to enable you to judge of the true nature of the accident. The injury is at first frequently overlooked, owing mainly, I believe, to the circumstance, that there is no shortening at first immediately after the accident. Morgagni names this circumstance; and I am now quite sure that in many cases you cannot perceive any apparent shortening at first, and sometimes not until three weeks after the accident. The edges of the broken bone dovetail together, and the capsular ligament supports them. If there be no shortening, there will be great pain when the foot is put to the ground, the limb will give way, and the patient will be lamed. I knew of one case, however, which was an exception to this rule: the patient could put his foot to the ground; there was no shortening, and yet there was fracture of the neck of the bone.

These, then, are the circumstances which should guide you in your diagnosis in such cases: the age of the patient being advanced; the blow slight; the toes turned outwards or forwards; pain on motion, felt at the upper



and inner surface of the groin; if the limb be shortened, and it be extended and rotated, grating will be felt; but the shortening may not take place till two or three weeks after the accident, and sometimes even later than this.

#### ROYAL COLLEGE OF SURGEONS.

##### *Unrolling of the Mummy of Horsiesi.*

ON Thursday last, an immense concourse of the profession and other scientific individuals attended at the theatre of the Royal College of Surgeons, to witness the interesting process of unrolling an Egyptian ecclesiastic, and stripping him of the cerements of a thousand years. We are not sufficiently versed in hieroglyphics to read the gentleman's name in the original, but it is said to be Horsiesi, and that he was the son of Naspiniogori, and an incense-bearing priest in the Temple of Ammon, at Thebes.

Mr. Pettigrew, who conducted the process, entered into an elaborate and eloquent review of Egyptian hieroglyphics, and explained many parts of the adopted system of interpretation. The learned gentleman gave an interesting account of the process of embalming in the course of his labours of evolution. The rollers were stated to be of most extravagant length, and were applied with wonderful skill. Amulets, &c., were found on the chest, and an Egyptian idol was lodged between the thighs. The process occupied an hour and a half, when the learned gentleman was obliged to defer a very delicate part of the operation, in taking off the rollers near the skin, to a future day. The learned President, Mr. Guthrie, announced, that in the meantime the mummy will be exhibited in the Museum on Mondays, Wednesdays, and Fridays, for the inspection of members of the College, and others introduced by them; and that the Secretary will be directed to issue tickets of introduction to any scientific individual who is disposed to avail himself of the privilege.

#### APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, January 9th.

John Maurice Conway	. . .	Lynn Regis.
Alfred Cooper	. . .	{ Whetstone,
		{ Leicestersh.
Charles Cotton	. . .	. . . Liverpool.
Robert Hunt	. . .	. . . Hull.
George Frederick Knipe	. . .	. . . Hereford.
Elias Thomas	. . .	. . . Bristol.
John Watkins	. . .	. . . Cardiff.

#### LITERARY INTELLIGENCE.

SHORTLY will be published, Elements of Medical Police, or the Principles and Practice of Legislating for the Public Health. By BISSER HAWKINS, M.D., Professor of Materia Medica in King's College.

#### BOOKS.

A Series of Anatomical Plates, with References and Physiological Comments illustrating the Structure of the different Parts of the Human Body. By JONES QUAIN, M.D., Professor of Anatomy and Physiology in the University of London. Parts V. IV. and VI. Principles and Practice of Obstetric Medicine, &c., &c. By D. D. DAVIS, M.D. Professor of Midwifery in the London University. Parts XXVI. and XXVII. Taylor.

History of a Case of Epilepsy of Twenty Years' standing cured, with the Treatment and Remarks thereon. By JOHN EPPS, M.D., Lecturer on Materia Medica and Chemistry.

The Baltimore Medical and Surgical Journal and Review. Edited by G. GEDDINGS, M.D., Professor of Anatomy and Physiology in the University of Maryland. No. I., Oct., 1833. London, Rich, Red Lion-square.

The Parent's Dental Guide. By W. IMRIS, Surgeon Dentist. London, 1834. John Churchill.

#### CORRESPONDENTS.

*A Surgeon at Reading.*—The certificate system was very properly excluded at the Westminster Society; and the idea of dispensing with attendance on lectures is preposterous—"a tub to catch a whale." It is a very palatable doctrine to many students and apprentices, who imagine that they could acquire a proper knowledge of all the medical sciences without any instruction or assistance. Were self-taught candidates to apply for examination, not one in five hundred could succeed, and the time of the examiners would be wasted.

*O.* The consequence would be a prosecution for a misdemeanour; conviction, twelve months' imprisonment, at least, and eternal disgrace.

*A Member of the Westminster Medical Society.*—We shall withhold this letter until after the next meeting of the Committee.

*The Gregorians.*—They have had enough already.

*E. M.*—Many thanks for the communications, all of which will appear next week.

*R. A. G.*—If the author of the Defence of the Statutes of the University of Oxford, with regard to Medical Degrees, will attach his name to it, we shall publish it. Our readers would certainly wish to know, whether it is the composition of an Oxonian Graduate in Medicine.

*Mr. Dermott.*—We have received Mr. Dermott's letter; but we think the publication of it in its present shape would defeat his object, in which we heartily wish him success.

Dr. Ryan has removed his residence to No. 4, Great Queen-street, St. James's Park, Westminster.

ALL Communications and Books for Review to be forwarded (free of expense) to the Publisher, 356, Strand, near King's College.

## LECTURES

ON THE

## PRINCIPLES, PRACTICE, &amp; OPERATIONS OF SURGERY,

BY PROFESSOR SAMUEL COOPER.

*Delivered at the University of London,**Session 1832—1833.*

## LECTURE LXXIII., DELIVERED MARCH 22, 1833.

GENTLEMEN,—One of the most common secondary symptoms is ulceration of the fauces, tonsils, and soft palate,—in other words, a *sore throat*. What has generally been considered as the most unequivocal specimen of syphilitic ulceration of the throat, is remarked to come on without much previous inflammation, to begin on the surface of the part affected, and to extend more and more deeply; so that, when situated on the tonsils, an appearance is produced, as if a portion of them had been scooped away. The sore has a sharp prominent margin, and its excavated surface is covered with yellow adhesive matter, that cannot readily be separated from it. It is not uncommonly believed, that a sore throat, corresponding to this description, is peculiar to true syphilis, or the scaly form of the venereal disease—that disease, all of whose symptoms are sometimes thought more particularly to require larger quantities of mercury for their cure, than other varieties of the venereal disease. On this point, however, I may observe, that the doctrine, to which allusion has here been made, is not so much insisted upon at the present day, as it was some years ago. In fact, this kind of sore throat has frequently been cured by sarsaparilla, as you may learn from the statements in Mr. Rose's valuable essay; and it sometimes follows sores, which have no kind of resemblance to chancre, with an indurated base and circumference. At the same time I am of opinion, that, whenever this kind of sore throat is accompanied by a scaly eruption, or by pain in the shafts of the long bones, or by true nodes, it will be more benefited by mercury than any other kind of medicine.

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Besides this description of sore throat, gentlemen, you will see in practice superficial, but foul and wide-spreading ulcerations of the tonsils, velum pendulum palati, and upper portion of the pharynx,—extending, in short, over a great part of the surface of the throat, and accompanied by a considerable deal of pain, restlessness, and fever. On account of its appearance, it is frequently called the *ulcerous excoriation of the throat*. Mr. Carmichael thought he had traced it to be an effect of what he terms the *papular venereal disease*, or that which he conceived to arise from the *simple primary sore*, patches of excoriation on the prepuce, or gonorrhœa virulenta.

You will also be called upon to attend cases in which the ulcers of the throat have a truly phagadenic character, and are disposed, under improper treatment, to destroy the whole of the soft palate, and to extend their ravages to the pharynx, and even sometimes to the larynx, causing necrosis of its cartilages, and endangering life. You will also find in this form of sore throat, when the constitution is in an unfavourable state from the injudicious use of mercury, a tendency to the production of caries and necrosis in the bones of the palate, and even in the upper jaw-bone and the ossa spongiosa; but if the disease be properly treated, and the employment of too great a quantity of mercury be avoided, the patient will generally escape the serious mischief to which I have alluded. You should be careful not to confound common abscesses, and chronic scrofulous enlargement of the tonsils, with venereal affections of them.

One species of *iritis*, or *inflammation of the iris*, is an affection ranking as a secondary symptom of syphilis. After the appearance of disease of the skin, or sore throat, or, after the patient has suffered pains in the bones, you will find that the iris sometimes inflames. This affection may follow, or accompany, various kinds of syphilitic eruptions, and is usually attended with pains in the limbs and joints; but it is not necessary for me to dwell on this part of the subject at present, as I shall have to notice it again in a few days, when *syphilitic iritis* will be considered, with other diseases of the eye.

3 P

With regard to *venereal affections of the bones and joints*, if the swelling has come on suddenly, seems to be chiefly seated in the periosteum, and the pain is not remarkably aggravated at night, you may generally conclude that it is not a venereal affection. True syphilitic nodes are more indolent and sluggish in their progress, than the swellings to which I have now referred; and, though they become painful in time, they are not remarkably so at first. In true syphilitic nodes, too, the pain is always more severe at night than in the day. The swellings, most likely to be mistaken for venereal ones, are inflammations of the periosteum, and not of the bone itself, attended with pain in their very commencement, and even with redness of the skin; they arise suddenly, and frequently disappear in a short time, without the use of mercury. They are said, therefore, to have more of the inflammatory character about them, than usually belongs to venereal nodes. The best plan in these cases is to inquire into their history; in all suspected cases of syphilis, indeed, you should inquire into the other symptoms which may have previously existed, the order in which they have occurred, and any treatment that has been tried; and you must form your conclusion by connecting the present symptoms with all the others which you can ascertain to have previously existed, not omitting the consideration of what may have been done in the way of treatment before you are consulted.

There is one curious circumstance deserving your attention in relation to nodes, namely, that they are alleged to be rarely produced in syphilis, unless the patient has been using mercury. This is a curious fact; but it is so much the case, that Dr. Hennen, a man of considerable observation and great experience, affirms that he never saw more than two cases of nodes in patients who had not taken mercury. I know that some surgeons maintain that the fact is otherwise; but I believe, that there is a great deal of truth in Dr. Hennen's observation, and that you will rarely meet with patients who have nodes, unless they have been taking mercury. But here the question arises, how far the mercury is concerned in producing these nodes? In considering this question, you should recollect, that, though you do not see nodes in syphilitic affections, unless mercury has been given, yet in liver complaints, for which mercury is often given in considerable quantities, and for an immense length of time, there will never be any nodes produced. On the other hand, it is asserted, that, if no mercury be given in the treatment of syphilis, nodes will not be produced. It seems, then, as if the action of mercury, and the influence of the syphilis together, had a share in bringing on these osseous swellings. You will not, as I have said, see nodes arise in liver complaints, though great quantities of mercury be employed. The venereal disease, therefore, is certainly concerned in the production of nodes. At the same time, it seems

to me that we have sufficient evidence to show, that, unless mercury be given in some quantity or another, great or small, for the cure of that disease, nodes and other affections of the osseous system will rarely be excited. I entertain not the slightest doubt also, that there is some truth in the opinion, that caries and necrosis of the bones are not so much the consequence of the venereal disease itself, as of the baneful influence of mercury, when it is rapidly and unskillfully thrown into the system, at a period when the patient is exposing himself to the weather, not confining himself at home, and committing the most imprudent excesses in diet. I believe that, under such circumstances, an individual is far more likely to have his osseous system affected, than one who observes a more prudent regimen during a mercurial course; and it is my firm conviction, grounded on remarks which I have made in practice, that caries and necrosis of the bones of the nose would very rarely occur, if mercury were not given in immoderate quantities, and the patients took due care of themselves while taking that medicine.

Gentlemen, in the *treatment of the secondary symptoms of syphilis*, the same general rules and principles, respecting the use of mercury, are necessary to be attended to, as I explained to you in describing the treatment of the primary complaints. I may say, then, that mercury will generally expedite the cure of the secondary symptoms; but that, in some states of the constitution, even when true syphilitic affections are present, or when ulcers, which were originally of this nature, have assumed the phagedenic or sloughing character, and are accompanied by considerable inflammation, or much derangement of the health, mercury will prove the most pernicious medicine that can be employed. Mercury will also be improper where any extraordinary inflammation is present with the secondary sore. Mercury will not benefit the secondary symptoms of syphilis in many disordered states of the constitution. Then, gentlemen, I can assure you that you will never treat either the secondary symptoms, or any other forms of the venereal disease, with judgment and discrimination, unless you recollect various facts connected with this subject; and one of these is, that mercury will generally benefit not only the ordinary forms of the venereal disease, but many other complaints; it will cure not only syphilis, but many other diseases which resemble it, and many also which are totally different from it. You should likewise recollect, that many diseases, which are successfully treated with mercury, sarsaparilla, guaiacum, antimonials, mineral acids, &c., would generally get well of themselves in the end, if the constitution could bear the requisite struggle. And with respect to mercury, or any other powerful medicines, be it also remembered, that if they are not administered in such doses as totally to derange the whole economy, if only moderate quantities of them

are exhibited, they will not commonly prevent any disease from taking a favourable course, if it be so disposed. Such reflections will render the fact very intelligible, how, in forming an opinion of the nature of syphilis, and of the effects of mercury upon the disease, so much deception has frequently occurred. A patient takes mercury in moderation, and his disease gets well, and then the practitioner is confirmed in his idea, that the disease was venereal, and has yielded to the specific remedy. But it will be sufficient for you to recollect the facts I have specified, to be convinced, that mercury is by no means a test of the venereal character of a disease. With respect to the treatment of secondary symptoms generally, I may observe, that when mercury is given, it is preferable to give it in moderate doses. In particular instances it may be necessary to push the mercury beyond what may be denominated a mild mercurial course, but such examples are uncommon; at all events, they are not so numerous as they are supposed to have been in former times. As a general piece of advice, however, I recommend you to adhere to the maxim of not exciting a profuse and violent salivation.

When the cutaneous eruption consists of scaly copper-coloured blotches, presenting the character of either psoriasis or lepra, and not attended with much febrile disturbance of the system, and perhaps associated with that affection of the tonsils, which is sometimes thought to be the greatest test of true syphilitic ulceration in the throat, namely the deep excavated ulceration, frequently accompanied by pains in the shafts of the long bones; all surgeons of experience agree, that mercury should be prescribed, and the majority recommend it to be employed according to the principles I have explained to you, namely in moderate doses, and not so as to excite a profuse and violent salivation, or to bring on severe derangement of the health.

With respect to secondary symptoms generally, it has been noticed, and is believed by a great number of excellent surgeons, that when mercury is useful in this stage of syphilis, it shows its efficacy with even greater promptitude than in the first stage, or in the treatment of the primary sores and buboes; I mean to say, that mercury will frequently remove the secondary symptoms with greater rapidity, and a smaller quantity of the medicine will be sufficient.

Ulcers in the throat may be fumigated with the red sulphuret, or with the grey oxide of mercury, or they may be washed with a solution of the chloride of soda, with the black wash, or with gargles containing oxymuriatic acid, or with any other detergent gargle; but those applications, which I have mentioned, seem to deserve your particular attention on account of their very frequent good effects. Secondary ulcers in other situations may also be fumigated with benefit, and either poulticed till they granulate, or dressed with various

applications, as with the watery solution of opium, or henbane, when they are painful, or with the black wash (which is so common an application to primary sores), or even with the yellow wash, consisting of lime water and oxymuriatic acid of mercury; or, if they are of a more indolent character, you may dress them with the ointment of the nitrate of quicksilver, or with the red precipitate ointment.

When the eruption is papular, and has been preceded by a great deal of fever, and considerable disturbance of the system, and when such eruption ends in desquamations (for you will find the papular eruption will sometimes desquamate), then you may employ blood letting in the commencement, with the compound calomel pill and saline aperient medicines. The same practice should be pursued, if there be pain and swelling of the large joints, accompanied by a diffused redness, and swelling of the tonsils and glands of the neck. Here you may suspect, that some particular state of the constitution has had a share in thus modifying the disease; it has never yet been proved, that such modification is owing to a specific poison, though you know, it is Mr. Carmichael's suspicion, that it may depend on some other poison different from that of true syphilis; but this still remains a questionable point; and, at all events, the state of the constitution must have more or less share in modifying the symptoms. After continuing the treatment that I have mentioned for a time, it is to be changed for small doses of James's powder or antimonial powder and sarsaparilla. Mr. Carmichael, who is certainly a good practical surgeon in these cases, entirely disapproves of the use of mercury in the commencement of the treatment of what he terms the *popular form of the venereal disease*; he does not even give the compound calomel pill, which contains but a small quantity of mercury; in short, he expressly avoids administering mercury, till the eruption desquamates, and then he admits that such medicine in moderate doses will be superiorly useful. With respect to that form of iritis, which is met with in syphilis, mercury is highly necessary, and should be given freely, for reasons that will be explained in a subsequent lecture, in conjunction with bleeding and blistering.

When the secondary symptoms are associated with a *pustular eruption*, you should begin the treatment with alterative medicines, especially antimoniaks, or the compound calomel pill. These medicines should be followed up by the compound decoction of sarsaparilla, or bark and the nitric or sulphuric acid. What is called the *sulphurous bath*, is frequently highly beneficial in this form of the venereal disease; though you will not always have opportunities of procuring your patients the advantages of it. The nitro-muriatic acid bath, and bathing the skin with lotions of the sulphuret of potash, are also frequently serviceable. Mr. Carmichael does not give mercury in the pustular form of syphilis, unless the pustules change

into scaly blotches, which, he says, they will sometimes do; but he chiefly trusts to sarsaparilla and guaiacum, with small doses of James's powder, or of the compound powder of ipecacuanha.

When white aphthous ulcers of the mouth accompany syphilis, they may be touched with a solution of the nitrate of silver, or with diluted muriatic acid; some surgeons particularly recommend the oxymel seruginis, and others the black wash, or a strong solution of the chloride of soda.

It would appear from Mr. Carmichael's researches, that these forms of syphilis, comprising those termed *pupular*, *pustular*, and I might add, *tubercular*, do not require any mercury in their early stages, though it is admitted, that, in all of them, after they have lasted a certain time, mercury will come in beneficially, bring the patient completely out of danger, and do what it would not have done if given in an earlier stage of such diseases.

One observation, made by Mr. Carmichael, agrees with what I have seen, namely, that when the knee joint is enlarged and swollen from any cause connected with venereal complaints, you will never find that mercury will do any good, but, on the contrary, will make the case worse than ever.

With respect to the treatment of the phagedænic ulcers, which occur in the *advanced* stages of syphilis, and generally accompany or follow the tubercular eruption, they are certainly never benefited by mercury in their early stages. Some of these tubercles, affecting the skin, begin as ulcers, and scabs form on them, which assume a conical shape. In Mr. Carmichael's book there is a drawing of one of these conical scabs projecting from the forehead, so long as to resemble a horn. I believe that, in this form of disease, mercury is injurious; and that one reason why the osseous system is so often affected, is the exhibition of mercury in the commencement of phagedænic venereal ulceration. In the early stages, blood-letting should not be omitted, unless there be some peculiar symptom or condition of the health prohibiting it. Antimonials, saline purgatives, and small doses of the compound powder of ipecacuanha, may also be employed with advantage. In all cases of phagedænic venereal ulceration, opium and its different preparations are truly beneficial; indeed, I believe the most useful of all medicines. Sometimes opium may be combined with conium or hyoscyamus. The mineral acids are also frequently of particular service in the phagedænic varieties of syphilis; and the nitrous acid has long enjoyed very great celebrity.

When phagedæna affects the throat, the same general treatment will be of advantage; and, as for applications to the ulceration itself, you may use fumigations with the red sulphuret of mercury, or you may apply the black or yellow wash as a gargle, or touch the parts affected with the nitrate of silver. Another good plan is to touch the sore with

diluted nitrous acid, applied by means of a camel-hair brush. In many cases this plan has considerable effect in cleaning the sore. The solution of the chloride of soda is another application, which is now very much in favour. It is found, that phagedænic ulceration of the throat is sometimes disposed to extend to the larynx, and ulceration is then excited in the mucous membrane of that organ, and even necrosis and exfoliation of its cartilages. When you have reason to suspect this sort of mischief to be going on, you should apply a blister over the larynx, or rub the neighbouring skin with antimonial ointment, so as to produce counter-irritation. I should say, that in the treatment of the secondary symptoms attending this form of the venereal disease, you should always try alterative medicines, as antimonials, guaiacum, sarsaparilla, conium, the nitrous acid, or nitro-muriatic bath, &c., before having recourse to mercury; and you will find, that, under such treatment, the health will get into a more favourable state for the reception of mercury; and though at first you cannot advantageously give this medicine, yet, when the health is improved, it will become of important service, and, by giving moderate doses of it, you will bring the patient safely out of all his dangers.

The treatment of nodes, and of swellings, and pain in the periosteum, is to be regulated by the history of the case, and by attending to various circumstances, to which I have already invited your attention. When the pain or inflammation in a joint or bone seems to be more acute than belongs to the character of syphilis and true nodes, or those which follow that kind of primary ulcer which is called the Hunterian chancre, then you should have recourse to alterative medicines. The best plan is, to apply leeches to the integuments over the inflamed portion of bone or periosteum, and use fomentations and poultices, with aperient and antimonial medicines, or small doses of the compound powder of ipecacuanha. Such treatment will mostly give considerable relief. After the affection has been rendered more chronic, if it be still obstinate, try blisters, which may sometimes be kept open with advantage for two or three weeks. In some cases, pus will form under the periosteum, and then nothing will afford relief but making an incision, and forming an outlet for the matter that is confined.

True nodes require a mercurial course, but this only in moderation, and, generally, if you were to use all the blue ointment in 'Apothecaries' Hall you would not completely disperse them by this means. It is completely an erroneous notion, that mercury will bring down the bones quite to their natural level; this cannot be done by any kind of mercurial course. If, therefore, after you have given mercury to a certain extent, you find that the nodes become stationary, that all pain has ceased, and all appearance of specific action is at an end, the practice should be changed,

and local measures principally trusted to. Of course, at this period, the patient's health is, for the most part, a good deal reduced, and therefore you are called upon to endeavour to rectify whatever derangement of the constitution may be obvious. Such derangement is partly, perhaps, the effect of syphilis, but certainly, in many instances, more the effect of the mercury that has been given. You may, therefore, give the compound decoction of sarsaparilla, bark, or the sulphate of quinine, with or without the mineral acids; but, as for the nodes, trust chiefly to local treatment, and with this view, you can try frictions with mercurial ointment over the part, or with an ointment, composed of ℥j. of mercurial ointment and ℥j. of the hydriodate of potass, or ℥j. of the tincture of iodine, blended with an ounce of soap liniment. Many practitioners prefer covering nodes with the empl. ammoniaci cum hydrargyro; others apply soap plaster, but, when you want to produce much effect on them, you must use either iodine embrocations, or blisters, kept open with savine ointment. When the surgeon trusts chiefly to internal treatment, it is perhaps a good plan to cover the node with soap plaster, or the emplastrum ammoniaci cum hydrargyro.

The last venereal case, which I intend to bring under your notice, is that *variety of the disease which is seen in infants*. I have already mentioned to you, that syphilis is occasionally communicated to the fœtus in utero, through the medium of the blood of the mother. The effects of the syphilitic poison, thus developed in infants, may be said therefore to be secondary ones, as they arise from the introduction of the poison into the circulation of the fœtus, such poison not having been applied directly to the parts affected;—of course then, the fœtus must receive the infection through the medium of the blood. Whether the child is ever primarily affected, that is, whether at the time of birth it ever contracts syphilis, in consequence of the direct application of the virus of a chancre, with which the urethra happens to be affected, is a questionable point. Where the infant is actually born with the disease, the latter mode of communication is of course impossible. I have told you, that, in adults, with the exception of the parts of generation and of the mucous texture of the eyeball and eyelids, the venereal virus will not operate upon the general surface of the body, unless there has been some excoriation, or wound at the period of its application. But if it be the fact, that an infant may contract a primary sore on any part of the general surface of the body, by such part coming in contact with venereal matter in the birth, then the remark, which I have told you applies to adults, cannot be extended to infants. But I believe that few or no unequivocal cases, illustrative of this mode of communication from the adult to the child, are on record. I am far, however, from denying the possibility of such cases.

The symptoms of syphilis in the new-born child, or soon after birth, are mostly universal desquamation of the cuticle, which peels off very extensively and freely; copper coloured blotches and scaly eruptions over a considerable part of the body; various rednesses and superficial ulcerations about the anus and nates, and sometimes about the parts of generation; also ulcerations and fissures at the corners of the mouth, and in the mucous membrane of the fauces, and sometimes on the eyelids. Besides these symptoms, there is frequently an obstruction of the nostrils, with a thick yellow secretion, so that the child cannot breathe freely, and the respiration is attended with a snuffing noise. There is also an extraordinary degree of emaciation, the infant continuing to lose flesh daily, and, if not speedily relieved, it soon perishes. Abroad it is usual, in these cases, to give mercury to the mother, so as to affect the infant through her; but here it is found so easy to cure the disease by certain preparations of mercury given to the child, that the latter plan is commonly adopted. In this country the disease readily yields to small doses of calomel, about half a grain for a dose, or to five grain doses of the hydrargyrum cum creta; the latter, as the mildest preparation, is perhaps the better medicine of the two; it hardly ever fails.

On the subject of the influence of syphilis, an interesting question arises, whether the child, that has received the infection from its mother in the womb, is capable of communicating the disease to others? We find many cases on record of wet nurses having become diseased by suckling children thus affected, and, if the statement be correct, this is rather an interesting fact; for syphilis exists in such infants, as it were, in the secondary form, and the occurrence would therefore prove, that syphilis, even in the secondary form, is capable of propagating itself, which is at variance with the Hunterian doctrines, and with what is commonly believed with reference to its nature in adult subjects.

## LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

BY WILLIAM STOKES, M.D.,

Delivered at the Medical School, Park Street, Dublin.—Session 1833-34.

### LECTURE V.

#### *Pathology and Treatment of Gastritis.*

GENTLEMEN,—There is one point connected with the treatment of gastritis which I have not yet touched upon—the use of blisters; and as this is the first time I have spoken of them, I shall make a few remarks on their general application.

It is a great error to think that blistering is a matter of course in inflammatory diseases, or that the proper period for their application should not be carefully marked. It is a common idea, that if a blister does no good it will

do no harm; that it is probable some benefit may result from its employment, and that you may try it at all events. I need not tell you that all this is wrong, and that we must be guided by exact principles in this as well as in every other part of practical medicine. I am afraid there is a great deal of loose reasoning and empirical practice connected with this subject, even at the present day. Here is the general rule by which you should be invariably guided. No matter what kind of disease you have to deal with, if it be inflammatory, blistering in the early stage of it is decidedly improper. I might amplify this rule, and say, that if the disease be inflammatory and in its early stage, or if, under such circumstances, the symptoms require the general or local abstraction of blood, blisters cannot be used with propriety. The truth is, that many persons take a very limited view of this subject; they look upon blisters as merely revulsive agents, which, by their action on the surface, have the property of diminishing visceral inflammation. This I am willing to allow is true to a certain extent, but there is abundant evidence to prove, that blisters have sometimes a direct stimulant effect on the suffering organ. That this occasionally occurs has been established by many facts in medicine; and I have not the slightest doubt, that the application of a blister over an organ in a state of high inflammatory excitement will certainly be productive of injurious consequences. But if you apply them at the period when stimulation is admissible and useful (and there will always be such a period in every inflammation), you then act on just principles, and will generally have the satisfaction of finding your practice successful. The greatest empiricism is sometimes practised in the application of blisters to the head in acute inflammation of the brain. You will see, in Mr. Porter's admirable work on the Pathology of the Larynx, how strongly he is opposed to the early use of blisters in acute laryngitis. Dr. Cheyne, also, may, among many others, be quoted in support of this doctrine.

If there is one system more than another likely to be injured by early blistering, it is the digestive. Broussais says, that blisters should not be applied in any of the stages of acute gastro-enteritis, and that in the early stage their application is the very height of malpractice. I do not go so far as to say that they should not be applied in any period of the disease, for when the skin is cool, the pulse lessened, and the local inflammation so far reduced as not to require the abstraction of any more blood, I think you may employ them with very considerable advantage. I shall again return to the subject of blisters; and will for the present merely remark, that blistering is almost always mismanaged, in consequence of persons who apply them being ignorant of their stimulating effects on organs. They generally allow them to remain on too long, and the consequence of this is often violent excitement of the organ over which they

are applied, great constitutional irritation, stranguy, and bad sores. The best mode of using them is to direct the person who prepares the blister to cover it with a piece of silver-paper before it is applied, and having put it on with the paper next the skin, to let it remain until a decided sense of smarting is produced, when it should be immediately removed. By adopting this plan, you will save yourself and your patient a great deal of inconvenience; you will have no stranguy, stimulation of the whole economy, or excessive local irritation, and the inflamed surface will heal kindly. The mode (too often practised) of applying a blister sprinkled all over with an additional quantity of powdered cantharides, and leaving it on for twelve, twenty-four, or even thirty-six hours, particularly in the case of females, is nothing better than horse-doctoring. During a seven years' experience in the hospital at Tours, Bretonneau, by attending to this principle, never had a case followed by these troublesome symptoms, and yet he never failed in producing the necessary degree of counter-irritation. The active principle of cantharides, being soluble in oil, exudes through the silver-paper in sufficient quantity to produce the necessary effect on the skin, without exposing the patient to the risk of having too much irritation excited by the direct application of the blistering plaster to the cutaneous surface.

With respect to emetics, I need not tell you that they can be very seldom used in acute gastritis, and that all your efforts should be directed to obviate and remove vomiting. But are we to interdict their use altogether? There are some few cases where we are compelled to use them; as for instance, in cases of acute gastritis caused by swallowing corrosive poison, by the irritation of indigestible food remaining in the stomach. The first step, to be taken in a case of corrosive poisoning, is to evacuate the stomach. In the same way, when you are called to treat a case of gastritis produced by indigestible aliment, you must commence by giving an emetic. But even here the emetic is admissible only in the early period; and you should never trust to its operation for removing the gastritis altogether, unaided by other therapeutic means; nor are you to conclude, that because you have produced vomiting you have succeeded in curing the disease. The same principles apply to the use of purgatives in enteritis as to emetics in gastric inflammation;—we should never have recourse to them except where inflammation is kindled and kept up by the presence of irritating matter.

There are two cases in which certain affections are complicated with an acute gastritis; and as these complications are not sufficiently known, and have been scarcely noticed by systematic writers on gastritis, I am anxious to draw your particular attention to them. One of these is *Hæmatemesis*, the other that disease which has been termed *delirium tremens*. There are cases of vomiting of blood,

which are little more than acute gastritis, in which there is a copious secretion of blood from the mucous surface of the stomach. Vomiting of blood may arise from various causes. It may be vicarious, as in the case of females, where the menstrual flux is suppressed; it may be accidental, as from the rupture of a blood-vessel; or it may be caused by mechanical obstruction to the circulation, either in the liver, spleen, heart, or lungs. But there is a species of gastritis, in which there is a copious vomiting of blood; or there is an hæmatemesis, of which the cause is gastric irritation. How are you to recognise this form of the disease?—The patient is vomiting blood; but then he has fever, hot skin, and excited pulse. Again, you will see some peculiar modification of the tongue; you will find ardent thirst and longing for cold drinks; you will observe fulness and tenderness of the epigastrium; you may have severe local pain; finally, you will have all these symptoms occurring in a person who, previously to the attack, exhibited nothing capable of accounting for the hæmatemesis. Here, then, we have an hæmorrhagic gastritis, very little known, and too often improperly treated. The ordinary practice, in such cases, is to give astringents. Astringents are very good and useful where they are clearly indicated; but there are many forms of disease where their routine employment is productive of a great deal of mischief; and I believe lives are sometimes lost by looking upon this affection as a simple hæmatemesis, and by practitioners contenting themselves with the use of astringents. But where you have the symptoms of this form of gastric irritation present, where, in addition to the vomiting of blood, you have fever, and thirst, and hot skin, and pain, and epigastric tenderness, you may be sure that it is a gastritis, and that the best treatment is leeches, iced water, and the other means recommended in the treatment of gastric inflammation. It may happen that, under this treatment, the vomiting of blood will not entirely subside; but the pain, the thirst, the fever, and epigastric tenderness will subside, and then you can with propriety give astringents. The best thing you can do in the commencement is to leech freely, give good lemonade, and cold water; prohibit every thing purgative, stimulant, or astringent; and then, when you have reduced inflammation, if the hæmatemesis continues, have recourse to astringents.

A few words now with respect to the other complication,—delirium tremens. You have all seen cases of delirium tremens, but you are not, perhaps, aware that it arises under two opposite classes of causes. In some cases, a patient who is in the habit of taking wine or spiritous liquors every day in considerable quantities, meets with an accident or gets an attack of fever. He is confined to bed, put on an antiphlogistic diet, and in place of wine or whiskey punch gets whey and barley-

water. An attack of delirium tremens comes on, and symptoms of high cerebral excitement appear. Another person, not in the habit of frequent intoxication, takes to what is called a fit of drinking, and is attacked with delirium tremens. In the first case the delirium arises from a want of the customary stimulus, in the second from excess. In each the cause of the disease is different; and consequently, with this view of the subject, it would be a manifest departure from sound practice to treat both cases in the same way. Yet, I believe, this error is frequently committed, even by persons whose authority is high in the medical world, and is part of a system not yet exploded,—*the system of prescribing for names and not for things.* The patient is treated for a disease which has been called delirium tremens, the present symptoms are only attended to, and the cause and origin of the affection are overlooked. What are the true principles of treatment?—In the first variety, where the delirium is produced by a want of the customary stimulus, there is no doubt that patients have been cured by the administration of the usual stimulants, by giving them wine, brandy, and opium. Indeed this seems to be the best mode of treating this form of the disease. But is it proper or admissible in the second variety, where the delirium is caused by an occasional excess in the use of ardent spirits?—Certainly not. Yet what do we find to be the ordinary practice in hospitals when a patient is admitted under such circumstances?—A man, who has been attacked by delirium tremens after a violent debauch, is ordered a quantity of porter, wine, brandy, and opium; and the worse he gets, the more is the quantity of stimulants increased. Now this practice seems to me as ridiculous as the old principle of treating a case of hydrophobia with a hair of the dog that bit. Let us consider what the state of the case is.—A large quantity of stimulant liquors have been taken into the stomach, the mucous surface of that organ is in a state of intense irritation, the brain and nervous system are in a highly excited condition from the absorption of alcohol, or in consequence of the excessive sympathetic stimulation to which they have been subjected. Are we to continue this stimulation?—I think not. What would be the obvious and natural result?—Increased gastric irritation, encephalitis, or inflammation of the membranes of the brain. The supervention of inflammatory disease of the brain in delirium tremens is not understood by many practitioners, and they go on administering stimulant after stimulant, totally unconscious that they are bringing on decided cerebral disease. I have witnessed the dissections of a great many persons who died of delirium tremens, and one of the most common results of the dissection was, the discovery of unequivocal marks of inflammation in the brain and stomach. Broussais considers all such cases as merely examples of gastritis, and ridicules British practitioners for



inventing "a new disease;" but in this he is certainly wrong, for there have been several cases in which no distinct marks of gastric inflammation could be discovered. In all cases, however, where the delirium supervenes on an excessive debauch, there is more or less of gastritis; and though it may occasionally happen, that a patient under such circumstances may recover under the stimulant treatment, yet I am convinced that the physician will very frequently do harm by adopting it.

This complication of delirium tremens with gastritis is also exceedingly curious in another point of view, as it illustrates how completely the local symptoms are placed in abeyance, and, as it were, lost during the prevalence of strong sympathetic irritation. The patient's belly will not be tender; the tongue may not be red; the symptoms present may be indicative of a mere cerebral affection, and yet intense gastric inflammation may be going on all the time, and all the appearances of cerebral disease be quickly removed by treatment calculated to subdue a gastritis. Is this all theory? No; for we have practised on this principle with the most extraordinary success in the Meath Hospital. We have seen cases of violent outrageous delirium subside under the application of leeches to the epigastrium, and iced water without a single drop of laudanum. I beg of you, if you meet with any cases of delirium tremens under such circumstances, to make trial of this mode of treatment, and record its effects, for it is important that they should be more extensively known. I have seen the whole train of morbid phenomena, the delirium, the sleeplessness, the excessive nervous agitation, all vanish under the application of leeches to the epigastrium. In some cases where after the sleeplessness and delirium were removed by this practice, and the tremors alone remained, we have again applied leeches to the epigastrium, and succeeded in removing the tremors also. On the other hand, where a stimulant plan of treatment was employed, and the patients died, we have most commonly found inflammation in two places, in the stomach, or in the brain or its membranes. The rule, then, is this,—in a case of delirium tremens from the want of a customary stimulus, use the stimulant and opiate treatment; but when it comes on after an occasional violent debauch, such remedies must be extremely improper. Adopt here every thing calculated to remove gastric irritation. We have facts to show that most decided advantage may arise from the application of leeches, even where the symptoms of gastritis are absent.

We come now to consider chronic gastritis, an extremely interesting disease, whether we look upon it with reference to its importance, its frequency, or its Protean character. It is commonly called dyspepsia, and this term, loose and unlimited in its acceptation, often proves a stumbling block to the student in medicine. *Dyspepsia*, you know, means dif-

ficult digestion, a circumstance which may depend on many causes, but perhaps on none more frequently than upon chronic gastritis. In the great majority of dyspeptic cases, the exciting cause has been overstimulation of the stomach, either from the constant excess in strong highly seasoned meats, or indulging in the use of exciting liquors. Persons, who feed grossly and drink deeply, are generally the subjects of dyspepsia; by constantly stimulating the stomach they produce an inflammatory condition of that organ. Long continued functional lesion will eventually produce more or less organic disease; and you will find, that in most cases of old dyspepsia there is more or less gastritis. But let us go farther, and inquire whether those views are borne out by the ordinary treatment of dyspeptic cases. When you open a book on the practice of physic, and turn to the article *dyspepsia*, one of the first things which strikes you is the vast number of cures for indigestion. The more incurable a disease is, and the less we know of its treatment, the more numerous is the list of remedies, and the more empirical in its treatment. Now the circumstance of having a great variety of "cures" for a disease, is a strong proof, either that there is no real remedy for it, or that its nature is very little understood. A patient afflicted with dyspepsia will generally run through a variety of treatment, he will be ordered bark by one practitioner, mercury by another, purgatives by a third, in fact, he will be subjected to every form of treatment. Now all this is proof positive that the disease is not sufficiently understood. What does pathology teach in such cases? In almost every instance where patients have died with symptoms of dyspepsia, pathological anatomy proves the stomach to be in a state of demonstrable disease. It appears, therefore, that, whether we look to the uncertainty and vacillations of treatment, or the results of anatomical examination, the case is still the same; and that, where dyspepsia has been of considerable duration, the chance is that there is more or less of organic disease, and that, if we prescribe for dyspepsia neglecting this, we are very likely to do mischief. I do not wish you to believe that every case of dyspepsia is a case of gastritis. This opinion has brought disgrace on the school of Broussais. His disciples went too far, for whether the gastric derangement depended on nervous irritation, or anæmia, or disease of the liver, or mental emotion, they prescribed leeches and water diet, and thus very often brought on the disease they sought to cure. We may have functional disease, independent of structural lesion in the stomach, as well as in any other organ; it is no unusual circumstance, and the practical physician meets with it every day. A great deal of confusion, however, arises from the similarity of the symptoms. I remember an accomplished friend of mine getting into disgrace with one of the members of a board of examiners on this subject. He

was asked to tell the difference between the symptoms of chronic gastritis and dyspepsia, and in reply stated that he could not. For this he was nearly rejected, but I believe, on a candid review of the circumstances, you will agree with me, that he knew more of the matter than the learned professor. In ninety-nine cases out of a hundred of chronic gastritis there is no fever, scarcely any thirst, often no fixed local pain, and this leads persons away from any idea of the existence of an inflammatory condition of the stomach. What are the symptoms of a chronic gastritis? pain of occasional occurrence, flatulence, acidity, swelling of the stomach, foetid eructations, sensation of heat and weight about the epigastrium, and perhaps vomiting. Well, these are also the symptoms of dyspepsia, whether it be accompanied by inflammation or not. How then, when called to a case of this kind, are you to determine the point? I must mention to you here, that it is often hard to do this with certainty. There are two circumstances, however, which you should always bear in mind, as they will afford you considerable assistance in coming to a correct diagnosis; *first, the length of time which the disease has lasted*; *secondly, the result of the treatment which has been employed*. You will find, that where the disease is a chronic gastritis, that it has been of some duration, that it has come on in an insidious manner, and that it has been exasperated by the ordinary treatment for dyspepsia. Many persons think, that if you give a patient medicine, without regulating his diet or issuing a prohibition against full meals, that you can cure him, and that, as he has no fever, and can go about his usual business, there is no necessity for antiphlogistic regimen. But as the disease goes on, he complains of pain in the stomach during the process of digestion, feels uneasy after dinner, there is an unpleasant degree of fullness about the epigastrium, he also experiences a variety of disagreeable symptoms, sometimes being annoyed with pain in the chest, sometimes he says he feels it in the region of the heart, and sometimes about the cartilages of the eighth and ninth ribs. These symptoms subside after the process of digestion is completed, but during its continuance they harass the patient. Very often relief is obtained by vomiting, and hence some persons are in the habit of throwing up their food for the purpose of relieving themselves, and consequently can have no benefit by it. In some cases digestion goes on until the food seems to reach a particular point, and then an acute feeling of pain is experienced. In these cases the gastritis is generally circumscribed, and is likely to terminate in circumscribed ulceration. Various fluids are rejected from the stomach, during the course of a gastritis; sometimes acid, sometimes alkaline, sometimes insipid and sweet, sometimes bitter and bilious. There is generally a degree of fullness about the stomach, and the epigastrium is tender on pressure, but no decided tumour either of the

pylorus, liver, or spleen, although the epigastrium presented that appearance of fullness and tension termed by the French "*renitence*." The bowels, too, are constipated, and this is a matter worthy of your attention, for it sometimes unfortunately happens that the practitioner, mistaking the gastritis for simple constipation, goes on prescribing purgative after purgative, until the patient gets incurable disease of the stomach. I know a case of a lady who gets one stool a week by taking eight drops of croton oil. Some years ago, she was in the enjoyment of excellent health; her bowels happened to get confined, and she was treated by a systematic practitioner with continued purgatives; her bowels are now completely torpid, except when they are subjected to this unnatural stimulus. There are thousands of persons treated in this way, because practitioners look to consequences and not to causes.

There is one remarkable difference between acute and chronic gastritis, which deserves your attentive consideration, as it exemplifies a law applicable to all viscera under similar circumstances, and this is, that the sympathetic irritations are not so frequent or so distinct in chronic inflammation as in the acute form, and hence, in a case of chronic gastritis, we almost never have fever, and the affections of the nervous respiratory or circulating systems are by no means so well marked. It may even go on to actual disorganisation of the stomach, and yet the patient will not complain of any particular symptom during its whole progress, which you could set down as depending exclusively on the sympathetic irritation of gastritis. Some of these cases, called dyspeptic phthisis, by Dr. W. Philip, are most probably examples of the sympathetic irritation of the lungs from chronic gastritis. Another case, respecting which much error prevails, is what has been called hypochondriasis. Persons labouring under these affections are condemned to run the gauntlet of every mode of treatment, sometimes (and fortunately for themselves) they are sent to travel, sometimes they are treated with musk and antispasmodics, then with the mineral acids, then with purgatives and mercurials, and lastly with bark, nitrate of silver, and stimulants. They go about like spectres from one practitioner to another, trying remedy after remedy, alternately sanguine with hope or saddened by disappointment, until at last they die, and, to the astonishment of all the doctors, the only disease found, on dissection, is inflammation and thickening of the mucous surface of the stomach. A condition, which, under these circumstances, it was difficult to say whether it was the original disease, or produced by "*fair trials*" of a number of powerful agents. Hypochondriasis is not always gastritis; but it is now found, that in many cases it commences and terminates with disease in the upper portion of the digestive tube and the assisting viscera. This you must always bear in mind.

Chronic gastritis terminates in various ways. Sometimes the inflammation is limited to a particular spot of the stomach, and here we frequently discover circumscribed ulcerations. In very bad cases these ulcers go on perforating the various coats of the stomach, until at last the contents of that organ escape into the serous cavity of the abdomen, and the patient rapidly sinks under a fatal peritonitis. It does not follow, however, that, in all cases of perforation, the contents of the stomach get into the peritoneum, causing death. Very often adhesions are formed, and the base of the ulcer is the serous covering of some other portion of the digestive system, or a false passage may be formed into the colon. One of the most common terminations of a chronic gastritis is, that the inflammation extends to other viscera; the patient gets disease of the liver, spleen, peritoneum, or lungs, and sinks under a complication of disorders. It was somewhat in this way that Napoleon died. He laboured for a considerable time under chronic disease of the stomach, which seems to have been overlooked by his medical attendants, and this terminated in the extension of disease to various other organs.

## LECTURES

ON THE

### PHYSICAL EDUCATION AND DISEASES OF INFANTS AND CHILDREN,

BY DR. RYAN,

*At the Westminster Dispensary, 1833.*

#### LECTURE XIII.

*Ablactation continued—Sleeping and Watching—Muscular Motion—Exercise—Placing an Infant on its Feet—Locomotion, or Walking.*

GENTLEMEN,—At our last meeting I was describing the received opinions upon ablactation, or weaning, when our time expired; and I shall now conclude the remaining observations on the subject.

It is very generally maintained, that the eruption of the teeth is a natural indication of the necessity of a more solid aliment than milk for the nutriment of infants, and that weaning should be commenced. As a general proposition this is a valid one, but, like all others, is liable to exceptions. It may guide us when the infant is healthful, but not when it is delicate or infirm. Every medical practitioner knows, that the process of dentition varies very considerably, as regards the time of its commencement; some infants have teeth before the sixth, and others no sooner than the twelfth or sixteenth month of their age; for the first, it would be too soon to advise ablactation; for the latter, it would be too long to delay it.

Some writers hold that the age of an infant

is the best guide; but this cannot be followed, because constitutions and growth differ so widely, that an infant of six months old may be more vigorous than another of eighteen months. As a general rule, however, the propriety of weaning may be determined by the presence of the milk teeth, the vigour of the infant, the health of the mother or nurse, and the season of the year.

When the nurse becomes thin, delicate, nervous, dyspeptic, or when she labours under any acute or chronic disease, she will be injured by lactation; the infant will not obtain a sufficient nutriment, and consequently it will emaciate and become diseased. As a general rule, we may say, whenever the breast milk is altered in quality, or diminished in quantity, other food is necessary for the infant; and ablactation must be commenced, or artificial aliment supplied.

The occurrence of pregnancy or menstruation, is generally supposed to alter the quality and diminish the quantity of breast milk, as in such cases the determination of blood to the womb, diminishes the supply of this fluid to the breasts, and consequently there is a less secretion of milk. This proposition, as a general one, is valid, but is of course liable to exceptions. Thus some pregnant women continue to supply an abundance of milk, even to the hour of parturition. Professor Dewees states positively, that he "has seen several instances, where children were suckled with impunity until others were born; and other cases more numerous, where children were weaned at the usual time, though the mother was some time advanced in pregnancy, without the smallest injury having been done to children so circumstanced; while others, again, were obliged to be taken from the breast at a very early period, in consequence of the injurious effects of deteriorated milk." The rule he lays down is this,—when the milk disagrees with the infant, ablactation is necessary; when it does not, lactation ought to be continued for the usual period.

The same experienced author informs us, that he had seen infants applied to the breast during continued and yellow fevers, without the slightest injury. This immunity was repeatedly observed in this country, during the epidemic or malignant cholera of 1832, as well as on many former occasions, and is known to all observant physicians. Nevertheless, these facts do not controvert the validity of the axiom, that the breast milk is deteriorated by all acute and chronic diseases, and its physical properties modified by the passions of the mind and the various ailments. It seldom happens that infants are applied to the breast during acute diseases or fevers, or suffered to receive aliment from this source only; indeed, common sense, as well as physiology and pathology, would oppose such a proceeding. As the infant receives other food besides the mother's milk in such cases, we must fairly infer, that we want more evidence to confirm

the conclusion, that it would escape injury and acquire sufficient nourishment under the existence of acute disease.

Some authors have entertained the position, that the degree of intelligence of an infant must influence our decision on the propriety of ablactation. The degree of intelligence will depend upon the health of the infant in most cases, though it often happens that weak rickety children evince a greater portion of it.

Dr. Struve was of opinion, that weaning should take place at the sixth month, because, after this age, the mental faculties begin to expand, the recollection is stronger, so that the infant cannot easily forget the breast. There is some truth in this position; but the appearance of teeth, the state of the health, and the strength of the infantile constitution, and the other circumstances already mentioned, are our surest guides as to the proper period for ablactation. It would be an injudicious practice to advise weaning, when the child's health is bad, while it is teething, or labouring under severe diarrhoea, or acute disease of any kind, as the breast is a certain source of tranquillity, a kind of sedative, in all the diseases and varieties of temper of infants.

When the infant is vigorous and lively, it may be allowed more solid food than milk, as soon as the teeth appear, and even earlier; and by accustoming it to this change of diet, and amusing it very much, it will forget the breast, and only require it occasionally during the day, and, after some time, once or twice at night. It is an objectionable practice to smear the nipple with bitter substances, such as softened aloes, soot, &c., to disgust the infant; a plan adopted by many of the lower and middle classes of society, and even recommended by Dr. Dewees. He advises us to excite the infant's aversion to the breast, by touching the nipples with some bitter or disgusting substance, as aloes, garlic, assafetida, or covering them with a forbidding one, as black wool, ink, court plaster, &c. When the child is gradually accustomed to take other food, and very much amused by its mother or other attendant, it will forget the breast, or seldom require it; and therefore exciting aversion to it is unnecessary, and, in general, decidedly unnatural.

The change of diet from breast milk to other food deserves due consideration. The proper mode of nourishing a child, about to be weaned, is to exhibit bread and milk, not boiled together, but the bread steeped in boiling water, reduced to a pulp or pap, and tepid or warm milk added, with a small portion of loaf sugar. This may be given with a spoon, the head of the child being raised between the recumbent and erect positions, and nature will point out the quantity necessary for a repast. An excellent diet is composed of the gravy of any of the red meats, mixed with bread crumb, mealy potato, the starch of which forms most of the arrow-root of commerce, arrow-root, sago, tapioca, pearl

barley, semolina, rice, salsep, &c. Let this be the principal diet, and the breast presented as seldom as possible.

The process of weaning is very much facilitated by allowing the infant to drink from a cup, which it seizes with avidity, care being taken, not to suffer it to swallow too rapidly, as whatever fluid it takes may get into the larynx, "go with the breath," and excite convulsive coughing. Milk alone, or mixed with a sixth part of tepid water, or tea, may be given in this manner. Though an infant may be allowed to drink from a cup or other vessel after the fourth or sixth month, it is bad it should do so at an earlier age, or when it is nourished by the breast, for this reason, that suction excites the secretion of saliva, which facilitates digestion, and is as necessary to an infant, as mastication is to an adult.

It is a great error to over-feed children at the time of weaning, or to exhibit solid food, such as meat of any kind. The farinaceous aliments already recommended are prepared, as if by mastication, for the action of the stomach; but solid animal food, however well minced, cannot be duly acted on by the gastric fluid. It passes partially changed from the stomach, irritates the bowels, causes griping, and excites scrofula, rickets, water in the head, consumption, and other diseases of the lungs. In fact, a child, even of two or three years of age, is injured by solid animal food, as the process of mastication is imperfectly performed, or, to use a popular expression, the child "bolts its food." Hence we daily observe gastro-intestinal irritation, depraved motions from the bowels, vitiated urine, enlarged abdomen, picking at the nose and lips, variable or voracious appetite, intense fever at some time of the day, infantile remittent fever, enlarged mesenteric glands, rickets, &c. These are the commonest diseases of children. If we inquire—has the mother been particular about the infant's diet, she usually replies in the negative, and says, "she allows it to take food with the family." This is acting contrary to nature and the laws of physiology, and hence it is followed by serious evils.

The last precaution I have to mention, with regard to ablactation, relates to the season of year most congenial to this process. It would be manifestly improper to commence weaning in the winter, or in the early part of spring, because certain infantile diseases are most common at these seasons, and these would be aggravated by this process. The end of spring, the whole of summer and autumn, are therefore considered the best seasons for ablactation.

The treatment of the nurse deserves attention. Mothers and nurses often suffer considerable inconvenience in weaning infants. The secretion of milk generally continues for some time, and may be abundant. It may distend the breast, and excite inflammation. To obviate or prevent these occurrences, the diet and drink should be di-

minished, the breasts partially drawn when distended, and fomented with a decoction of poppy-heads and chamomile, and afterwards smeared with warm almond or olive oil, and the bowels should be regulated every other day. The irritation of the bowels by purgatives will determine both blood and nervous influence, as in all cases, to these parts, diminish both in every other organ of the body, and consequently in the breasts, and therefore there will be less blood sent to these organs, and less milk secreted. Purgation is therefore one of the best means of suppressing the lacteous secretion. Some writers recommend the local application of vinegar and water, and others, belladonna and hyoscyamus. The following formula is strongly advised by Dr. Ranque, of Orleans, which, he says, will prove effectual in three or four days:—

**R.** Aquæ lauri ceras. ℥ij,  
Sp. æther. sulph. ℥j,  
Extract. belladonnæ ℥ij.

A piece of linen, moistened with this lotion, is to be applied to the breasts three or four times a day.

This remedy is often effectual, but it sometimes fails. The German writers employ belladonna and hyoscyamus internally. I have lately tried this plan, at the recommendation of Dr. Belloumin, who has been administering the homœopathic medicines to some of my patients at St. John's Dispensary. He favoured me with a few doses of belladonna and hyoscyamus, but these had not the slightest effect in suppressing the milk. I may also add, that the homœopathic medicines were fairly tried in several cases at the dispensary, but without any benefit in a preponderating majority of instances. In some nervous and dyspeptic affections, they appeared to afford temporary relief.

The next part of the physical education or management of infants, which deserves consideration, is sleep and watching. Infants have great need of sleep during the first years of life. It is Nature's nurse, the soft restorer of strength, and of all fatigue caused by the constant motion of this age. Aristotle first observed, that, of all animals, man slept the most immediately after birth. A newborn infant does nothing but eat and sleep. Sound sleep is as necessary to its well-being as aliment. It sleeps when it does not eat, and it awakes but to take food. Some authors have held that it must not be allowed to sleep too much; but this is an error; for natural instinct will awake it when necessary. It is still more absurd to force sleep by violent rocking, or by soothing syrups, both of which induce cerebral congestion, or determination of blood to the head, which predisposes to hydrocephalus, and to many other diseases. The exhibition of wine or spirit of any kind not only causes the same effects, but irritates the stomach and bowels, and excites gastrointestinal inflammation. When the infant is

reared properly, and is in health, it requires no remedy to induce sleep; and it ought to be allowed to awake of itself. It is dangerous to awake an infant suddenly, as the disagreeable surprise, or the fright, might induce convulsions, and will inevitably injure the function of the brain, and, through it, that of every organ in the body. It is highly conducive to health, to accustom the infant to go to sleep and to rise at an early hour. Dr. Dewees advises to habituate it to noise, as the sense of hearing is not acute at birth; and hence, if the apartment is kept quiet, it may sleep too much. It appears to me, that there is no objection to accustom it to the ordinary noise, which is inevitable in the nursery, but I cannot assent to the latter sentiment. I agree with this able professor in the opinion, that the nursery should not be kept too silent, because the infant might be suddenly awake by the slightest noise. There is no objection to accustom it to moderate noise; but any observant physician is aware of the great injury sustained by infants, when exposed to much or incessant noise. It ought to be placed in a dark, quiet situation, or it may be kept on the lap of the mother for a short time. Some authors advise the singing of soft monotonous airs to induce sleep, a practice first used by the Greeks and Pythagoreans, and since generally adopted. The monotonous humming of nursery tunes very readily induces sleep; and this state is further encouraged by gently patting the infant on the back, or any part of the body.

As a general rule, an infant may be put to sleep about a quarter of an hour after having taken the breast, or, when older, after its repast. In proportion as it develops and observes external objects, it has less need of sleep, and the period of repose, during the day, may be abridged, by attracting the attention and directing it to various amusing objects. When it awakes of itself, it should be allowed to remain in bed for some time afterwards, so that it may not be frightened when left alone. It should be accustomed to be put to bed and to rise early, as it generally awakes as soon as day-light appears. It is better that the bed should be rather hard than soft, and moderately warm, so as to induce a tranquil and restorative sleep. When the infant is a few months old, it will derive more benefit from sleeping by itself, than with its parents. It should be kept sufficiently warm; but, in cold weather, it often becomes so chilled, that it must be placed in bed with its mother, or nurse, in order to receive sufficient warmth. In such cases, the neck and chest of the parent, or nurse, will be uncovered, by the infant's being placed on her arm, and sliding down in the bed, and many women are attacked with cough and chest complaints from this cause. To obviate the danger of exposure to cold, the woman should wear a shawl, or warm bed-gown.

The position of the infant in bed deserves attention. It is usual to place it on either

side, but the right is preferable, especially after feeding, because this posture expedites the passage of the food through the stomach. In case of vomiting, were the infant on its back, it might be suffocated. It is also necessary to change the position of the infant very frequently, as, like an adult, it will become fatigued and inconvenienced by remaining too long in any posture. It has been held by some, that the lateral position is to be preferred, as it favours the escape of the saliva from the mouth, and that this is secreted in excess during dentition. This opinion appears to me to be of little consequence, and indeed untenable. It often happens, that the infant will turn on its face when left too long in one position, or that it will approach the mother too closely, which will expose it to the danger of suffocation, or, what is popularly termed, being overlaid by the mother. This is likely to happen when the parent sleeps very soundly, or after she has been deprived of rest for several successive nights, and is at length overpowered by sleep.

When the infant is kept too warm it perspires profusely, it becomes extremely susceptible of cold in the head, which renders the nostrils almost impervious, causing sneezing and snuffles, interrupts the respiration, disorders the brain and motion of the heart, interrupts the sleep, and completely prevents the infant from sucking. To obviate these derangements, the infant ought to be kept moderately warm, and a few drops of almond oil should be introduced into each nostril.

Dr. Underwood is of opinion, that young infants are often suffered to sleep too much in the day time, and that they should be gradually broken of it; "and, indeed, if not indulged, they will not be so much disposed to sleep as is generally imagined, and will therefore take more rest in the night, which is mutually beneficial to the child and the mother, who, especially if she suckle, will be less disturbed, at a time when she particularly requires the refreshment of sleep." When infants are sleepless in the night, he advises to keep them awake during the day, by playing with them, dandling on the knee, or amusing them. This advice I think should be adopted with some caution, for, if the infant is in good health, it will not sleep too much, and its repose should not be interrupted. Besides dandling on the knee is a dangerous and unsafe mode of exercise for a new-born or very young infant, and cannot in general be adopted before the second or third month, for the reasons I shall explain when describing exercise or motion. The same author is a strong advocate for the cradle, and contends that moderate rocking is not injurious: when the child is in health it does not require rocking in either a cot or cradle, and when it is feverish, its head and skin hot, such motion is highly injurious. An adult, affected with headach, cannot bear motion, neither can an infant. Rocking an infant to sleep produces bad effects on the brain; the infant sleeps

because it is stupified, it is in a state of stupor bordering on apoplexy; the digestion becomes impaired, the rocking, or jolting, occasions vomiting, alters the milk in the stomach, and causes violent griping; yet some infants are so accustomed to it that they will not sleep without it. There is no inconvenience in leaving the infant to repose in its cradle or cot, the inaction of its senses will induce sleep, and, if rocked at all, it should be very gently. This custom has, however, been universally condemned since the time of Galen. The position of the cradle, or cot, must be attended to; it should not be exposed to a vivid light, or placed laterally towards a window, as the infant would instinctively look to one side, and might acquire the disease called strabismus, or squinting. The same rule is to be observed with respect to the position of a candle or lamp in the nursery, but neither is necessary. Some contend that the infant should face the light; others that its head should be turned towards it; but all agree, that exposing it to a lateral light is improper. When it awakes from sleep, it is very improper to expose its eyes to a strong, or vivid light of any kind. It is a bad practice to cover the cot, or cradle, so as to exclude the air, which ought to have free circulation, because otherwise the breathing will become difficult and laborious, the child will gasp or sigh, its sleep will be disturbed, and finally it will be affected with fatal disease of the chest or brain. Children, of a year old, should not sleep in the same bed with their parents, when another can be procured, as they would be too warm, might be overlaid, or suffocated. Some writers hold it injurious to allow children to sleep with aged persons. They should not be spoken to at night, or carried about the chamber, as the mother, or nurse, will be exposed to cold, fatigue, and, finally, to various diseases. It is important to put the infant to bed at a certain hour, and it should not be awoken, or taken up, during the night, unless to remove its dress when soiled or wetted. It generally awakes once or twice to take the breast, but soon falls asleep, unless spoken to. When it is deprived of sleep, it is either by mismanagement in dress, or diet, or by illness. The cause, whatever it may be, should be removed, and the effect will cease. It is highly improper to rock the cradle or cot with violence, or to exhibit narcotics, or soothing syrups, such as syrup of poppies, diacodium, sleeping drops, either alone or combined with wine, gin and water, or spirituous liquor of any kind, for the purpose of inducing sleep, as these will produce cerebral congestion, or determination of blood to the head, which may be followed by hydrocephalus, or water in the head, or by gastro-enteric irritation, which will induce vomiting, griping, convulsions, or fatal inflammation and ulceration of the bowels. It is most lamentable to observe the very common practice, among mothers and nurses, of violently rocking infants to sleep, and of ex-

Administering narcotics for the same purpose. This class of medicines is extremely dangerous, and should never be prescribed but by medical practitioners.

When the nurse has occasion to suckle her infant, she need not sit up to perform that duty, because it is easily roused, and may not sleep again for some time. She can apply it to the breast, by lying on either side.

Though the infant requires clothing, food, and sleep, it also stands in need of motion, or exercise, without which it would soon cease to exist. Muscular motion is the chief means of accelerating the circulation of the blood throughout the body, on which the health of every part, and the due performance of every function, chiefly depend. The motion of the limbs and of the body depends on muscular action; and even the infant in the womb moves and exerts its muscles. Immediately after birth it moves and contracts its limbs, it breathes, it discharges the contents of its bowels and bladder, all of which functions are performed by the action or motion of a great number of muscles. We observe, that the infant, as soon as it is washed and dressed, stretches its upper and lower extremities, and here again it throws many muscles into action; its circulation, respiration, digestion, &c. are effected by the same power. It is, therefore, an error to maintain, that the body of an infant, at birth, depends entirely on its mother or its nurse for muscular action, or exercise, a want so essential to its welfare. It is, however, true, that the parent or nurse can excite muscular action in the infant by a moderate and proper exercise, by communicating a degree of motion with her arms, as in dandling in the arms, or on the knees, or by gently rocking it in a cot or cradle, or by using gentle friction over its body and limbs. These modes of exercise are extremely requisite for a new-born infant; but they should be employed with proper caution.

As soon as the infant is dressed, the nurse places one of her hands under its head, and the other on its back or breech, and supports it in a horizontal position; or she places its head and trunk on her lap, or on one of her arms, or carries it on a pillow round the room, which enables it to move its limbs, and enjoy the advantage of a free circulating atmosphere. It is highly necessary that the nurse, when carrying the infant in her arms, should frequently change it from side to side, and not hold it more on one side than the other, because, by so doing, curvature of its spine, and other deformities would be induced. Her own feelings oblige her to vary the position of the infant very frequently; but some nurses prefer holding it on one arm more than on the other; and when young, they are soon seized with pains in the back arising from the strained position of the vertebrae, which I have repeatedly known to terminate in lateral curvature of the spine. In such cases one of the nursery-maid's shoulders becomes elevated, or, to use a popular term, "grows out."

When the infant is placed in a sitting posture too soon, the weight of the head and body bends the spine outwards, or *excurvatus* it, and forces the sacrum (the back bone at the lower extremity of the spine, and between the hip bones) inwards; and the same thing happens when the infant is held too long on the back. When placed too long with the feet downwards, the pubic or front bones will be forced inwards; and if too long on either side, the hip-bone will be pushed in the same direction. These deviations of the bones may happen in scrofulous or rickety children, diminish the capacity of the pelvis so much, as to render parturition impossible without the aid of art, and often fatal both to mother and infant. The positions in which an infant is held are therefore much more important than superficial minds may imagine. It is manifest from the foregoing statements, that the posture of the infant, while in the arms of the nurse, should be frequently changed. It is a remarkable fact, that infants, unless when sleeping or taking food, are, from the earliest age, in motion, or making muscular action; so essential is exercise to their welfare.

The first kind of artificial exercise is carrying in the arms, for the infant requires to be almost in constant motion: this can be effected by dandling, patting on the back, body, or limbs, dandling by raising or depressing the arms, very slightly at first, and by rubbing the surface of the body and limbs night and morning. When the infant is about to be dressed, and after it is undressed, friction should be made over the whole surface of the body, a source of delight, as we observe by its countenance and its stretching its limbs. This mode of exercise can also be made on the lower limbs whenever the mother has occasion to change the napkin worn by the infant. The hand alone, a piece of soft flannel, a brush, and a comb, are the means most proper to make friction, both general and local. Some persons use hair powder on the hand or brush, but this is seldom necessary. It is also advisable to place the infant on a pillow or couch, or in bed, and allow it to move its limbs in all directions. As it advances in age it grows stronger, and will experience great pleasure on being frequently dandled; but care must be taken not to elevate or toss it too high, as it has an instinctive fear of injury, and under this movement makes convulsive gasps, or may be thrown into convulsions. The infant is often thrown very high, sometimes out of reach, and an attempt is made to catch it while descending; but this is a most dangerous practice, and may dislocate the neck or injure the chest by too much compression, or rupture, or otherwise injure the liver, spleen, or any of the viscera of the abdomen, or induce fatal inflammation or hæmorrhage, examples of which are on record. It has also happened, that the nurse or parent could not grasp the infant in its descent: it fell on the floor and was killed on the spot.

When the modes of exercise now described have been frequently tried, the infant, after a longer or shorter period, acquires a considerable power of its limbs; and if physically educated, or reared according to the established doctrines of physiology, it will be in good health, and will make attempts to assume the pre-eminent attitude of our species—the erect position. A question is now proposed to medical practitioners—How soon should the infant be placed on its feet? The answer to this question is not always easily determined. The proper time cannot be fixed, as it must depend upon the development and strength of the infant. Every physician has observed, that one infant will stand at the age of six, nine, or ten months; while another cannot do so at the expiration of double that period. We observe, in general, that healthful infants, when placed on a couch, bed, or on the carpet, move their limbs in every direction, gradually turn on one side or on the face, and after having supported themselves for some time on their hands, elbows, knees, or breech, they exert their muscles, and acquire strength by such motions in the neck and loins, and finally are enabled to assume the erect or upright posture. Great care is necessary to prevent them from injuring themselves by such motions; and to avoid falls, contusions, blows, &c., the French contrive a kind of guard-cap, which projects beyond the nose, and prevents injuries of the head and face. An infant should be allowed to stand as soon as it shows an inclination; but its body must be supported by the mother or nurse, when it first attempts to assume the erect position. This is usually done while it is being dressed, and also after that process is finished. It is a bad and unnatural practice to place an infant prematurely on its feet, because the weight of the body will bend or deform them. It should stand when it has power and inclination to do so, but no sooner.

When it assumes the erect position, the mother should give it proper support, by placing one hand across the chest, and the other under the breech; or by placing the open hands on the sides of the chest, below its arms. It is highly necessary to change the support very frequently; and not to permit too much weight on any of the bones of the infant, as these are imperfectly ossified, they will yield to pressure, and become deformed. Unless the body is supported, the legs will bend and “grow out;” if too much pressure is made on the sides of the chest, the breast bone will project, and the child will become what is popularly termed chicken or pigeon breasted. Besides the methods of support already described, the hands may be placed under the arms of the infant for a short time, while it exerts its lower extremities. These precautions are by no means so puerile as may be imagined; they are most essential to the proper exercise and growth of the infant.

Though the infant should not be placed prematurely on its feet, or assisted by leading

strings, go-carts, and such like contrivances, it would, on the contrary, be extremely improper to prevent it from attempting the erect posture, when it has inclination and power to assume it. All contrivances for supporting the infant only tend to cause deformities of its limbs and spine; because the inferior extremities, not being sufficiently ossified, will bend under the weight of the body, and the shoulders or chest must support the whole; the neck will become sunk between the shoulders and awry, and the shoulders elevated. It is only necessary to place the infant on the floor, carpet, or bed, when, after the series of motions already described, it will soon acquire sufficient muscular power to assume the erect position.

It has been urged by Dr. Hugh Smith, that the infant should be prematurely placed on its feet, because the lower animals assume this position immediately after birth. To this it is properly replied, that nature has fitted animals to accomplish this end, by making their bones solid. It should be always borne in mind, that the whole weight of the body of the infant, in the erect posture, rests upon its legs, whereas, in the animals, only one half of the weight is thus supported. Dr. Underwood has well observed, that if infants are left to their own spontaneous endeavours, no deformity will happen; and that it is by urging them to stand and walk by means of our own awkward contrivances, that mischief is produced. I may here observe that it is highly improper to secure female infants in chairs, or to leave them sitting too long in bed; as both practices induce rickets, and distortion of the spine, hip bones, and inferior limbs; thereby predisposing them to fatal labours at a future period of life. Hence the frequency of rickets and deformities among the children of the poor. The infants of the middle and lower classes are committed to the care of other children, or giddy young girls, who let them fall and injure themselves; or they are left sitting for several hours in bed, or fixed in chairs, causes which deform the back, enlarge the abdomen, distort the ankles, and bring on rickets. Such is generally the fate of children when sent out to nurse, as every experienced practitioner has repeatedly witnessed.

When children are rickety or delicate, they may be placed in a little chaise or go-cart, and take air and exercise in these contrivances.

From the preceding remarks it follows, that an infant will sooner or later raise itself into the erect position, and ultimately stand alone by taking hold of some external object. It should now be taught to move one leg before the other, and also to walk. It is much better that it should crawl before putting it on its feet, for all its muscles and organs will have obtained considerable strength. When it is taught to move its lower extremities, it must be supported by placing the hands under its arms, which is preferable to holding its dress or employing leading strings, both of which



compress the chest and abdomen, and do mischief. All rolling machines, on which the infant's hands are placed for support, expose it to falls and injuries, and are now generally condemned. The infant stands alone about the eighth or ninth month, and after it has been taught to move one leg before the other, its attendant should present some object to its view, which will induce it to attempt to walk; or she should hold it by the hands, or let it grasp her fingers, which is a much safer plan. Every care must be taken not to allow it to fall, or to have any object in its hand which might injure it. All infantile attempts at walking should only be continued for a few minutes each time; because the infant very speedily becomes sad at its inability, or fatigued by its exertion. A very slight fall may induce such injury of the brain as will cause death, or fracture of any of the bones. Thousands of children lose their lives, in consequence of the injury inflicted by falls or contusions; generally by congestion or water in the brain; and when we say to parents, "this child has had a fall," they then recollect, when too late, that such an injury had been sustained. Several children from a year and a half to five years old are destroyed by slight external injuries; and, therefore, we should impress this fact upon the minds of parents. Lastly, we should caution mothers and nurses against the practice of allowing infants to crawl on their abdomen, chest, or neck, as serious injuries may be done to the parent and offspring. Such pressure over the stomach, which is generally delicate, and over the breasts, which are extremely sensitive, is prejudicial to the nurse.

Children are extremely active while awake, and are instinctively fond of motion or exercise; but care must be taken, when they are very young, not to allow them to walk too much. They soon become fatigued, and require rest. In general, a child of three or four years of age, who is permitted to play about, takes a vast deal of exercise during the day, and falls asleep at seven or eight o'clock in the evening. It is therefore necessary to put it to bed, and, as it will sleep soundly, it usually awakes at daylight, or soon afterwards, and will wish to rise.

When the child is able to walk with the nurse, it should be recollected, that it must make three or four steps in proportion to one of hers; and the consequence will be, that, if too much fatigued, its hip or knee joint may be readily inflamed, and a most painful and destructive disease of the joint produced.

It is likewise highly improper to drag a child by the arm, and compel it to walk when it is tired, because its shoulder-joint may be so much injured as to become inflamed.

These precautions ought to be enforced on parents and nurses, as the neglect of them often does the most serious injury to children.

CONTINUATION OF THE REPORT  
UPON THE RE-ORGANISATION OF  
MEDICINE.

*By the Commission of the Academy of Medicine of Paris.*

TRANSLATED BY ALEX. THOMSON, M.B. OF ST. JOHN'S, CAMBRIDGE.

[THE great importance of the voluminous reports on the subject of Medical Reform in France compels us to abridge them, to the exclusion of other matter, as the meeting of parliament is so near at hand.—EDS.]

The reporter resumes, in a few words, the principal considerations he supported in the first part of this report, and then reads the legislative articles which resume the conclusions of the commission.

*Articles of Legislation proposed by the Commission upon the question of the Officiers de Santé, or General Medical Practitioners.*

ART. I.—The medical juries, created by the law of the 19th Ventose, an XI., for the examination and reception of the *officiers de santé*, are suppressed.

ART. II.—There shall be henceforth but a single order of practitioners, namely, doctors of medicine, or doctors of surgery.

ART. III.—The *officiers de santé*, received up to the promulgation of the present law, will continue to enjoy their right as heretofore.

ART. IV.—These *officiers de santé* may acquire the title of doctor, by means of an examination, a written consultation, and a thesis passed before a faculty.

ART. V.—There shall be in France six faculties, which shall have the right of receiving the doctors of medicine and of surgery, namely, one at Paris, one at Strasbourg, one at Montpellier, one at Lyons, one at Rennes or Nantes, and one at Bordeaux or at Toulouse.

The secondary schools of medicine actually existing shall be preserved. Two years' study in a secondary school shall be equivalent to a two years' study in a faculty.

ART. VI.—The examination and the reception of doctors shall no longer be intrusted solely to the members of the faculties. The medical men, practising in the city, and in the suburbs of the seat of the faculty, shall have

the right of entering, in the proportion of a third, into the composition of the jury of admission.

ART. VII.—The councils of the department shall have the power of paying for the expenses of a certain number of reception, on the condition that the candidates, admitted to enjoy this favour, are to establish themselves in a rural commune. If they quit that commune, they shall be bound to refund the amount of the expenses of their reception.

ART. VIII.—There shall be created, throughout France, cantonal medical men, in the localities where the want of them shall be recognised.

ART. IX.—There shall never be salaried medical men in the *chefs-lieux*, prefectorial towns of the departments, nor in the *chefs-lieux* of the cantons; but their real domicile must always be in a rural commune.

ART. X.—The cantonal medical men shall be chosen exclusively from among the doctors of medicine.

*Articles of Legislation relative to Secret Remedies.*

ART. I.—To date from the promulgation of the present law, there shall no longer be any secret remedies.

ART. II.—The inventor of a secret remedy shall alone have the right to a guaranteeing patent for the exclusive sale of his remedy, during a certain number of years, to be limited by himself.

ART. III.—That patents shall be delivered by the Minister of the Interior, but solely for remedies, and shall have obtained the approbation of the Royal Academy of Medicine.

ART. IV.—In order that a remedy yield to its inventor a right to a patent of guarantee, it must be well determined, first, that it is new, and secondly, that it is useful.

ART. V.—Changes in the form of compositions already known, or in the number of their ingredients shall not be admitted as new remedies.

ART. VI.—The sale and the retail of secret remedies shall not take place elsewhere than in the shops of apothecaries, lawfully received and furnished with diplomas.

ART. VII.—The patent shall be granted for ten, fifteen, or twenty years, at the will of the demander.

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ART. VIII.—To obtain this patent the inventor shall be required to deposit two sealed packets containing the exact formula and the mode of preparation of this remedy, and also a specimen of that remedy prepared; the first packet at the office of the Secretary of the Minister of the Interior, and the second at the Royal Academy of Medicine.

ART. IX.—There shall be published every year, by order of Government, a complete catalogue of the secret preparations, of which the sale is permitted by patents of guarantee.

ART. X.—None shall counterfeit the remedies thus privileged under pain of damages, to be awarded by the tribunals.

ART. XI.—Every proprietor of a secret remedy shall be allowed to establish for it one or several depôts throughout the kingdom, but exclusively with apothecaries.

ART. XII.—At the expiration of the patent the official journals shall publish the formula and the mode of preparing the remedy.

ART. XIII.—The brevet shall be null and void if it be proved, first, that the remedy is not new; secondly, that the inventor has given at the two depôts, prescribed by Art. 8, an incorrect description; and thirdly, that he has contravened in some of its dispositions the present law.

ART. XIV.—The being declared null and void implies the loss of the tax for the patent, the restitution of which cannot be reclaimed.

[We were not able to catch the exact sense of ARTS. XV. and XVI., which, however, appeared to us of an importance altogether secondary.

ART. XVII.—That the tax for the right of patent vary according to the duration.

ART. XVIII.—The tax for a patent of five years shall be 500 francs (about 20*l.* sterling) for ten years 1000 francs, for fifteen years 1500 francs, and for twenty years 2000 francs.

Here follow two other articles imposing still further obligations upon the bearer of a patent; and finally, ART. XXI. declares the antecedent laws, and the decrees that are contrary to the present law, abrogated.

ROYAL COLLEGE OF SURGEONS.

*Edinburgh, 4th January, 1834.*

WE, the undersigned, Examinators to the University of St. Andrew's, and Fellows of the

Royal College of Surgeons of Edinburgh, do hereby protest against the Petition of the said Royal College to the King and Council, praying that the University of St. Andrew's may be interdicted from carrying into effect their late Regulations for conferring Degrees in Medicine and Surgery, and for the following reasons:—

1st. Because any exercise of the Royal Authority, so as to interfere with the Charter of any University, would be illegal and unconstitutional.

2nd. Because the alterations complained of in the mode of conferring Degrees are an improvement upon that which has been in operation since 1826. They insure a more efficient course of study, and a full and fair examination of the Candidates before they can receive the Medical Degrees.

3rd. Because the Royal College of Surgeons never attempted to interfere in regard to the affairs of the University of St. Andrew's, until it appeared likely that the *improvements*, made by appointing a respectable Board of Examiners, and enacting a most efficient course of study, would add so much to the value of the Degrees, conferred by the University of St. Andrew's, that the number of Candidates for these Degrees would increase, so as to effect the *pecuniary interests* of the Royal College of Surgeons, and more particularly of those members of that body who are Professors in the University of Edinburgh.

4th. Because it is absurd in the Royal College of Surgeons of Edinburgh, to object to the course of study required of Candidates by the University of St. Andrew's, seeing that it is nearly the same as that required by the said Royal College, and more extensive than that required to obtain Degrees in the Universities of Oxford, Cambridge, or Glasgow, or the College of Surgeons of London.

5th. Because it is evidently absurd in the Royal College of Surgeons to object to those certificates of attendance upon lecturers qualifying for a medical degree, which are received, not only by their own body, but by every other College of Surgeons in Great Britain and Ireland. In the Regulations of the University of St. Andrew's, published in 1826, it is expressly declared, that certificates of attendance upon lectures in any University,

or celebrated School of Medicine will be received.

6th. Because, according to the Regulations of the Universities of Edinburgh, Glasgow, and Dublin, it is impossible, that even the most distinguished members of the profession can receive what is termed the highest honours in medicine, without relinquishing their avocations, and attending as students for four years the elementary classes within the walls of a university, although they may have received a full course of medical education under the most distinguished teachers in the kingdom, as Sir Astley Cooper, Sir Charles Bell, Abernethy, Brodie, Guthrie, Lawrence, Elliotson, &c., &c.

7th. If the power of conferring Degrees in Medicine be limited to Universities, exacting attendance upon their own schools, either what may actually be the best schools must be deserted, or the persons who attend them must be excluded from professional honours. In other words, this would be to establish a monopoly, where monopoly, from every principle of humanity, is most to be deprecated, and to sacrifice, for the benefit of a few University Professors, the welfare of all classes.

8th. Such monopolies, and such exclusive privileges, are no longer required to promote the science of medicine, as the highest members of the profession, without these, have enrolled themselves in the lists of teachers.

9th. If the Regulations of St. Andrew's be carried into effect, the most salutary competition will be established between the *recognised public Medical Schools* and those of Universities, by which the science of medicine must be benefited, and the public good promoted.

10th. If the Universities do their duty, they have nothing to fear, possessing many advantages which their rivals do not enjoy. If they should relax in their exertions, there can be no reason why they should have exclusive privileges for their own *'pecuniary benefit*, to the injury of the public.

11th. Degrees in Medicine are conferred in a manner similar to that of St. Andrew's, by the Universities of Oxford and Cambridge, and the petition, if applicable to the University of St. Andrew's, must be equally so to those of England, which, however, are not noticed in the petition.

12th. Because the Fellows of the College of

Surgeons, who have accepted the office of Examiners, have not in any manner infringed the declaration made on becoming members of that body.

In short, the alterations complained of are *improvements* on the mode of conferring Medical Degrees, in as much as 1st, the course of study, required, embraces every subject essential to the education of a medical man; 2nd, the student may procure that education in London, Dublin, Glasgow, Edinburgh, or any other Medical School of celebrity; and, 3rd, the Examiners have no pecuniary interest in the result of the examination.

(Signed)

ROBERT LATOR, F.R.C.S.E.

JOHN MACINTOSH, M.D., F.R.C.S.E.

ALEX. J. LISARD, F.R.C.S.E.

J. A. ROBERTSON, M.D., F.R.C.S.E.

I, William Gregory, Examiner to the University of St. Andrew's, and Fellow of the Royal College of Physicians of Edinburgh, approve of the above reasons of protest.

(Signed)

WILLIAM GREGORY, M.D., F.R.C.S.E.

### Reviews.

*A Lecture Introductory to a Course of Lectures on Anatomy, Physiology, and Surgery.* By G. D. DERMOTT, Lecturer on Anatomy, Physiology, and Surgery.

*Thoughts on Materialism; and on Religious Festivals and Sabbaths.* By HENRY BRADSHAW FEARON. 8vo. pp. 214. London: 1833. Longman and Co.

THE first part of Mr. Fearon's book is a proper subject for medical criticism, and we think it right to notice it, as we have Mr. Dermott's opinions now before us. Both these authors attempt to prove the materiality of the mind from Scripture, and both have in, our opinion, completely failed.

Mr. Fearon is evidently a writer of great research and learning, as is apparent by his historical sketch of immaterialism, and his criticism on the various translations of the Bible. In his historical sketch he introduces the immaterialism of the heathens, and asserts, without a shadow of proof, that the primitive Christians adopted this in believing in the immortality of the soul. He, however, makes

no allusion to the second volume in this part of his work; and he concludes the history without adducing references to the writings of the ancient fathers in support of his statements. He states that the fathers borrowed their views from paganism.

In his second chapter, he introduces organisation, and, like all materialists, makes this his strong hold; he copies from Mr. Lawrence, who copied very largely from others. We shall give a few extracts.

"We look to man, of whom we read in the Scriptures that he is made of the dust of the earth; that his Creator producing respiration by breathing 'into him the breath of life,' and thus imparting motion to his lungs, he became a living soul or person.

"We observe man at his birth, and during the first months of his existence, and we perceive the first dawning of his mind; that they are as weak and infantile as the body. As the senses acquire their power, the mind gradually strengthens, and advances with the body from childhood to puberty, and becomes adult when the development of the brain is completed. (Lawrence.) When the organisation advances, then the mind, as it regards its vigour and its natural powers, advances also. We observe this machine in infancy, manhood, in second childhood; we see its thinking powers grow, mature, and decay with the growth, the maturity, and decay of the organisation."

The correspondence between the mind, or soul, and body, does not prove their identity, nor does it apply to our first parents, whose bodies were created of the adult size, perfect in all organs, before they received life and soul, and whose minds were rendered adult in an instant. This fact cannot be questioned by our opponents, as both are believers in revelation. Behold these examples of a perfect organisation before the faculties of life and mind were communicated, and therefore organisation and mind are totally different from, and independent of, each other.

That the soul in infancy is no more than the body in a state of perfection, is no proof of its materiality; it has not as yet the power of acquiring the ideas that cause sensations; it cannot exercise its judgment, it has not formed or developed its different faculties. If when the corporeal organs are encased, the soul glaz loses its vigour, it is because the sensations

are enfeebled with the organs that transmit them; and the physical sensibility enfeebles faculties, which have a close connexion. It would, however, be bad logic to contend, from the dependence or connexion of two things on each other, that they are identical. According to such reasoning, as all our organs are affected by disorder of the stomach, the stomach is all the other organs.

It is not invariably true, in the course of life, that the mind undergoes all the changes with the body. It is very true that the vicissitudes of the body often affect the mind; but it is equally true, that the mind is not always altered by the changes or diseases of the body. We often see children, feeble, delicate, and rickety, with much more ideas, judgment, and reason, than others that are better developed; we see the same thing in man; many robust and strong men have much less intelligence than those enfeebled by diseases. If diseases and old age sometimes enfeeble the mind; sometimes also in the decline or disease of the body, the mind does not lose all its energy and vivacity. We see this fact proved in the clearest manner in the last stage of pulmonary consumption, when the corporeal structure is nearly gone, and it was remarkable in malignant cholera, after the loss of circulation of the blood ceased for hours. Is it not also notorious that some men, who are strongly influenced by moral virtue and religion, conquer their temperament, or natural disposition, repress the most violent passions, reform the most tyrannical corporeal inclinations? This fact affords a new proof of the difference between mind and body.

If the corporeal affections were the unique principle of our spiritual qualities, should they not prevent men, who, actuated by a sense of duty or perfection, do that which is contrary to corporeal affections? Again, were the mind identical with the body, if it was the same substance, it would be only the body considered relatively to certain of its functions; or, as a part of the body, it should always undergo, and without exception, all the vicissitudes of the body. The same impulsion, given to the same body, necessarily impresses it with the same motion. So in the identity of the mind and body, the soul ought always to be, without exception or variation, as the the body; the most vigorous body will then possess the strongest mind. The robust plough-

man should have more intelligence than the delicate philosopher. The legitimate conclusions, therefore, from the preceding incontrovertible facts, are, that the affections of the body are often communicated to the mind, because mind and body are two substances intimately united; but they do not constantly communicate, because the mind and body are different substances.

Mr. Fearon, like former materialists, takes one of his strongest objections from a comparison between men and beasts. He adduces many facts from natural history to prove what was admitted before by Pereira, Descartes, and many others, that the inferior animals have received from God, thought, ideas, memory, deliberation and judgment, and also an immaterial and pure spirit. Some of the ancient fathers were of this opinion. St. Augustin said positively, that beasts had souls, and that the principal difference between these and those of men was, that man could discern good from evil. (Enar. in ps. xx. 4, No. 2.) St. Gregory the Great distinguished three sorts of souls; that of the angel, which was not clothed with body, that of man united to body, and that of animals which perished with their bodies. (Greg. Mag. Dial. l. iv. c. 3.)

That which produces in animals operations which resemble those caused by human intelligence is instinct, which bears the same relation to these as reason does to man. It is scarcely to be believed that any materialist will seriously assimilate animal instinct and human reason. What an immense difference between these two things? Beasts have their inclinations, but each species has invariably its own and cannot form others. The most general and remarkable is the love of their offspring, which is a natural and necessary impulse, flowing from laws established by the Creator for the conservation of the species. Their habits are always the same from the beginning of the world. They are unable to invent or perfect. Their inarticulate sounds are formed by nature; their accents are as invariable as their operation. The language is the product of convention, convention supposes ideas, reason, and spirituality. Our ouran-outang, which approaches nearest to man in organisation, has the vocal organs well formed, but has not the faculty of speech. It brings a pitcher of water on its head to the door of its master, and unless some person is present to take the vessel,

the animal spills it, because judgment and reason are wanting.

Our author next discusses the scriptural proofs of the immateriality, spirituality, and immortality of the soul. He observes, that whenever the prophets or apostles reason upon the being and attributes of the Deity, they are clear, distinct, and intelligible. They are so on the forgiveness of sins, on repentance, a future state of existence by means of a resurrection.

"And can it be believed," he continues, "that had the materiality and mortality of the soul been a Bible doctrine, it would have been taught with equal plainness and distinctness? And if so, then would it have derived its chief support from popular ignorance, have called for aid from Socrates or Plato? Would its elucidation have depended upon Catholic councils or Protestant confessions of faith? or, like the system which Tillotson advocates, be required 'to be rather supposed than taken for granted.'"

"Neither Jesus nor the apostles required their adherents to take their principles for granted; and it is difficult, if not absurd, to conceive, that the whole foundation of the future hopes of the believer should rest upon a doctrine NOT EXPRESSLY TAUGHT IN THE BIBLE." The last assertion is unsuccessfully attempted to be proved by an examination of the terms *soul* and *spirit*, and the uses to which they have been severally applied by the translators of the Scriptures. He states, that the Hebrew *nepheš*, *anima*, *spiritus*, may be rendered, mind, soul, breath, life; body, person, will. The Greek *psyche* may be translated, breath, life, soul, spirit, mind, or person. The Latin *anima*, life, soul, breath, or wind. The word has a different derivation. The Hebrew *ruach* is rendered, wind, spirit, the power of the Deity, mind, vigour, life, breath, person\*. The Greek word *pneuma* is translated, breath, spirit, wind, air. The Latin *spiritus*, breath, wind, spirit, mind, soul. Our author accuses the various translators of having adopted the popular doctrine of immaterialism, and allowed the authorised version to be deeply tinged with the corrupt theology of the state. He next quotes many

passages of Scripture, and after the word soul or spirit, he inserts, life, body, person, &c., so as to suit the text to materialism. His interpolations in most cases render the import obscure and untenable, as must appear to the meanest capacity.

According to a late learned scholar, the Greek word *pneuma*, or spirit, refers distinctly to the soul:—respiration, 2 Thess. ii. 8: the human soul, Matt. v. 3, 26, 41: of the soul after its departure from the body,—a spirit, soul, Acts xxiii. 8, 9; Heb. xii., xxxiii.: as referring to the qualities of the mind, Luke ix. 55: a simple, spiritual, incorporeal, intelligent being, spoken of God, John iv. 24: of angels, Heb. i. 14: of evil spirits, Matt. viii. 16; Mar. ix. 20: a divine spirit, spoken of the nature of Christ, 1 Cor. xv. 45; 1 Pet. iii. 18: of the holy spirit, Matt. iii. 16; xxviii. 19; John xv. 26; Acts i. 8; v. 3; Rom. ix. 1; 1 Cor. ii. 10, 11; Eph. iv. 30, &c., &c. See the Polymicrean Greek Lexicon to the New Testament, by W. Greenfield, editor of Bagster's Comprehensive Bible, &c., 1832. Numerous other texts might be quoted, but the following prove, in the clearest manner, the immateriality, spirituality, and immortality of the soul:—Wisdom ii. 23; Matt. x. 15, 16, 21, 22, 23; Gen. i.; Lev. iv. 17, 23, 26; Kings v.; Tob. iv.; Job. xiii.; Psalms ix., x., lxxxiv., cxviii.; Cant. vii.; Eccles. x., xviii., xxiv., xxxviii.; Zach. xii.; John x., &c., &c. The word *mens* is employed to signify the intelligent substance—*mens cui regnum totius animi à natura tributum est*.

The remainder of the volume before us is occupied with a vain and fruitless attempt to subvert the doctrines of Christianity, and can scarcely make a single convert in an age so enlightened as the present. The introduction to the heathen doctrines of the immortality of the soul before the scriptural proofs, and the gratuitous assertion, that the Jews and primitive Christians adopted this doctrine, could scarcely be expected from any one who acknowledges the authenticity of the Bible—the eldest of all histories. Upon the whole, we consider this production calculated to do no good, and very little, if any, mischief. We shall now introduce Mr. Dermott's proofs of the materiality of the mind, and clearly show that they are as untenable as the preceding.

"Having stated thus much regarding the materiality of the mind, it is next my duty to

\* Lardner gives these explanations, except the word *person*,

show that this doctrine is quite compatible with Scripture, and that many things mentioned in the Bible corroborate the theory which I advocate. To suppose that a person, favouring materiality, favours infidelity, is a notion begotten only by bigotry and ignorance. Surely the objectionists against materiality could never have read their Bible—if so, let me ask them—is it not in the power of Omnipotence, to make materiality immateriality, to spiritualise the material vices or the material mind, or to so modify the latter as well as the material body itself, as to adapt both for an existence in another world. That such a change in our vital matter takes place is beautifully exemplified in the person of Jesus Christ; for when Christ appeared to his disciples subsequently to his resurrection, the doors being shut, he must have been spiritualised—body, life, and all—as the gross matter of a common human body could never have permeated the matter of the doors and walls; but when Thomas put his hand into his side, he was for the time miraculously materialised; and when he disappeared from the midst of them, and ascended to heaven, he was, like Elijah, miraculously spiritualised, as *we shall be* at the resurrection by an Omnipotent Power; for though Christ was the Divinity, still it is asserted that he was the first fruits of them that slept. This miraculous phenomenon is quite in correspondence with what St. Paul says in his second epistle to the Corinthians, chap. xv. 44.—‘It is sown a natural body; it is raised a spiritual body. There is a natural body, and there is a spiritual body. Howbeit that was not first which is spiritual, but that which is natural (material), and afterwards that which is spiritual;’ or, as the materialists might say, there is a material mind, and there will be a spiritual mind. Again: verses 51, 52.—‘We shall not all sleep, but we shall all be changed, in a moment, in the twinkling of an eye; for the trumpet shall sound, and the dead shall be raised incorruptible, and we shall be changed.’ ‘For flesh and blood cannot inherit the kingdoms of God; neither doth corruption inherit incorruption.’—v. 50. Is not this transmutation in the power of Omnipotence? Let them answer this in the negative, and show moreover, that their negative reply is proved by assertions in the Bible, and then I will yield up my notions of materiality, and will believe that my finite reason may be mistaken

as to the works of the Creator in this part of organised life; but, until this is the case, I think that this apology for materiality, by all religious persons, should be considered valid. The days of religious inquisition are, I hope, past. The persecutions of the materialists, and stamping them gratuitously (not very graciously) infidels, resembles the persecutions against the illustrious Galileo, and even our own Newton, in reference to their material doctrines of the planetary system, and who were also stamped as materialist and infidel. I have mentioned these facts, to remove, if possible, the unnecessary strife now existing between materialists and some religious anti-materialists. The prejudices of many really well intentioned persons, in supposing that materiality is incompatible with Christianity, and that, therefore, a materialist must of necessity be an infidel, has tended, I believe, more than anything else, to check the diffusion of the belief of Christianity; and happy shall I be, if, under the dispensation of Providence, these observations shall tend in any degree to remove the barrier of separation between devout religionists and many men of science, and shall reduce materialism down to a mere scientific opinion, not at all affecting, in any important manner, religion. I deem these observations also necessary, because the prejudice against materiality may hereafter, if not corrected, seriously cripple the progress of Physiological Science.”

The apparent transmutation of the body of Christ from an immaterial to a material one, is no proof of the identity of mind and body. Many instances might be quoted from the sacred volume, to show that angels appeared in a corporeal form, and then became invisible to the human eye; but this is no evidence of the mutation of soul into body. It would be as just to contend, that as the Saviour fasted forty days and nights, and rose on the third day from death, that men can fast the same period, and rise on the third day.

The quotations from the Corinthians is the most splendid proof of the immateriality of the soul that could be adduced; and it obliges the materialist to admit a spiritual and a material mind. If, then, he admits the existence of an immaterial mind at the resurrection of the body, there is an end to all his arguments. We shall, however, proceed to prove the non-identity of mind, or soul and matter.

in our next, and defy all the materialists and phrenologists in existence to refute our arguments.

Mr. Dermott cannot be considered a materialist, in the usual acceptation of the term. He advocates the spirituality of the mind or soul at the resurrection, and does not believe that it dies and is corrupted with the body. In a word, he believes with St. Paul, that there is a spiritual and a corporeal body, but he has not clearly stated the nature of mind during life, and before the time of resurrection.

### Reports of Societies.

#### WESTMINSTER MEDICAL SOCIETY.

Saturday, January 18th, 1834.

DR. COPELAND in the Chair.

*Excessive Discharge from the Nostrils of Limpid Fluid.—Want of Sleep from Acidity.—Tic Doloureux.*

A RESOLUTION, to the following effect, was read, "That the name of every gentleman, desirous of belonging to this Society, should be submitted to the Committee previous to being balloted for." Some slight opposition was at first offered to this motion, but, on its being explained, that it was only a matter of convenience, the objections were over-ruled.

Mr. Costello then presented a *projet de loi*, received from a French physician, M. Double, a part of which appeared a fortnight since and another part in this day's Journal; he thought that the most proper mode of disposing of it would be to present it to Dr. Somerville, the mover of the Reform question.

Mr. King related a case which had occurred to Mr. Rees, of Finsbury-square, who had transmitted the notes to him:—

A female, *ætat.* 52, had excessive discharge of clear limpid fluid, from the left nostril, to the amount of a quart in 24 hours; it had commenced three months before, and was constantly secreted, night and day; it became necessary to wear a sponge, for the purpose of absorbing the discharge, as, from its constant trickling into the larynx, it had several times threatened suffocation; the patient is stout, but subject to excessive action of the sanguiferous system; her eye-lids are puffed; there is a florid state of the countenance; and a pulse of 96; she has a general disposition to

anasarca; and the catamenial discharge, which appeared at 10 years of age, and which has continued to flow ever since, is quite regular; her diet consists of vegetables; hitherto no local or general treatment has been found of avail.

Dr. Johnson said, the discharge was evidently a remedial, or, to use a modern word, conservative, process of the animal economy, to ward off disease; he did not think it would be proper to restrain it, but in such a case he should rather endeavour to discover and remove the cause.

Dr. King said, the circumstance of the discharge from the vagina having appeared at 10 years of age, and yet still continuing, although the woman was now 52, seemed to confirm the view taken by Dr. Johnson.

Dr. Johnson wished to draw the attention of the Society to a subject, which at first appeared very trifling, but which frequently baffled practitioners, and was the cause of great distress, and injury to the health; he alluded to the want of sleep, of which many persons complained, although apparently, in other respects, in perfect health, accompanied by starting of the limbs, and inability to lie long in one posture; the person having thus passed the night in great distress, rises in the morning unrefreshed. The cause of this want of sleep was, in his opinion, the existence of some acrid or acid matter in the small intestines; sometimes eructations, or discharge of gas, will take place, and then the irritation ceases for a time. The remedy for it is to guard against taking late meals, but as people will not always adhere to such rules, it becomes necessary to seek for other remedies, and none had he found so beneficial as carbonate of soda in half drachm doses, administered at night; frequently, after taking this medicine, six or seven hours' sleep had been obtained, whilst without it the patient had passed a restless night.

Dr. Copland confirmed the opinions of Dr. Johnson; he had found large doses of soda combined with anodynes particularly efficacious.

Mr. Greenwood thought that Dr. Johnson had taken a limited view of the case. The restlessness and want of sleep, in his opinion, were only symptomatic of some other disease, perhaps chronic duodenitis.

Dr. King coincided with Mr. Greenwood, that, if we dived deeper into the cause, it



would be found to arise from chronic inflammation of some portion of the bowels; the constant use of soda had frequently proved injurious, although the person using it extolled the effects; the urinary organs became disturbed, and deposits of saccharine matter to a considerable extent sometimes took place.

Mr. Hunt said the habitual use of soda was in the end injurious, and he questioned whether the presence of acid was not eventually increased by it. Dr. Prout coincided with him in opinion, and had been in the habit of carefully avoiding the use of this medicine after meals. He, Mr. Hunt, was in the habit of giving small doses, for he had observed that those persons who used it very largely, were pallid, and unhealthy looking.

Dr. Copeland agreed with Mr. Hunt, that the excessive use of it was injurious, but he did not consider that Dr. Johnson had recommended it in excess.

Dr. Johnson did not think the habitual and daily use of soda serviceable; but because it was not useful in excess, we were not to be prevented giving it when it was indicated by the presence of acid. If eructation of air took place after using soda, then we might conclude that acid was present; he was aware that, if we referred to the cause of the complaint, we must have recourse to bitters and tonics; but he had merely mentioned this distressing symptom as forming part of the disease.

Some remarks were then made by several gentlemen, as to the beneficial effects of this remedy in gout and rheumatism.

Mr. King wished to ask Mr. Costello, whether he had any objection to have the subject of lithotripsy brought forward for discussion.

Mr. Costello should rather decline entering into the subject for the present, as he was engaged with Dr. Civiale and Dr. Amussat in preparing a work on the subject, and too much of his time would be occupied by such a discussion.

Mr. Hunt related the case of a gentleman, who had swelling of the right parotid gland, no pain in it, but a constant uneasiness, redness, tumefaction of the fauces, and difficulty of swallowing. The tumour at first appeared at the anterior part of the gland, it then would subside, and afterwards appeared at the posterior portion. He took the opinion of a

highly respectable dentist on the subject, who thought with him, that probably the existence of a tooth at the extremity of the jaw might be the cause.

Mr. Waite said he had agreed with Mr. Hunt in his view of the case; he let out some matter, and, after much trouble, succeeded in extracting a tooth, after which the tumour disappeared. He then entered into a lucid explanation of the anatomy and diseases of the gums, together with the sympathy existing between them and the constitution, to which sufficient attention, in his opinion, was not paid by surgeons in general.

Some cases, illustrative of the complaint under consideration, were related.

Mr. Waite made some remarks on the treatment of *tic doloureux*, and of the plan of treatment adopted by Mr. Scott, of the London Hospital, which was the employment of caustic, and which was reported to have been successful when other remedies had failed.

In the course of the discussion on this subject, the case of the Marquis of Anglesey was referred to by Mr. Waite and Mr. Costello, and as some erroneous notions, upon this subject, had obtained credence, Dr. Ryan, who had been consulted, was called upon for an explanation of the real state of the case.

Dr. Ryan replied, that he was induced to make the inquiry as to the period the noble Marquis was free from his distressing disorder, as he was aware that he had suffered severely from it immediately before he left this country for the continent. With respect to his, Dr. Ryan's, informing the Society of the history of the Marquis's case, he should have much pleasure in doing so, but he felt some hesitation in complying with the evident wish of the meeting, on ethical grounds only. If the President and members of the Society sanctioned his conduct in stating the outlines of the case, he should be most willing to do so.

Dr. James Johnson observed, that he saw no delicacy in the matter, the whole profession was aware of the disease of the Marquis of Anglesey, and the case of a marquis did not differ from that of any other man. The whole Society concurred in this opinion.

Dr. Ryan then said, that he was one of a great number who had been consulted in the case of the noble Marquis. He would very briefly describe the outline of his case. Many of the most eminent physicians and

surgeons of this and other countries were consulted, but, as a matter of course, took different views of the cause of the malady. Some considered it purely nervous; others, that it was excited by pressure on the facial nerves; more, that it was caused by concussion of the spine, induced by riding on horseback, an exercise to which the noble Marquis was extremely partial, and that, as the weight of the body was on one inferior extremity (the other having been lost at Waterloo), the spine was frequently concussed by the plunging of the spirited horses on which the noble Marquis was accustomed to ride, because whenever this occurred, though he might have been free from neuralgia for several days previously, the disorder was instantaneously excited. It was right to mention, that the disorder was much less severe since Sir James Murray, his experienced and judicious physician, had discovered some tumefaction in the abdomen, and successfully removed it. This arose from two alvine concretions; the nucleus of one was a mercurial pill covered with silver leaf; that of the other was a tea leaf. After these were expelled, the noble patient suffered much less from his complaint than at any former period since its supervention. Every remedy hitherto proposed by British or foreign physicians was fairly tried, but, unfortunately, with only temporary benefit. When the noble Marquis was last in London, and on the eve of departing from this country to the continent, Sir James Murray and himself, Dr. Ryan, most maturely deliberated upon the case, and he, Dr. Ryan, related some cases of neuralgia which yielded to the use of strychnine, and read the details from his note-book to Sir James, who promised to try the remedy. He had not since heard from Sir James, but entertains no doubt that he tried the strychnine. He, Dr. Ryan, therefore thought, that, under this circumstance, it was not quite fair to ascribe the mitigation of the disorder, if any took place, which he sincerely hoped there had, to the change of air only.

MEDICAL SOCIETY OF LONDON.

Monday, January 20, 1834.

W. KINGDON, Esq. President, in the Chair.

*Perforation of the Stomach.*

MR. MOORE related the following case, which had lately come under his observation. A

girl, æt. 15, tall and delicate, apparently in the enjoyment of good health, after giving a violent scream, suddenly became insensible. She was cold and pallid; the pupils were much dilated, and the pulse was scarcely perceptible; there was vomiting of a glairy matter. As the symptoms appeared to be those of compression, and as the pulse was small and feeble, he had given a stimulating and aperient clyster. By this treatment the system was slightly roused, and she was then bled: this blood was perfectly arterial in colour, and did not coagulate. Her hand was placed on the region of the stomach; and as this appeared to indicate distress in that viscus, a mustard poultice was applied. Dr. Clutterbuck saw the patient in the evening, and again prescribed venesection, which was performed, but without avail, for the next morning she expired. About thirty hours after death a very careful examination of the brain was made, but no traces of lesion or disease (with the exception of about a drachm of fluid in the ventricles) were found. In the stomach, about two inches from the cardiac orifice, there was an ulceration, without elevation, penetrating through all the coats, and allowing of the escape of some fluid into the peritoneal cavity. The mucous membrane was red, and was eroded for rather a greater extent than the muscular coat; and the peritoneum, upon which the fluid lay, was slightly rough, but in no other way injured by the contact. The fluid was rather acid, and on being strained through paper left a deposit of a fatty matter. Inquiries were made respecting her health previous to the occurrence of the foregoing symptoms, and from what could be ascertained, it appeared that she had been cheerful and in good health, with the exception of a slight loss of appetite. She had menstruated six months previous for the first and only time.

Dr. Whiting said, that the symptoms were so similar to those which occurred after the administration of some of the narcotic poisons, that it was not improbable but that she had taken some deleterious substance of this nature. It became a question whether the opening into the peritoneal sac occurred before or after death; if before, then no doubt it was the cause of that event; but it was difficult to account for the cerebral symptoms which were present; and it was from the existence of these that he considered, that she had been unfairly

dealt with—in fact, that poison of some kind had been administered.

Mr. Proctor considered it curious, that, as the symptoms certainly referred to the head, no appearances of disease were found there. From the examination, it would appear, that these symptoms were the result of the sympathy existing between the two organs, somewhat analogous to those produced by the presence of worms.

Mr. Kingdon said, that this case differed from the generality, for usually in perforations of the stomach we had time for observation, as the ulcerations were longer in their progress.

Dr. Williams thought, that disease must have been going on longer than would appear from the information which Mr. Moore had obtained. They all knew the little dependence there was sometimes to be placed on the statement of relations and friends in such cases, and he thought, in the present instance, a wrong statement must have been given.

Mr. Stevens perfectly agreed with Mr. Moore as to the perforation being the cause of death; but he had known several cases where symptoms of apoplexy had been followed by death, and yet no effusion of blood or serum was found on examination. In such cases, however, the sinuses were found gorged with blood.

Mr. Proctor spoke of the length of time required to occasion lesion of the stomach. He had seen, in cyder countries, vomiting and purging occasioned, and kept up for a considerable time, by the unlimited use of this liquor, and yet no ulceration or other ill consequences ensued. It would almost appear from this, that country stomachs and town ones were of a different nature.

Mr. Headland wished to know whether, in cases where the stomach had been perforated by the gastric fluid, Dr. Whiting had usually found the marks of inflammation.

Dr. Whiting said, colouring of the mucous coat was no criterion of inflammation, for it often existed when it was impossible to suppose that there was any inflammatory action present.

A Member thought, that the cerebral symptoms, present in this case, were exactly such as we might expect, from the sympathy which invariably exists between the head and stomach; he did not imagine that the blood

would be found of such a bright arterial colour in disease of the brain.

Dr. Uwins, after stating that too much value should not be placed on the appearances of the stomach, wished to know if ramollissement of the brain was capable of spontaneous cure, since from some observations which he had made, it would appear that such was the fact; but cerebral symptoms were not to be depended on, for in one case, where all the marks and signs of hydrocephalus were present, not the slightest appearance of disease was to be found; the brain was, however, slightly blanched.

Dr. Whiting thought, that the deficiency of blood in the head, in such instances, would be the cause of apoplexy or disease. He then related a case, in which a man had paralysis of one side, from which he partially recovered, but at the end of two years he had another attack, and died. On examination, in the hemisphere of the brain from which proceeded the original attack, there was found a small slit lined with an adventitious membrane.

Several cases of ramollissement were then related, after which the Society separated.

THE

## London Medical & Surgical Journal

Saturday, January 25, 1834.

### MEDICAL REFORM.—RUMOURS OF NEW OPERATIONS IN THE COLLEGE OF PHYSICIANS.

WE do not claim the merit of originality for the communication we are about to make to our readers, nor can we pledge ourselves to its accuracy in every respect:—*valcat quantum valcat*—certain it is that a rumour of some most important events being likely to occur in the College of Physicians is afloat; of which rumour we can trace the origin to “no one, neither man nor woman.” It is said, in the first place, that the learned President has made arrangements for entertaining his illustrious visitors at Pall Mall East, in more than the customary manner.

\* See the Medical Gazette of last week.

Cards will be soon issued to those distinguished personages, and a certain number of the profession will be licensed to attend. Every member of the humblest rank must participate in the honour reflected upon the heads of his profession, by this agreeable *concours* of all that is fashionable and eminent in church and state within the walls of its sanctuary: and his pride will be wounded in the tenderest point if the housekeeper should fail to supply tea and coffee of the most exquisite flavour for the distinguished *coterie*. We feel assured the learned President has not neglected this essential particular, as far as it falls within the duties of his office. Such matters may be trifles, but, as Horace saith, it is in these little things a master-mind is shown.

In order to give a professional tone to the conversation, not unsuited to the genius of the place, nor pedantic under the circumstances, essays upon medical topics of general interest will, without doubt, be occasionally read. The rumour, we have already alluded to, sanctions us in announcing, that the first evening's essay will be from the pen of the accomplished President himself; and that he has taken for his subject a matter most interesting at the present crisis. From his discriminating judgment and refined taste as a scholar, from his eminent success in his profession,—and presuming that success is in the compound ratio of skill and knowledge of the world, we may add,—from the extent of the learned President's medical attainments, and his profound anatomy of human character, we expect a most valuable essay on the education and duties of a physician.—On a late occasion, a French orator opened a debate, by assuring his audience that he had obtruded himself so early on their attention, only because the

explanation he had to make would save the Chamber from the trouble of listening to an infinitude of harangues from other members. Respect alone for the modesty of the learned President prevents us from attributing, by anticipation, the same result to the forthcoming essay. But, what a magnificent idea! With one grey-goose quill, or steel pen, or gold tipped with rhodium, to prescribe the laws of medical morals; to fix the limits of education, and harmonise the discordant systems of the medical corporations; to outstrip the dreaded operations of a parliamentary inquiry, by leaving nothing to inquire, or prescribe its foregone conclusions to a royal commission; to produce, in short, the Koran of professional education and ethics, and supersede the puny labours of journalists, of pamphleteers, of medical societies, and of the legislature! Should, however, the essay fail to accomplish these admirable effects,—should the storm which threatens the College not be allayed by the modifications of its laws which the same rumour informs us are in contemplation, the learned President, who has already enlightened his illustrious audience by an essay on *Dying made Easy*, or a *Royal Road to Death*, can add an interesting section on the *Euthanasia* of corporations, very much suited to the times.

We have said, that the same rumour informs us of certain modifications in the laws of the College of Physicians, which that learned body has in contemplation. This second, and no less interesting, branch of this week's communication demands a few words in explanation. A Committee of Fellows is said to have reported its opinion in favour of an extension of education in the candidates for a licence. To such a change, we, who have uniformly contended for an improved

education, can have no objection. Absurd as the varieties of the new curricula are, the ambition of novelty, in their formation, is useful to the general cause; as every addition points at some defects, real or supposed, in the others, and leads to inquiry. The report is said to recommend a period of five years' study, an increased hospital pupilage, and an education in surgery. If the College of Surgeons should exact a corresponding education in medicine, as it must do in its own defence, if this report is adopted, we see nothing to prevent that happy amalgamation of the objects of the two Corporations, which we have already recommended. Every surgeon would be a physician and every physician a surgeon; this is the desired result, and it matters little how we arrive at it, whether by assuring the public, that the members of each distinct corporation possess the requisite qualifications, or, according to our plan, by insisting on every member of the medical profession belonging to both corporations, in their present distinct characters\*.

With regard to the constitution of the College, the new plan, which is sanctioned by the Committee, consists, it seems, in this. The Fellows are to be *exalted* to a new station, not, indeed, in name, but in character. They are, as at present, to be essentially the *governing* body of the College, so that the names of Fellow and

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\* In our Leader of No. 102, an error of the press occurs, which we take this opportunity of correcting. The passage, in the second column near the bottom, should have stood—“If, now, the authority of the College of Physicians was extended over the whole kingdom, so that none should practise physic but such as were members of that corporation; and if it were required of every practitioner in physic that he should be a member of the College of *Surgeons*,” &c. In place of the last word was printed *Physicians*.

Governor are to be synonymous: they are now, no doubt, the whole corporation; but every graduate of Oxford and Cambridge (and by an easy process of translation the privilege extends to Dublin) has a right to the Fellowship, and the number of Fellows is thus unlimited. By depriving the graduates of this privilege the number of the Fellows will be at their own discretion, and must be limited even below the standard of the present comparatively open system. If it exceeds the reasonable limits of a Court of Censors, or Council, we shall have the same assumption of superiority, which is intolerable at present, with the additional evils of a limited aristocracy. If the number is to be reduced to that of a council, we will not stickle about the title, but we have still to inquire, how is this council to be appointed? is it to be self-elective? Our readers will not be surprised to find this question answered by the Committee in the affirmative. The next alteration consists in *degrading* the present candidates for Fellowship into the mob of Licentiates;—English University Graduates are no longer to be dubbed inceptor candidates, or candidates, they are to sink into the rank of Licentiates; out of this olla podrida the Fellows are annually to coopt into their body such additional members for the government of the College, as the wear and tear of death, or other accident, may render necessary. A Licentiate must be of a certain standing before he can receive this favour—it is not to be a matter of right:—but the time of promotion for an English University Doctor is to be shorter than that of the other Licentiates, and he has, besides, in his favour, the chances of a proper understanding between the Fellows and Universities.

The pretended liberality of the College to the Licentiates, in its readiness to declare them eligible for Fellowships, if

they, the Fellows, should think proper to admit them as a mere favour,—whilst it carefully abstains from acknowledging the right of the Licentiate to the honours of their profession,—has failed, on former occasions, in conciliating that degraded body. Three successive kings resolved, that a Licentiate, now full of years and honours, should hold the distinguished rank of their physician; his public services had entitled him to the confidence of his royal masters. Sir Henry Halford would have willingly extended the boon of a Fellowship to Sir Gilbert Blane;—we believe he repeatedly offered it, but the independent veteran refused to receive as a favour what he deemed to be his just right; and not his only, but the just right of every Licentiate of talents and experience.

Considering the authority we have for all this Reform, we must reserve our comments, if any further be necessary, for another occasion, till we see whether it may not turn out, after all, to be the mischievous drolleries of Nobody.

### Foreign Medicine.

#### *New Instrument for relieving Incontinence of Urine.*

An instrument has been recently invented by Signor G. B. Chiesa, for the purpose of remedying the inconvenient apparatus now used for incontinence of urine; it is called the *uré-trotlibe*, or compressor urethræ, and consists of a small ring of silver, nearly elliptical, and consequently adapted to the shape of the penis; it is about an inch and a half in length, and half an inch broad, and is divided into three parts, which are united together by means of a screw; the middle segment is pierced in its centre by a small screw, having a well padded button at the extremity, which serves to compress the urethra, and by turning the screw allows the degree of pressure to be regulated.

#### *Acceleration of the Pulse in deaf and dumb Persons exposed to a high temperature.*

Professor Bernardino Mojon, of Geneva, in

feeling the pulse of persons covered with fire-proof metallic coats, and exposed to the flames for some minutes, constantly found, that, with those deaf and dumb, the pulse was increased twenty or thirty beats in the minute more than ordinary; whilst, with persons enjoying the sense of hearing, the pulse was augmented sixty beats, and even more. Thus, with the first, the pulse was from ninety to ninety-four, whilst with the latter it mounted as high as 130. From the preceding experiment the following question arises:—Does congenital deafness tend to diminish the organic sensibility? or does it so happen, that individuals, endowed from their birth with a slight degree of sensibility, cannot, on this account, enjoy the sense of hearing?

#### *Experiments upon Digestion,*

BY CARLO MATEUCCI.

Carlo Mateucci, desirous of following up the experiment of Dr. Wilson Philip, upon the influence of the Galvanic battery on digestion, &c., in which he perfectly coincides in opinion, devised the following experiment, for the purpose of proving the manner in which the electric current, transmitted to the stomach by the eight pairs of nerves, acts in transforming alimentary matter into chyle. He took a piece of boiled meat, and having added some water, in which were dissolved salt and subcarbonate of soda, kept it at an equable degree of heat, triturating it until it was reduced to a pulpy mass, analogous to that which is formed by mastication. He then put this pulp into a bladder moistened with a solution of salt, and placed it in contact with a platina wire, another wire being plunged into the interior of the mass. As soon as these two wires were brought into contact with a Voltaic battery of eighteen to twenty plates of copper and zinc, decomposition commenced about the extremities of the wires. At the negative extremity, which was in the centre of the mass, white bubbles of hydrogen gas were perceived; the liquid did not contain any traces of albumen, and was found to be alkaline. Along the walls of the bladder, and especially about the positive end of the wire, there was formed a dense white coat, acid, and distended with bubbles of oxygen gas. The collected substance was flocculent, and coagulated if, after having been dissolved in water, it was exposed to heat.

## French Hospital Reports.

## HÔTEL DIEU.

*Unusual Quantity of Fluid in the Spinal Canal.*

THE patient in this case was an old man of 68, who had always enjoyed good health. On the 12th of June, after being intoxicated, according to his wont, he remained in a state of delirium, with difficulty of movement, for some days. When he was admitted into the Hôtel Dieu, the tongue was covered with a thick white coat; he moved his limbs more freely than at first; his intellects were not completely destroyed, but he answered questions with difficulty; the pulse was feeble; he died on the 19th, after remaining 24 hours in a comatose state. On opening the spinal chord, 12 ounces 7 drachms and a half of fluid were found in the cerebro-spinal canal, and the membranes, with which the liquid was in contact, were of a thick white colour, and infiltrated.

*Acute Pleuro Pneumonia cured by the Use of the White Oxide of Antimony.*

An artificer was seized, on the 20th of December, with rigors, cough, and pain in the side; on the following day the respiration was quickened, the expectoration sanguineous, and there were symptoms of acute fever. Bleeding to a considerable amount was practised on the third day, and was followed by momentary relief. The disease, however, returned, and the dyspnoea, cough, and all the other symptoms noticed in pneumonia, were present. As his state did not present any thing very dangerous, M. Trousseau contented himself for two days with the employment of demulcents. On the third day the symptoms became more violent, and the expectoration was stopped; the brain became affected, and he was delirious. The white oxide of antimony was now given in doses of a drachm, and on the succeeding day the patient was decidedly better: the dyspnoea was less intense; the pulse of 100 had fallen to 76; the expectoration was abundant, and the delirium had completely left him; the tongue was moist, and he neither had nausea, vomiting, or diarrhoea; the urine more copious than ordinary, and the skin moist. After a few days the farther continuance of any remedies became unnecessary.

## British Hospital Reports.

## ST. GEORGE'S HOSPITAL.

*Secondary Syphilis.*

MARY CARM was admitted under the care of Mr. Walker with symptoms of this affection. The eruption occupied the face, arms, and body, and slightly affected the throat.

Seven or eight months ago, she had a chancre with gonorrhoea, for the relief of which she took mercury, which affected her system, and the sore and discharge were got rid of in six weeks. She remained well for six or seven weeks, and was then attacked with nocturnal pains affecting the tibia and ulna, with eruption, &c.

R. Decoct. Sarsæ comp. Oj.,  
Extract. Sarsæ, ℥ij.,  
Tinct. Uction. Jiv. Misco et quodlibet  
sumend.

R. Ly. Calcis, ℥viij.,  
Oxymellis oleaginis, Jiv. Misco, sed  
gargarisma, gutturi utend.

R. Pil. Hydrarg. gr. v., bis in die sumend.

She pursued this course of treatment during nearly two months when a few copper-coloured spots only remained on some parts of the skin, which, however, disappeared on pressure, and she was soon afterwards discharged cured.

*Tumour of the Gum.*

Jane Sweten, æt. 16, was admitted under the care of Mr. Walker, and gave the following history. About three years since, the gum belonging to one of the upper incisor teeth began to enlarge until it increased to the size of a small bean; it was then excised, and afterwards grew slowly again, until about twelve months since, when it was again removed. It appeared to have entirely gone away for some time, but fifteen weeks since it again commenced growing, and is at present of the size of a pea. It was again removed with a lancet and some lunar caustic applied to the surface; there was some tendency to bleed, which was restrained by the application of some blue lint.

She had had amenorrhoea for fifteen weeks; her general health is otherwise very good.

R. Mistur. Camphor.  
Decoct. Aloes comp. ℥i Jvj.,  
Sp. Ammon. Aromat. ℥ss. Misco, sed  
haustus ter in die sumend.

In a month's time, her general health had greatly improved; there was no return of swelling of the gum, and she was discharged cured.

*Tubercular Disease of the Chin.*

Ann Webb, æt. 13; six years since she had a gathering under the chin, which, after being poulticed, burst; it soon healed, and the cicatrix, which is slightly raised above the surrounding skin, and is sometimes more red than at others, has remained ever since about the

same size. About three years ago, another spot appeared on the chin, which appeared like a small pimple, but has since spread to the size of a bean.

She complains of having sick headaches; has not yet menstruated; appetite, &c. good, though she does not appear to be of strong constitution.

R. Hydrarg. submur., gr. iij.,  
Pulvis Jalapæ comp. gr. xii. Cras  
mane sumend.

July 16th.—R. Pulvis Rhei, gr. iij.,  
Hydrarg. c. Creta, gr. vj.  
Pulvis Zingib. gr. ij. Misce,  
flat pulvis bis quotidie  
sumendus.

30th.—Unguent. Zinci parti affect. faciei  
applicand.

Aug. 6th.—Sumat Vin. Ferri, ʒi., ter die e  
cyatho aquæ.

16th.—Unguent. Hydrarg. præcip. alb.;  
parti affect. faciei applicand.

This last remedy was changed after a certain time to the following,

R. Unguent. Hydrarg. Nit. oxyd. ʒi.,  
Cerati Calaminæ, ʒss. Misce, flat un-  
guent, parti affect. applicand.

Sept. 27th.—The disease appeared at first to be improving under the use of these remedies; but their good effects after a time failed, and the following lotion was used.

R. Argent. Nitrat. gr. ij.,  
Aquæ fontan., ʒi. Misce, parti affect.  
applicand.

This application was tried, and after a time the elevation of the tumour above the surrounding integuments was much less, and its vascularity was diminished, and in time it perfectly healed, and she was discharged quite well.

#### *Ulceration of the Inter-Vertebral Substances.*

A female patient was transferred from the care of Dr Seymour to Mr. Brodie, owing to a weakness in her spine and tottering in her walk, of which she had complained for some short time. Mr. Brodie, on examining her back, found that she complained of pain principally in the lumbar region of the spine, and that, a little above the seat of pain, there was a projection of the spinous process of one of the dorsal vertebræ. The history she gave of her case was, that she had felt pain and weakness in the back for seven months past, previous to which period she had been attacked with fever, cough, pain in the chest, &c. Mr. Brodie remarked, that this case was one of affection of the spine, and that it was a very common thing for pain to be felt by the patient below the actual seat of the disease. The affection in this case was not of the bones of the vertebræ themselves, but of the inter-vertebral cartilage between them, part of which, by being ulcerated, caused the body of the dorsal vertebræ above to tilt forwards, and the long spinous process to project backwards.

This case was not one of a scrofulous nature; first, because of the patient's age (between thirty and forty), which was beyond that period at which scrofulous affections show themselves; and, secondly, from the aspect of the patient's countenance, which was certainly not scrofulous. Mr. Brodie hinted to Dr. Seymour, that he should employ caustic issues and put on the patient a pair of stays.

#### *Lithotomy.—Mr. Weiss's New Instrument.*

I operated for lithotomy on a patient a few days since; the case was this. A gentleman came to me some time since for my advice; I found that he had some small calculi in the bladder, with inflammation and irritation of its coats, and a discharge of thick ropy mucus; he could not retain his water, which on being evacuated gave him intolerable pain. I really did not like the appearance of the case at first; it was not fit for Baron Heurteloup's operation, as the bladder would hold no water. I therefore commenced by injecting a weak solution of nitric acid into the bladder, in the proportion of one drop to one ounce, a remedy which I have found very useful in such cases. After using this for a time, I found the patient so far improved, that he was enabled to retain his water for a longer period of time, and I introduced a sound, and again detected the presence of urinary calculi. These had been originally formed by calcareous and earthy matters being deposited in the bladder, which had irritated its coats, and caused the secretion of ropy mucus, which in its turn had facilitated the further deposition of lithic matter, and thus the presence of these calculi was continued. It now, however, became necessary to destroy them; and, for this purpose, I employed an instrument manufactured by Mr. Weiss, of the Strand, and which I consider a very excellent and ingenious one,—it is formed on the same principle as Baron Heurteloup's; but, instead of a hammer, it breaks the calculi down by the force of a screw. It answers very well for soft stones, which they were in the case I allude to; and I suppose it would do the same for hard ones, for its power is very great. Mr. Brodie here referred to another case, somewhat similar to the preceding one, but in which the small calculi had been glued together, forming one large one. With reference to Baron Heurteloup's instrument, Mr. Brodie remarked, that it was a most excellent one, and the most perfect of the kind ever invented; but that, though he had seen many recover very well from the operation, with it he had also known many very nearly die from it; that, although from the bladder being filled with water, much injury to its coats from the broken fragments of calculi striking it was materially prevented, yet that sometimes great irritation and inflammation of the coats of the bladder followed. Mr. Brodie added, that he thought the use of the screw in an instrument preferable to that a hammer, the former breaking the stone into



fragments quite as certainly, and with less violence than the latter. A pupil who was present said, that in Baron Heurteloup's instrument the branches consisted of pieces of steel joined and riveted together, and not of one piece of metal, whereas Mr. Weiss manufactured and cut his out of one piece of finely tempered steel.

*Use of Mercury in Syphilis combined with Scrofula.*

There is a man at present in Winchester Ward, under the care of Mr. Brodie for secondary symptoms of syphilis, with eruption of rupæ on the skin, &c.; combined with this also he had enlarged scrofulous glands in the neck; yet, notwithstanding this, he has derived much benefit from taking the oxy muriate of mercury, and calomel, and opium. The swelling of the glands has abated, and his general aspect much improved. With reference to this case Mr. Brodie remarked, that it was commonly said that mercury was a bad thing to give in scrofulous cases. The fact was, that in this case the mercury had done the man a great deal of good,—the scrofula had lain dormant in the system, and the mercury had acted as a stimulant, and thrown the disease out. The man is evidently much better. On his first admission here he took the oxy muriate of mercury, which was afterwards changed for the calomel and opium; and you see how much he has improved under it.

APOTHECARIES' HALL.

NAMES of gentlemen to whom the Court of Examiners granted Certificates of Qualification on Thursday, January 16th.

Robert Anderson . . . . .	London.
Thomas Blyth . . . . .	Tolleshunt
Thomas Coffin . . . . .	Knights.
Samuel Harrison Evans . . . . .	Exeter.
John William Kimpton . . . . .	Belper.
Robert Haldane Paterson . . . . .	Ware.
Frederick Philpot . . . . .	Edinburgh.
William Alexander Tuach . . . . .	_____

LITERARY INTELLIGENCE.

**MEDICA SACRA**, or Short Expositions of the more important Diseases mentioned in the Sacred Writings. By THOMAS SHAPTER, M.D.

BOOKS.

An Introduction to the Study of Human Anatomy. By JAMES PAXTON, M.R.C.S., &c., &c. With numerous Engravings. In 2 vols. Vol. II. London: 1834. Sherwood and Co.

This is a most useful work for anatomical students, and, indeed, for all medical practitioners who wish to keep up their knowledge of anatomy. It is executed in the best manner. It is concise yet comprehensive, and every organ is illustrated with the greatest accuracy.

An Examination into the Causes of the Declining Reputation of the Medical Faculty of the University of Edinburgh, and the Origin of another class of Medical Professors, commonly called "Private Lecturers;" with some Remarks on the History of the University of Edinburgh. 8vo. pp. 58. Edinburgh: 1834. Bursness.

CORRESPONDENTS.

*Scotus.*—We shall be happy to receive the clinical reports. The other communication cannot be inserted. It refers to a period long passed.

*Dr. Graves's* communication shall be duly attended to.

*Dr. O'Beirne's* rejoinder to Mr. Salmon in our next.

*E. C. W.*—The article has been inserted.

*A Medical Student.*—It is impossible to know what changes may be made in the regulations of the Royal College of Surgeons.

*Medicus.*—The new by-laws of the College of Physicians are the most Jesuitical imaginable. The election of Fellows from among the Licentiates will be confined to Oxford, Cambridge, or Dublin graduates. The present Licentiates remain in *statu quo*, there may be one or two of them elected for the first year or two, but these will be physicians, who had a right to the Fellowship ten or twenty years ago. The Licentiates, as a body, must not relax in the cause of reform.

*A Liverpool Correspondent.*—The report of the reform meeting reached us last week after our number was at press; and, as a general meeting is called, we request our friends to forward us an account of the proceedings as soon as possible. The profession of every large town in the United Kingdom should follow the noble example of our Liverpool brethren, and petition both Houses of Parliament as early as possible, and oppose the grant of a Royal commission.

*Dr. Slade's* communication is under consideration. We feel obliged for his exertions in Devonshire.

*An Anonymous Reviewer.*—We never insert anonymous reviews or articles, unless when the writer communicates his name to us in confidence.

Several communications are under consideration.

*Dr. Ryan* has removed his residence to No. 4, Great Queen-street, St. James's Park, Westminster.

*Errata.*—In our report of the Westminster Medical Society, an inaccuracy occurred in the observations of Dr. Jewel: for "frequent contraction of the vagina" read "occasional contraction, which yielded during a subsequent parturition without any artificial aid."

ALL Communications and Books for Review to be forwarded (free of expense) to the Publisher, 356, Strand, near King's College.

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